

Educational Sign Language Interpreter Professional Development Plan

Name: _____

Email: _____ District: _____

Date Plan Developed and Implemented: _____

Date Plan is to be Reviewed: _____ By: _____

Current Classification: (Check one.)

- Sign Support Specialist (518)
*This classification indicates that you are not yet an interpreter. Your Educational Interpreter Proficiency Assessment (EIPA) scores are below 3.0 and/or you have not completed the 36 semester hours required for a paraprofessional. **Verification of completed Professional Development Plans must be submitted with waiver request.***
- Educational Sign Language Interpreter I (516)
*This classification indicates that your EIPA scores are between 3.0 and 3.4 and you have completed the 36 semester hours required for a paraprofessional. This certification is valid for only one year and can be renewed twice with **minimum completion of WVDE-approved 15 clock hours per year.***
- Educational Sign Language Interpreter II (517)
This classification indicates that your EIPA scores are above 3.5, you have completed the 36 semester hours required for a paraprofessional and have passed the EIPA WT. Permanent Certification.
- Professional Educational Sign Language Interpreter (330)
This classification is established at the discretion of the district and indicates that your EIPA score is above 3.6, that you have passed the EIPA WT and that you have a BA/BS from an accredited institution of higher education.

Objective: Paraprofessional Certificate: Educational Sign Language Interpreter II

2 Major Components:

- 1. Knowledge and Skills:**
 - a. Paraprofessional Certificate: 36 prescribed semester hours
 - b. Passing score on the EIPA-Written Test
- 2. Sign and Interpreting Proficiency:**
Minimum 3.5 on the Educational Interpreter Proficiency Assessment (EIPA)
(Valid NAD IV or NIC Certification is accepted)

Professional Development Plans must encompass both components unless requirement for that component is satisfied.

Knowledge and Skills: (Select 1)

My Professional Development focus for this year for component 1:

- Successful passage of the EIPA-WT. The EIPA-WT will meet 19 of the required paraprofessional hours: **One** semester hour of reading; three semester hours **each** of **special education, human growth and development, or psychology and social studies; nine** semester hours of electives.

Describe what actions you plan to take in preparation of the EIPA-WT: _____

- During this year, I plan to take the following course(s) towards my paraprofessional certificate:

Sign and Interpreting Proficiency:

Developed by Frances J. Beurivage, Boys Town National Research Hospital (*beurivagef@boystown.org*)

Overall EIPA Score: _____

1. What was the average score for each Roman numeral area? Each subcategory?

<p style="text-align: center;">Voice-to-Sign Roman I _____</p> <ul style="list-style-type: none"> • Prosodic Information _____ <ul style="list-style-type: none"> <input type="checkbox"/> Stress/emphasis <input type="checkbox"/> Affect/emotions <input type="checkbox"/> Register <input type="checkbox"/> Sentence boundaries • Non-manual information _____ <ul style="list-style-type: none"> <input type="checkbox"/> Sentence types/clausal boundaries <input type="checkbox"/> Adverb/adjective facial markers • Use of signing space _____ <ul style="list-style-type: none"> <input type="checkbox"/> Verb directionality <input type="checkbox"/> Compare/contrast, sequence, cause/effect <input type="checkbox"/> Use of Classifiers • Interpreter performance _____ <ul style="list-style-type: none"> <input type="checkbox"/> ASL or PSE grammar <input type="checkbox"/> Use English morphological markers (if appropriate) <input type="checkbox"/> Mouths speaker's English (if appropriate) 	<p style="text-align: center;">Sign-to-Voice Roman II _____</p> <ul style="list-style-type: none"> • Can read and convey student's: _____ <ul style="list-style-type: none"> <input type="checkbox"/> Signs <input type="checkbox"/> Fingerspelling and numbers <input type="checkbox"/> Register <input type="checkbox"/> Non-manual behaviors and ASL morphology • Vocal/Intonational features: _____ <ul style="list-style-type: none"> <input type="checkbox"/> Speech production <input type="checkbox"/> Sentence/clausal boundaries <input type="checkbox"/> Sentence types <input type="checkbox"/> Emphasize important words, phrases, affect/emotions • Word choice: _____ • Interpreter performance: _____ <ul style="list-style-type: none"> <input type="checkbox"/> Adds no extraneous words/sounds to message
<p style="text-align: center;">Vocabulary Roman III _____</p> <ul style="list-style-type: none"> • Signs: _____ <ul style="list-style-type: none"> <input type="checkbox"/> Sign vocabulary <input type="checkbox"/> Signs correctly made <input type="checkbox"/> Fluency <input type="checkbox"/> Vocabulary consistent with language or system <input type="checkbox"/> Key vocabulary represented • Fingerspelling: _____ <ul style="list-style-type: none"> <input type="checkbox"/> Production of fingerspelling <input type="checkbox"/> Spelled correctly <input type="checkbox"/> Appropriate use of fingerspelling <input type="checkbox"/> Production on numbers 	<p style="text-align: center;">Overall Factors Roman IV _____</p> <ul style="list-style-type: none"> • Message processing: _____ <ul style="list-style-type: none"> <input type="checkbox"/> Appropriate eye contact/movement <input type="checkbox"/> Developed sense of whole message V-S <input type="checkbox"/> Developed sense of whole message S-V <input type="checkbox"/> Appropriate lag time V-S <input type="checkbox"/> Appropriate lag time S-V • Message clarity: _____ <ul style="list-style-type: none"> <input type="checkbox"/> Discourse mapping • Environment: _____ <ul style="list-style-type: none"> <input type="checkbox"/> Indicates who is speaking

