U.S. Small Business Administration
Office of Disaster Assistance

LANGUAGE SKILLS IDENTIFICATION

The information provided on this form is voluntary and will be used to identify those who may be able to provide translation or interpretation services on an occasional basis. This information, without the Social Security Number, may be made available to others under the Freedom of Information Act.

Name (Printed) _____ *Social Security Number* _____ *Office and Location (City)* _____

Spoken Languages	**Speaking Ability**	**Writing Ability**
English	❒ Fluently ❒ Fairly ❒ Poorly	❒ Fluently ❒ Fairly ❒ Poorly
_____ *(Please specify the language)*	❒ Fluently ❒ Fairly ❒ Poorly	❒ Fluently ❒ Fairly ❒ Poorly
_____ *(Please specify the language)*	❒ Fluently ❒ Fairly ❒ Poorly	❒ Fluently ❒ Fairly ❒ Poorly

Signed Languages	**Skill Level**	**Certified**
American Sign Language	❒Fluent ❒Fair ❒Poor	❒ Yes ❒ No
Signed English	❒Fluent ❒Fair ❒Poor	❒ Yes ❒ No
_____ *(Please specify the language)*	❒Fluent ❒Fair ❒Poor	❒ Yes ❒ No
_____ *(Please specify the language)*	❒Fluent ❒Fair ❒Poor	❒ Yes ❒ No