

CANDIDATE INFORMATION SHEET

The Educational Interpreter Performance Assessment[®] (Standardized Version)

Williams & Schick



DATE: _____

Candidate's Name: _____

Address: _____

Phone Number: (_____) _____ State of Employment: _____

Location of Test: _____ Facilitator: _____

Last 4 digits of SSN: _ _ _ _

E-mail: _____

CLASSROOM / EXPRESSIVE

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

CHILD SIGNER / RECEPTIVE

Candidate recorded on: _____ mini-DV _____ mini DVD _____ DVD

File Type: JPEG _____ or DVD _____