

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

Applicant's name: _____ Date: _____

For NH Licensed Interpreters

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 working in a team and your willingness to work with them.

Your name: _____

Certification/Screening: _____ Licensed in NH: Yes _____ No _____

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

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
Ethnic and Cultural Diversity within the Community			
Importance of Consumer and consumer needs assessment			
Professional Code of Conduct and the ethical considerations required			
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?

From your experience with the applicant, in what areas would you suggest improvement?

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