

Sign Language Interpreter Evaluation Form

(evaluation by student)

Date _____ Interpreter's Name _____

Student's Name _____ Class _____

We would like some feedback regarding the interpreting services provided for your class(es). If you do **NOT** want this feedback form shown to the interpreter, check this box. This feedback should relate only to the above listed class(es). Please return this form to the DSS Office in Gaiser Hall by _____.

	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 teacher for repeats, if necessary.				
The interpreter fingerspells clearly.				
The interpreter signs clearly.				
The interpreter uses appropriate mouthing for me.				
The interpreter understands the information taught in this class well enough to provide satisfactory interpreting services for me.				
The interpreter uses signs that I suggest.				
The interpreter knows the signs for this class.				
The interpreter uses signs that I understand.				
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.)				

I would like to have this interpreter again.

YES

NO

(continued on back)

It would be helpful to me if the interpreter would...

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

Comments/Suggestions:
