ILLINOIS DEAF AND HARD OF HEARING COMMISSION

528 South Fifth Street, Suite 209, Springfield, IL 62701
217/557-4495 (Voice) * 888/261-2698 (TTY) * 217/303-8010 (VP)
dhh.interpreter@illinois.gov

MENTORSHIP PROGRAM OVERVIEW

Interpreter for the Deaf Licensure Act of 2007 Rules, Section 1515.105

Eligibility Requirements

- Both mentee and mentor must possess current Illinois Sign Language Interpreter License
- Mentor must possess an Advanced or Master proficiency level
- Submit completed Mentorship Packet
  - Mentee Application
  - Mentor Application
  - Mentorship Plan
- Required $40 Mentorship Application Fee

IDHHC Procedures

- All forms are PDF fillable. IDHHC prefers all forms to be typed.
- IDHHC will communicate via email unless mentee or mentor requests otherwise.
- Upon receipt of the completed packet, IDHHC will notify both the mentee and mentor within 7 – 10 business days whether the mentoring relationship is approved.
- IDHHC will determine the number of CE hours at the completion of the mentoring plan and submittal of the "CE Hours Request Form." See below for more information.

Mentee Responsibilities

- Select a mentor (IDHHC does not match a mentee with a mentor.)
- Complete Mentorship Packet (see above) including the completed mentor application.
- Submit required packet and fee of $40 to IDHHC.
- After each interpreting assignment with the mentor, mentee must complete the "Mentee Assessment Form" and submit to IDHHC within 45 days of the date of assignment.
- Mentee can only work one level above current proficiency level and must be under the direct supervision of mentor.

Mentor Responsibilities

- Complete "Mentor Application" upon agreeing to enter a mentoring relationship with a specific mentee. This application will be submitted to IDHHC by the mentee with mentorship packet and required fee.
- Review and provide input on "Mentorship Plan." Mentor must sign indicating commitment to the mentorship plan. This application will be submitted to IDHHC by the mentee with mentorship packet and required fee.
- Obtain the required *written* consent from the client (business or service provider) prior to the assignment.
- Obtain the required written or verbal consent from the deaf or hard of hearing consumer at the start of the assignment.
- Within 30 days of the end of the mentorship relationship, mentor must submit the "Mentee Final Evaluation" to IDHHC. Mentors are encouraged to share this evaluation with the mentee.

Continuing Education

- Both mentee and mentor of an IDHHC approved mentorship relationships may qualify for up to 10 Illinois Continuing Education hours within a year under Section 1515.80(a)(10) of the *Interpreter for the Deaf Licensure Act of 2007 Rules*. (These CE hours are approved for Illinois licensure but NOT approved under RID.)
- Cannot apply for both Illinois CE hours and RID Independent Study CEUs for same mentorship.
- Must submit the required "CE Hours Request Form" and required $20 fee per individual request.
- In determining the award of CE hours, IDHHC will consider the number of interpreting assignments completed with the mentor as well as the amount of preparation and debriefing regarding each assignment.

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MENTEE APPLICATION

This form must be completed by the Mentee and submitted as part of the mentorship packet.

Mentee Name		Formerly known as			
Address					
City		State		Zip	
Phone		Email			
IL Sign Language Interpreter License #		Proficiency Level	☐Provisional ☐Intermediate ☐Advanced		
Years of Interpreting Experience	☐Less than 5 years	☐5 - 9 years	☐10 or more years		

1. Who is your mentor and how did you select her/him?

Mentor Name:

2. What is the nature of your relationship with the mentor?

3. Have you been supervised by this mentor before? ☐ Yes ☐ No

4. Do you plan to request Illinois continuing education hours at the end of the mentorship?
(IDHHC will not approve Illinois CE hours if you have submitted an RID Independent Study for *this* mentorship.) ☐ Yes ☐ No

I certify that to the best of my knowledge and belief all of the information on this form is correct. I understand I must be in full compliance with the *Interpreters for the Deaf Licensure Act of 2007* (225 ILCS 443/) including:

- I can only work one level above my current proficiency level and must be under the direct supervision of my mentor;
- I shall not replace a required team interpreter and shall not be compensated; and
- If the deaf or hard of hearing consumer does not consent, I will not provide interpreting services and will depart from the assignment unless the assignment is at a public venue.

_____ _____
Mentee Signature Date

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MENTOR APPLICATION

This form must be completed by the mentor and submitted as part of the mentorship packet.

Mentor Name		Formerly known as			
Address					
City		State		Zip	
Phone		Email			
IL Sign Language Interpreter License #		Proficiency Level	☐Advanced ☐Master		
Years of Interpreting Experience	☐Less than 5 years	☐5 - 9 years	☐10 or more years		

1. Who is your mentee?
2. What is the nature of your relationship with the mentee?

3. Have you supervised this mentee before? ☐ Yes ☐ No
4. Do you plan to request Illinois continuing education hours at the end of the mentorship?
(IDHHC will not approve Illinois CE hours if you have submitted an RID Independent Study for *this* mentorship.) ☐ Yes ☐ No

I certify that to the best of my knowledge and belief all of the information on this form is correct. I understand I must be in full compliance with the *Interpreters for the Deaf Licensure Act of 2007* (225 ILCS 443/) including:

- I cannot supervise more than two (2) mentees at one time;
- The mentee shall not replace a required team interpreter and shall not be compensated;
- I must obtain written consent from the client prior to the assignment and consent from the deaf or hard of hearing consumer at the start of the assignment;
- I must provide direct supervision as defined by the rules when the mentee is working outside of her or his proficiency level; and
- I maintain final responsibility for the accuracy of the interpretation and the performance of the mentee.

Mentor Signature _____ Date _____

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MENTORSHIP PLAN

This form must be completed and submitted with the applications. It is recommended for the mentee to complete the plan with input from the mentor. Both the mentor and mentee must sign indicating commitment to the plan.

Mentee Name			
Mentor Name			
Duration	☐6 months ☐ 1 year	Start Date	

1. What do you hope to accomplish during the mentorship program?

2. How will you achieve those goals? (ex: monthly skill building, pre-assignment preparation meetings and debriefing sessions following an interpreting assignment)

MENTORSHIP PLAN CONTINUED

3. How does the mentor plan to evaluate the mentee?	
4. How frequently does the mentor and mentee plan to meet? Please explain.	
Mentee Signature	Date
Mentor Signature	Date