

ND State Court

North Dakota Court Interpreter Program

Information & Self-Assessment Packet

Please return completed packet to:

Language Access Coordinator's Office
Cass County District Court
211 9th Street S.
Fargo, ND 58108
Email: rolson@ndcourts.gov & akraft@ndcourts.gov
Phone: 701-451-6940

Personal Information

First Name: _____ Last Name: _____

Address: _____

Daytime phone: _____

Email Address: _____

Language Information

Native Language: _____

Additional Languages: _____

Additional Information

Do you have authorization to work in the USA? Yes No

**** Please do not continue if you checked the box No ****

Highest level of education completed: _____

School: _____ Major: _____

Additional education, if applicable: _____

Recommendations (List name(s), agency, and contact information): _____

Are you willing to travel to/with in North Dakota? Yes No

Maximum distance willing to travel: _____

3. I have a strong knowledge of speech and a wide vocabulary.

- English Spanish German Somalia Arabic Other

Please list any other languages: _____

4. I am able to speak fluent.

- English Spanish German Somalia Arabic Other

Please list any other languages: _____

Reading Comprehension:

1. I can read only basic printed material, such as simple signs or messages.

- English Spanish German Somalia Arabic Other

Please list any other languages: _____

2. I am able to read and understand most printed material, but may have to rely on a dictionary at times.

- English Spanish German Somalia Arabic Other

Please list any other languages: _____

3. I read fluent.

- English Spanish German Somalia Arabic Other

Please list any other languages: _____

Interpreting / Translating Experience

1. Describe your interpreting experience: _____

2. Describe your translating experience: _____

3. Do you have any formal training in interpreting? Yes No

If yes, please describe: _____

4. Do you have any formal training in translating? Yes No

If yes, please describe: _____

5. Do you have any professional accreditation or certification for interpreting? Yes No

If yes, please list: _____

6. Do you have any professional accreditation or certification for translating? Yes No

If yes, please list: _____

Interpretation:

Indicate your preference for oral interpretation and/or written translation work:

- Both oral interpretation and written translation work
- Oral interpretation work only
- Written translation work only

Which types of interpreting do you feel comfortable to do?

Consecutive – waiting for the speaker to finish, and then beginning to interpret

Simultaneous – interpreting at the same time a speaker is talking; may involve equipment

Sight translation – translating a written document out loud

Please list the type along with the language you are comfortable in:

What subject areas do you have experience/training to interpret or translate in?

<u>Subject</u>	<u>Please list the language (may have multiple)</u>
<input type="checkbox"/> Medical	_____
<input type="checkbox"/> Legal/Court	_____
<input type="checkbox"/> Human Services	_____
<input type="checkbox"/> Education	_____
<input type="checkbox"/> Business	_____
<input type="checkbox"/> Technical/Scientific	_____
<input type="checkbox"/> Agriculture	_____

Do you have qualifications or experience in translating a written document into a certain language? Yes No

If yes, please state the language(s) _____

Do you have qualifications or experience to translate a written document from the above language into English? Yes No