

National Institutes of Health

interpreting services

Interpreting Services Consumer Manual

**Worksite Enrichment Programs Branch
Division of Support Services
Office of Research Services**
September 2000

Introduction

This “NIH Interpreting Services Consumer Manual” has been created for the users of Interpreting Services for Deaf/Hard-of-Hearing (D/HH) individuals at the National Institutes of Health. It has been prepared by the Worksite Enrichment Services Branch (WEPB) located within the Division of Support Services (DSS), Office of Research Services (ORS). This manual should provide a one-stop source for information about your Interpreting Services needs.

Included in this manual are policies concerning Interpreting Services, instructions on how to request services, tips and considerations when requesting interpreters, a glossary of terms, and the request and feedback forms. We hope that this manual will be a useful desk companion for anyone who may use these services.

The more information you share with the WEPB about your individual needs and concerns, the better we can provide responsive services. Whether it is information on the proper type of service needed, how to get appropriate service from the NIH-wide contract, or if you are unhappy about the services provided, the WEPB can assist you.

For questions regarding any aspect of the provision of interpreting services, please contact the WEPB at 301-402-8180 (v), 301-435-1908 (TTY) or email us at InterpretingServices@ors.od.nih.gov.

We look forward to providing this service to the NIH and hope that the new Interpreting Services contract will meet all of your needs.

Timothy J. Tosten
Project Officer, Interpreting Services Contract
Worksite Enrichment Programs Branch

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NIH Interpreting Services Policy and Procedures

Policy

In accordance with the Rehabilitation Act of 1973, Section 504, each NIH Institute and Center (IC) is responsible for the provision of reasonable accommodations for Deaf and Hard-of-Hearing (D/HH) employees, visitors, and patients. Sign language interpreters are also required at any event that is open to NIH employees and/or the public. Each IC is accountable to ensure that reasonable accommodations are provided to those persons who need or request them.

To receive services, a formal request for Interpreting Services must be made through the Worksite Enrichment Programs Branch (WEPB), Division of Support Services (DSS), Office of Research Services (ORS). The WEPB strives to ensure that NIH Interpreting Services are provided to everyone who requests these services. However, to ensure the contractor has ample opportunity to schedule an interpreter, requests should be in writing in order to avoid any miscommunication. In addition, requests should be submitted at least five days prior to the needed date. The WEPB will make every attempt to provide services for requests made with less than five business days notice, but does not guarantee fulfilling these requests. In some cases, managers may need to reschedule meetings in order to ensure the provision of reasonable accommodations. In addition, the WEPB has negotiated with the contractor to provide interpreters for last minute emergency requests (as soon as is reasonably possible) during the normal workday, and for any emergency needs after the normal workday. Procedures for requesting all of these services can be found in this guide.

Depending on the content and length of the assignment, two interpreters are required to ensure linguistic accuracy, to avoid fatigue, and to ensure occupational safety. However, the WEPB, in conjunction with the Interpreting Services Contractor, Sign Language Associates (SLA), Inc. will work with the requestor to ensure the proper amount of interpreters are used. Interpreting assignments may include, but are not limited to, staff and one-on-one meetings, Grand Rounds, presentations, conferences, advisory board meetings, council meetings, clinical trials, patient needs and lectures.

For special events, seats must be reserved in the front of the meeting room or auditorium for the D/HH participants. Interpreting services will be provided normally in the main auditorium only, not in overflow seating areas. The interpreter(s) will arrive 15 minutes prior to start of the event to check lighting, visibility, sound levels, and to monitor the audience for D/HH consumers. Therefore, announcements of interpreting services and identification of D/HH participants will not be necessary. However, the speaker may want to announce that the interpreters are available on the right (or left) side of the room, if anyone needs the service. Interpreting Services will be provided only if there are D/HH people in attendance.

