

Ohlone College

Interpreter Preparation Program Application Reference Form

Please return either by: 1) applicant in a *sealed envelope*, 2) email to Slawrence@ohlone.edu or 3) send it to Shelley Lawrence, Ohlone College 43600 Mission Blvd. Fremont, CA 94539

Ohlone College Interpreter Preparation Program is a 2-year, full time program. It requires fluency in both ASL and English. Successful applicants are good students, motivated, intelligent, flexible, reliable and have good 'people' skills.

Your honest insight will help us better evaluate this applicant's readiness for our Program.

IPP Applicant name _____

Date _____

How long have you known this applicant? _____

How do you know this applicant? In what capacity?

Please rate this applicant in the following areas:

(Check the word that best describes your knowledge of the applicant.)

- **Ability to communicate in ASL**

Well prepared ___ Adequate ___ Borderline___ Not ready___ Don't know ___

- **Ability to communicate in English**

Fluent ___ Acceptable ___ Borderline___ Not ready___ Don't know ___

- **Knowledge and respect for Deaf Culture**

Well-prepared ___ Adequate___ Borderline___ Not ready___ Don't know ___

- **Involvement with the Deaf community**

Strong ___ Moderate ___ Limited___ Don't know ___

- **Self-disciplined**

Excellent___ Adequate___ Borderline___ Not ready___ Don't know ___

- **People Skills (Interpersonal/intercultural skills)**

Excellent___ Adequate___ Borderline___ Not ready ___ Don't know ___

- **Potential for rigorous study (academic skills)**

Excellent___ Adequate___ Borderline___ Not ready___ Don't know ___

- **Potential for becoming a Certified Interpreter**

Strong___ Moderate ___ Limited___ Unsure ___

Additional comments that may help us better know this applicant:

Print name here: _____

Signed: _____

I am: Deaf ___ not Deaf ___

If you would like to send us a letter of recommendation in lieu of or in addition to this form, please feel free to do so.