

Survey Description:

In the spring of 2022, CCHI convened the **National Task Force on Language Proficiency for Interpreters (LPI)**. The Commissioners held several focus group meetings with 40 experts to explore the parameters for establishing LPI national standards and the feasibility of creating a registry of existing language proficiency tests whose results are recognized as valid by interpreting services stakeholders. This is a multi-step project with several elements requiring ongoing attention.

The purpose of this national survey is to collect input from various stakeholders of the interpreting profession related to *Language Proficiency for Interpreters (LPI)*. **This is your opportunity to shape our future LPI standard** which will allow to make decisions regarding certification eligibility (by CCHI), employment (by managers and recruiters), and enrollment (by trainers and educators of interpreting and translation programs).

In this survey, we focus only on the interpreter's language proficiency in the Language Other Than English (LOTE). CCHI will be able to assess the interpreter's language proficiency in *English* by means of the "written" CoreCHI knowledge exam and the new English-to-English (ETOE) performance exam. In addition to passing these two exams, the new credential - **CoreCHI-Performance (CoreCHI-P)** will require verification of the candidate's language proficiency in their LOTE.

This survey also focuses only on language proficiency for spoken languages. The issue of language proficiency for signed languages deserves an independent consideration by ASL and Deaf Interpreters. There is enough difference in practice between spoken and signed languages, that trying to combine spoken and signed languages in the same survey would cause unnecessary complexity. However, we welcome our signed language colleagues to complete this survey keeping this caveat in mind.

The survey takes approximately 1 hour to complete. Please complete the survey by December 20, 2022.

If you wish to receive CE credits (1.25 non-instructional CE hours), include your email and name at the end of the survey. Your certificate will be emailed to you right away.

Thank you for supporting the interpreting profession!

CCHI Commissioners

Section 1. Evidence of Language Proficiency

Before you start responding to the questions, please read the background information about language proficiency below. This will help you answer the questions more thoughtfully.

Definition of the healthcare interpreter: A person who possesses the knowledge, skills, and abilities required to convert messages accurately and completely from a source language to a target language in a culturally competent manner and in accordance with established ethics and standards. A healthcare interpreter can perform such conversion without supervision, in any modality and in any setting where health care is delivered.

Definition of a bilingual individual: A person who is proficient in two languages (and who can to *some* degree “retell in a target language” a story received in a source language).

Definition of a bilingual healthcare provider: A person who is proficient in two languages and can perform their professional duties in both languages at a reasonably similar level.

Language Proficiency (LP) is the ability of an individual to communicate or perform their regular job (which is *not* interpreting or translation) in a specific language. Proficient speakers demonstrate accuracy and fluency and use a variety of discourse strategies.

Language Proficiency for Interpreters (LPI) is different than for other speakers because the interpreter’s job is *NOT* to produce their own, authentic speech in the course of performing their normal activities. LPI is the ability of an individual to demonstrate accuracy and fluency in a specific language at a level that would allow them to accurately convert someone else’s speech into another language.

The Concept of Language Tiers

A national LPI standard will serve **two equally important purposes:**

- **For CCHI:** to provide a standardized mechanism to ensure that certification applicants have adequate language proficiency in their LOTE that offers them an equal and reasonable opportunity to pass CCHI examinations and perform the duties of a healthcare interpreter competently, safely, and independently.
- **For interpreter employers and trainers:** to have a standardized mechanism of ascertaining what level of LPI a potential interpreter has and what additional resources may be needed if that level is below minimum expectations.

It is crucial to recognize two groups of languages requiring interpreting services in the U.S.:

GROUP A. Languages with a relatively consistent level of demand for interpreting services, which results in a consistent pool of bilingual individuals who pursue the profession of the interpreter.

GROUP B. Languages for which there is very low and/or sporadic demand for interpreting services, which results in a scarcity of bilingual individuals motivated to pursue a career as a professional interpreter.

The LPI standard we are establishing is only for languages with sufficient demand to support professional interpreters – Group A. For low or sporadic demand languages – **Group B**, other mechanisms to ensure effective communication are required. This issue deserves separate attention and efforts that include educating providers (e.g., on the importance of teach-back methods and use of simple language) and having “teaching-in-time” guides for first-response bilinguals who may not want to become professional interpreters but are willing to help in a specific situation.

It is also important to understand that demand and training opportunities are not equal for all Group A languages. Although, the quality of interpreting in any language (as performed by a professional interpreter) must be reasonably equal to ensure equal access to health care for all patients.

We further separate the Group A languages into tiers based on the following availability criteria:

- a) A Language Proficiency (LP) test that is reasonably accessible in the U.S.
- b) Education at the high school level or above with instruction in that language (these are usually official/national languages).
- c) Medical or healthcare information available in that language (authentic, created in that language, not a translation from another language, and considering that in some countries the language of teaching medicine is English).

