

**The Educational Interpreter Performance Assessment** ©  
(Videotape-Standardized Version)

Williams & Schick



**REGISTRATION FORM**

The Training and Assessment Systems for K-12 Educational Interpreters Project (TASK12) at Center for Technical Assistance for Excellence in Special Education (TAESE), **USU, in North Logan, Utah** is now working with the EIPA Diagnostic Evaluation Center, located at Boys Town National Research Hospital, Omaha, Nebraska, to provide assessment of educational interpreters. Dr. Bernhardt Jones directs these efforts serving as the EIPA Testing Administrator.

The cost of this assessment is **\$275.00** in the form of a check or money order made payable to **TAESE/USU** (TASK12 on memo line). Please complete this Registration Form and Demographic Information Form (leaving questions 3-6 blank) and submit both to the address provided below along with your payment. **The Registration Deadline is 30 days prior to the testing date.** You will receive a confirmation letter and email indicating your location, date and time for assessment approximately 30 days prior to the actual test date. You will also receive information to assist you in preparing to undergo your EIPA evaluation.

**Note: If you do not submit the demographic information, payment or contact information for who will be paying, or evaluation material, your registration will not be accepted.**

**TESTING SITE: Former WY School for the Deaf Resource Library      TESTING DATE: Apr. 16-17, 2010**  
**539 S. Payne Ave., Casper, WY**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

I AM CURRENTLY AN EDUCATIONAL INTERPRETER AT \_\_\_\_\_  
(school district name)

COMMUNITY SCHOOL DISTRICT, \_\_\_\_\_ BUILDING,

in \_\_\_\_\_  
(city/state)

**I want to be evaluated on the EIPA using:** ELEMENTARY SECONDARY material (Circle one).

**I will be interpreting using:** ASL PSE MCE (Circle one)

Payment **included** with my registration form is: CHECK PO (State/School) (Circle one)

**Note: If payment is by PO, please include a contact and address to be invoiced.**

**Further questions and/or this registration form should be directed to:**

EIPA Registration, TASK12  
1780 North Research Parkway, Suite 112  
North Logan, UT 84341

**Or you can fax your registration to:** 435-753-9750 if payment is through a PO.

**Further questions should be directed to:**

cheryl.sheffield@usu.edu

# DEMOGRAPHIC INFORMATION FORM

## The Educational Interpreter Performance Assessment



Date: \_\_\_\_\_

1. Name \_\_\_\_\_

**(NOTE: When entering information into the EIPA database, EIPA DX Staff specially trained in candidate's rights will replace your name with a random code number to assure anonymity.)**

2. Below, please rate your signing skills in each area.

(0 = No Skills, 1 = Beginner, 2 = Advanced Beginner, 3 = Intermediate, 4 = Advanced Int. 5 = Advanced)

ASL Skills:  0                       1                       2                       3                       4                       5

PSE Skills:  0                       1                       2                       3                       4                       5

MCE Skills:  0                       1                       2                       3                       4                       5

3. I took the  Elementary     Secondary    version of the EIPA.

4. I took the  ASL                       PSE                       MCE    version of the EIPA.

5. I chose the EIPA CLASSROOM:                       OPTION A                       OPTION B

6. I chose the EIPA CHILD/TEEN SIGNER:                       OPTION A                       OPTION B

7. The actual grade level I currently interpret in is \_\_\_\_\_

8. Below, please tell us how you might rate your ability to interpret in each setting.

(0 = No Skills, 1 = Beginner, 2 = Advanced Beginner, 3 = Intermediate, 4 = Advanced Int. 5 = Advanced)

Elementary:  0                       1                       2                       3                       4                       5

Secondary:  0                       1                       2                       3                       4                       5

9. How many years have you been interpreting? \_\_\_\_\_

10. How many years in schools? \_\_\_\_\_

11. Below, please tell us how you would rate your ability to interpret for deaf adults.

(0 = No Skills, 1 = Beginner, 2 = Advanced Beginner, 3 = Intermediate, 4 = Advanced Int. 5 = Advanced)

0                       1                       2                       3                       4                       5

**Demographic Information Form Continued**

12. How much interpreting do you do for deaf adults?

(0 = Never, 1 = Rarely, 2 = Sometimes, 3 = Fairly Regularly, 4 = Frequently, 5 = A Great Deal)

0                       1                       2                       3                       4                       5

13. Are you a graduate of an Interpreter Training Program?    YES                      NO

14. Do you have a B.A. degree?                                      YES                      NO

15. If yes, your B.A. degree is in what area?

---

16. Do you hold RID certification?                                      YES                      NO

Which Certificate?

---

17. Do you hold NAD certification?                                      YES                      NO    Level \_\_\_\_\_

18. Do you have a state's quality assurance rating?                      YES                      NO

19. If yes, which state?

---

20. Which assessment?

---

21. What is the highest level of sign language training you have taken?

---

22. Do you have a deaf sibling (brother or sister)?                      YES                      NO

23. Do you have a deaf parent(s)?                                      YES                      NO

24. Do you have an extended family member who is deaf?    YES                      NO

25. Is this evaluation required?                                      YES                      NO

By my school district \_\_\_\_    By the state \_\_\_\_\_

26. Is your level of pay linked to the results of this assessment?

Unsure                      Perhaps                      No                      Yes

27. My pay is linked to the results of this evaluation.

Unsure                      Perhaps                      No                      Yes

28. I have a skilled mentor available to me.

Unsure                      Perhaps                      No                      Yes

29. My school district provides me with training at least once a year.

Unsure                      Perhaps                      No                      Yes

The following is for demographic purposes only.

1. What is your age? \_\_\_\_\_

2. Gender?                      Male                      Female

3. Ethnicity? \_\_\_\_\_