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Appendix C-5: Human Interpreter for Native Language Certification Form

In order for an interpreter to provide the Human Interpreter Support on the DeSSA assessments, the Local Education Agency must assure that the interpreter meets the requirements below. Fill out the form and submit to DOE contact listed. Use of the Human Interpreter Designated Support will not invalidate the test if used according to the guidelines provided by Delaware Department of Education DeSSA Guidelines.

A Human Interpreter must be supervised at all times by a qualified teacher or paraprofessional who has completed the requirements for administering the designated DeSSA test unless the interpreter is qualified as a Test Administrator.

Date:_____ Contracting Agency: _____

Interpreter's Name: Last _____ First _____

School(s) where interpretation will be provided: _____

School Contact's email _____

School Contact Name (type or print) _____

Human Interpreter, for Native Language (EL – L2)

1. Proficiency in World Language and English

   To demonstrate proficiency the interpreter must have:
   ☐ Certification from a Professional Organization; OR
   ☐ Current or previous employment in a position requiring interpretation; OR
   ☐ Native or near native fluency in the world language and English proficiency
2. Knowledge of K-12 Education
3. Knowledge of Content Vocabulary

Fluent in the following World Languages: _____

If the interpreter has documented assessment scores related to World Language and/or English proficiency, please list below. (Information only)

Name of Test	Year of Test

Additional Requirements for All Human Interpreters certified by the Contracting Agency.

☐ Familiarity with the Native Language Translator Protocol in the Accessibility Guidelines

(Appendix C-6)

☐ Completion of DeSSA Test Security training (an online course accessed via Schoology. Test

Security Acknowledgement Printed and Signed).

☐ Basic computer literacy

By signing below, the Contractor assures that the interpreter above has met the requirements above.

Signature _____   Date: _____

Name (print) _____

Title _____

LEA's credentials

Signature _____   Date: _____

Name (print) _____

Title _____

Note: This documentation is to be kept in the student's file. **This form must be scanned and given to the District Test Coordinator to submit through the DOE Help Desk** Do not email this form to DOE. Students may not be administered the support without written approval from DOE (Appendix C-4); however, DOE does not need to "pre-approve" the interpreter on this certification prior to administration.