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Interpreter Evaluation

INTERPRETER INFORMATION

Date: _____
Interpreter's Name: _____
Certification Level: MICS 1 2 3 4 5 R.I.D. certification: _____
Type of assignment: _____

CLIENT INFORMATION

Name: _____
Address: _____
City/State/Zip: _____
Phone number.: _____

EVALUATION

Was the interpreter on time? Yes No

What type of communication do you use? ASL PSE English Oral Deaf/Blind Home

Did the interpreter use the communication you wanted? Yes No

Would you use this interpreter again? Yes No
If no will you explain why not.

Please write down what signs or interpreting skills you think the interpreter needs to improve to be a better interpreter for you. _____

Please list the names of interpreters you like to use.

1.

2.

3.

4.

This section is questions about how you feel the interpreter did working with you today. Please circle the BEST answer. 1= bad 2= acceptable 3= good 4= very good 5= outstanding

The interpreter's signs were easy to read. 1 2 3 4 5

The fingerspelling was easy to read. 1 2 3 4 5

The interpreter could voice my signs. 1 2 3 4 5

The interpreter arrived on time and introduced themselves to me. 1 2 3 4 5

The interpreter was dressed right. 1 2 3 4 5

The interpreter acted professionally 1 2 3 4 5

The interpreter looked confident 1 2 3 4 5

The interpreter treated me with respect 1 2 3 4 5

The interpreter followed the code of ethics 1 2 3 4 5

The interpreter signed all the information 1 2 3 4 5

The interpreter voiced everything I signed. 1 2 3 4 5

I give the interpreter a rating of 1 2 3 4 5

General comments about the interpreter _____

General comments about DEAF Way _____

Thank you for filling out the evaluation. If you have more questions or concerns, please call DEAF Way at 314-989-0694 (V) OR 314-989-0757 (TTY)

PLEASE MAIL TO:

DEAF WAY
5240 OAKLAND AVE
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ATT: COORDINATOR OF SERVICES
