

Employee Language Skills Self-Assessment

Employee Name: _____ Life #: _____
 Job Title: _____ Department: _____

This self-assessment is intended for clinical employees who are bilingual or multilingual and communicate with their patients in a language other than English. Bilingual clinical staff who communicates with patients in a language other than English must identify and maintain qualifications of their bilingual capabilities on file.

Please specify if you currently use a language other than English regularly as part of your job responsibilities and rate your proficiency level according to the key attached:

Language*	Dialect, Region, or Country	Is your knowledge of this language equivalent to a native speaker? (see definition below)	Do you use this language to speak with patients?	What is your proficiency level? (see key below)
1.		Yes No	Yes No	1 2 3 4 5
2.		Yes No	Yes No	1 2 3 4 5
3.		Yes No	Yes No	1 2 3 4 5

* Do you wish to continue/begin using this language to speak to your patients? Yes No

- **Knowledge equivalent to a native speaker:** Individual who has lived in a non-English speaking country for 16 years, or who has had a comparable level of schooling in a non-English language.

Proficiency Level: Employee Language Skills Self-Assessment 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 can handle casual conversations about work, school, and family. Has difficulty with vocabulary and grammar.
3	Able to speak with sufficient accuracy and vocabulary to have effective formal and informal conversations on most familiar topics related to health.
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. The individual uses the language including health care topics with complete flexibility so that speech on all levels is fully accepted by well-educated native speakers in all of its features, including breadth of vocabulary and idiom, colloquialisms and pertinent cultural references.

For level 4 & 5, please check off additional qualifications/credentials that support your language proficiency level and attach them to this form.

- Formal Language assessment by qualified agency
- Knowledge equivalent to a native speaker with a higher education in the language and demonstrates sufficient accuracy and vocabulary in the health care setting
- Documentation of successful completion of interpreting training
- Documentation of years employed as an interpreter
- Other – Please specify: _____

Please sign attestation below. Individuals with a level 3 or below as defined by the *Employee Language Skills Self-Assessment Key* must take a language proficiency test **and should contact the Language Assistance Program Coordinator at 212-659-8990 to arrange for this.**

I certify that the information above is true and correct to the best of my knowledge: _____

Employee's Signature