

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 might rate your ability to interpret in each setting.

(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? _____