

**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.

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

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?

Thank you for your time and cooperation!

Signature: _____ **Date:** _____

Please send this form to the following address:

**Mr. H. Dee Clanton, State Coordinator
Office of Deaf & Hard of Hearing
Vocational Rehabilitation, Department of Education
21 South Fruit Street, Suite 20
Concord, NH 03301**