2. Read the areas identified for professional development from the EIPA report. Read the feedback comment(s) that relate to the areas that received the lowest scores above. Write a brief statement(s) that captures what the feedback statement indicates you may want to work on.

3. Utilizing this information, select four skills or linguistic features to focus on. For each skill area, write a goal statement, strategy or strategies, identify the resources needed, and a timeframe for implementation and review of goal.

Goal I

Goal statement: Remember to be specific when stating your goal. Refer back to the feedback statement from your EIPA report.

Strategy for improvement: Remember a good strategy statement should be specific, measurable and attainable.

Timeframe for implementation of the strategy, review and reevaluate:

Resources: Include any equipment you will need to have available.

Verification:

(e.g. Journal; eMentor; Workshop; Video name; etc.)

Goal II

Goal statement: Remember to be specific when stating your goal. Refer back to the feedback statement from your EIPA report.

Strategy for improvement: Remember a good strategy statement should be specific, measurable and attainable.

Timeframe for implementation of the strategy, review and reevaluate:

Resources: Include any equipment you will need to have available.

Verification:

(e.g. Journal; eMentor; Workshop; Video name; etc.)

Goal III

Goal statement: Remember to be specific when stating your goal. Refer back to the feedback statement from your EIPA report.

Strategy for improvement: Remember a good strategy statement should be specific, measurable and attainable.

Timeframe for implementation of the strategy, review and reevaluate:

Resources: Include any equipment you will need to have available.

Verification: _____
(e.g. Journal; eMentor; Workshop; Video name; etc.)

Goal IV

Goal statement: Remember to be specific when stating your goal. Refer back to the feedback statement from your EIPA report.

Strategy for improvement: Remember a good strategy statement should be specific, measurable and attainable.

Timeframe for implementation of the strategy, review and reevaluate:

Resources: Include any equipment you will need to have available.

Verification: _____
(e.g. Journal; eMentor; Workshop; Video name; etc.)

Your signature: _____ Date: _____

Administrator: _____ Date: _____

Sign Support Specialist Professional Development Plan Verification Form

As specified in WV Code §18-20-2 and §18A-20-4, a **sign support specialist** may be assigned to a student who is deaf or hard of hearing in lieu of an interpreter only if an educational sign language I or II is unavailable **AND** the sign support specialist is executing a professional development plan leading to certification as an educational sign language interpreter. This is only for **two** years. For continued employment, WVDE is required to approve a waiver if a qualified interpreter is still unavailable.

Requests for waivers must be accompanied by the professional development plan, verification of its successful implementation along with the new professional development plan. Waiver requests must be sent to:

Executive Director, Office of Special Education
 WV Department of Education
 Building 6 RM 717
 1900 Kanawha Boulevard East
 Charleston, WV 25305

Note: *Educational Sign Language Interpreter I must be working towards Educational Sign Language Interpreter II. Verification of the 15 WVDE approved clock hours are to be submitted through you Personnel Office to WVDE Office of Professional Preparation.*

Name: _____

Email: _____ District: _____

Date Plan Developed and Implemented: _____

Verification for each activity must be submitted with plan.

PD Goal	Date	Activity/Workshop	Verification	PD Component	CEUs/Clock Hours
			Attached	Check one: <input type="checkbox"/> Knowledge and Skills (Paraprofessional and EIPA-WT) <input type="checkbox"/> Sign and Interpreting Proficiency	___ #CEUs or Clock hours ___ #Semester hours Check All that apply: <input type="checkbox"/> RID <input type="checkbox"/> WVDE <input type="checkbox"/> WVCDHH
			Attached	Check one: <input type="checkbox"/> Knowledge and Skills (Paraprofessional and EIPA-WT) <input type="checkbox"/> Sign and Interpreting Proficiency	___ #CEUs or Clock hours ___ #Semester hours Check All that apply: <input type="checkbox"/> RID <input type="checkbox"/> WVDE <input type="checkbox"/> WVCDHH

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I verify that the plan was executed to the best of my ability:

Name: _____ Signature: _____ Date: _____

Administrator

Name: _____ Signature: _____ Date: _____

Verification for each activity must be submitted with plan.

