

**New York State Education Department**  
Vocational Rehabilitation

**Interpreter Referral Service Quarterly Progress Report**  
**General Program Information**

*(See instructions prior to completing this form)*

1. **Reporting Quarter:** Due on the 10<sup>th</sup> after each period (please check one):

June- August     September– November     December– February     March– May     \_\_\_\_\_  
Reporting Year

2. **Provider Code**                      3. **Contract Number**                      4. **Date Report Prepared**

**Legal Name of Provider:**  
**ACCES-VR District Office(s) Served:**

**Reporting Information**

	Current Quarter	Explanation/Comments
5. Total number of <b>hours</b> of interpreter services requested by ACCES-VR		
6. Number of ACCES-VR <b>hours</b> unable to be filled		
7. Number of ACCES-VR <b>jobs</b> filled		
8. Number of ACCES-VR <b>jobs</b> filled/cancelled		
9. Number of ACCES-VR jobs filled by certified interpreters*		
10. Number of ACCES-VR jobs filled by pre-certified interpreters		
11. Number of hours filled by certified interpreters*		
12. Number of hours filled by pre-certified interpreters		
13. Number of Minimum Competency Screening Process (MCSP) administered to Candidates		
14. RID/NAD certifications achieved this quarter (for pre-certified interpreters)		

\*If minimum standard was not met as outlined in the RFP, an explanation **must** be provided.

**Interpreter Service Quarterly Narrative**  
*(Sections will expand as necessary)*

15. Training to improve skills of pre-certified interpreters (please describe):  
16. Program accomplishments achieved this quarter (describe actions taken):  
17. Program obstacles encountered this quarter (describe obstacle and action taken):  
18. What factors precluded filling ACCES-VR job orders (check as appropriate):  <input type="checkbox"/> Short notice, less than 24 hours <input type="checkbox"/> Cancellation <input type="checkbox"/> Lack of interpreters <input type="checkbox"/> Distance <input type="checkbox"/> Inability to match interpreters to consumer need <input type="checkbox"/> Other (please describe):
19. Did interpreters fill out attendance sheet and was it signed by the consumer?  <input type="checkbox"/> Yes <input type="checkbox"/> No (Explain why):

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name of person completing this form

\_\_\_\_\_  
E-Mail address

\_\_\_\_\_  
Telephone Number (V/TTY/B)

\_\_\_\_\_  
Fax Number

Mail **Original** form to:

NYS Education Department  
Vocational Rehabilitation  
District Office Administration  
89 Washington, Avenue  
Room EBA 580  
Albany, NY 12234

Or via email to: [interpsvcs@mail.nysed.gov](mailto:interpsvcs@mail.nysed.gov)

Send **Copy** to:

Vocational Rehabilitation District Office Manager

# Instructions

## *Interpreter Referral Service Quarterly Progress Report*

The Interpreter Referral Service Quarterly Progress Report Form (VES-461) is to be submitted each quarter to the Office of Adult Career and Continuing Education Services- Vocational Rehabilitation (ACCES-VR), Director, District Office Administration, 89 Washington Avenue, EBA 580, Albany, NY 12234. A copy of the report is to be sent to the ACCES-VR District Manager at the local district office address.

The report provides quarterly data for each interpreter referral service provider. The purpose of this form is to record and track trends provided by individual providers. Please do not leave sections blank. If a question does not apply to you, then write "N/A" where applicable.

### **General Program Information Section:**

- 1. Reporting Quarter** Please check the appropriate box on the form which corresponds to the time period you are reporting.
- 2. Provider Legal Name:** Fill in the assigned six-digit vendor code number in the section that is preceded with a "V". Below the V code, indicate the legal name of your agency.
- 3. Contract Number:** If applicable, indicate the six-digits of the contract number that is preceded with the "C" code. To find your assigned contract number, refer to the first page of the contract. For example: "C 001111"; otherwise, write "N/A".
- 4. Date of Report and District office name:** Fill in date of report prepared and below it, identify District office(s) served for that time period.
- 5. Hours requested/ACCES-VR:** Indicate number of hours requested for ACCES-VR to date.
- 6. Hours not filled/ACCES-VR:** Indicate number of ACCES-VR interpreting hours unable to be filled.
- 7. Number of jobs filled:** Indicate number of interpreting jobs (assignments) filled and completed by interpreter(s) assigned.
- 8. Number of jobs unfilled/cancelled:** Indicate how many ACCES-VR interpreting job (assignments) could not be filled or completed by interpreter(s) assigned or cancelled by ACCES-VR or agency or consumer.
- 9. Number of jobs filled by certified interpreters:** Indicate number of certified interpreters assigned to ACCES-VR jobs.
- 10. Number of jobs filled by pre-certified interpreters:** Indicate number of pre-certified interpreters assigned to ACCES-VR jobs.
- 11. Number of hours filled by certified interpreters:** Indicate the number of hours worked by certified interpreters. If less than two hours, use two hours.
- 12. Number of hours filled by pre-certified interpreters:** Indicate the number of hours worked by pre-certified interpreters. If less than two hours, use two hours.
- 13. Minimum Competency** The number is to indicate the number of interpreters screened for

**Screening Process (MCSP):**

ACCES-VR this quarter.

**14. RID/NAD certification  
achieved this quarter**

Provide the number of interpreters listed with your project under each category, with a brief explanation.

**15-19. Short Narrative:**

Respond as briefly and specifically as possible for each section as appropriate to your service. If questions are not applicable to program activity, then write "N/A".