

# **The Educational Interpreter Performance Assessment<sup>®</sup>** (Videotape-Standardized Version)

Williams & Schick



## **An Overview of the EIPA Evaluation Process** (Videotape Stimuli Version)

### **Introduction**

Since the passage of PL-94-142 in 1975 (reauthorized, 1990, and updated in 1997 as IDEA), the inclusion of deaf students in public school settings has significantly increased. Because of this, the demand for qualified educational interpreters has also increased.

One motivating assumption for federal mainstream initiatives is that deaf students will be provided with an arena for more advanced academic content and competition. Educational interpreters – frequently the most significant sign language model for deaf students – are the professionals who enable this initiative to become a reality. Therefore, ensuring competent interpretation skills in the educational interpreter serving today’s deaf student is essential. In 1993, in response to requests for some form of assessment tool for educational interpreters, the Educational Interpreter Performance Assessment (EIPA) was designed and piloted in the state of Colorado. Today, nearly one-fourth of the United States is using the EIPA to determine educational interpreter competencies.

The EIPA has been developed to provide an ecologically valid assessment of an educational interpreter’s skills. The EIPA is designed to evaluate the skills of interpreters working with deaf children, a form of interpretation which is significantly different than interpreting for deaf adults. The EIPA is designed with sensitivity to conveying essential intonational patterns, and spatial organization, as well as to represent pragmatic intent. Because the educational interpreter, by virtue of his or her role, is also responsible for facilitating the deaf student’s bilingual development, the EIPA is sensitive to the conveyance of educational “rare words,” those words that are essential for English literacy and content acquisition.

The EIPA has four major assessment areas:

1. Intonational, Grammatical and Spatial Representation (used when signing)
2. Ability to Read Child/Teen Sign Language
3. Sign Vocabulary
4. Pragmatic Representation/Overall Behaviors

There are a total of 39 measures made during an EIPA evaluation.

## **What is the EIPA process and what are the components?**

You will be taking the EIPA which will evaluate your ability to (a) expressively interpret classroom content and discourse and, (b) receptively interpret child or teen sign language. Specially designed classroom and child-signing videotapes will be used as stimuli for your assessment. You will select either an *Elementary EIPA Assessment* or a *Secondary EIPA Assessment*.

When you have selected the appropriate grade level, you will then select the type of sign language interpreting you will use during your EIPA expressive (classroom) sample (ASL, PSE, or Manually Coded English). The type of signing you use during this sample will also determine which child-signer you will view during the receptive component of the assessment.

You will have a time scheduled for your EIPA assessment. You will use a portion of this time, prior to your actual assessment, for “warm-up.” During this warm-up period you will have a chance to preview child-signing videotapes as well as select the classroom stimuli you would like to use during your assessment. You will also have an EIPA confidentiality agreement and other paperwork to complete.

### ***Elementary EIPA Assessment***

#### ***Classroom/Expressive Sample***

You will have the option of choosing between two classroom videotapes (OPTION A or OPTION B) for your EIPA expressive assessment. To help guide your decision, you will be given the grade level and content area presented on each videotape.

Each classroom videotape for the Elementary EIPA features five different educational settings. Each setting will last approximately 7 - 10 minutes. Thus, your expressive sample will take approximately 50 minutes to complete. On the classroom videotape you select for your expressive sample, you will see an early elementary activity that begins the school day as well as four other content areas (such as math or social studies).

After selecting the videotape you will use for your evaluation, you will be given a specially-designed study guide to help you prepare for the content on the videotape. The videotape will clearly mark the transition between each content area.

#### ***Child Signing/Receptive Sample***

You will also have the option of choosing between two child signers for your EIPA receptive assessment. To help guide your decision, you will preview the signing style of both children. You will then select CHILD SIGNER OPTION A or CHILD SIGNER OPTION B. Remember, you will have the opportunity to select a child-signer using the sign language you currently use while interpreting (ASL, PSE, or MCE). The receptive portion will take approximately 20 minutes to complete.

You will decide the order in which you would like to be evaluated (i.e., child signing first, classroom content second, or vice-versa).

## ***Secondary EIPA Assessment***

### ***Classroom/Expressive Sample***

You will have the option of choosing between two classroom videotapes (OPTION A or OPTION B) for your EIPA expressive assessment. To help guide your decision, you will be given the grade level and content areas presented on each videotape.

Each classroom videotape for the Secondary EIPA features two different educational settings. Each setting will last approximately 20 minutes. Thus, your expressive sample will take approximately 40 minutes to complete.

After selecting the videotape you will use for evaluation, you will be given a specially-designed study guide to help you prepare for the content on the videotape. The videotape will clearly mark the transition between each content area.

### ***Child Signing Receptive Sample***

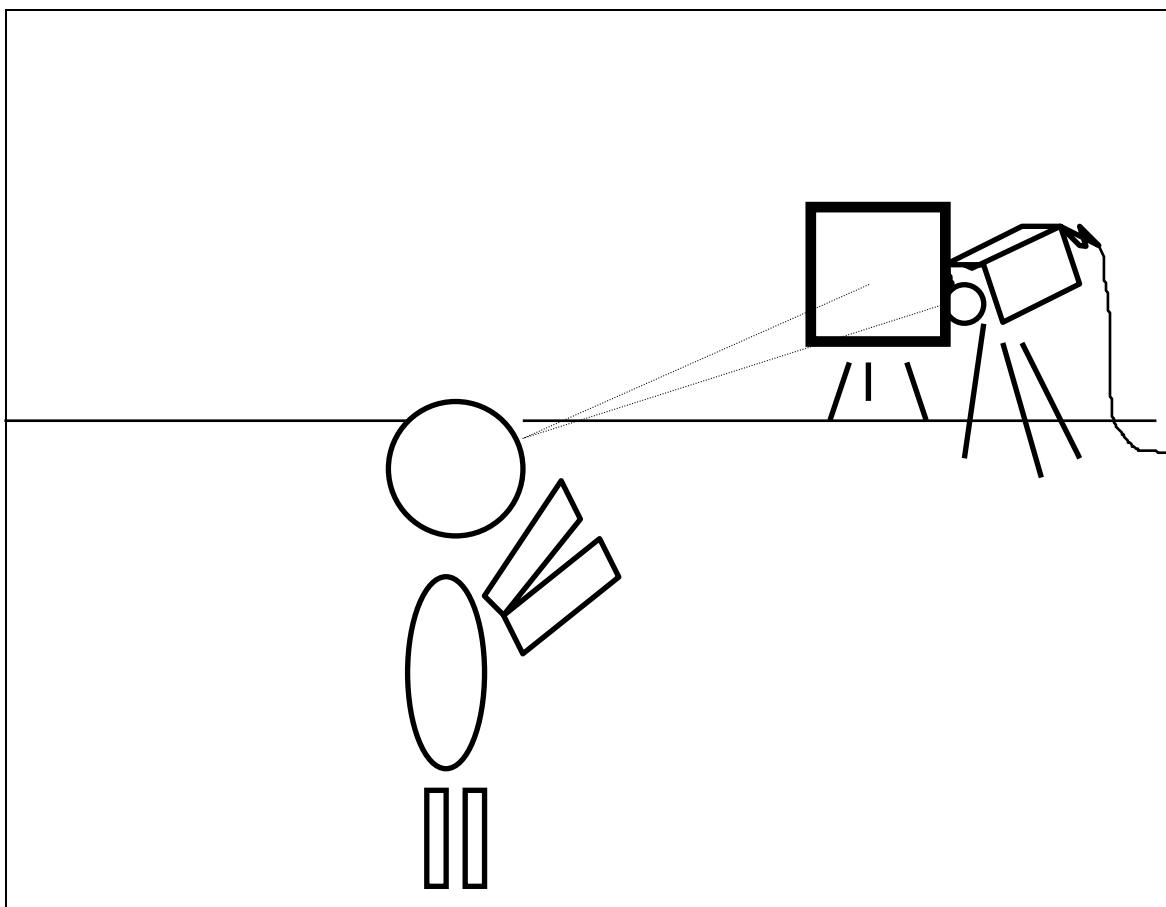
You will also have the option of choosing between two teen signers for your EIPA receptive assessment. To help guide your decision, you will preview the signing style of both teenagers. You will then select TEEN SIGNER OPTION A or TEEN SIGNER OPTION B. Remember, you will have the opportunity to select a teen signer using the sign language you currently use while interpreting (ASL, PSE, or MCE). The receptive portion will take approximately 20 minutes to complete.

