



Oregon Spanish Health Care Interpreter Training – Due January 16, 2018

CONFIDENTIAL REFERENCE INFORMATION FORM (2 pages)

To be completed by a person who can verify your intent to serve as a health care interpreter in your community.

Applicant's name: _____

This candidate is applying to participate in educational training to become a Spanish Health Care Interpreter. Please assess his/her suitability as a participant in this training. We are interested in selecting candidates who:

- Have a commitment to work in his/her community as a health care interpreter;
- Are already bilingual and can pass the entrance examination process;
- Have a definite goal to pursue a health care interpreter career and is willing to commit to attend classes regularly and successfully complete the entire training;
- Have demonstrated strong skills in communication that would make him/her a good interpreter candidate; and
- Has a demonstrated commitment level and self-motivation that will enable him/her to complete this intensive 6-month training.

In comparison with other students you have known; please evaluate the applicant in the following areas. Circle the number that best describes the applicant. For additional writing space please use an additional page.

	Highest			Lowest	
MOTIVATION (self-starter)	5	4	3	2	1
COMMUNICATION SKILLS (verbal skills and expression)	5	4	3	2	1
INTERPERSONAL SKILLS (maintains harmonious and cooperative work-relations)	5	4	3	2	1
COMMITMENT (follows through, keeps agreements, etc.)	5	4	3	2	1
PROFESSIONALISM (uses appropriate language, dress, and conduct)	5	4	3	2	1
PROBLEM SOLVING/CRITICAL THINKING (identifies work-related problems and solutions)	5	4	3	2	1
TIME MANAGEMENT (regularly on-time, prioritizes tasks, and reliability)	5	4	3	2	1

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Candidate's strengths as you see them:

Candidate's weaknesses as you see them ("none apparent" is an acceptable answer):

Why do you think this person would be successful in the health care interpreter training?

Does this person keep commitments and is this demonstrated in his/her attendance record?

Are you currently the employer of this person? Yes No

Do you have plans to use this person as an interpreter in your organization? Yes No

If this potential student is your employee, are you willing to provide the student 36 hours of released time from work to complete the clinical portion of health care interpreter training?

Yes No Unsure/Need more information

Name of Person Completing Reference: _____

Reference's Institution/Agency (if applicable): _____

Contact Info: Phone _____ E-mail _____

Mailing Address _____ City _____

State _____ Zip _____

Do you represent a potential employer of this student after he/she finishes this training?

Yes No

Occupation and/or relationship to student: _____

Signature _____ Date _____

Please return this form directly to:
Nancy Jumper-Central Oregon Community College
2600 NW College Way, Bend OR 97703
Fax: 541-383-7503 email: njumper@cocc.edu
Phone: 541-383-7273

FORMS MUST BE RECEIVED IN OUR OFFICE BY JANUARY 16, 2018.