Services Provided

The following services are now provided through the WEPB's NIH-wide interpreting services contract with SLA:

- **Interpreting:** includes, but is not limited to, Sign Language, Oral, Tactile, Cued Speech, Pidgin Signed English (PSE) - (see Appendix 1 for a definition of each).
- **Real-Time Captioning (or Computer Assisted Real-time Transcription- CART):** This is usually used for D/HH persons who do not sign or prefer an English-based accommodation for a specific setting. This service provides a word-for-word transcription of what is being said or signed in a meeting. Usually no transcripts are provided and is solely for the office use, and you may not share, sell, or use the service with any other person (including classmates, instructors, and staff members). Any transcript produced from the captioning service is the property of the NIH and the Federal government.

Performance Standards for Interpreting Services

The NIH-wide Interpreting Services Contract is a performance-based services contract with built-in penalties for service deficiencies. The standards for SLA include:

- At least 98% of all requests received at least 5 business days in advance will be filled.
- At least 85% of all requests received less than 5 business days in advance are filled.
- At least 75% of all requests received for that particular day (day of) will be filled.
- At least 90% of requests received after normal business hours will have an interpreter respond onsite within 40 minutes.
- At least 98% of all requests will be initially confirmed and scheduled by SLA with accurate information based upon user provided information on each request (date, times, type of service(s) and any special instructions).
- At least 95% of all requests received are confirmed by SLA within one (1) business day.
- At least 97% of requesters/users rate the vendor at least "Average" overall on the Consumer Feedback Form.
- At least 95% of all confirmed interpreters respond to the properly scheduled event at least 15 minutes prior to start of the event. It is essential that the Point of Contact (derived from the request) be apprized of the interpreter(s) arrival and departure for each event.

Any questions? Need assistance? Please contact the WEPB staff on 301-402-8180 (v), 301-435-1908 (TTY), or through email at InterpretingServices@ors.od.nih.gov.

Each of these eight performance standards have monetary penalties assigned if the vendor does not meet them. This is to ensure the NIH receives the best customer service possible from the Interpreting Services provider. The WEPB will be monitoring the contract to ensure all performance standards are met, and if they are not, the WEPB will do what is necessary to achieve the best possible level of service from SLA to the NIH.

Using Other Interpreting Service Providers

Since Interpreting Services are currently being centrally funded by the NIH, all Interpreting Services needs for NIH ICs will be handled through the NIH-wide Interpreting Services contract (unless expressly authorized by the Project Officer and Contracting Officer). This will ensure consistent provision of services and will provide a mechanism for data collection and quality control.

The WEPB has set up this contract to provide the NIH with a designated cadre of certified interpreters for all possible needs desired by requesters at the NIH. SLA has proposed at least 20 different interpreters divided into different types of specialties. These include staff communication, medical, special needs (including oral, CART, cued English, etc.), and platform. All of the needs of the NIH should be filled with the services provided under this contract.

If a need arises that the current vendor cannot meet, please inform the WEPB as soon as possible so other arrangements can be made. This should rarely occur, but just in case, advanced approval by the Project Officer is required prior to using another vendor or contract. Using another vendor for any reason other than the current contractor not being able to fill a request will NOT be paid by the WEPB central fund.

Procedures for Requesting Interpreting Services

The WEPB prefers that Interpreting Services requests be made using the on-line request form located at <http://dss.od.nih.gov/interpreting>. This manual along with other pertinent information can be found at this web site. When you make a request, your request will be confirmed no later than one business day from the date of request. Your confirmation will include your preferred interpreter if possible. However, your interpreter may change if other needs arise between the time you submit your request and when your actual event occurs. The WEPB and SLA will do everything it can to ensure all requests for preferred interpreters are filled.

After placing your request, you will receive a Requestor Tracking Number that you can use to reference your request if there are any problems or to check the status on the website.

A. For requests at least 5 days prior to start of event

1. Requesters should plan ahead for Interpreting Service needs by consulting with all D/HH person(s) who will be in attendance. The requestor should ask them for any names of preferred interpreters, and their preferred language or mode of interpreting services (e.g., American Sign Language, Pidgin Sign English/Signed English, Oral, Real-time Captioning, etc.).
2. To guarantee that a request will be filled, Interpreting Services requests should be received at least five (5) business days prior to start of event.
3. Complete the NIH Interpreting Services Request form located on the website above. For persons without access to the Internet, the form is included in this manual. The form in Microsoft Word or WordPerfect can also be sent via email attachment.
4. Please complete all of the requested information on the Interpreting Services Request form, no matter which format is used. The request cannot be filled without all the required information. This is necessary in order to ensure a quality of service by placing the most appropriate interpreter on each assignment, as well as, allowing the interpreters to best prepare for each assignment. Also, it is necessary to ensure proper tracking of all requests and for required data collection.
5. Under normal circumstances, the WEPB and SLA guarantee a one business day response time to confirm a request. The requester will receive confirmation (preferably email) letting him/her know that the request has been filled and who the interpreter(s) will most likely be.

6. All copies of agendas, handouts, notes, lectures, or other pertinent materials or meeting related materials shall be sent to the WEPB as soon as possible before the event - minimally appropriate is at least three business days. This will allow the Interpreters to review the material and be comfortable interpreting it. The WEPB will return this material at the end of the assignment, if requested.
7. Interpreting requests may be made as far in advance as necessary. If a request is for conferences and similar large events requiring long-range planning, it is helpful to confirm needed interpreters at least one month prior to start of event.
8. If a requesting office requires ongoing assignments (e.g., weekly staff meetings, or a lecture series), a request may be entered through the website. These requests must be regularly updated (every two months) and reconfirmed to ensure adequate staffing. In addition, if personal leave or sickness causes an ongoing assignment to be canceled, please notify the WEPB within 48 hours of when the assignment is to start.
9. If for some reason, the requestor or consumer of the Interpreting Services has concerns about the Interpreting Services that were provided, please talk with the Interpreter directly and/or contact the WEPB Interpreting Services staff. Your feedback, both positive and negative, is greatly appreciated. Comments may be sent either by email or using the Consumer Feedback Form contained in this manual. This form can also be found on the website or can be emailed as an attachment.

B. *For requests less than 5 days prior to start of event*

1. Follow instructions for requests at least 5 business days in advance of event.
2. The WEPB will make every attempt to provide services for requests made with less than five business days notice, but does not guarantee fulfilling these requests.
3. In some cases, managers may need to reschedule meetings in order to ensure the provision of reasonable accommodations.

C. *For day-of requests*

1. These requests should be for true emergency needs (i.e., Occupational Medical Services (OMS) meetings, Employee Assistance Program (EAP) meetings, police and ambulance emergencies, important spontaneous meetings between supervisors and employees or doctors and patients, etc.)

2. These type of requests should never be utilized for poor planning of meetings. They should be legitimate emergencies that require the assistance of an interpreter.
3. These requests should be called in to the WEPB as soon as the requirement is needed. The number is 301-402-8180 (v) or 301-435-1908 (TTY).
4. The needed interpreter will respond to the request within at least 1 hour of when the request is made.

D. Emergency interpreting needs

1. These requests differ from “day-of” requests in that they are needed after normal business hours, on weekends and Federal holidays.
2. These requests should be for true emergency needs (i.e., Occupational Medical Services (OMS) meetings, Employee Assistance Program (EAP) meetings, police and ambulance emergencies, spontaneous meetings between supervisors and employees or doctors and patients, etc.).
3. The requestor should immediately contact SLA’s Emergency Services Network. The number to call is 301-946-9720. (***Please note: This phone number is to be used ONLY for emergencies after hours.***) This puts the requestor in touch with the vendor’s Emergency Coordinator who will take all the necessary information and dispatch a certified interpreter.
4. The certified interpreter should report to the area where the services are needed no later than 40 minutes upon receipt of the phone call. (*Please note: The response time is subject to change after review by the Project Officer. The 40 minutes is a built-in performance measure, which may be changed after evaluating the actual possible response time by the vendor.*)

Cancellation of Requests

If for some reason requests need to be canceled, please inform the WEPB either through the website (by selecting the “Cancel Your Interpreting Services Request” button) or contact the WEPB office directly. The WEPB and SLA requests that the notice of cancellation should occur with at least 48 hours notice to allow for rescheduling of interpreters. According to SLA’s contract, any cancellations with less than 48 hours notice, the NIH still is responsible for paying for the minimum of two hours.

**NIH-Wide Interpreting Services
Contact Information**

Project Officer: Timothy J. Tosten
Asst. Project Officer: Ellen K. Grant
**Interpreting Request
Coordinator:** Carole Harman

Phone: 301-402-8180

TTY: 301-435-1908

Fax: 301-435-1999

Mailing Address: Attn: Interpreting Services Request
Worksite Enrichment Programs Branch, DSS, ORS
301 North Stonestreet Avenue, Room 118, MSC 3355
Rockville, Maryland 20892-3355

E-mail: InterpretingServices@ors.od.nih.gov
Website: <http://dss.ors.nih.gov/interpreting>

Sign Language Associates, Inc. (SLA)
Emergency After Hour Requests Only: 301-946-9720

Considerations When Hiring or Working with Interpreters

The Hiring of Interpreters

Section 3102 of Title V, the United States Code, authorizes Federal agencies to employ or assign persons to provide interpreting services for employees. Federal agencies are required by law to provide reasonable accommodations. Sign language (or oral) interpreters are considered to be one type of reasonable accommodation. Most of the Federal Government is required to follow the Rehabilitation Act of 1973, as amended. There are a few parts of the Federal Government that follow the Americans with Disabilities Act of 1990 (ADA). The NIH, as part of the DHHS, is required to adhere to the Rehabilitation Act.

How Interpreters Work

An Interpreter is professionally trained to facilitate the communication of people who do not share a common language and/or communication mode. This means the individual has skills beyond mere conversational capacity. The nature of the assignment determines the particular skills needed by an interpreter for each job. Factors which may affect the kind of skills needed include the setting, the language preference of the consumer, and the level of discourse.

Sign Language interpreting involves the visual or tactile presentation of spoken English in American Sign Language, or one of the manual codes for English. Interpreters are equally able to convey a signed message into spoken English.

Some Interpreters are also skilled in the variety of communication modes used to interpret for persons with both vision and hearing loss. If one of the participants in the setting is DeafBlind, even if they have some residual hearing or vision, they may require their own one-on-one interpreter. The DeafBlind individual may receive communication in any number of ways. As not all interpreters are skilled in working with DeafBlind, check with the DeafBlind individual to ascertain their needs, and communicate this with the WEPB staff. Shorter duration assignments which may only require one interpreter for D/HH and Hearing participants, may require two interpreters to work directly with the DeafBlind individual.

If one or more of the participants in the setting is D/HH but does not sign, they may require “oral interpreting” - that is, an interpreter would mouth the spoken English clearly, but inaudibly, so that the D/HH participant could speechread. The D/HH person would either use their own voice to speak, or the interpreter would speak that individual’s words.

While persons with a wide range of conversational skills in sign language may be available, the utilization of qualified interpreters through the NIH-wide contract for Interpreting Services is required. The definition in the ADA for a Qualified Interpreter is one who "is able to interpret effectively, accurately, and impartially both receptively and expressively, using any necessary specialized vocabulary." The interpreters provided by the NIH-wide contract are trained professionals who render messages from one language or mode of communication to another, and vice versa. Conversational fluency in American Sign Language is a prerequisite to training

as a professional interpreter. It is not, however, sufficient to serving as an interpreter. Therefore, office-mates, colleagues or family members are not appropriate or acceptable substitutes for professional interpreters for any occasion. For this contract, we have determined that Registry of Interpreters for the Deaf (RID) Certification or National Association of the Deaf (NAD) Screening Levels IV and V are acceptable.

Additionally, Certified Interpreters (and anyone else who is a member of the Registry of Interpreters for the Deaf (RID) and the National Association of the Deaf (NAD)) must follow the Professional Code of Ethics established by the these two bodies. Briefly, the RID and NAD Code of Ethics guarantees strict confidentiality, discretion in accepting assignments, faithful rendering of the message, complete objectivity, and nonintervention before, during, or after all assignments. While the RID and NAD code governs the professional behavior of interpreters, it is recommended that all consumers - hearing, deaf, and hard-of-hearing - understand these points before seeking, hiring, and using interpreters. (See Appendix 1 for more information.)

Tips for Arranging Interpreting Services

First and foremost, requesters should arrange for the interpreters whom the Deaf or Hard-of-Hearing (D/HH) consumers request. The NIH-wide Interpreting Services Contract allows for the requesting of preferred individual interpreters by name from SLA.

Communication flows easiest when there is a level of rapport and trust between the interpreter and the consumers. The D/HH consumer should also be asked which method of interpreting they prefer (American Sign Language, Oral, Computer Assisted Real-Time Transcription, etc.)

Interpreters may not be the appropriate reasonable accommodation for a particular situation or D/HH person. There is more to accessibility than merely providing an interpreter. Please contact the Office of Equal Opportunity for more information.

The interpreter should be provided with an advance copy of the agenda or program papers that will be read or presented (at a minimum three days prior to start of event). Discuss any changes in the agenda with the interpreter prior to the meeting. In addition, lists of names, acronyms, technical terminology, etc. should be provided.

When an employee is attending training sponsored by the NIH Division of Workforce Development (DWD), it is the responsibility of the D/HH employee's office to inform DWD that the class will be interpreted and that the training materials need to be forwarded to the WEPB at least three days in advance of the training. (see address on page 7). Similar procedures should be followed when using other training sources or vendors.

The WEPB should be informed in advance of any visual aids, demonstrations, etc. that will occur during the assignment.

If a videotape or film will be shown, confirm that a captioned version is available. If not, let the WEPB know ahead of time about the film and (when feasible) provide a copy of the script or videotape itself for preview. (NIH policy requires that all videotapes used by the NIH and its ICs be captioned.)

Consider where the D/HH persons may be seated in the room. Check the lighting to ensure that the interpreter is not in a shadow and can be easily seen by the D/HH participants. Arrange for an additional light source if the room will be darkened for slides, videotapes, or overhead projection. While no one can dictate where they sit, seating should be provided in a manner or place that is judged most conducive, allowing for the possibility that the D/HH person will choose to sit with his/her colleagues instead.

Considerations for Using the NIH Interpreting Services Effectively

In order to make the most appropriate and effective use of an interpreter, it is important to carefully consider the following:

- , The planning stage of a meeting is the time to determine the need and arrange for an interpreter or other reasonable accommodation, as appropriate. A sign language interpreter should be available at all public events whether or not Deaf or Hard-of-Hearing (D/HH) persons are known to be attending. At the time of the event if no D/HH persons are thought to be present, then the interpreters shall remain available to interpret but shall not interpret until their services are required. Whether the event is interpreted or not should be negotiated, between the interpreter and the on-site contact person.
- , In meetings other than public events, where a D/HH person is expected to participate, the use of an interpreter is at the discretion of the participants. Program managers arranging meetings should accept the responsibility of asking what each individual prefers, and allow appropriate time for scheduling/planning purposes.
- , Both the interpreter and the D/HH person should be consulted on how best to utilize the interpreter.
- , The working interpreter should be stationed close to the speaker and provided adequate lighting at all times, but particularly at such times when the room may need to be darkened (for tapes, films, overhead projections, etc.).
- , Interpreters act (only) as communication facilitators and not as participants. The person(s) who are not D/HH should speak directly to, and look directly at, the D/HH person, not the interpreter.
- , It is important to avoid phrases like "tell her" or "ask him." These are indicative of speaking about, not to, the D/HH person. Look at the D/HH person and address the D/HH person directly.
- , Speak at a normal rate of speed, using a natural voice, and maintaining everyday speech patterns. Over enunciation or use of overly simplified words should be avoided. Speak at a reasonable pace, it is not necessary to slow down for the interpreter.
- , If the interpreter is voice interpreting the message of the D/HH person, any response should be made directly to that D/HH person.
- , In group meetings only one person should speak at a time. Interruptions of others, or engaging in side conversations should be avoided. When these occur, it is confusing to the D/HH individual as well as to the interpreter, who will not know which speaker to interpret, and will attempt to include everyone's conversation. The meeting chairperson must control the participants to avoid this problem. During the meeting, take turns

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speaking and ensure that only one person speaks at a time. This will reduce confusion and permit concentration on what the speaker is saying, as well as enable the interpreter to accurately facilitate communication.

