



NAETISL

National Association of
Educational Translators and
Interpreters of Spoken Languages



MODDC

Missouri
Developmental
Disabilities Council

口译反馈表

INTERPRETER FEEDBACK FORM

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INTERPRETER FEEDBACK FORM

日期 (Date): _____ 口译员姓名 (Name of the Interpreter): _____

<p>请评价以下内容</p> <p>Place a check mark to rate the following:</p>					
<p>口译员准确、清晰地向您解释信息的能力。</p> <p>Your interpreter's ability to interpret information accurately and clearly to you</p>					
<p>口译员准确、清晰地向他人表达您的想法的能力。</p> <p>Your interpreter's ability to accurately and clearly express your thoughts to others</p>					
<p>谈话速度。</p> <p>Speed of conversation</p>					
<p>您对所提供信息的理解程度。</p> <p>How well you understood the information presented</p>					
<p>口译服务总体印象。</p> <p>Overall impression of the interpretation service</p>					

整个会议期间口译员都在场吗?

Was the interpreter present for the entire meeting? ___是 (Yes) ___否 (No)

您会为下次会议推荐这名口译员吗?

Would you recommend this interpreter for the next meeting? ___是 (Yes) ___否 (No)

建议/意见 (SUGGESTIONS / COMMENTS): naetisl@gmail.com www.naetisl.org

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