This approach allows us to categorize the Group A languages as follows:

Tier 1: Languages for which all three criteria are met (e.g., Spanish, Arabic, Dari, Farsi, French, Japanese, Korean, Pashto, Ukrainian, Vietnamese, etc.).

Tier 2: Languages for which only criterion a) is met, i.e., an LP test is available, but they are *not* the languages of instruction in high schools or colleges in any country. Additionally, the availability of authentic medical and healthcare information in those languages is somewhat limited (e.g., Karen, Kinyarwanda, etc.). This tier contains very few languages but may grow as more LP tests become available for languages of newly emerging refugee populations in the U.S.

Tier 3: Languages for which none of the criteria are met, i.e., *no* LP test exists; they are not the languages of instruction at educational institutions, and practically no authentic medical information is available in those languages, other than translations from English (e.g., K’iche, Kurdish, Mai Mai, Shanghainese).

Questions about languages of Tier 1. (e.g., Spanish, Arabic, Farsi, French, Japanese, Korean, Ukrainian, Vietnamese, etc.)

Languages that:

- a) have an LP test available and reasonably accessible in the U.S.,
- b) are the languages of instruction at high school level and/or above,
- c) have medical and healthcare information created in that language (not only translated information).

1. Would you consider an employer attestation (“Mr. X has been providing interpreting services in Russian/Spanish/Vietnamese, etc. for 10 years, etc.”) to be a sufficient proof of LP for Tier 1?

Yes (You will have an opportunity to clarify which employer attestation you consider acceptable.)

No

Other

1a. Attestations from which of the following employer categories would you consider acceptable proof of LP? (Check all that apply.)

Hospital where the interpreter is a full-time employee

Hospital where the interpreter works at least 20 hrs a week

Hospital where the candidate is a qualified bilingual healthcare provider

Hospital where the candidate is a qualified bilingual staff member

Public Health Department where the interpreter is a full-time employee

Public Health Department where the interpreter works at least 20 hrs a week

Public Health Department where the candidate is a qualified bilingual staff member

Physician’s office that contracts with the interpreter on an hourly, as-needed basis

Large language company providing services in multiple states or nationally (e.g., AMN, CLI, Cyracom, LanguageLine, MARTTI, etc.)

State-level language company

Local language company

Local faith organization for whom the interpreter volunteers

Elementary/middle/high school where the candidate works as a teacher’s bilingual aide

High school where the candidate teaches LOTE

College (community or commercial) where the candidate teaches LOTE

University where the candidate teaches LOTE

Business where the candidate utilizes LOTE for job purposes (e.g., bilingual hotel front desk, customer service or sales rep, realtor, engineer installing U.S. equipment in another country, etc.)

Military service as military linguist

Other

1b. What parameters would you consider important for the employer attestation of LP? (Check all that apply.)

Candidate must interpret full time for that employer (i.e., 40 hours a week).

Candidate must interpret at least 20 hours a week for that employer.
Candidate must have interpreted for that employer for at least 1 full year.
Candidate must have interpreted for that employer for at least 2 full years.
Candidate must have interpreted for that employer for more than 3 years.
Candidate must interpret for that employer and NOT be a bilingual employee who is performing their job in two languages.
If candidate is a bilingual employee, the employer should explain how their LP was assessed.
Other

2. Would you consider a college-level diploma from an institution where instruction was done in that specific Language Other Than English (LOTE) to be sufficient proof of LP for Tier 1?

Yes
No
Other

3. Would you consider a high-school-level diploma from a high school where instruction was done in that specific LOTE to be sufficient proof of LP for Tier 1? (Before answering, consider this complex example: Before graduation, a 15-year-old refugee from country X studies for the last two years of high school in country Z where they had interpreter aides in the X language. Would you consider that teenager proficient in the language of country Z after living there for 2 years?)

Yes if all four years studied in language
Yes, even for refugee example above
No, high school level is not enough
Other

3a. If yes: Would you consider a U.S. high school diploma from a school with the Seal of Biliteracy to be a sufficient LP proof for Tier 1 languages?

Yes
No
Other

See info about the Seal of Biliteracy at <https://sealofbiliteracy.org/> (copy and paste the link in another tab; it is not clickable)

4. Would you consider a Bachelor's degree in LOTE of Tier 1 (e.g., B.A. in Spanish, meaning Spanish is the major) from a U.S. college/university to be a sufficient LP proof for Tier 1?

Yes
No
Other

5. Would you consider a Master’s degree in LOTE of Tier 1 (e.g., M.A. in Spanish, meaning Spanish is the major) from a U.S. college/university to be sufficient proof of LP for Tier 1?

Yes

No

Other

6. Would you consider an M.A. degree of Interpreting/Translation in LOTE (M.A. in Spanish Interpreting) from a U.S. college/university to be a sufficient LP proof for Tier 1?

Yes

No

Other

7. Would you consider a court interpreter or translator certification in LOTE of Tier 1 to be sufficient LP proof for healthcare interpreters of Tier 1 languages?

Yes (You’ll have an opportunity to specify which certification(s) you consider sufficient)

No

7a. If your answer was “Yes,” please select which of the following certifications you consider sufficient for healthcare interpreters (check all that apply).

U.S. federal court certification for Spanish

U.S. state court certification

American Translators Association (ATA) certification for translators

U.S. federal and state court “qualified interpreter” status (keep in mind qualifying parameters vary by the state and, in many cases, do not include a test in LOTE)

Other

8. Should an LP test result be the only acceptable proof (evidence) of LP for Tier 1 languages?

Yes

No

Other

Heritage Speakers of LOTE

Categories of heritage speakers:

1. Individuals who left the country/region where the LOTE is spoken *before* the age of high-school completion:
 - a. Before 11-12 years of age – their native language is frozen at the “childhood register”
 - b. Before 14-16 years of age – their native language is frozen at the “social register” but has not reached the “educated register”
2. Individuals born in the U.S. but whose household members speak the LOTE.

We recognize that some interpreters are third generation LOTE speakers, i.e., their parents are heritage speakers of their LOTE per the above definition, and their grandparents are native speakers.

Heritage speakers vary in the extent of their exposure to the LOTE community and opportunities to communicate in their LOTE.

Some heritage speakers may pursue formal education in their LOTE at a college-level.

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9. Should an LP test result be the only acceptable proof (evidence) of LP for heritage speakers of Tier 1 languages (e.g., Spanish, Arabic, Mandarin, Portuguese, Ukrainian)?

Yes

No

Other

9a. Before we get to the next question, clarify what documentation would you accept as proof of the heritage speaker status?

10. Would you accept any of the following as proof (evidence) of LP for heritage speakers of Tier 1 languages? (Check all that apply)

Employer attestation

High school diploma with the Seal of Biliteracy

B.A. degree in LOTE from a U.S. or international college

M.A. degree in LOTE from a U.S. or international college

Self-attestation

Family member attestation

No, I would not accept any of these.

Other

11. Provide any comments about establishing LP for heritage speakers of Tier 1 languages.

12. Provide any comments about establishing/confirming LP for Tier 1 languages.

Questions about languages of Tier 2. (e.g., Karen, Kinyarwanda, etc.)

Languages that:

- a) have an LP test available and accessible in the U.S.,
- b) are NOT the languages of instruction at high school level or above,
- c) have LIMITED medical and healthcare information created in that language (not translations).

This tier contains very few languages but may grow as more LP tests become available for languages of newly emerging refugee populations in the U.S.

13. Would you consider an employer’s attestation (“Mr. X has been providing interpreting services in Karen, etc. for us for 10 years, etc.”) to be a sufficient LP proof for Tier 2 languages?

Yes

No

Other

Same 13a and 13b as for Tier 1 questions 1a and 1b

14. Would you consider a refugee document that lists LOTE LP as “native” or “good” to be a sufficient LP proof for Tier 2?

Yes

No

Other

15. Would you consider a community organization attestation of LP to be a sufficient LP proof for Tier 2?

Yes (You will have an opportunity to clarify which community attestation you consider acceptable.)

No

Other

15a. Attestations from which of the following community organization categories would you consider acceptable proof of LP? (Check all that apply.)

International faith mission

Doctors Without Borders (DWB) mission

Local faith organization

Refugee resettlement agency

Ethnic community organization

Cultural heritage organization

Other

15b. What parameters would you consider important for a community attestation of LP? (Check all that apply.)

The community should be formally organized with a verifiable legal address and explicit contact information (email, phone).

The person signing the attestation must state that they are not a relative of the candidate.

The attestation should describe how the candidate acquired LOTE.

The attestation should describe for how long the candidate has been speaking LOTE.

The attestation should describe in what types of situations the community members observed the candidate use of LOTE.

Other

16. Should an LP test result be the only acceptable proof (evidence) of LP for Tier 2 languages?

Yes
No
Other

17. Should an LP test result be the only acceptable proof (evidence) of LP for heritage speakers of Tier 2 languages (e.g., Karen, Kinyarwanda)?

Yes
No
Other

18. Would you accept any of the following as proof (evidence) of LP for heritage speakers of Tier 2 languages? (Check all that apply)

Employer attestation

Refugee document that lists LP in LOTE as “native” or “at good level”

Community organization attestation

Self-attestation

Family member attestation

No, I would not accept any of these.

Other

19. Provide any comments about establishing LP for heritage speakers of Tier 2 languages.

20. Provide any comments about establishing/confirming LP for Tier 2 languages.

Questions about languages of Tier 3. (e.g., K’iche, Kurdish, Mai Mai, Shanghainese, etc.)

Languages that:

- a) have NO LP test available in the U.S.,
- b) are NOT the languages of instruction at high school level or above,
- c) have NO medical and healthcare information created in that language (only translated materials, if that).

21. Do you agree that because there is no standardized way of assessing LP for Tier 3 languages, a portfolio approach should be adopted? In other words, should we seek several types of evidence of LP? In the questions that follow we will provide examples.

I agree.
I disagree.
Other

* In this context, a portfolio is a compilation of documents that exemplifies LP in a LOTE through description of how an individual has utilized the LOTE throughout their life.

22. Would you consider including in a Tier 3 portfolio of LP an employer's attestation ("Mr. X has been providing interpreting services in Mixteco/Kurdish/etc. for us for 10 years, etc.")?

Yes

No

Other

Same 22a and 22b as for Tier 1 questions 1a and 1 b

23. Would you consider including in a Tier 3 portfolio of LP a refugee document that lists LP in the LOTE as "native" or "good"?

Yes

No

Other

24. Would you consider including in a Tier 3 portfolio of LP a community organization attestation of LP?

Yes (You will have an opportunity to clarify which community attestation you consider acceptable.)

No

Other

24a. Attestations from which of the following community organization categories would you consider acceptable for inclusion in a Tier 3 Portfolio? (Check all that apply.)

International faith mission

Doctors Without Borders (DWB) mission

Local faith organization

Refugee resettlement agency

Ethnic community organization

Cultural heritage organization

Other

24b. What parameters would you consider important for a Tier 3 Portfolio for the community attestation of LP? (Check all that apply.)

The community should be formally organized with a verifiable legal address and explicit contact information (email, phone).

The person signing the attestation must state that they are not a relative of the candidate.

The attestation should describe how the candidate acquired LOTE.

The attestation should describe for how long the candidate has been speaking LOTE.

The attestation should describe in what types of situations the community members observed the candidate use of LOTE.

Other

25. Would you consider including in a Tier 3 portfolio of LP a self-attestation of how LOTE was acquired and used?

Yes

No

Other

26. Would you consider including in a Tier 3 portfolio of LP an evaluation interview conducted by a trained evaluator in English regarding the use of LOTE and its difference from the dominant language in that country/region? (The assumption is that if a candidate can discuss in English the points of cultural and linguistic differences between their LOTE and the dominant language in that region, the candidate is most likely able to speak that LOTE. E.g., My LOTE does not have verb conjugations or past/present/future tense, we require pronouns and qualifying words like 'yesterday' or 'in the future'.)

Yes

No

Other

27. How many "indirect" attestations of the candidate's LP in the Tier 3 language would you consider to be sufficient? (Examples in the previous questions)

2 documents minimum

3 documents minimum

4 documents minimum

5 documents minimum

Other

28. Rank the following documents in the order of being most helpful to least helpful in evaluating the LP for Tier 3 languages? 1 (most helpful) -2-3-4-5 (least helpful)

Refugee document

Employer statement

Community organization statement

Self-attestation

Interview about LOTE conducted in English

29. Provide any comments or recommendations about establishing/confirming LP for Tier 3 languages.

30. Would you consider it appropriate to require additional post-certification and post-hire activities to be completed by interpreters of Tier 3 languages or their employers due to the fact that their LP was established only indirectly through the portfolio approach described above?

Yes (You will have the opportunity to review these activities in the next questions.)

No

Other

31. Would you consider it appropriate and helpful to require that within 1 year of certification/hire the Tier 3 interpreter must have X number of appointments to be observed and debriefed on by an experienced certified interpreter of a non-concordant language (who has been trained on conducting such observations)? (E.g., a certified Spanish interpreter would observe an interpreted session by a Kurdish interpreter and provide a written or oral evaluation.)

Yes

No

Other

32. Would you consider non-language concordant observations of newly certified/hired interpreters conducted by certified interpreters who have been trained on conducting such observations to be helpful for interpreters of any tier of LOTE?

Yes

No

Other

33. Would you consider it appropriate and helpful to require that within 1 year of certification/hire the Tier 3 interpreter participate in a structured activity utilizing their LOTE? (E.g., create a bilingual glossary, translate standards of practice into their LOTE, record an interpretation of a preselected English speech into their LOTE and then back-interpret it after X time passes, and when the pool of interpreters of that LOTE grows, they can review each other's glossaries, recordings, etc.)

Yes

No

Other

34. Provide any comments or recommendations about post-certification/post-hire activities for Tier 3 languages.

Section 2. Components, Aspects, and Levels of Language Proficiency for Interpreters

Description:

Components of LP are skills and abilities in:

- Listening
- Speaking
- Reading
- Writing

Aspects of language proficiency (as explained in the [ILR's Speaking Skill Level Descriptions](#)):

1. **Functional** Ability (i.e., the communicative acts or tasks that an individual can accomplish, e.g., make recommendations, provide instructions or narrations, defend an argument)
2. **Precision** of Forms and Meanings (i.e., accuracy, range, and complexity in lexical and structural control, discourse management, phonetic features)
3. **Content** Meaningfulness (i.e., the range, relevance and substantive coverage of topics)
4. **Contextual** Appropriateness (i.e., register, acceptability, and cultural/social appropriateness of language for the intended audience)

Here is an example of these 4 aspects described for **Level 3** on the ILR Speaking scale (color coded to match the aspects above):

(Functional) Can perform a range of tasks, such as discuss and compare societal issues and their implications, state and defend a position or policy, support opinions, hypothesize, elicit information and informed opinion, resolve unexpected situations, or present on a topic. (Precision) Able to produce cohesive discourse with clear relationships of ideas. May employ some common rhetorical devices, such as simile and metaphor. Uses mid frequency vocabulary that is sufficiently broad to clearly discuss a range of professional matters and abstract or societal issues. May make cultural references or use widely known proverbs and idiomatic expressions. Uses a variety of structures, including basic and some complex structures. In general, basic structures are controlled, though there are occasional structural errors that minimally interfere with communication. Pronunciation, stress, intonation, and tone (in tonal languages) rarely impede communication. (Content) Can discuss own interests and fields of competence. Otherwise, linguistic limitations in depth and precision generally restrict language use to matters of general interest. Information conveyed is on topic and supports ideas in a clear manner without much unnecessary information. (Contextual) Able to fulfill common cultural norms and expectations in routine and professional interactions. Speech may be culturally awkward at times. Can usually control formal and informal registers in various settings and has command of most social conventions of conversations. Able to manage turn-taking smoothly and naturally. Can frequently use turn-taking devices such as rapid speaker changes and invitations to participate in turn closings. Assumes joint responsibility in maintaining the interaction. Can convey some mood, feeling, emotion, or position appropriate to the context. Speaks readily, at a rate of speech that does not impede comprehension.

Language Proficiency Levels

Interagency Language Roundtable Scales of LP

ILR Matrix of Levels, Skills and Aspects of LP: <https://www.govtilr.org/Skills/matrix.xlsx>

ILR Speaking Levels and Aspects: <https://www.govtilr.org/Skills/Speaking.htm>

ACTFL Guidelines on Levels of LP

One-page summary with comparison to ILR levels:

<https://www.actfl.org/sites/default/files/guidelines/OralProficiencyWorkplacePoster.pdf>

Full text:

<https://www.actfl.org/sites/default/files/guidelines/ACTFLProficiencyGuidelines2012.pdf>

1. Next to each **LP component** provided below, enter the order of importance of this component for interpreters. Components could be of the same level. Think of interpreters not only of your own language(s), but the profession in general, recognizing that some languages do not have a written form.

Listening skills 1 (most important) 2-3-4 (least important)

Speaking skills 1-2-3-4

Reading skills 1-2-3-4

Writing skills 1-2-3-4

2. Next to each **aspect of LP** provided below, enter the order of importance of this component for interpreters. Aspects could be of the same level.

Functional Ability (i.e., the communicative acts or tasks that an individual can accomplish, e.g., make recommendations, provide instructions or narrations, defend an argument) 1-2-3-4

Precision of Forms and Meanings (i.e., accuracy, range, and complexity in lexical and structural control, discourse management, phonetic features) 1-2-3-4

Content Meaningfulness (i.e., the range, relevance and substantive coverage of topics) 1-2-3-4

Contextual Appropriateness (i.e., register, acceptability, and cultural/social appropriateness of language for the intended audience) 1-2-3-4

3. Keeping in mind that interpreters convert someone else's speech and do not "create speech" (i.e., they are not the speakers in the provider-patient conversation), would you agree that the LP aspects of Functional Ability and Content Meaningfulness are of lesser value in assessing their language proficiency?

Yes, I agree.

No, I disagree.

Not quite.

3a. If you responded "No, I disagree," please provide your reasons.

3b. If you responded "Not quite," please provide your comments.

