

IDAHO SPEECH, HEARING AND COMMUNICATION SERVICES LICENSURE BOARD

Idaho Bureau of Occupational Licenses

700 West State Street, Boise, 83702 or

PO Box 83720, Boise, ID 83720-0063

Phone: (208) 334-3233 Fax: (208) 334-3945

Website: www.ibol.idaho.gov E-mail: shs@ibol.idaho.gov

SIGN LANGUAGE INTERPRETER PROVISIONAL PERMIT HOLDER

Quarterly Report

Instructions for Quarterly Reporting

Each quarter the Sign Language Interpreter Provisional Permit Holder shall submit a written report to the Idaho Speech, Hearing and Communication Services Board indicating what has been done toward completing the training as required by Rule 480 of the Speech, Hearing and Communication Services Rules for Idaho.

Complete quarterly reports will include:

___ Log of supervisor and permit holder contacts.

___ Supervisor's statement of training progress.

___ Certificate of attendance for any workshop or training session attended by permit holder.

___ The quarterly report form signed by both the trainee and the supervisor before a Notary Public.

SIGN LANGUAGE INTERPRETER PROVISIONAL PERMIT HOLDER
QUARTERLY REPORT

<u>Check Quarter</u>	<u>Due on or Before</u>
<input type="checkbox"/> 1 JAN., FEB., MARCH	APRIL 10
<input type="checkbox"/> 2 APRIL, MAY, JUNE	JULY 10
<input type="checkbox"/> 3 JULY, AUG., SEPT.	OCT. 10
<input type="checkbox"/> 4 OCT., NOV., DEC.	JAN. 10

Name _____ Temporary Permit # _____

Supervisor _____

COMPLETE QUARTERLY REPORTS MUST BE RECEIVED BY THE 10TH OF THE MONTH FOLLOWING THE THREE-MONTH PERIOD. IF QUARTERLY REPORTS ARE NOT RECEIVED BY THE SPECIFIED DUE DATE, THE PERMIT MAY BE REVOKED.

The following is a supervisor's checklist of permit holder's strengths and needs during direct supervision visits during this quarter.

- Shows good knowledge base for interpreting needs and modes
- Permit Holder shows integrity for professional ethics
- Interpreter is well-prepared for assignments and meetings
- Documentation of professional development is appropriate
- Permit Holder conducts self in professional manner
- Interpreter is making adequate progress toward credentialing goals

Supervisor's summary:

(If more room is needed please attach additional pages.)

I hereby declare that _____ has completed all training assignments for this quarter.

Signature of Supervisor

License Number of Supervisor

State of _____, County of _____, ss.
Subscribed and sworn before me this _____ day of _____, 20 _____

(seal)

Notary Public Official Signature
My Commission Expires _____

Signature of Permit Holder

State of _____, County of _____, ss.
Subscribed and sworn before me this _____ day of _____, 20 _____

(seal)

Notary Public Official Signature
My Commission Expires _____

Please be aware this document will become part of the applicant's file and the applicant has the right to request anything from the file.