

## Interpretation Service Feedback Form

Your feedback is important to us and will help to improve our services.  
 Thank you for taking the time to complete this form.

**Interpreter's Name:** \_\_\_\_\_ **Assignment Number:** \_\_\_\_\_

**Assignment Date:** \_\_\_\_\_ **Assignment Time:** \_\_\_\_\_

Did the interpreter arrive on time to the assignment? If not, by how many minutes was the interpreter late? _____	<input type="radio"/> Yes	<input type="radio"/> No
Did the interpreter introduce him/herself and clearly explain his/her role to you and your client?	<input type="radio"/> Yes	<input type="radio"/> No
Did the interpreter consistently interpret using the first person?	<input type="radio"/> Yes	<input type="radio"/> No
Did the interpreter refrain from expressing his/her own opinions, giving advice, solving problems, mediating and/or advocating?	<input type="radio"/> Yes	<input type="radio"/> No
Did the interpreter remain neutral and unbiased toward all parties present?	<input type="radio"/> Yes	<input type="radio"/> No
Did the interpreter refrain from engaging in side conversations?	<input type="radio"/> Yes	<input type="radio"/> No
Do you feel that the interpreter was faithful in the delivery of the information <u>you</u> communicated to <u>your client</u> ?	<input type="radio"/> Yes	<input type="radio"/> No
Do you feel that the interpreter was faithful in the delivery of the information <u>your client</u> communicated to <u>you</u> ?	<input type="radio"/> Yes	<input type="radio"/> No

**1. Overall, how satisfied were you with the interpretation service provided?**

Very satisfied	Somewhat satisfied	Neither satisfied nor dissatisfied	Somewhat dissatisfied	Very dissatisfied
5	4	3	2	1

**Comments:** \_\_\_\_\_

\_\_\_\_\_

**2. Do you have any suggestions about how we could improve our services?**

\_\_\_\_\_

\_\_\_\_\_

**Your Name:** \_\_\_\_\_ **Organization:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_