



Date of Application: _____

ALABAMA DEPARTMENT OF MENTAL HEALTH—COMMUNITY SIGN LANGUAGE PROFICIENCY INTERVIEW APPLICATION

| | | | | |
|--|----------------------------|-------------------------------|----------------------------------|-------------------------------|
| Name | | Deaf <input type="checkbox"/> | Hearing <input type="checkbox"/> | H/H <input type="checkbox"/> |
| Address | | | | |
| City | | State | | Zip |
| Telephone: | | | Fax | |
| Email | | | Mobile Phone | |
| SLPIs are offered on the second Friday of each month at the Alabama Department of Mental Health Central Office, Montgomery. Please list preferred month(s). | | | | |
| If you will be taking the SLPI via distance technology, please list your IP address or VP number. | | | | |
| SLPIs may be provided at Regional offices by appointment. Please list preferred location. | | | | |
| Available dates. | | | | |
| Preferred time. (Offered every half hour 9 a.m.—4 p.m.) | | | | |
| Age began to learn/acquire sign language: | | | _____ Years | |
| Please rate your ASL skills by selecting one of the numbers below: | | | | |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| No Skills | Basic Skills | Fair Skills | Good Skills | Excellent Skills |
| Are you left or right handed (dominant signing hand)? | | | Right <input type="checkbox"/> | Left <input type="checkbox"/> |

Other information you wish to share with us relative to your sign language skills (how you learned sign language, situations in which you use sign language, etc.)

Please fill in the information requested and submit, with payment, prior to your SLPI, please submit to:

Shannon Reese, ADMH SLPI Team Scheduler
PO Box 301410, Montgomery, AL 36130 Fax: 334.242.3025 Email: shannon.reese@mh.alabama.gov

PAYMENT IN THE AMOUNT OF \$50.00 SHOULD BE MADE PAYABLE TO "ADARA"

All appointment dates/times will be confirmed by the Office of Deaf Services.