Read the ILR descriptions of the Speaking skill levels for the "Precision of Forms and Meanings" so that you can answer the question that follows.

Level 2+	Often communicates a coherent message; however, the message conveyed is not consistently clear or there may be occasional instances of miscommunication. May employ some common rhetorical devices. Uses high frequency and some mid frequency vocabulary but cannot always make appropriate lexical choices. May use some widely used idiomatic expressions and cultural references, though not always accurately. Controls most basic structures. Control
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	of complex structures is limited. Speech may contain awkward or inaccurate phrasing of ideas and mistaken time, space, or person references.
Level 3	Able to produce cohesive discourse with clear relationships of ideas. May employ some common rhetorical devices, such as simile and metaphor. Uses mid frequency vocabulary that is sufficiently broad to clearly discuss a range of professional matters and abstract or societal issues. May make cultural references or use widely known proverbs and idiomatic expressions. Uses a variety of structures, including basic and some complex structures. In general, basic structures are controlled, though there are occasional structural errors that minimally interfere with communication. Pronunciation, stress, intonation, and tone (in tonal languages) rarely impede communication.
Level 3+	Employs some complex discourse strategies to organize thoughts and present a clear, coherent message. Can use some rhetorical devices for targeted effect or emphasis. Lexicon is broad and includes a range of nuanced words and phrases, with some inaccuracies. Uses some appropriate idiomatic expressions and cultural references. Uses some complex structures although not all are accurate or controlled. Weakness or unevenness in language use <i>may</i> result in loss of precision.
Level 4	Employs discourse strategies to organize thoughts and present them in a convincing manner, such as appropriate rhetorical speech devices or intentional shifts of topic and tone. Can use many rhetorical devices for targeted effect or emphasis. Vocabulary is consistently extensive and includes low frequency items. Uses cultural references appropriately to further an argument or add emphasis. Controls many complex structures, including complex embedding. Errors are sporadic and may be part of acceptable language use in certain contexts. Pronunciation, stress, intonation, and tone (in tonal languages) do not hinder communication.
Level 4+	Uses discourse strategies flexibly to enhance the effectiveness of the message conveyed. Employs a wide range of rhetorical devices. Incorporates nuanced phrasing and low frequency vocabulary that are rarely imprecise, but sometimes with weaknesses, for example in idioms, colloquialisms, or cultural references. Has a wide range and control of complex structures, including complex embedding.
Level 5	Demonstrates a mastery of the language. Employs a wide range of rhetorical devices exceptionally well to achieve a desired goal or effect. Able to speak in an articulate and precise manner, although the rare error may occur. Demonstrates a precise and extensive control of nuanced, low frequency vocabulary, as well as idioms,

	colloquialisms, and cultural references. Controls almost all structures of the language at all levels.
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4. What is the minimum level of the “Precision of Forms and Meanings” that an entry-level certified interpreter should possess in the Language Other Than English (LOTE)?

- Level 2+
- Level 3
- Level 3+
- Level 4
- Level 4+
- Level 5

Read the ILR descriptions of the Speaking skill levels for the “Contextual Appropriateness” so that you can answer the question that follows.

Level 2+	Often shows a high degree of fluency and ease of speech. Is often able to adhere to social norms and etiquette, but not consistently. May be able to fulfill common cultural norms and expectations in routine and some professional interactions. Is almost always able to manage turn-taking and use some collaborative features in interactions such as topic initiation or development of topics initiated by interlocutor. Demonstrates high ability to start turns. Can verbally convey some mood, feeling, emotion, or position, though not consistently.
Level 3	Able to fulfill common cultural norms and expectations in routine and professional interactions. Speech may be culturally awkward at times. Can usually control formal and informal registers in various settings and has command of most social conventions of conversations. Able to manage turn-taking smoothly and naturally. Can frequently use turn-taking devices such as rapid speaker changes and invitations to participate in turn closings. Assumes joint responsibility in maintaining the interaction. Can convey some mood, feeling, emotion, or position appropriate to the context. Speaks readily, at a rate of speech that does not impede comprehension.
Level 3+	Able to fulfill some cultural norms and expectations in a variety of interactions, although there may be instances of awkwardness. Controls formal and informal registers and can sometimes use register to tailor the message or make it more effective. Is sometimes able to engage with interlocutor's contributions and develop a joint discourse. Mood, feeling, emotion, or stance sometimes enhances the message conveyed. Often speaks effortlessly and smoothly.
Level 4	Able to fulfill many cultural norms and expectations in a variety of interactions, although there may be instances of awkwardness. Demonstrates an ability to shift register or tailor speech to meet many

	situational norms and expectations, though may not sustain shifts under all circumstances. Adheres to most social conventions of conversations and presentations. Able to engage with interlocutor's contributions and develop a joint discourse. Is generally able to verbally convey mood, feeling, emotion, or stance to add effect, such as emphasis, certainty, uncertainty, or authority. Speaks effortlessly and smoothly.
Level 4+	Able to fulfill most cultural norms and expectations in a variety of interactions, although there may be rare instances of awkwardness. Shifts register and tailors speech to provide convincing arguments on most occasions. No further expectations for turn taking. Mood, feeling, emotion, or stance usually enhances the message conveyed. Uses the language with flexibility.
Level 5	Able to fulfill cultural norms and expectations in a wide variety of interactions. Can tailor speech skillfully to an audience, shifting between registers for effect and impact. Able to articulate mood, feeling, emotion, or stance effectively to set a mood, persuade the listener, or produce an emotional response. Can use intonation, tone, stress patterns, humor, and other features to add emphasis, certainty, uncertainty, authority, or other stances. Uses the language with complete flexibility.

5. What is the minimum level of the “Contextual Appropriateness” that an entry-level certified interpreter should possess in the Language Other Than English (LOTE)?

- Level 2+
- Level 3
- Level 3+
- Level 4
- Level 4+
- Level 5

Before you answer the next question, please read the descriptions of the Speaking levels on the ACTFL scale (pp. 4-7 of the pdf document) at <https://www.actfl.org/sites/default/files/guidelines/ACTFLProficiencyGuidelines2012.pdf>.

6. Which of the following ACTFL levels of language proficiency (both in English and the other main language of service) should any entry-level certified interpreter possess?

- Intermediate Mid
- Intermediate High
- Advanced Low
- Advanced Mid
- Advanced High
- Superior

7. Comparing the ILR and ACTFL skill level descriptions, how relevant/applicable are they to evaluating the interpreter’s language proficiency?

I think both scales are reasonably relevant.

I think the ACTFL scale is closer to being relevant for interpreters.

I think the IRL scale is closer to being relevant for interpreters.

I think neither scale is relevant enough. I think a special scale should be developed for interpreters.

8. Imbalance of supply and demand for interpreting services in specific languages creates situations when only interpreters with lower LP (either in English or LOTE) levels are available. It appears that creating standardized national guidelines for providers on how to mitigate these situations (teach-back for patients, just-in-time orientation for such interpreters, etc.) may be beneficial. What are your thoughts about establishing such national guidelines?

They will be helpful.

I doubt they will be helpful.

Other

9. Provide any comments or recommendations about the LP aspects and levels.

Section 3. Evaluating Language Proficiency Tests/Assessments

We recognize that it is important to have a mechanism to compare various language proficiency tests/assessments that are currently available in the U.S. CCHI is exploring the feasibility of accreditation by an independent panel as such a mechanism. A resulting registry of accredited LP tests would be helpful to healthcare organizations who purchase LP tests for their interpreters and bilingual staff, to interpreter training programs, and to applicants who seek certification and need to submit proof of LP to a certifying entity.

CCHI would convene an **Advisory Council to establish the LP tests accreditation criteria** (including the level of detail needed) and an **Accreditation Panel to review the tests**. Because many tests are proprietary and competitive, we understand the need to protect the “trade secrets.” Panelists would sign strict non-disclosure agreements, and CCHI would oversee the process. And at no point, would applicants be sharing any test content or scoring formulas.

To accredit their tests, organizations would need to submit a confidential application that provides the following information:

1. Test structure and assessment scales description
2. Test administration parameters
3. Rater qualifications and performance monitoring procedures
4. Test development and maintenance procedures

5. Test performance monitoring procedures

Tests that meet the minimum accreditation requirements would be included in the ***National Registry of Accredited Language Proficiency Tests***. CCHI will require its applicants to obtain LP tests only from the organizations in that Registry.

With this survey, we would like to gauge the level of transparency about these tests that would be meaningful and acceptable for our profession. To help us collect more nuanced data, we ask different questions depending on whether you represent the organization that administers an LP assessment or not.

1. Do you represent an organization that develops and administers LP tests/assessments?

Yes

No

Yes - TEST DEVELOPERS:

2. Would you be interested in having your test(s) listed in CCHI's *National Registry of Accredited Language Proficiency Tests*?

Yes

No

Other

No – 2a. Please explain why your previous response is *No*.

Yes – 3. Would you be interested in serving on the Advisory Council for LP Test Accreditation (that would establish the accreditation criteria)?

Yes

No

Other

If yes: Please provide your contact information.

