



NAETISL

National Association of
Educational Translators and
Interpreters of Spoken Languages



MODDC

Missouri
Developmental
Disabilities Council

INTERPRETER FEEDBACK FORM

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naetisl@gmail.com

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moddc@moddcouncil.org



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INTERPRETER FEEDBACK FORM

Date: _____ Name of the Interpreter: _____

Place a check mark to rate the following:					
Your interpreter's ability to interpret information accurately and clearly to you					
Your interpreter's ability to accurately and clearly express your thoughts to others					
Speed of conversation					
How well you understood the information presented					
Overall impression of the interpretation service					

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

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

SUGGESTIONS / COMMENTS: