

Organization Name:	Form # [ ] Related to Policy # [ ]	Date Started:		
Employee Name:	Employee Position:	Completion Date:		
<b>Section I. Basic Requirements</b> ( Select at least one applicable requirement as per organizational policy)		Completion Date	Notes	
1. Completion of the a written and oral proficiency test of both, the source and the target languages (e.g. English and Spanish)				
2. Completion of basic interpretation training session				
3. Observation of a face-to-face professional interpretation session				
4. Completion of one or more supervised interpretation sessions				
5. Other:				
<b>Section II. Competencies applicable for all interpretation sessions.</b> (Observe employee during one complete interpretation session to evaluate proficiency in all of the following competencies). Employee should:		Demonstration Date:	Evaluator Notes/ initials	Re-Check Date (If applicable)
		Y	N	
1. Self-introduce and explain the interpretation process				
2. Inform both parties that all information will be repeated in the two languages				
3. Assure and demonstrate confidentiality and neutrality (i.e. avoiding giving more importance to provider or patient words)				
4. Select the best position in the room to facilitate patient-provider interaction				
5. Avoid summarization demonstrating accuracy and completeness in the rendition of the observed interpretation session				
6. Serve as cultural advisor, if needed				
7. Use signals to request a speaker to pause or slow down				
8. Inform parties when clarification is needed				
9. Demonstrate ethical conduct by avoiding bias or inappropriate advocacy				
10. Avoid establishing one-way communication with patient or provider				
11. Demonstrate knowledge of colloquial terms used by the population (e.g. they "measure" my pressure, etc.)				
<b>Section III. Competencies that may or may not be applicable to the interpretation session being evaluated.</b> (Observe employee during one complete interpretation session and if applicable, evaluate proficiency of the following competencies). Employee should:		Demonstration Date:	Evaluator Notes/ initials	Re-Check Date (If needed)
		N/A	Y	N
1. Demonstrate knowledge of medical terminology applicable to the observed clinical interaction (e.g. pediatric, prenatal, etc.)				
2. Demonstrate understanding of the basic clinical procedures interpreted (e.g. vital signs, access to after-hours care, etc.)				
<b>Section IV. Follow-up plan</b> (If lack of proficiency in one or more competencies are identified, employee and supervisor can agree on a plan of action (e.g. complete two more supervised interpretation sessions, study the list of common colloquial terms used by Spanish speaker patients; etc.) and schedule a re-check date.				
<b>Section V. Verification</b> (Acknowledgment of employee and supervisor)		Signatures		Date
		Employee	Supervisor	
Proficiency Demonstrated [ ] YES [ ] NO				
[ ] If "NO", Re-evaluation date and time:				
Proficiency Demonstrated on Re-evaluated competencies [ ] YES [ ] NO				
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