



Sign Language Interpreter's Agreement

Purpose of this form

This agreement form is signed by an interpreter to indicate his or her consent to abide by ACT policies for interpreting test content.

Note: This blank agreement form may be printed as needed. Complete one form for each examinee approved to test with an interpreter.

Test Date(s)

Examinee Name (printed)

Test Site Name

City, State

Interpreter Qualifications

The interpreter must meet the same qualifications for a test coordinator as specified by ACT in the instructions. The interpreter must be proficient in the sign language indicated below.

Interpreter Agreement

ACT requires both the test coordinator and the interpreter to provide their signatures to the following statement:

"I certify that I have read, understand, and agree to administer the tests in accordance with the policies in the instructions. I further assure ACT that the interpreted test passages and items are a direct translation into Signed Exact English or Cued Speech from the reader's script provided by ACT, with no explanation and no additional information provided to the examinee."

Interpreter Signature

Date

Interpreter Name (printed)

Test Coordinator Signature

Date

Test Coordinator Name (printed)

Verbal Instructions Interpreted (National Testing)

Indicate the sign language used for this examinee:

Signed Exact English Cued Speech American Sign Language

Tests Interpreted (Special Testing)

Indicate the sign language used for this examinee:

Signed Exact English Cued Speech

Indicate the tests where any portion was translated by this interpreter.

ACT® Test: English Mathematics Reading Science Writing

Test Coordinator's Follow-up Responsibilities

- Keep a copy of the completed and signed agreement for your records.
- After testing, return the original, signed agreement with the examinee's answer document(s).
- Scores will not be released until ACT receives this signed agreement for each examinee approved for these services.



Sign Language Interpreter Certification

Interpreter—Follow the steps below to complete this form. Sections 1, 2, and 3 must be completed prior to the test administration. All information is required.

Test Coordinator—Return this completed form inside the Test Administration Forms Envelope on test day. If it is not submitted on test day, return to:

ACT Test Administration (58)
PO Box 168
Iowa City, IA 52243-0168

Phone: 319.337.1510
Email: testact@act.org

1. Print the administration information:

Examinee Name Test Date

Test Center Name Test Center Code Room Name/Number

2. Read the interpreter policies and responsibilities:

Thank you for helping ACT provide an equitable testing opportunity for this examinee. The following information describes the governing policies and your test day role and responsibilities:

- You may not be a relative or guardian of the examinee. If a relative or guardian interprets for the examinee, the examinee’s tests will not be scored or the scores will be canceled.
- Comply with standardized testing policies, as directed by test center staff.
- Accompany the examinee into the test room and remain with the examinee throughout the administration.
- Interpret all verbal instructions and communications made by staff. Interpret any questions from examinees to the staff and the staff’s responses to those questions. Do not interpret any test content.
- Do not answer questions about the verbal instructions or test content. If the examinee has questions, ask a member of the testing staff for the answer.
- Do not eat, drink, or use electronic devices of any kind, including cell phones, in the test room. All electronic devices must be powered off. You may bring snacks and beverages to consume outside the test room during break.

3. Sign the *Interpreter’s Certification Statement*:

I certify that I am not related to or the guardian of the examinee named above; I interpreted the verbal instructions for the examinee named above in accordance with the policies stated above; and I provided no assistance to the examinee with regard to test content.

Room Supervisor Name (print) Signature Date

4. Have the room supervisor sign the *Room Supervisor’s Certification Statement*:

I certify that the individual named above interpreted the verbal instructions and complied with standardized testing procedures under my supervision.

Room Supervisor Name (print) Signature Date

5. If requesting payment, complete the *Sign Language Interpreter Request for Payment* after testing.

6. Give this form to the test coordinator at the end of testing, even if you are not requesting payment.



Sign Language Interpreter Request for Payment

Interpreter—Complete this form only if requesting payment. Submit it to the test coordinator on test day, after testing. Please print. All information is required. Refer to ACT's compensation policies. California staff: Go to the service provider for payment.

Test Coordinator—Return this completed form inside the Test Administration Forms Envelope on test day. If it is not submitted on test day, return to:

ACT Test Administration (58)
PO Box 168
Iowa City, IA 52243-0168

Phone: 319.337.1510
Email: testact@act.org

1. Administration information:

Examinee Name _____ Test Date _____

Test Center Name _____ Test Center Code _____ Room Name/Number _____

2. Method of Payment:

Payment to be remitted to the interpreting services company (interpreter's employer)

Payment to be remitted directly to the interpreter

3. Payee Information:

Interpreter Name OR Company Name _____

Mailing Address _____

City/State/ZIP Code _____

Telephone Number _____ Email Address _____

4. Interpreter's Time and Rate:

Start Time _____ Total Time _____

End Time _____ Hourly Rate _____

5. Signatures:

Interpreter Name (print) _____ Signature _____ Date _____

Test Coordinator Name (print) _____ Signature _____ Date _____



Note: The interpreter should keep this policy for his or her records.

ACT uses our Supplier Registration and Payment System (SRPS) to pay all test center staff. A supplier is any individual, organization, or business that provides services for ACT. The test coordinator, room supervisors, proctors, sign language interpreters, and facility staff (e.g., security and custodial) are classified as “suppliers.”

All suppliers must create an account in SRPS (<https://srps.act.org>) and agree to the terms and conditions in order to work for ACT. ACT reserves the right to update its payment processes and procedures, including the terms and conditions, at any time. Check the Supplier Registration and Payment System for any updates or modifications.

In the United States, US territories, and Puerto Rico, payments are issued in the form of direct deposit or pay card. Outside those locations, payment is issued by wire or by check.

Consistent with applicable federal law, ACT characterizes suppliers as independent contractors for tax purposes. Accordingly, ACT does not withhold income tax, FICA, or other amounts from payments made to suppliers.

All payment information is reported by ACT to the IRS and/or other applicable government agencies as required by law based on the supplier’s country of citizenship and/or residence. As required by IRS guidelines, ACT issues 1099-MISC forms to all suppliers who are or have ever been considered United States persons and that receive cumulative payments of at least \$600 in a calendar year regardless if the work was performed in the United States or abroad. Suppliers receiving less than \$600 in a calendar year do not receive 1099-MISC forms.

Requesting Payment

California staff: Go to the service provider for payment.

When payment is remitted directly to you:

Submit a completed *Sign Language Interpreter Request for Payment* to the test coordinator on test day after testing. Allow several weeks for processing.

Note: You must have a Supplier Registration and Payment System (SRPS) account to receive payment.

When payment is remitted to the interpreting services company:

1. The interpreter submits a completed *Sign Language Interpreter Request for Payment* to the test coordinator on test day after testing.
2. The test coordinator submits the form to ACT.
3. The company submits an invoice and a completed W-9 form to ACT.

Note: The company must have a Supplier Registration and Payment System (SRPS) account to receive payment.

ACT Test Administration (58)
PO Box 168
Iowa City, IA 52243-0168
Fax: 319.339.3039

The test coordinator will provide you with instructions for creating an account in SRPS.