- , In groups, the chairperson should also be aware of difficulties that arise in taking turns, as the D/HH person may have difficulty jumping in during a pause as a hearing person would, because the interpreter may be a phrase or so behind the speaker.
- , Conversing with the interpreter while he or she is on duty is inappropriate and should be avoided. The interpreter is present to interpret, not participate.
- , Stay close to the interpreter, especially in a small group.
- , Pause at the end of a main idea. Allow time for team interpreters to trade places. Pause a longer time for questions.
- , Allow time for the D/HH person to look at textbooks, handouts or visual aids before beginning to explain them.
- , Check to be sure that the D/HH person understands the message.
- , Share the goal of the communication with the interpreter, i.e., to build morale, to disseminate information, to elicit feedback, etc..
- , Keep in mind that interpreters interpret everything that is heard and seen within the assignment. Therefore, should you not want a comment interpreted, do not say it or sign it.

Appendix 1: Glossary of Interpreting Terminology

1. **American Sign Language (ASL):** A visual language relying on spatial relationships to identify subjects, objects, and verbs, while using body and facial expressions to identify adjectives, adverbs, and other information, similar to how voice inflection is used in spoken languages. Many people assume that ASL is simply a manual form of English. However, ASL has its own grammatical structure, syntax, idioms, and usage which are quite different and distinct from English. Another misconception of Sign Language is that it is universal. ASL is the predominant language of D/HH people in the United States and Canada, except Quebec. However, signed languages, like spoken languages, are native and unique to any community of people.
2. **Close-vision Interpreting:** This would require an interpreter (D/HH or hearing) to reduce the size and space of their signs for the DeafBlind person, who still has some vision but within a narrow tunnel-like range peripherally.
3. **Computer Assisted Real-Time Captioning:** Real time captioning provides a word-for-word transcription of what is being said. May be read on a laptop computer or projected onto a large screen television or, for a large audience, onto a full-size screen. Real-time captioning service is exactly that: a concurrent display put into a textual format of what is being said in the immediate environment.
4. **Consecutive Interpreting:** The interpreter repeats the message in the other language following the utterance of the original speaker. The interpreter listens to a large chunk of information before beginning the production of the message in the target language.
5. **Cued Speech:** A visual communication system which, in English, uses eight handshapes in four locations ("cues") in combination with the natural mouth movements of speech to make all the sounds of spoken language look different. Shapes of one hand identify consonant sounds; locations near the mouth identify vowel sounds.
6. **Deaf Interpreting:** A Deaf Interpreter may be needed when the communication mode of a deaf consumer is so unique that it cannot be adequately accessed by interpreters who are hearing. Some such situations may involve individuals who:
 1. use idiosyncratic non-standard signs or gestures such as those commonly referred to as "home signs" which are unique to a family;
 2. use a foreign sign language;
 3. have minimal or limited communication skills;
 4. are deaf-blind or D/HH with limited vision;
 5. use signs particular to a given region, ethnic or age group;
 6. have characteristics reflective of D/HH Culture not familiar to hearing interpreters.
7. **DeafBlind Interpreting:** Interpreting for a person who is D/HH and blind or visually-impaired through any number of specific approaches or techniques.

