



Wisconsin Department of Public Instruction

**INSTITUTIONAL ENDORSEMENT AND ASSURANCES—  
EDUCATIONAL INTERPRETER**

PI-1612-INT (New. 07-19)

Forms are available at: <http://dpi.wi.gov/tepd/elo/supplementary-forms>

**INSTRUCTIONS TO INSTITUTION:** Complete Section II and return to applicant:

**Website:** <http://dpi.wi.gov/tepd>

**Educator Licensing Telephone:**  
(608) 266-1027 or (800) 266-1027

**I. APPLICANT INFORMATION**

Completed by Applicant

|   |             |               |                                    |
|---|-------------|---------------|------------------------------------|
| Legal Name First                                  | Middle Int. | Last          | SSN Last 4 Digits Only             |
| Home Address <i>Street, Box, City, State, Zip</i> |             | Email Address | Telephone Area Code /No.           |
| Name and Location of Institution                  |             | Degree Earned | Date of Graduation <i>Mo./Year</i> |

**II. INSTITUTIONAL ENDORSEMENT AND ASSURANCES**

Completed by the Preparation Program and Returned to Applicant

- Did the applicant complete your institution's interpreter training program?
  - Yes, *Interpreter Training Program Completion Date (mm/dd/yr):* \_\_\_\_\_
  - No, *Explain:* \_\_\_\_\_
- Supervised Field Experiences** *The applicant completed a practicum of at least 150 hours in grades PK-12 with a licensed educational interpreter assigned as a mentor.*

Yes     No
- Course Work Completed** *The applicant has completed the following course work:*

Yes     No    Semester credits in the process of changing spoken English to ASL (voice-to-sign)

Yes     No    Semester credits in the process of changing spoken English to signed English (transliterating)

Yes     No    Semester credits in the process of changing signed text to spoken English (sign-to-voice)

Yes     No    Current practices for interpreters in educational settings

Yes     No    Ethical practices as it related to interpreters

**III. CONFIRMATION SIGNATURE**

**I CONFIRM** that the information provided above is accurate.

|   |                                   |                                |
|---|-----------------------------------|--------------------------------|
| Signature of Authorized Official<br><br>➤ | Name <i>Type or Print Legibly</i> | Date Signed <i>Mo./Day/Yr.</i> |
| E-Mail Address                            | City/State                        | Telephone Area/No.             |
| Program Name                              |                                   |                                |