



TESTING STAFF AGREEMENT

PROGRAM: ALL | PRODUCTS: ALL | AUDIENCE: TESTING STAFF

Staff serving as a sign language interpreter must be proficient in the interpretation method indicated below. Sign language interpreters also must be free of conflicts of interest as outlined in the *Accessibility Supports Guide*. The interpretation of the test materials must be a direct translation with no explanation and no additional information provided to the examinee. All test questions rely on the examinee being able to comprehend and respond to the test questions and answers exactly as written. Any additional information, explanation, or translation would affect what the tests are designed to measure. **Note: Use of Video ASL does not require this form be completed.**

ACT® requires both the sign language interpreter and the test coordinator to provide their signatures to indicate their consent to abide by ACT interpreter policies in the following statement:

"I certify that I have read, understand, and agree to administer the tests in accordance with the policies in the administration materials. I further assure ACT that the interpretation of the test passages and items are a direct translation into an English-based sign system used widely in the U.S. from the reader's script provided by ACT, with no explanation and no additional information provided to the examinee."

Note: The sign language interpreter may also serve as the room supervisor if they are the only testing staff in the room.

Sign Language Interpreter Signature

Sign Language Interpreter Name (printed)

Date

Test Coordinator Signature

Test Coordinator Name (printed)

Date

This document may be printed as needed. Complete one form for each examinee authorized to test with an interpreter. This document may be photocopied as needed if the examinee uses different sign language interpreters for different tests.

School/Center/Site Name

City State

Examinee Name (printed)

ACT Code if applicable (e.g., High School Code, Test Center Code, or Site Code)

Test Date(s)

Room Supervisor Name (printed, if different from test coordinator or interpreter)

Indicate the sign language used for translating to this examinee:

- Signed Exact English (SEE)
- Cued Speech
- American Sign Language (ASL)
- Conceptually Accurate Signed English (CASE)
- Not applicable

Indicate the sign language used for translating the _____ to this examinee:

- | | | |
|-------------|------|----------------|
| SEE | ASL | Not applicable |
| Cued Speech | CASE | |

Indicate the product and list the tests where any portion was interpreted by this interpreter.

ACT AIST PreACT PreACT 8/9