

INTERPRETER GRANT 2005-06 CERTIFICATION FORM

Name of School Division/State-Operated Program

The following persons are providing educational interpreting services in our division/state-operated program and do not hold a current Virginia Quality Assurance Screening Level III or equivalent or higher national credential (Registry of Interpreters for the Deaf, National Association for the Deaf Level IV, or TECUnit [for cued speech]). I certify that:

- (a) a waiver of the qualification requirements will be submitted to the Virginia Department of Education within 30 days of assignment for the 2005-06 school year for all persons not meeting the qualification standards, as required by the Virginia Regulations, and
- (b) all persons not meeting the qualification standards will
 - 1) be provided with a copy of the qualification requirements and informed of their qualification and waiver status,
 - 2) participate in VDOE funded grant activities (assessment, development of a training plan, enrollment in courses, and/or participation in other training) as a condition of employment.

Name	Current Qualifications

(attach additional sheets of paper, as necessary)

Director of Human Resources

(Name)_____

(Signature)_____

(date)_____

Return to Educational Interpreter Office, Virginia Department of Education, P.O. Box 2120, Richmond, VA 23218-2120; (804) 371-8796 fax