

Record of Earning the Interpreter Strip
Boy Scouts of America

Name of Applicant: _____

Unit: _____ Pack Troop Crew Post Ship

Language: _____ Youth Adult

Youth and adults may wear this strip if they show their knowledge of a foreign language or the sign language for the hearing impaired by:

1. Carrying on a five-minute conversation in this language.

Counselor Initials: _____ Date: _____

2. Translating a two-minute speech or address.

Counselor Initials: _____ Date: _____

3. Writing a letter in the language (does not apply for sign language).

Counselor Initials: _____ Date: _____

4. Translating 200 words from the written word.

Counselor Initials: _____ Date: _____

(Requirements quoted from Scouting.org, September 2013)

Name of Counselor / Advisor: _____

Qualification: _____

Address: _____

Telephone: (_____) _____ Email: _____

This Scout has satisfactorily completed the requirements for the Boy Scout Interpreter Strip.

Signature of Counselor: _____ Date: _____

Printed name of Scoutmaster: _____

Signature of Scoutmaster: _____ Date: _____