



## ISLR Mentorship Application

Please mail completed application to:  
Interpreting and Sign Language Resources  
Ohio School for the Deaf  
ATTN - Mentoring Program  
500 Morse Road  
Columbus, OH 43214  
or fax 614-995-1567

TODAY'S DATE \_\_\_\_\_

NAME \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SCHOOL DISTRICT YOU CURRENTLY WORK FOR \_\_\_\_\_

WORK ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBERS: home \_\_\_\_\_ cell \_\_\_\_\_ office \_\_\_\_\_

PAGER \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

1. WHICH MENTORSHIP SESSION ARE YOU APPLYING FOR? (CHECK ONE):

September - December \_\_\_\_\_

January - April \_\_\_\_\_

May - August \_\_\_\_\_

What year? \_\_\_\_\_

**GENERAL BACKGROUND**

**2. YEARS OF INTERPRETING EXPERIENCE:**

\_\_\_\_\_ Less than 5                      \_\_\_\_\_ 5-10                      \_\_\_\_\_ more than 10

**3. YEARS OF EDUCATIONAL INTERPRETING EXPERIENCE:**

\_\_\_\_\_ Less than 5                      \_\_\_\_\_ 5-10                      \_\_\_\_\_ more than 10

**4. College course work and degrees held (Check all that apply):**

\_\_\_\_\_ Associate    Field: \_\_\_\_\_ Completed: \_\_\_ Currently Pursuing: \_\_\_  
Name of College or University \_\_\_\_\_

\_\_\_\_\_ Bachelor    Field: \_\_\_\_\_ Completed: \_\_\_ Currently Pursuing: \_\_\_  
Name of College or University \_\_\_\_\_

\_\_\_\_\_ Master      Field: \_\_\_\_\_ Completed: \_\_\_ Currently Pursuing: \_\_\_  
Name of College or University \_\_\_\_\_

\_\_\_\_\_ PhD         Field: \_\_\_\_\_ Completed: \_\_\_ Currently Pursuing: \_\_\_  
Name of College or University \_\_\_\_\_

\_\_\_\_\_ Other:      Field: \_\_\_\_\_ Completed: \_\_\_ Currently Pursuing: \_\_\_  
Name of College or University \_\_\_\_\_

**5. Certifications/Licenses:**

**Currently Hold:**

- \_\_\_\_\_ EIPA Level: \_\_\_\_\_ Version: \_\_\_\_\_
- \_\_\_\_\_ CI
- \_\_\_\_\_ CT
- \_\_\_\_\_ CDI
- \_\_\_\_\_ RID NIC written
- \_\_\_\_\_ RID Interview/Performance level \_\_\_\_\_
- \_\_\_\_\_ Ohio Educational Interpreter License
- \_\_\_\_\_ Ohio Educational Substitute License
- \_\_\_\_\_ NAD Level \_\_\_\_\_
- \_\_\_\_\_ Other: \_\_\_\_\_

**Plan to Pursue:**

- \_\_\_\_\_ EIPA
- \_\_\_\_\_ CI
- \_\_\_\_\_ CT
- \_\_\_\_\_ CDI
- \_\_\_\_\_ RID NIC written
- \_\_\_\_\_ RID NIC performance/ interview
- \_\_\_\_\_ Ohio Educational Interpreter License
- \_\_\_\_\_ Ohio Educational Substitute License
- \_\_\_\_\_ Other: \_\_\_\_\_

**INTERPRETING**

6. Do you currently work as an educational interpreter?

\_\_\_\_\_ Yes      \_\_\_\_\_no

7. Please describe your current work situation:

8. Your strengths as an interpreter/transliterators:

**MENTORING BACKGROUND AND EXPERIENCE**

9. Have you ever been in an internship or mentorship program before? Please describe your experience to us.

10. Why are you interested in receiving mentoring services?

11. What do you want to work on during this mentorship? What are your goals? Please explain in DETAIL.

12. How will you measure your success at achieving these goals? What steps will you use to determine your success?

13. What qualities do you feel you bring to the mentorship?

13. How did you hear about this program?

14. Other information you feel it would be helpful for us to know about you: