

**Office of Deaf and Hard of Hearing  
New Hampshire Interpreter Classification System  
Deaf Interpreter-Provisional Credential  
Deaf Community Member Reference Form**

Applicant's name: \_\_\_\_\_ Date: \_\_\_\_\_

**For Deaf Community Members**

You have been asked to serve as a reference for a Deaf Interpreter-Provisional applicant. We are looking to hear about your thoughts about the candidate's ability to be a Deaf Interpreter and their standing within the Deaf community.

Your name: \_\_\_\_\_

Do you live in NH: Yes \_\_\_\_\_ No \_\_\_\_\_ Are you: Deaf \_\_\_\_\_ HH \_\_\_\_\_ Deaf-Blind \_\_\_\_\_

Please tell us how you know this applicant and explain in what situations you have seen this applicant interpret.

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Can you explain what you know about the applicant's involvement in and standing in the Deaf Community.

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How would you gauge the applicant’s level of awareness and skill in the following areas:

	Very Competent	Competent, still learning	A lot of work needed
Diversity within the Community			
Importance of matching consumer language needs			
Importance of following ethics			
Importance of good teamwork and ability work with a team			

What, in your opinion, are the best qualities of this applicant, both in terms of skill and attitude?

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**Thank you for your time and cooperation!**

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

**Please send this form to the following address:**

**NH Interpreter Classification System  
 Office of Deaf & Hard of Hearing  
 Vocational Rehabilitation, Department of Education  
 21 South Fruit Street, Suite 20  
 Concord, NH 03301**