**Language Questionnaire**

Your assistance is needed! As a recipient of federal funds, the Indiana Department of Transportation (INDOT) is required to evaluate its programs and activities for language accessibility, and to develop a procedure for gathering statistical data regarding participants and beneficiaries of its federal-aid highway programs and activities (23 CFR §200.9(b)(4)).  INDOT distributes this voluntary survey to fulfill that requirement.

You are not required to complete this questionnaire. Submittal of this information is voluntary; however, we ask you to complete the questionnaire as you may be able to assist others by translating important information if needed. INDOT will use the survey responses to monitor its programs and activities for compliance with Title VI of the Civil Rights Act of 1964, as amended (Title VI) and its related statutes and regulations. If you have any questions regarding INDOT’s responsibilities under Title VI, please contact INDOT’s Title VI/ADA Program Manager, Erin L. Hall at 100 N Senate N750, Indianapolis, IN 46204, (317) 234-6142, e-mail: [ehall2@indot.in.gov](mailto:ehall2@indot.in.gov) .

**Please submit the completed survey to your Human Resources Manager.**

Employee Contact Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employee Name: |  | | | |
| Work Division/District: | | |  | |
| Work Phone Number: | | |  | |
| Work Email Address: | |  | | |
| Survey Completion Date: | | | |  |

Questions

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Do you speak, write, and/or read another language in addition to English? | |  | Yes |  | No |
|  |  |  |  |  |  |
| 1. If you speak more than one language, would you be willing to volunteer to provide language assistance as needed, if there is a need for translation or interpreter assistance? | |  | Yes |  | No |

***If you answered yes to questions 1 and 2, please proceed to question 3; however, if you answered no to either question, you have completed the questionnaire.***

1. Please mark your level of proficiency regarding your ability to speak, write, and/or read any of the languages listed below as Low (L), Medium (M), or High (H) in the appropriate column.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Language/Dialect** | **Proficiency Level** | | | **Language/Dialect** | **Proficiency Level** | | |
| **Speak** | **Write** | **Read** | **Speak** | **Write** | **Read** |
| Example: English | H | H | H | Ibo |  |  |  |
| American Sign Language |  |  |  | Ilocano |  |  |  |
| Arabic |  |  |  | Italian |  |  |  |
| Armenian |  |  |  | Japanese |  |  |  |
| Bengali |  |  |  | Korean |  |  |  |
| Cambodian |  |  |  | Laotian |  |  |  |
| Chamorro |  |  |  | Polish |  |  |  |
| Chinese (Cantonese) |  |  |  | Portuguese |  |  |  |
| Chinese (Mandarin) |  |  |  | Romanian |  |  |  |
| Croatian |  |  |  | Russian |  |  |  |
| Czech |  |  |  | Serbian |  |  |  |
| Dutch |  |  |  | Slovak |  |  |  |
| Farsi |  |  |  | Spanish |  |  |  |
| French |  |  |  | Tagalog |  |  |  |
| German |  |  |  | Thai |  |  |  |
| Greek |  |  |  | Tongan |  |  |  |
| Haitian Creole |  |  |  | Ukrainian |  |  |  |
| Hindi |  |  |  | Urdu |  |  |  |
| Hmong |  |  |  | Vietnamese |  |  |  |
| Hungarian |  |  |  | Yiddish |  |  |  |

1. If you have an ability to speak, write, and/or read other languages other than or in addition to the languages listed above, please list the language and your level of proficiency regarding your ability to speak, write and/or read the language.

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Thank you for taking the time to complete this survey. Your time and effort is greatly appreciated.