

**CANDIDATE EVALUATION FORM
AND CONFIDENTIALITY AGREEMENT**

The Educational Interpreter Performance Assessment



Date: _____

Name: _____

Test Site Location: _____

Test Site Facilitator: _____

CLASSROOM / EXPRESSIVE

CHILD SIGNER / RECEPTIVE

Elementary A / B

ASL/PSE A / B

PSE/ASL A / B

MCE/PSE A / B

Secondary A / B

ASL/PSE A / B

PSE/ASL A / B

MCE A / B

I understand that I must keep strictly confidential the nature and content of both the classroom and child/teen signing tapes used in my evaluation today. I understand that I must not, under penalty of law, discuss these materials with anyone. By signing below, I agree to this requirement and agree to have the EIPA Evaluation Center at Boys Town National Research Hospital, Omaha, Nebraska, evaluate my educational interpreting sample.

Signature: _____

Address: _____
Street & Apt City State Zip