The Deaf Studies Department
California State University, Northridge

ASL/ENGLISH INTERPRETER EDUCATION PROGRAM (IEP)
RECOMMENDATION FORM

CSUN’s Interpreter Education Program is a 2-year program. The program requires fluency in both ASL and English. Successful applicants are good students who are motivated, intelligent, flexible, reliable, and have good ‘people skills.’

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. Your honest insight will help us better evaluate the applicant’s readiness for our program.

- **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____

- **“Attitude”**
  - Excellent____ Friendly____ Not-Open____ Not Ready____ 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____

Please feel free to add any additional comments that may help us better know this applicant on the back of this form, or you may attach a separate letter of recommendation to this form.

Evaluator’s Name: _________________________________________________________________________________________________
(Print)

________________________________________________________________________________________________
(Signature) I am: Deaf _____ Not Deaf_____

PLEASE RETURN THIS FORM IN ANY OF THE FOLLOWING WAYS – RETURN BY FEBRUARY 28, 2014
1. Return the form to the applicant in a sealed envelope
2. Email the form to deaf.iep@csun.edu (Subject line should be: RECOMMENDATION LETTER—APPLICANT’S NAME)
3. Mail to: CSU, Northridge – Deaf Studies Department – Attention: IEP Coordinator – 18111 Nordhoff Street – Northridge, CA 91330-8265