

BILINGUAL SKILLS QUESTIONNAIRE

SECTION 1: EMPLOYEE INFORMATION

Name:
Work Telephone Number:
Division/Branch:
Email Address:

SECTION 2: BILINGUAL LANGUAGE

1. Choose a language from the drop-down field
If other, provide the language here:

a. Certified:

<input type="checkbox"/> Listening/Speaking	<input type="checkbox"/> Reading/Writing
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b. Fluent:

<input type="checkbox"/> Listening/Speaking	<input type="checkbox"/> Reading/Writing
---	--

c. Partial:

<input type="checkbox"/> Listening/Speaking	<input type="checkbox"/> Reading/Writing
---	--

2. Choose a language from the drop-down field
If other, provide the language here:

a. Certified:

<input type="checkbox"/> Listening/Speaking	<input type="checkbox"/> Reading/Writing
---	--

b. Fluent:

<input type="checkbox"/> Listening/Speaking	<input type="checkbox"/> Reading/Writing
---	--

c. Partial:

<input type="checkbox"/> Listening/Speaking	<input type="checkbox"/> Reading/Writing
---	--

3. Choose a language from the drop-down field
If other, provide the language here:

a. Certified:

<input type="checkbox"/> Listening/Speaking	<input type="checkbox"/> Reading/Writing
---	--

b. Fluent:

<input type="checkbox"/> Listening/Speaking	<input type="checkbox"/> Reading/Writing
---	--

c. Partial:

<input type="checkbox"/> Listening/Speaking	<input type="checkbox"/> Reading/Writing
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PROFICIENCY DEFINITIONS

- Certified:** Passed bilingual fluency certification exams.
- Fluent:** Can understand essentially everything in the language and can converse, read and write fluidly and easily.
- Partial:** Converses or writes using basic vocabulary and very simple face-to-face conversations in the language.

SECTION 3: BILINGUAL PAY

4. Are you receiving a Bilingual Pay Differential?

Yes No

- a. If no, and you would like to be certified, contact the Bilingual Services Coordinator at EEOP@arb.ca.gov.

SECTION 4: SIGNATURE

Employee's Signature:	Date:
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INSTRUCTIONS FOR COMPLETING THIS FORM

SECTION 1: EMPLOYEE INFORMATION:

Complete all data fields listed. Make sure to include first and last name, work telephone number including area code, division and/or branch, and an email address.

SECTION 2: BILINGUAL LANGUAGE:

- Choose a language from one of the languages provided in the drop-down menu.
 - If the language you are bilingual in does not appear in the drop-down, identify the language in the space provided below.
 - Select whether you are Certified, Fluent, or Partial to the language you identified, and include what proficiency you are at with that language.
- If needed, repeat these steps for items 2 and 3.

SECTION 3: BILINGUAL PAY

- Select whether or not you are receiving a Bilingual Pay Differential in the boxes provided.
 - If No, and you would like to be certified, contact EEOP@arb.ca.gov.

SECTION 4: SIGNATURE

Signature of employee completing the Bilingual Skills questionnaire, and date of signature.