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| --- |
| **INTERPRETER CAPABILITY SHEET** |
| **Interpreter Name** |   |
| **Schedule/Availability** |
| Are you available: |  |  |  |  |
|   | Mon-Fri (6:00am-6:00pm) coverage? |   |  |
|   | Mon-Fri (after hours) coverage? |   |  |
|   | Weekends? |   |  |
|   | Holidays? |   |  |
|   | Emergencies (less than two-hour response time)? |   |  |
|   | Other (please specify): |   |  |
|   | Statewide coverage? (if no, please specify) |   |  |
| Appointments involving DSCYF investigations or involuntary commitments to a State facility maybe for an undetermined length of time on any given day. Are you capable of providing on-site flexibility for these types of appointments? |   |  |
| **Service Capabilities** |
| **Service** | **Certified/Credential** | **Certified/Credential thru** | **Language** | **Technical Proficiency** |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
| **Background Check** |
| **Type of Check Completed** | **Date of Completion** | **Findings** |
| State of Delaware |   |   |
| CJIS (Federal) |   |   |
| Child Protection Registry |   |   |
| Other (Specify): |   |   |
| **Education** |
| **Institution Name/Location** | **Year Graduated** | **Degree(s) Awarded** |
|   |   |   |
|   |   |   |
| **Certification** | **Date Expires** | **Issuing Agency** |
|   |   |   |
|   |   |   |
|   |   |   |
| **Language Proficiency Assessment** | **Date Completed** | **Issuing Agency** | **Score Level** |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
| **Name of Seminar/Course** | **Organization/Institution** | **Course Date(s)** | **Contact Hours** |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |
| **Experience** |
|   |
|   |
|   |

**INSTRUCTIONS FOR WORD FILE COMPLETION**

**Schedule/Availability**

* With the exception of "Other" and "Statewide coverage" please simply enter "yes" or "no" responses.

**Service Capabilities** *(Please notate only one service and/or language per line)*

* Service: Please choose one of the following.
	+ Sign Language, Certified
	+ Sign Language, Non-Certified
	+ Sign Language, Foreign
	+ Foreign, On-Site
	+ Foreign, Telephonic
	+ Foreign, Written
* Certified: Please choose one of the following.
	+ Yes
	+ No
	+ N/A
* Language: Please enter only one language per line.
* Technical Proficiency: Describe your capabilities for the identified service and/or language.

*Examples include: General, Medical, Legal, Educational, Psychiatric, Social Services, Business, etc.*

**Background Check**

* Please identify the type of background check(s) completed. Including date and findings of check. Background check is required prior to approval to perform services under this contract. Background check cannot be older than January 1, 2012. Proof of background check results may be requested.

**Education**

* Please identify formal education received, certifications, and any other instructional courses taken relating to the service and/or language(s) identified on this capability sheet.

**Experience**

* In detail, please describe your experience providing the service identified on this capability sheet.

**NOTE: Interpreter/Translator may use additional pages as necessary.**