Name

email address

Company name

Your title

4. Who should be serving on the LP Test Accreditation Panel (that would review LP tests)?

Only CCHI Commissioners

Only representatives of organizations who develop and administer LP tests

Only stakeholders who purchase LP tests

Only certified interpreters who are past consumers of LP tests

Any stakeholders who do not develop and administer their own LP tests
All stakeholders
Other

5. What type of the LP test accreditation are you comfortable with?

Only pass/fail (e.g., accredited or not)
In addition to the accredited status, include a ranking (e.g., 5-star, 4-star, etc.)
Other

6. What level* of the national LP test accreditation are you comfortable with?

Company level (all languages offered by X company are accredited)
Test-specific level (e.g., LP tests in A, B, C languages offered by X company)
Other

* Keep in mind that the volume of the LP tests administered annually and the pool of raters available for specific LP tests vary significantly.

7. Please provide any comments and recommendations regarding accreditation of LP tests.

NO: 2. Do you represent an organization that purchases LP tests/assessments?

Yes
No

Yes – TEST PURCHASERS

SAME 3-4 as for Developers.

5. Which of the following elements about the test do you consider most important for choosing an LP testing company? 1 (most important) -2-3-4-5 (least important)

Test structure and assessment scales description
Test administration parameters
Rater qualifications and performance monitoring procedures
Test development and maintenance procedures
Test performance monitoring procedures

6. What type of the LP test accreditation would be most valuable to you?

Only pass/fail (e.g., accredited or not)
In addition to the accredited status, include some ranking (e.g., 5-star test, 4-star, etc.)
Other

7. What level of the LP test accreditation would be most valuable to you?

Company level (all languages offered by X company)
Test-specific level (specific language tests)
Other

8. Please provide any comments and recommendations regarding accreditation of LP tests.

No -OTHERS

3. Please provide any comments and recommendations regarding accreditation of LP tests.

Section 4. Demographics and Background

This survey is only one of the steps in developing and maintaining a meaningful LPI Standard. We thank you for your time and invite you to continue working with us.

If you are interested in volunteering for this project, please choose from the dropdown list the aspect of the LPI standardization you prefer to collaborate on.

- Establishing LPI standards for Tier 3 languages where no LP test is available
- Establishing LPI standards for heritage speakers
- Establishing LPI standards for Tier 1-2 languages where LP tests are available
- Monitoring and updating language tiers
- Defining aspects and levels of LPI
- Guidelines for providers on mitigating LPI deficiencies
- Advisory Council on LP Test Accreditation
- LP Test Accreditation Panel (that would review LP tests)
- Education of HR and administrators on the LPI standard
- Any of the above
- I am not available for this project

1. What is your U.S. state or territory of residence?

If not US: 1a. What is your country of residence?

2. What is your primary relationship to the healthcare interpreter profession?

- I am a healthcare interpreter
- I manage and/or supervise healthcare interpreters
- I train healthcare interpreters
- I am an interpreter in other settings
- I am a translator
- I am a bilingual healthcare provider
- I am a LP test developer
- Other

3. In what PRIMARY LOTE (non-English) language do you interpret (or deliver care or translate) in healthcare settings?

4. In what SECONDARY LOTE language, if any, do you interpret in healthcare settings? (optional)

5. How was your primary (non-English) interpreting language (LOTE) acquired?

Native speaker

Non-native speaker

Heritage speaker (A person who has learned a language other than English (LOTE) informally by being exposed to it at home as opposed to having learned it formally in a school setting, OR who has immigrated to the U.S. from a country where school instruction is conducted in the LOTE before completing high school.)

Other

6. What is your current interpreter certification status? (Check all that apply)

Not certified in interpreting at this time

Not applicable

CoreCHI™

CHI™-Arabic

CHI™-Mandarin

CHI™-Spanish

ATA translator certification

Court interpreter certification

Other

7. What is the highest level of formal education (from any country) that you have completed?

High school diploma/GED

Associate degree (any major)

Bachelor's degree (any major)

Master's degree (any major)

Doctoral degree (any major)

Did not complete high school

8. How much formal training do you have in healthcare interpreting?

None

Less than 40 instructional hours

40 instructional hours

60 instructional hours

More than 60 instructional hours

College Certificate program or Associate Degree in healthcare interpreting

Bachelor's degree in healthcare interpreting

Master's degree in healthcare interpreting

Not applicable

9. How many years of experience do you have in healthcare interpreting?

Less than 2 years

2 to 5 years

6 to 10 years

11 to 20 years

21 or more

Not applicable

10. How many hours do you interpret per week in a healthcare setting?

Less than 2 hours

3 - 20 hours

21 - 40 hours

41 hours and over

Not applicable

11. What is your current employment status in relation to healthcare interpreting? (Check all that apply)

I am a staff interpreter

I am a freelancer (contractor)

I am a volunteer

I don't interpret in healthcare settings

I am not an interpreter

Other