



## Deaf and Hard of Hearing Education Interpreter/Transliterators Request for Extension – Form A

In order to process interpreter/transliterators extensions on time, **strict** adherence to the May 13 and June 3 date each year will be observed.

**Due date: June 3.**

### General Information and Instructions

According to Minnesota Statutes, section 122A.31, non-certified K-12 education interpreters/transliterators requesting an extension are required to provide four (4) letters from the following people: a mentor with whom they have worked, a parent/guardian of a pupil the interpreter serves, the special education director and a representative from the Regional Service Center for the Deaf and Hard of Hearing. All four (4) letters should be sent to the Minnesota Department of Education: Deaf and Hard of Hearing. A committee will review the letters and supporting documents and make a decision on amount of time for the extension. All letters must support the individual to be considered for an extension. Please make four (4) copies of materials listed in the Credentials Checklist (C) category and make them available to those who are writing letters of support.

#### A. Educational Interpreter Background

Currently Employed    Yes                      No

If Yes, Employer Name and Address \_\_\_\_\_

Length of Employment \_\_\_\_\_

Name \_\_\_\_\_ District Number \_\_\_\_\_

Address/City/State/ZIP Code \_\_\_\_\_

Work Phone Number/Home Phone Number/email address  
\_\_\_\_\_

Interpreter Training Program: \_\_\_\_\_ Year Graduated \_\_\_\_\_

Years as Educational Interpreter \_\_\_\_\_

Current Supervisor/Supervisor Phone Number \_\_\_\_\_

## B. Four (4) Contacts

1. Mentor with whom the interpreter has worked.
2. Parent/guardian of a pupil served by the interpreter.
3. Special Education Director of the district in which the interpreter is employed.
4. Deaf and Hard of Hearing Services.

### 1. Mentor

Name \_\_\_\_\_

Address \_\_\_\_\_ City/ZIP \_\_\_\_\_

Phone number \_\_\_\_\_

email address \_\_\_\_\_

### 2. Parent/guardian of child

Name \_\_\_\_\_

Address \_\_\_\_\_ City/ZIP \_\_\_\_\_

Phone number \_\_\_\_\_

email address \_\_\_\_\_

### 3. Special Education Director

Name \_\_\_\_\_

Address \_\_\_\_\_ City/ZIP \_\_\_\_\_

Phone number \_\_\_\_\_

email address \_\_\_\_\_

### 4. Deaf and Hard of Hearing Services

Name \_\_\_\_\_

Address \_\_\_\_\_ City/ZIP \_\_\_\_\_

Phone number \_\_\_\_\_

email address \_\_\_\_\_

### C. Credentials Checklist

Interpreter Training Program (ITP) Certificate      Interpreter/transliterators Educational Plans      Current Test Results  
Additional Relevant Training (if any)  Copy of Provisional License

### D. Rationale

Please write your rationale for the need of an extension, including a proposed solution and a confirmed National Association of the Deaf (NAD) or Registry of Interpreters for the Deaf (RID) test date and location; include evidence of application if date has not been confirmed. Attach other documents, as appropriate.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail to: Minnesota Department of Education  
Mary Cashman-Bakken  
State Specialist: D/HH  
1500 Highway 36 West  
Roseville, MNB 55113-4266

For more clarification email <mailto:mary.cashman-bakken@state.mn.us>.