

## Two-Year Provisional Form for Interpreters Deaf/Hard of Hearing

District name and #		
Person submitting form		
Address		
City	State	Zip
Phone number		
Fax number		
E-mail		

Return these forms to:

Mary Cashman-Bakken  
Minnesota Department of Education: D/HH  
1500 Hwy. 36 West  
Roseville, MN 55113  
E-mail: [mary.cashman-bakken@state.mn.us](mailto:mary.cashman-bakken@state.mn.us)  
651-582-8373  
866-575-1105 VP

## Two-Year Provisional Form for Interpreters Deaf/Hard of Hearing

Interpreter (One completed form for each interpreter)

Name		
Address		
City	State	Zip
Phone number		
District #		
Fax number		
E-mail		

1. Is the above named Interpreter Certified?

Yes, Level 3      Level 4      Level 5      RID: CI      CT      NIC

**(attach copy of certificate)**

No, If no, an education plan must be developed with a mentor that includes on-site mentoring every seven (7) days and kept on file.

2. Did the Interpreter graduate from an interpreter training program?

Yes (attach copy of diploma dated Spring 2000 or later)

No

3. Does the Interpreter have a BA?

Yes **(attach copy of diploma)**

No

4. Does your district require technical assistance in finding a mentor?

Yes

No

5. Is the above named Interpreter applying for a non-renewable provisional 2-year certificate?

Yes

No

Signature of District Representative \_\_\_\_\_ Date

Signature of Interpreter \_\_\_\_\_ Date