Again, you will decide the order in which you would like to be evaluated (i.e., child signing first, classroom content second, or vice-versa).

## **What will the testing environment be like?**

Here are the steps you will follow in completing your EIPA sample:

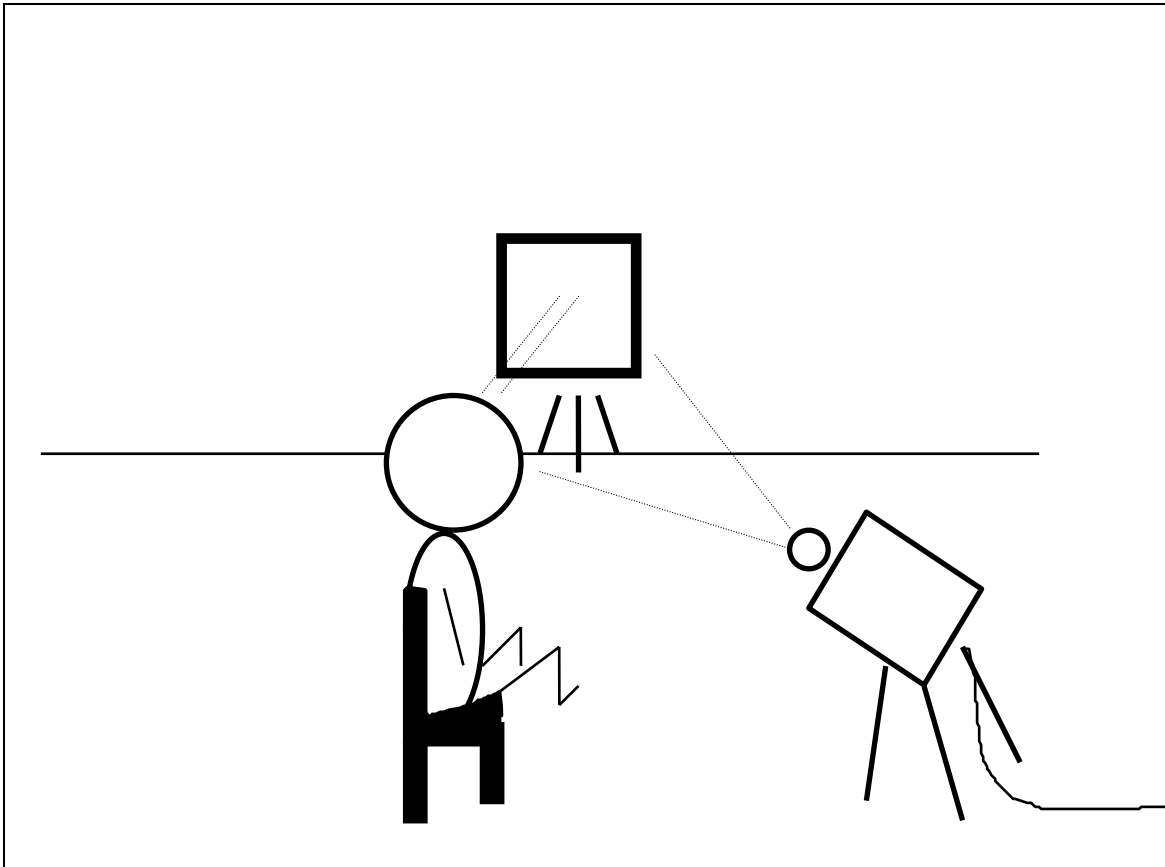
1. You will be scheduled with an EIPA evaluation time. This time will consist of a half-hour warm up opportunity as well as approximately one hour of actual assessment.
2. Upon arrival to your testing site, you will be required to complete the confidentiality forms regarding the stimulus materials. All materials viewed, including warm-up materials, are strictly confidential.
3. As outlined above, you will then select the stimulus materials based upon:
  - a. Grade level (Elementary or Secondary)
  - b. Child/Teen Signing Style (ASL, PSE or MCE)
4. You will be given time to view child signing materials and study the “lesson plans” for your classroom videotape. Please refer to the diagrams on pages 4 and 5.
5. You will then be videotaped interpreting both the classroom videotape and the child signing videotape.



## **Videotaping the Classroom/Expressive Sample**

When you enter the testing room, someone will be there to help you get positioned and operate the equipment. You will only need to focus on the interpreting you will be doing.

For the expressive sample, you will interpret the classroom videotape you have selected. You will face both the camera and the TV/VCR. This is so that you will be able to see what the teacher is doing in the classroom, as well as have optimal sound from the videotape. **PLEASE REMEMBER: USE THE MONITOR FOR REFERENCE ONLY. MAINTAIN EYE CONTACT WITH THE CAMERA, IMAGINING THAT THE CAMERA IS THE DEAF STUDENT. ONCE YOU ARE IN POSITION, DO NOT PACE OR MOVE ABOUT. YOU DO NOT WANT TO WALK OUT OF THE CAMERA'S RECORDING RANGE.**



## **Videotaping the Child or Teen/Receptive Sample**

When you enter the testing room, someone will be there to help you get positioned and operate the equipment. You will only need to focus on the interpreting you will be doing.

For the receptive sample, you will interpret the child/teen videotape you have selected. You will face the TV/VCR. The camera will be positioned off to your right side, focusing on both you and the TV. This is so that the evaluation team knows who is doing the receptive sample as well as where you are on the videotape as you interpret.

Please remember to speak as if you were interpreting for someone in the room.

## **Who will do my evaluation?**

Your EIPA video will be sent to the Educational Interpreter Diagnostic Centre at Boys Town National Research Hospital, Omaha, Nebraska. A three-member evaluation team, specifically trained in administering the EIPA, will rate your interpreting samples. At least one member of the team evaluating your videotape will be deaf. Currently, all EIPA evaluators are Masters level individuals and either possess dual RID certification, training in teaching interpretation, or both. Your EIPA evaluation, of course, is confidential.

## **What type of results will I receive?**

As previously mentioned, the EIPA has four major assessment areas:

1. Sign Intonational, Grammatical and Spatial Representation
2. Ability to Read Child/Teen Sign Language
3. Sign Vocabulary
4. Pragmatic Representation/Overall Behaviors

The EIPA uses a 0 (no skills) to 5 (Advanced) Likert rating scale to indicate skill level. You will receive an overall rating level as well as specific ratings for each sub-skill under the major assessment areas indicated above. You will be able to determine, in a very specific manner, what areas need attention for professional development as well as those areas of competent performance.

Specifically, evaluated interpreters will receive:

- All pre-evaluation paperwork.
- Each EIPA evaluator's scoring form.
- An EIPA summary form highlighting strengths and areas targeted for professional development.
- A glossary of terms explaining each area evaluated.

It is the goal of the EIPA authors and evaluators that educational interpreters not only receive information regarding over-all proficiency, but that they also receive information on how to continue their professional development.

## About the Authors...

The EIPA was designed by Boys Town National Research Hospital staff members Brenda Schick, Ph.D., and Kevin Williams, M.S., C.I. / C.T. Their efforts were partially supported by the NIH-NIDCD grant, D-60 DC00982, Center for Hearing Loss in Children, at Boys Town National Research Hospital.

**Dr. Schick** holds a Ph.D. in American Sign Language (ASL) Linguistics and Child Language Development. Her work includes research on ASL development. Dr. Schick has also done extensive work in language assessment and currently is an associate professor at the University of Colorado, Boulder. A native user of ASL, Dr. Schick has served as an interpreter and as a rater for the Registry of Interpreters for the Deaf (RID), Inc.

**Kevin Williams** holds an M.S. in Teaching Interpreting. Currently, Williams is the Sign Communication and Curriculum Specialist for Boys Town National Research Hospital. His American Sign Language skills have been rated Superior by national Sign Communication Proficiency Interview (SCPI) evaluators. He also holds dual national certification from the RID. In addition, he is a member of the national Conference of Interpreter Trainers (CIT), the National Association of the Deaf as well as the Council of Exceptional Children.

Both Dr. Schick and Mr. Williams have served nationally as consultants on issues related to educational interpreting and have made many national presentations on interpreting for children. Their most recent publication, *Skill Levels of Educational Interpreters Working in Public Schools* appeared in the Journal of Deaf Studies and Deaf Students, 4:2, Spring 1999.