

DOCUMENTATION OF ACCOMMODATION FOR THE COURT INTERPRETER WRITTEN EXAM

This document must be completed by an appropriate professional (doctor, psychologist, psychiatrist, or education professional) to certify that the applicant's disabling condition requires an exam accommodation.

If there is existing and current documentation of having the same or similar accommodation provided to the applicant in another test situation, it may be submitted instead of having this portion of the form completed.

Exam Description

The court interpreter written exam is designed to test a candidate's level of English vocabulary, familiarity of legal terminology, and application of interpreter professional standards. There are 135 multiple choice questions on the exam. All questions and answers are in English. The questions are typed in 12-point Times New Roman font. To record answers, candidates will be required to mark with an "X" the appropriate letter response on a separate 1-page answer sheet. Candidates are given two (2) hours and fifteen (15) minutes to complete this exam. Restroom breaks are permitted during the exam, but are controlled so that not too many candidates are outside the testing room at the same time.

For questions about exam content and conditions, please contact Alexandra Wirth, Court Interpreter Program Manager at alexandra.wirth@wicourts.gov or 608.266.8635.

PROFESSIONAL'S DECLARATION

I have known _____ since _____.
(applicant's name) (date)

As a _____ I have diagnosed or evaluated the
(patient or other professional relationship)

applicant myself and I am not relying upon facts related to me by the applicant.

My diagnosis is _____.
(describe medical or other condition)

The applicant's functional limitations due to the disability that lead to the need for an accommodation are: _____

I have reviewed the exam description on pages 1-2. It is my professional opinion that because of the applicant's disability, he/she should be accommodated by providing the following:

- Large print type (font size _____)
- An alternate testing area (describe _____)
- Extra time (how much and which test section(s)? _____)
- A reader
- Other accommodation (describe _____)

Additional Comments: _____

SIGNATURE OF THE PROFESSIONAL: _____
TITLE OF THE PROFESSIONAL: _____
PRINTED NAME OF THE PROFESSIONAL: _____
DATE: _____ TELEPHONE NUMBER: _____

Please return the original of this completed form at your earliest convenience to:

Director of State Courts Office of Court Operations
110 East Main Street, Suite #410
Madison, WI 53703-3328
Attn. Court Interpreter Program