



Date of Application: _____

ALABAMA DEPARTMENT OF MENTAL HEALTH—ITP/ASL STUDENT SIGN LANGUAGE PROFICIENCY INTERVIEW APPLICATION

Name _____ Deaf Hearing H/H

Address _____

City _____ State _____ Zip _____

Telephone: _____ Fax _____

Email _____ Mobile Phone _____

Interpreter Training Program/Sign Language Student
**If No, please use the "Community" Application.* Yes No On-line

Name of University _____

Appointment Options

SLPIs are offered on the second Friday of each month at the Alabama Department of Mental Health Central Office, Montgomery. Please list preferred month. Times available 9 a.m.—4 p.m. (offered every half hour)

If you will be taking the exam at Troy University Campus on a designated testing day, please indicate top three time preferences. 9 a.m.—4 p.m. (offered every half hour).

SLPIs may be provided at Regional offices by appointment. Please list preferred location.

Date of last SLPI, if taken previously; _____

Age began to learn/acquire sign language: _____ Years

Please rate your ASL skills by selecting one of the numbers below:

1 2 3 4 5

No Skills Basic Skills Fair Skills Good Skills Excellent Skills

Are you left or right handed (dominant signing hand)? Right Left

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.)

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

Please fill in the information requested and submit prior to your SLPI, please submit electronically or fax to:
Shannon Reese, ADMH SLPI Team Scheduler
PO Box 301410, Montgomery, AL 36130
Fax: 334.242.3025
Email: shannon.reese@mh.alabama.gov