

Troy University Interpreter Training Program  
Student Information Sheet

Please complete this form and submit it to [itp@troy.edu](mailto:itp@troy.edu).

All information will be kept confidential. No use of this demographic information will be used without the student's prior consent. This form will be kept in a locked filing cabinet and only seen by the ITP Faculty.

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

City/State/County of Residence: \_\_\_\_\_ Age at Entry to Troy ITP: \_\_\_\_\_

Student in (*circle one*): E-Campus / On-campus / Both      Gender (*circle one*) Male / Female

Ethnicity: \_\_\_\_\_ Deaf / Non-Deaf (*circle one*)      Accommodations Needed: \_\_\_\_\_

Prior to entering Troy's ITP, did you have pre-existing knowledge of ASL and/or Deaf culture (other than the Troy ASL classes?)

**Yes** or **No** (*circle one*)

Prior to entering Troy's ITP, please check the term below that best describes your Sign Language skill:

\_\_\_ **None:** I do not know Sign Language (other than a couple of signs).

\_\_\_ **A little:** I know signs and am able to sign very basic sentences slowly. I don't understand most of what is signed to me but can understand someone signing to me very slowly.

\_\_\_ **Medium:** I know enough signs to carry on a very basic conversation as long as it is about something with which I'm familiar but not too complex.

\_\_\_ **Proficient:** I did not grow up in the Deaf community. I acquired Sign Language later. I am able to carry on conversations in Sign Language on a range of topics with most ASL users.

\_\_\_ **Native:** I grew up signing or have been immersed in the Deaf community for many years and am able to participate in very complex discussions about topics in which I am not even familiar.

What measure of Sign Language or interpreting competency if any (SLPI, interpreting certification(s), etc.) have you received and when?

Certification: \_\_\_\_\_ Date Received: \_\_\_\_\_

Certification: \_\_\_\_\_ Date Received: \_\_\_\_\_

Certification: \_\_\_\_\_ Date Received: \_\_\_\_\_

Describe previous ASL experience (number of years, where learned, etc.?) *Please use separate sheet of paper if needed.*

---

---

---

---

Did you transfer in credits to Troy prior to admission? **Yes** or **No** (*circle one*)

If so, how many classes, credits, from what college or university, and when were transferred credits received:

|                          | Number<br>Of Classes | Number<br>of Credits | Year<br>Taken | College, University, or Other<br>(business, agency, organization) |
|--------------------------|----------------------|----------------------|---------------|---|
| ASL classes              | _____                | _____                | _____         | _____   |
| Interpreting classes     | _____                | _____                | _____         | _____   |
| Non-Interpreting classes | _____                | _____                | _____         | _____   |

What are the reasons that you want(ed) to be(come) a Sign Language Interpreter?

*Please use separate sheet of paper if needed..*

---

---

---

---

What reason(s) lead you to select Troy's Bachelor's of Science Interpreter Training Program?

*Please use a separate sheet of paper if needed.*

---

---

---

---

What type of interpreting do you most want to do upon graduation?

---

---

---

---

Anything else you'd like to share about yourself?

---

---

---

---