8. **First Person Interpreting:** The interpreter uses the same person as the speaker, e.g. speakers says, "Do you have these symptoms often?" and the interpreter says in the other language, "Do you have these symptoms often?"
9. **Interpret Sign to Voice:** Interpreting from a signed language (e.g., ASL) to a spoken language (e.g., English). Colloquially referred to as Voice Interpreting; historically referred to as Receptive Interpreting.
10. **Interpret Voice to Sign:** Interpreting from a spoken language (e.g., English) to a signed language (e.g., ASL). Colloquially referred to as Sign Interpreting; historically referred to as Expressive Interpreting.
11. **Interpretation:** The process of changing messages produced in one language immediately into another language. The languages in question may be spoken or signed, but the defining characteristics is the live and immediate transmission.
12. **Oral Interpreting:** The ability to transliterate a spoken message from a person who hears to a person who is D/HH and the ability to understand and repeat the message and intent of the speech and mouth movements of the person who is D/HH.
13. **Pidgin Sign English (PSE):** The term PSE is clearly a misnomer. Pidgins are a class of languages with certain characteristics, among them a limited vocabulary, few inflectional endings, and a relatively small set of sounds. The language erroneously known as PSE has none of these characteristics. Rather, it is a contact language which combines some features of English with some features of (ASL). This lies between ASL and Signed English, and that members of the D/HH community will attune where they sign on the curve depending on who they are speaking to. Between two D/HH people, for example, the conversation would lie very much to the right of the curve, in the domain of ASL. Between D/HH and speaking persons, they would use something somewhere in the middle, whereas full-on Signed-English speakers would be on the left.
14. **Sight Translation:** Whereby a written document relevant (for example, a doctor/patient interview) to the situation is passed to the interpreter for immediate oral translation. Saying aloud or signing in one language a text which is written in another language.
15. **Simultaneous Interpreting** (also confusingly called simultaneous translation by the general public): Describes the most familiar case in which the interpretation is delivered nearly instantaneously after the original message.
16. **Tactile Interpreting:** Tactile signing or interpreting is used by D/HH persons who are also blind or vision impaired. The signs are produced in a less than full size/range and the DeafBlind person tracks by placing their hand on the other person's hands and track the movement and shape of the signs.
17. **Team Interpreting:** More than just relieving each other every 20-30 minutes, the two (or more) interpreters work in parallel or synch. The second interpreter provides monitoring of the interpreter's product, predicts and provides alternate interpretation, recognizes errors or omissions, and feeds them to the "hot seat" interpreter as appropriate.
18. **Third Person Interpreting:** The interpreter uses a different person from the speaker,

e.g., speaker says "Do you have these symptoms often?" and the interpreter says in the other language, "The doctor wants to know if you have these symptoms often."

19. **Translation:** The process of changing a written message from one language to another.
20. **Whispered Interpretation:** the interpreter whispers the message to the person, or small group of people, who do not speak the language the larger group is using. Also referred to as "escort interpreting".

Appendix 2: Interpreter Code of Ethics

The Registry of Interpreters for the Deaf (RID)

Ethical Standards, Protocol, and Responsibilities of Interpreters:

The Code of Ethics exists to protect and guide the interpreter and the consumers. Interpreters, whether staff or contract, are expected to adhere to the RID Code of Ethics at all times:

1. Interpreters/Transliterators shall keep all assignment-related information strictly confidential.
2. Interpreters/Transliterators shall render the message faithfully, always conveying the content and spirit of the speaker, using language most readily understood by the person(s) whom they serve.
3. Interpreters/Transliterators shall not counsel, advise, or interject personal opinions.
4. Interpreters/Transliterators shall accept assignments using discretion with regard to skill, setting and the consumers involved.
5. Interpreters/Transliterators shall request compensation for services in a professional and judicious manner.
6. Interpreters/Transliterators shall function in a manner appropriate to the situation.
7. Interpreters/Transliterators shall strive to further knowledge and skills through participation in workshops, professional meetings, interaction with professional colleagues, and reading of current literature in the field.
8. Interpreters/Transliterators, by virtue of membership in or certification by the RID, shall strive to maintain high professional standards in compliance with the Code of Ethics.

The National Association of the Deaf (NAD)

What are the Codes of Ethics for Interpreters?

Professional interpreters are expected to comply with one or both of the following codes of ethics. They were established to protect the rights of consumers and interpreters.

1. All information in an interpreting assignment is to be kept in strictest confidentiality.
2. Interpreting services shall always be competent, impartial and professional.
3. Messages shall be rendered faithfully, always conveying the content and spirit of the

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communicator.

4. In accepting assignments, discretion based on skill, setting and the consumers involved must be used.
5. Counseling or interjecting of personal opinions is never permitted.
6. Information on the role and appropriate use of interpreting services shall be provided to the consumers when necessary.
7. Professional judgement should be exercised in assessing whether communication is understood.
8. Compensation for services should be pursued in a professional matter.
9. Respect of and for the deaf person's rights must always be evident.
10. NAD interpreters shall pursue the highest professional standards at all times according to NAD interpreter code of ethics.

