

Yr. of Permit _____ (for Agency use)

School Year _____

Interpreter Emergency Permit Request Form [19 TAC §89.1131(d)]

Name of Interpreter: Ms. Mrs. Mr. _____

Is this interpreter hearing impaired? Yes No If **yes**, indicate whether deaf or hard of hearing
If yes, indicate degree of hearing impairment: _____

SSN _____ Phone () _____

Work Address _____

City, State, Zip _____ Fax () _____

Employing District _____

County District Number _____ Contact Person _____

Contact's Mailing Address _____

Phone () _____ Fax () _____ E-mail _____

Local Regional Day School Program for the Deaf _____

What date was this interpreter employed?

Describe district's efforts to hire a certified interpreter for this school year:

List the qualifications this individual has to work as an interpreter in relation to the following areas:

- experience using sign language (describe)
- experience working as an interpreter (describe)
- interpreting courses taken (list)
- interpreting in-service attended (list)

Commitment of Interpreter to pursue certification

I am willing to attend required training and to participate in activities that will improve my skills as an interpreter. I am also willing to prepare for and take the Board for Evaluation of Interpreters (BEI) evaluation or the Registry of Interpreters for the Deaf (RID) evaluation.

Signature of Interpreter Date

Commitment of District to support interpreter permit requirements and submit a plan for meeting requirements

Signature of District Representative Position Date

Verification of Interpreter's Qualifications (as listed above)

Signature of Qualified Deaf Educator Position Date

Please complete and submit this within 30 days of employment, to:

Texas Education Agency, Services for the Deaf
1701 North Congress Ave., Austin, TX 78701-1494