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?  ○ Yes  ○ No
If not, by how many minutes was the interpreter late?  __________

Did the interpreter introduce him/herself and clearly explain his/her role to you and your client?  ○ Yes  ○ No

Did the interpreter consistently interpret using the first person?  ○ Yes  ○ No

Did the interpreter refrain from expressing his/her own opinions, giving advice, solving problems, mediating and/or advocating?  ○ Yes  ○ No

Did the interpreter remain neutral and unbiased toward all parties present?  ○ Yes  ○ No

Did the interpreter refrain from engaging in side conversations?  ○ Yes  ○ No

Do you feel that the interpreter was faithful in the delivery of the information you communicated to your client?  ○ Yes  ○ No

Do you feel that the interpreter was faithful in the delivery of the information your client communicated to you?  ○ Yes  ○ No

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

<table>
<thead>
<tr>
<th>Very satisfied</th>
<th>Somewhat satisfied</th>
<th>Neither satisfied nor dissatisfied</th>
<th>Somewhat dissatisfied</th>
<th>Very dissatisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

Comments: __________________________________________

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

________________________________________________________________________

Your Name: ___________________________ Organization: ___________________________

Telephone: ___________________________ Today’s Date: ___________________________