

STAFF INTERPRETER INTERNSHIP QUESTIONNAIRE

Student's Name:	
Student's Cell phone Number:	
Student's Address:	
Student's E-mail Address:	
Intern Supervisor's Name:	
Intern Supervisor's Email:	

Please place an X in the box.

<input type="checkbox"/>	I am interested in applying for a student practicum or internship. I understand that this role is an unpaid volunteer placement.
--------------------------	--

Education

College or University:	
Major:	
Credential/Experience Requirements for Mentors:	
Number of Required Internship Hours:	
Dates of Internship: (mm/dd/yy – mm/dd/yy)	
Location Preference for Internship Site	
City Choice #1:	
City Choice #2:	
Please describe any special accommodations you may require.	

Intern and/or Practicum Experience, Or American Sign Language Interpreting Employment	
Name of Agency or Company:	
Address:	
Dates:	
Duties Performed	

Intern and/or Practicum Experience, Or American Sign Language Interpreting Employment	
Name of Agency or Company:	
Address:	
Dates:	
Duties Performed	



Please answer the following questions in narrative form.
1) Why are you interested in an Internship with the Florida Division of Vocational Rehabilitation?
2) What are your plans for work after graduation? What would be your ideal job once your internship is complete?
3) If you are selected for this internship, list three personal/professional goals you would like to accomplish during the internship?
4) What internship experiences do you hope to have? [Consider: What are the programmatic requirements of your internship? What skills should you be able to demonstrate?]
5) Professionally, where would you like to be in five years?
6) What type of client population are you most interested in working with? (for example, high functioning Deaf, Deaf with signed English, Deaf plus, Deafblind, oral deaf, etc.)
7) In what setting have you observed and had prior experience interpreting? Include what modes of interpreting (transliterating, interpreting, oral, tactile, close vision, sign supported speech, etc.) have you used, both formally and informally?
8) How long have you been signing?
9) What is your understanding of the RID Code of Professional Conduct and applying that to working as an intern at Vocational Rehabilitation?

Please scan and email, fax, or mail this form, along with your current resume and portfolio link* to:

Cory Parker
Florida Department of Education
Division of Vocational Rehabilitation
Deaf, Hard of Hearing, and Deaf-Blind Services
325 W. Gaines St., Suite 1144
Tallahassee, FL 32399-7016

Phone: (850) 245-3353
Fax: (850) 245-3465
Email: cory.parker@vr.fldoe.org
Website: www.rehabworks.org

*If your program does not have online portfolios to submit, contact Cory Parker for directions.

The Florida Vocational Rehabilitation program receives 78.7 percent of its funding through a grant from the U.S. Department of Education. For the 2020 Federal fiscal year, the total amount of grant funds awarded were \$153,000,001. The remaining 21.3 percent of the costs (\$41,409,148) were funded by Florida State Appropriations. Revised October 2020.