For additional information, please contact:

[The Registry of Interpreters for the Deaf, Inc.](#)

8630 Fenton Street, Suite 324

Silver Spring, MD 20910

(301)608-0050 voice, (301)608-0562 tty, (301)608-0508 Fax; Fax-on-Demand: #1-800-711-3691

[The National Association of the Deaf](#)

814 Thayer Avenue, Silver Spring MD 20910

(301)587-1788 voice, (301)587-1789 tty, (301)587-1791 fax

<mailto:NADinterp@nad.org>

[Conference of Interpreter Trainers](#)

<http://www.cit-asl.org/>

**Interpreting Services Request Form
 NIH Sign Language Interpreting Services
 Worksite Enrichment Programs Branch, DSS, ORS, NIH**

REQUESTOR INFORMATION

Name (last, first, initial)	Today's Date
Organization	Telephone TTY/TDD
Building/Room Number/MS	FAX
Job Title	

EVENT INFORMATION

Name or detailed description of the event

Start Date	End Date	Starting Time	Ending Time	Total Hours
Event Location	Building Name	Building Number	Room	
Event Type (Please circle one):		Event Size (Please circle one):	Duration (Select One):	
Meeting	Training	One-on-one	One day (i.e., April 26 at 2 p.m.)	
Lecture	Patient Services	Small Group (1-20)	On-going (i.e., every Tuesday)	
Conference	Social Luncheon	Large Group (21+)	> One Day (i.e., 4 day course)	
Contact Person (if different from Requestor above)			Contact Telephone	

LANGUAGE PREFERENCE: ASL PSE Oral Cued Tactile CART

PREFERRED INTERPRETERS

SPECIAL INSTRUCTIONS

WORKSITE ENRICHMENT PROGRAMS BRANCH USE (Do not write below this line)

Date Received	Action taken Accepted Declined Tentative Hold	Request Number	Date/Time Confirmed
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Consumer Feedback Form
NIH Sign Language Interpreting Services
Worksite Enrichment Programs Branch, DSS, ORS, NIH

I. Consumer Information	
Your name: (Optional)	IC:
Interpreter(s) Name:	Event Date & Location:

II. Type of Environment (Please Circle One)			
Meeting	Lecture	Conference	Training
One-on-One	Small Group	Large Group	Social Luncheon

III. Please rate the interpreter on the following:		
Did the interpreter dress appropriately?	Yes	No
Did the interpreter arrive 15 minutes prior to start of event?	Yes	No
Did the interpreter talk with you about the job beforehand?	Yes	No
Did the interpreter stand or sit in the best place for you?	Yes	No
Did the interpreter use the appropriate language and/or mode of communication for you?	Yes	No

IV. Please rate the interpreter on the following: 1 = Excellent 2 = Very Good 3 = Average 4 = Below Average 5 = Poor						
1. Sign Interpreting (For Deaf/Hard-of-Hearing Consumers)	1	2	3	4	5	NA
A. Fingerspelling	1	2	3	4	5	NA
B. Facial Expression/Grammar	1	2	3	4	5	NA
C. Reading of Sign Language	1	2	3	4	5	NA
2. Voice Interpreting (For Hearing Consumers)	1	2	3	4	5	NA
A. Interpreter's English grammar was accurate	1	2	3	4	5	NA
B. Interpreted content/information was accurate	1	2	3	4	5	NA
3. Communicating through the interpreter was comfortable and effortless.	1	2	3	4	5	NA
4. Professional manner	1	2	3	4	5	NA
5. Smoothness of communication flow	1	2	3	4	5	NA
6. Smoothness of transition from one interpreter to another	1	2	3	4	5	NA

If you have any comments, please use the back of this page. Please return to the office below:

Worksite Enrichment Programs Branch, DSS, ORS, NIH,
301 North Stonestreet Avenue, Room 118, MSC 3355
Rockville, Maryland 20892-3355
Phone: 301-402-8180, TTY: 301-435-1908
Fax: 301-435-1999
E-mail: InterpretingServices@ors.od.nih.gov