PROVIDE AMERICAN SIGN LANGUAGE INTERPRETATION/TRANSLITERATION, CAPTION AND/OR COMPUTER-ASSISTED TRANSCRIPTION SERVICES

ATTACHMENT C

PROVIDER APPLICATION FORM

Provider's Name_____

Type of Credential: _____ Number_____

Number of Years providing interpreter services_____

Bi-lingual_____ If yes, indicate languages _____

Professional specialization skills:_____

If yes, please provide explanation for each of the following:

Educational/Classroom Setting_____

Tutoring _____

Professional Development Workshops_____

Extracurricular Activities_____

Cued Speech Interpreting_____

Oral Interpreting_____

Tactile (Deaf-Blind) Interpreting _____

Other_____

1-page resume attached, to include documentation of required experience

2 letters of references attached.