


FORM A - Interpreter Extension

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

FORM A (Information from the interpreter) – Due date June 3.

	Mary Cashman-Bakken State Specialist: D/HH Minnesota Department of Education 1500 Highway 36 West Roseville, MN 55113-4266	Deaf and Hard of Hearing Education Interpreter Request for Extension-Form A
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General information and instructions: According to Minnesota Statutes, section 122A.31, non-certified K-12 education interpreters requesting an extension are required to provide four (4) letters from the following people: a mentor with whom they have worked, a parent 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. Please make three copies of all materials for the extension review team.

A EDUCATIONAL INTERPRETER BACKGROUND

Are you 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/E-mail 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 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

E-mail address:

2.) Parent of child

Name:

Address:

City/Zip:

Phone number

E-mail address:

3.) Special Education Director

Name:

Address:

City/Zip:

Phone number:

E-mail address:

4.) Deaf and Hard of Hearing Services

Name:

Address:

City/Zip:

Phone Number:

E-mail address:

C CREDENTIALS CHECKLIST

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

- D 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 e-mail: mary.cashman-bakken@state.mn.us

Attach Rationale here: