

Questar III BETAC Translator Information Form

First Name: _____ Last Name: _____

Address: _____

City/Town: _____ State: _____ Zip Code: _____

Phone/Home: (____) _____ Phone/Work: (____) _____

Email: _____

PLEASE CHECK ALL THE CATERGORIES THAT APPLY AND COMPLETE THE INFORMATION BELOW:

Professional Information:

() Parent I feel comfortable translating for a parent/teacher conference: () yes () no

() Teacher, area: _____ Grade Level (s) that I teach are: _____

() Student: area of study: _____ level of study: _____
(e.g. undergraduate, graduate)

() Other (Please Specify): _____

Any specific area of expertise? _____
(e.g. education, science, law, business, etc.)

Language Fluency:

Please Specify Language: _____

() Native Speaker: () oral () written

() Excellent (native-like) fluency: () oral () written

() Good: () oral () written

() Limited: () oral () written

(See the reverse side of this form and complete for each language that you speak).

Translation Experience:

(Please explain): _____

Technology:

Do you have access to a computer? () yes () no

(If Yes) Is your Software compatible with Microsoft Windows? () yes () no

Do you have the appropriate computer fonts for your language? () yes () no

Please make copies of this form and share with anyone who you think may be a possible translator.

Please complete for each language that you speak:

Please Specify Language: _____

- Native Speaker: oral written
- Excellent (native-like) fluency: oral written
- Good: oral written
- Limited: oral written

Please Specify Language: _____

- Native Speaker: oral written
- Excellent (native-like) fluency: oral written
- Good: oral written
- Limited: oral written

Please Specify Language: _____

- Native Speaker: oral written
- Excellent (native-like) fluency: oral written
- Good: oral written
- Limited: oral written