Sign Language Interpreter's Agreement

Purpose of this form

Test Date(s)

Examinee Name (printed)

Test Site Name

City, State

must be proficient in the sign language indicated below.

Interpreter Agreement

ACT requires both the test coordinator and the interpreter to provide their signatures to the following statement:

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Tests Interpreted (Special Testing)

Indicate the sign language used for this examinee:

☐ ☐

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Sign Language Interpreter Certification

Interpreter—Follow the steps below to complete this form. Sections 1, 2, and 3 must be completed prior to

Test Coordinator
If it is not submitted on test day, return to:

ACT Test Administration (58)
PO Box 168
Iowa City, IA 52243-0168

Phone: 319.337.1510
Email: _____

1. Print the administration information:

Examinee Name | Test Date

Test Center Name | Test Center Code | Room Name/Number

2. Read the interpreter policies and responsibilities:

Thank you for helping ACT provide an equitable testing opportunity for this examinee. The following information describes the governing policies and your test day role and responsibilities:

examinee, the examinee's tests will not be scored or the scores will be canceled.

Comply with standardized testing polices, as directed by test center staff.

Accompany the examinee into the test room and remain with the examinee throughout the

examinees to the staff and the staff's responses to those questions. Do not interpret any test content.

Do not answer questions about the verbal instructions or test content. If the examinee has questions, ask a member of the testing staff for the answer.

Do not eat, drink, or use electronic devices of any kind, including cell phones, in the test room. All electronic devices must be powered off. You may bring snacks and beverages to consume outside the

3. Sign the :

Room Supervisor Name (print) | Signature | Date

4. Have the room supervisor sign the :

Room Supervisor Name (print) | Signature | Date

5. If requesting payment, complete the after testing.

6. Give this form to the test coordinator at the end of testing, even if you are not requesting payment.

Sign Language Interpreter Request for Payment

Interpreter
after testing. Please print. All information is required. Refer to ACT's compensation policies. California staff:

Test Coordinator
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ACT Test Administration (58)
PO Box 168
Iowa City, IA 52243-0168

Phone: 319.337.1510
Email: _____

1. Administration information:

Examinee Name | Test Date

Test Center Name | Test Center Code | Room Name/Number

2. Method of Payment: