

Sign Language Interpreter Evaluation Form

Student Name _____ Date _____

Interpreter Name _____ Class _____

We appreciate your feedback regarding interpreting services provided for the class listed above.

If you do **NOT** want this feedback form shown to the interpreter, check this box.

	Always	Most of the time	Sometimes	Never
The interpreter arrives on time for the class.				
The interpreter's clothes are appropriate for this class.				
The interpreter asks the instructor for repeats, if necessary.				
The interpreter fingerspells clearly.				
The interpreter signs clearly.				
The interpreter voices appropriately for me.				
The interpreter understands the information taught in this class well enough to provide satisfactory interpreting.				
The interpreter knows the signs for this class.				
The interpreter uses signs that I understand.				
The interpreter uses signs that I suggest.				
The interpreter uses proper facial expressions and body language for me.				
The interpreter manages the room appropriately (checks for good lighting, sits where I can see clearly, etc.)				

It would be helpful to me if the interpreter would/would not...

What suggestions do you have that would improve your communication access?
