

**New York State Education Department
ACCES-VR**

Interpreter Referral Service Quarterly Progress Report

Reporting Year 2016-2017

1. Reporting Quarter: Due on the 15th after each period (please check one):

December – February March – May June – August September – November

2. Name of Contractor:	3. Contract Number	4. Date Report Prepared: ACCES-VR District Office:
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Reporting Information

	Current Quarter	Explanation/Comments
5. Total onsite interpreter service hours requested by ACCES-VR for this quarter.		
6. Number of onsite hours filled by certified interpreters*		
7. Number of onsite hours filled by pre-certified interpreters		
8. Number of onsite hours unable to be filled (should be no more than 10% of hours requested including assignments not accepted and assignments canceled less than 48 hours prior to the date that services are needed).		
9. Number of onsite interpreter services hours where the interpreter was late or no show should be less than 5% of total hours requested.		
10. Total VRI interpreter service hours requested		
11. Total VRI interpreter service hours filled		
12. Number of VRI interpreter service hours unable to be filled – should be no more than 5% of hours requested.		
13. Number of candidates screened by the Assessment Pre-Certified Interpreters(APCI) process		
14. RID/NAD certifications achieved this quarter (for pre-certified interpreters)		

*If 60% minimum standard was not met an explanation as to why it was not met must be provided.

Interpreter Service Quarterly Narrative
(Sections will expand as necessary)

15. ACCES-VR consumer/staff satisfaction/dissatisfaction with interpreters provided assignments this quarter:

16. How many pre-certified interpreters have passed RID/NAD written test this quarter:

17. Service delivery obstacles encountered this quarter describe obstacle and action taken to resolve it e.g. billing, site coordination, etc.

18. What factors precluded filling ACCES-VR assignments? Check all boxes that apply and provide total number of hours for each reason:

- 1. Notice less than 24 hours: _____ hrs.
- 2. Cancellation: _____ hrs.
- 3. Lack of interpreters: _____ hrs.
- 4. Distance: _____ hrs.
- 5. Other (please describe): _____ hrs.
- 6. Unable to match interpreters to consumers need: _____ hrs.

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Signature

Print name of person completing this form

Email

Telephone Number

Fax Number

A completed report is required for each District Office served.

Send original to the District Office Manager and
email a copy to ACCES-VR District Office Operations
interpsvcs@nysed.gov

Instructions

Interpreter Referral Service Quarterly Progress Report

The Interpreter Referral Service Quarterly Progress Report Form (VES-461) is to be submitted each quarter via email (interpsvcs@nysed.gov) to the Office of Adult Career and Continuing Education Services-Vocational Rehabilitation (ACCES-VR), District Office Operations, Albany, NY 12234.

The original 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** Check the appropriate box on the form which corresponds to the time period you are reporting.
- 2. Provider Legal Name:** Fill in the legal name of your agency.
- 3. Contract Number:** To find your assigned contract number, refer to the first page of the contract. For example: "C 001111".
- 4. Date of Report and District Office served:** Fill in report date and the District Office (DO) served, each DO requires a report.
- 5. Hours requested/ACCES-VR:** Indicate number of hours requested by ACCES-VR for this quarter.
- 6. ACCES-VR hours filled by Certified Interpreters:** Indicate number of ACCES-VR interpreting hours filed by certified interpreters
- 7. Number of hours filled by Pre-Certified Interpreters:** Indicate number of hours filled by pre-certified interpreter(s).
- 8. Number of hours unfilled/cancelled:** Indicate how many ACCES-VR interpreters' hours were not filled.
- 9. Number of no-show hours:** Indicate hours that interpreter failed to show for assignment.
- 10. Number of VRI hours requested:** Indicate number ACCES-VR VRI hours requested this quarter.
- 11. Number of VRI hours filled:** Indicate the number of VRI hours filled this quarter.
- 12. Number of unfilled VRI hours:** Indicate the number of unfilled VRI hours.
- 13. Assessment of Pre-Certified Interpreter (APCI):** Indicate the number of pre-certified interpreters screened this quarter.
- 14. RID/NAD certification Achieved this quarter:** Indicate the number of interpreters who achieved RID/NAD certifications.
- 15-17. Short Narrative:** Respond as briefly and specifically as possible for each section as appropriate to your service.
- 18. Check** Check any box that applies and provide the number of hours