



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: <u>(select one)</u> <input type="checkbox"/> Elementary <input type="checkbox"/> Secondary
Scheduling preferences: (check <u>all</u> that apply) Day <input type="checkbox"/> Tuesday <input type="checkbox"/> Friday <input type="checkbox"/> Either Day Time <input type="checkbox"/> 9:00a-12:00p <input type="checkbox"/> 12:00p-3:00p <input type="checkbox"/> Either Time	Communication Method: <u>(select one)</u> <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 \$335** 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:

Center for Outreach Services

ATTN: EIPA Testing

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 • 614.995-1566v/tty •
OutreachCenter@osd.oh.gov

For office use only

Date received:	Testing Date:	Testing Time:	LTA Assigned:
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___ Tracking form ___ Request to LTAs ___ Date options sent ___ Confirmation sent ___ Reminder sent
___ Waiting list notified ___ Room availability ___ DB/calendar updated ___ Confirmation rec'd ___ Guard/maint notified