

Request for Proposals for Interpreter Training - RFP379J74DSC001A

Name of Proposal:

Name of Presenter:

Address:

Phone:

Email:

Please indicate which workshop topic(s) (areas of need as assessed by the EIPA) will be addressed:

- Voice to Sign (V-S) Affect/Emotion
- V-S Register
- V-S Sentence/Clausal boundaries
- V-S Non-manual adverbial & adjectival markers
- V-S Compare/Contrast sequences (cause/effect)
- V-S Classifier
- Vocabulary Fluency
- Appropriate eye contact/movement
- Convey overall message (V-S, S-V)
- Appropriate lag time (V-S, S-V)
- Other _____

Length of Workshop: 6pm – 9pm

Compensation: Please indicate if you are interested in volunteering your services. Maximum compensation will be \$300. _____

Have you secured RID CEU's for this workshop in the past? Yes No

If yes, list sponsor and date of approval _____

List Workshop Objectives: (separate page please)

We are looking for trainers to broadcast state-wide via ICN for these dates:

Feb. 11 May 12 June 9 Please indicate your availability.

Maximum number of participants: _____

What materials/equipment would you need for the presentation?

Please attach any supporting documents, brochures, or materials that would assist the committee in making its selection.

**The Iowa Mentoring Partnership will give preference to workshops that can be broadcast state-wide and that have been pre-approved for RID CEU's.*

Mail Applications and Supporting Documentation to:

Linda Scott
Deaf Services Commission of Iowa
Iowa Department of Human Rights
Lucas State Office Building
Des Moines, IA 50319
515-281-3164 v/tty