



**Educational Interpreter Performance Assessment**  
**Application for Performance Test**  
 Interpreting & Sign Language Resources  
 Center for Outreach Services • Ohio School for the Deaf



First Name:		Last Name:			
Address:					
City:		State:		Zip:	
Phone:            Circle:   Home   Work   Cell/Pager   VP		Phone:            Circle:   Home   Work   Cell/Pager   VP			
Email:					
<u>Ohio</u> Public School District/ESC/SERRC/Agency where employed (if applicable):					

**Testing Options**

Month(s) preferred for testing:	Grade Level: <i>(select one)</i> <input type="checkbox"/> Elementary <input type="checkbox"/> Secondary
Scheduling preferences: <i>(check all that apply)</i> Week <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup> Day <input type="checkbox"/> Weekday <input type="checkbox"/> Saturday Time <input type="checkbox"/> Morn <input type="checkbox"/> Early afternoon <input type="checkbox"/> Late afternoon/eve	Communication Method: <i>(select one)</i> <input type="checkbox"/> American Sign Language (ASL) <input type="checkbox"/> Pidgin Signed English (PSE) <input type="checkbox"/> Manually Coded English (MCE, SEE)

**Applications must be postmarked or faxed by the 1st of the month one month ahead** of the month you intend to test (e.g. May 1 to test in June). After receiving your application, we will contact you with scheduling options.

- I understand that I must bring **payment of \$250** on the testing day **payable to Boys Town Research Hospital**, the administrator of the EIPA. Payment can be made using check, money order, purchase order, or credit card (Visa, MasterCard, Discover, American Express). **If you do not bring payment, you will not test.**
- I live and work **outside of Ohio**. I understand Ohioans have priority for testing slots. I understand I must pay an **additional \$75 proctor fee** on the testing day **payable to the Ohio School for the Deaf**. Payment can be made using a **separate** check, money order, or purchase order. **Without payment, you will not test.**

Scheduling options will be sent via email. If you prefer to receive a phone call, check here:

Confirmation will be sent via email. If you prefer to receive confirmation via the postal service, check here:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Send application:**

Attention: Cindy Whicker

Mail: Ohio School for the Deaf • 500 Morse Road • Columbus, OH 43214

Fax: 614.995.1567

**For more information:** [www.ohioschoolforthe deaf.org/EIPA.aspx](http://www.ohioschoolforthe deaf.org/EIPA.aspx) • 614.387.0128 v/tty • [whicker@osd.oh.gov](mailto:whicker@osd.oh.gov)

**For office use only**

Date received:	Testing Date:	Testing Time:	LTA Assigned:
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- |  |  |  |  |   |
|--|--|--|--|---|
| <input type="checkbox"/> Tracking form         | <input type="checkbox"/> Request to LTAs   | <input type="checkbox"/> Date options sent | <input type="checkbox"/> Confirmation sent   | <input type="checkbox"/> Reminder sent        |
| <input type="checkbox"/> Waiting list notified | <input type="checkbox"/> Room availability | <input type="checkbox"/> Database updated  | <input type="checkbox"/> Confirmation rec' d | <input type="checkbox"/> Guard/maint notified |