



NAETISL

National Association of
Educational Translators and
Interpreters of Spoken Languages



MODDC

Missouri
Developmental
Disabilities Council

FORMULARIO ACERCA DE SU EXPERIENCIA CON LOS SERVICIOS DE INTERPRETACIÓN INTERPRETER FEEDBACK FORM

Funding for the Supporting Language Access in Schools Project in Missouri provided by the Missouri Developmental Disabilities Council, was supported by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$1,361,246 with 100 percent funding by ACL/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by ACL/HHS, or the U.S. Government.



naetisl@gmail.com

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moddc@moddcouncil.org



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Fecha (Date): _____ Nombre del intérprete (Name of the Interpreter): _____

<p>Por favor califique lo siguiente: Place a check mark to rate the following:</p>					
<p>La habilidad del intérprete de comunicarle información de manera precisa y clara Your interpreter's ability to interpret information accurately and clearly to you</p>					
<p>La habilidad del intérprete de expresar sus pensamientos de manera clara y precisa a otras personas Your interpreter's ability to accurately and clearly express your thoughts to others</p>					
<p>El ritmo de la conversación Speed of conversation</p>					
<p>Que tan bien entendió la información que se presentó How well you understood the information presented</p>					
<p>Impresión general del servicio de interpretación Overall impression of the interpretation service</p>					

¿Estuvo en intérprete presente durante toda la reunión?
Was the interpreter present for the entire meeting? ___ **Sí** (Yes) ___ **No** (No)

¿Recomendaría a este intérprete para la próxima reunión?
Would you recommend this interpreter for the next meeting? ___ **Sí** (Yes) ___ **No** (No)

SUGERENCIAS/COMENTARIOS (SUGGESTIONS / COMMENTS):

