

Employee Language Prescreening Tool (for clinical and non-clinical employees)

This prescreening tool is intended for clinical and non-clinical employees who are bilingual and are being considered for formal language proficiency testing.

Directions

1. Write any/all languages or dialects you know.
2. Indicate how fluently you speak, read and/or write each language (See attached key).
3. Specify if you currently use the language regularly as part of your job responsibilities.

Employee Name: _____

Title/Department: _____

1	Language:	Dialect, Region or Country:		
	Speaking:	As part of your job do you use this language to speak with patients?	Yes	No
	Reading:	As part of your job do you read this language?	Yes	No
	Writing:	As part of your job do you write this language?	Yes	No
2	Language:	Dialect, Region or Country:		
	Speaking:	As part of your job do you use this language to speak with patients?	Yes	No
	Reading:	As part of your job do you read this language?	Yes	No
	Writing:	As part of your job do you write this language?	Yes	No
3	Language:	Dialect, Region or Country:		
	Speaking:	As part of your job do you use this language to speak with patients?	Yes	No
	Reading:	As part of your job do you read this language?	Yes	No
	Writing:	As part of your job do you write this language?	Yes	No
4	Language:	Dialect, Region or Country:		
	Speaking:	As part of your job do you use this language to speak with patients?	Yes	No
	Reading:	As part of your job do you read this language?	Yes	No
	Writing:	As part of your job do you write this language?	Yes	No

Please check off additional qualifications/credentials that support language proficiency level, and attach them to this form. Note: Per state guideline, bilingual providers and staff who communicate with patients in a language other than English must identify and maintain qualifications of their bilingual capabilities on file.

- Formal language assessment by qualified agency
- Native speaker with a higher education in language, which demonstrates sufficient accuracy and vocabulary in health care setting.
- Documentation of successful completion of a specific type of interpreter training
- Documentation of years employed as an interpreter and/or translator
- Other (Please specify): _____

Individuals, who rate themselves with speaking, reading, or writing capabilities below level 3 as defined on the Employee Skills Self-Assessment Key, should not use their bilingual skills or serve as interpreters and/or translators. For assistance, please contact the patient's contracted health plan for immediate telephonic interpreter assistance.

To be signed by the person completing this form

I, _____ attest that the information provided above is accurate.

Date: _____

Employee Language Prescreening Tool Key

Key Spoken Language

1. Satisfies elementary needs and minimum courtesy requirements. Able to understand and respond to 2-3 word entry-level questions. May require slow speech and repetition.
2. Meets basic conversational needs. Able to understand and respond to simple questions casual conversation about work, school, and family. Has difficulty with vocabulary and grammar.
3. Able to speak the language with sufficient accuracy and vocabulary to have effective for informal conversations on most familiar topics related to health care.
4. Able to use the language fluently and accurately on all levels related to health care work needs. Can understand and participate in any conversation within the range of his/her experience with a high degree of fluency and precision of vocabulary. Unaffected by rate of speech.
5. Speaks proficiently equivalent to that of an educated native speaker. Has complete fluency in the language, including health care topics, such that speech in all levels is fully accepted by educated native speakers in all its features, including breadth of vocabulary and idioms, colloquialisms, and pertinent cultural preferences. Usually has received formal education in target language.

Key Reading

1. No functional ability to read. Able to understand and read only a few key words.
2. Limited to simple vocabulary and sentence structure.
3. Understands conventional topics, non-technical terms and health care terms.
4. Understands materials that contain idioms and specialized health care terminology; understands a broad range of literature.
5. Understands sophisticated materials, including those related to academic, medical and technical vocabulary.

Key Writing

1. No functional ability to write the language and is only able to write single elementary words.
2. Able to write simple sentences. Requires major editing.
3. Writes on conventional and simple health care topics with few errors in spelling and structure.
4. Writes on academic, technical, and most health care and medical topics with few errors in structure and spelling.
5. Writes proficiently equivalent to that of an educated native speaker/writer. Writes with idiomatic ease of expression and feeling for the style of language. Proficient in medical, healthcare, academic and technical vocabulary.

Interpretation VS. Translation

Interpretation: Involves spoken communication between two parties, such as between a patient and a pharmacist, or between a family member and doctor.

Translation: Involves very different skills from interpretation. A translator takes a written document in one language and changes it into a document in another language, preserving the tone and meaning of the original.

Source: University of Washington Center