EIPA: Williams & Schick

The Educational Interpreter Performance Assessment ®

(Videotape-Standardized Version)

Williams & Schick



REGISTRATION FORM

The Regional Assessment System Project at Johnson County Community College in Overland Park, Kansas 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.

Please complete this Registration Form and Demographic Information Form and submit both to the address provided below. **The Registration Deadline is two weeks prior to the testing date.** When there are ten educational interpreters ready to undergo assessment, you will receive a confirmation letter indicating your location, date and time for assessment. You will also receive information to assist you in preparing to undergo your EIPA evaluation. Please note that Saturday times will be scheduled first.

TESTING SITE:	Little Rock, Arkansas	TESTI	NG DATE: February 5-6, 2005
NAME:			
ADDRESS:		CITY/STA	TE/ZIP:
PHONE:		CELL PHO	ONE:
EMAIL:			
I want to be evaluate	ed on the EIPA using:	ELEMENTARY	SECONDARY material (Circle one)
I will be interpreting	gusing: ASL	PSE MCE/S	SEEII (Circle one)

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

Dr. Bernhardt Jones
Director, Regional Assessment System Project
Johnson County Community College
12345 College Blvd., Box 36
Overland Park, KS 66210-1299
913.469.8500 ext.2788
Fax: 913.469.7640

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Educational Interpreter Performance Assessment \circ 1992

Demographic Information Form Kevin T. Williams, M.S.

Boys Town National Research Hospital

Brenda Schick, Ph.D.

University of Colorado at Boulder

1.	Name:			
2.	Communication Method Used:			
		EE I SEE II	Signed English	
	Other (please describe)			
3.	Grade Level Currently Interpreting			
	Elementary Middle Sci	hool	High School	
4.	How many years have you been interpret	ing?		
5.	How many years in schools?			
6.	Are you a graduate of an Interpreter Train	ning Program	yes	no
7.	Do you have a B.A. degree?		yes	no
8.	Do you hold RID certification? Which Certificate?		yes	no
9.	Do you hold NAD certification? Level		yes	no
10.	Do you have a state's quality assurance r	ating?	yes	no
11.	If you have a quality assurance rating, when the same of the same	hat level have you	achieved using which	assessmen
12.	Have you taken sign language classes oth	ner than in an ITP	? If so, how many?	
13	Is this evaluation required? By my so	chool district	By the st	
	Do you have deaf family members? Plea		•	
	20 Joa mare deal failing members. The	iist (ca. aunt, nepi	1011)	

15. Did you grow up in a deaf family?

our I	evel of pay li	nked to the resu	ılts of this assessr	nent?		
1. I	My pay is linked to results of this evaluation					
•	Yes	No	Perhaps	Unsure		
2. 1	I have a skilled mentor available to me at my school					
I	Definitely	Somewhat	Not Really	Unsure		
3. 1	My school district provides me with training at least once a year					
I	Definitely	Somewhat	Not Really	Unsure		
e foll	owing is for d	lemographic pu	rposes only			
	What is your age?					
1.		_				
1. 2.	Gender?	Male		Female		

yes

no