



Feedback Form

APPOINTMENT INFORMATION:

DATE: _____ **TIME:** _____

LANGUAGE: Spanish Russian Somali Hmong Vietnamese Other: _____

SITE: _____ **DEPARTMENT:** _____

CLIENT NAME: _____ **FILE #:** _____

INTERPRETER REVIEW:

INTERPRETER NAME (if known): _____

DID THE INTERPRETER SHOW FOR THE APPOINTMENT? YES NO

ARRIVE ON TIME? YES NO
If late, were you notified? NO YES, by _____

WEARING A BADGE? YES NO

HAVE A PROFESSIONAL APPEARANCE? YES NO

INTRODUCTION: Did interpreter introduce self to both client and provider? YES NO

COMMUNICATION: Did the interpreter make the client/provider communication go smoothly?
YES NO

OVERALL: Was interpreter performance: Excellent Good Average Poor

WOULD YOU LIKE THIS INTERPRETER TO RETURN? YES NO

COMMENTS: _____

COMPLETED BY: _____ **DATE:** _____
(PLEASE PRINT)

TELEPHONE NUMBER: _____

RETURN TO: GARDEN & ASSOCIATES, INC. FAX: 952-922-8150

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