

Language Access Interpreter Performance Feedback

Please help us to improve our interpreter services by completing this form and emailing it to us at languageaccess@wrha.mb.ca or faxing it to us at (204) 940-8650.

Interpreter First Name: _____ Language: _____

Date of Encounter _____

Did the interpreter:		Yes	No	Please specify
1.	Arrive on time for the scheduled appointment?			If interpreter was late, by how many minutes?
2.	Introduce her/himself to you and the patient/client/family and clearly explain role?			
3.	Have note pad and pen?			
4.	Instruct and encourage all parties to speak directly to each other (consistently interpret using first-person consecutive mode)?			
5.	Refrain from giving advice, expressing opinions, solving problems, mediating or advocating?			
6.	Interpret everything said by either party without adding to, deleting or changing the message?			
7.	Show any preference or bias towards any of the parties involved in the encounter?			
8.	Impose her/his values and opinions?			
9.	Engage in side conversations with any of the parties? If yes, did the interpreter maintain transparency with all parties?			
10.	Sit beside the patient/client/family: a) In the waiting room? b) In the exam room without the service provider?			
11.	Maintain professional conduct at all times?			

How satisfied were you with the interpreter service provided? Please specify, if possible.

Not at all Fairly Satisfied Satisfied Very Satisfied
 1 2 3 4

Additional comments or suggestions regarding our services: _____

Please print:

Your Name & Title:	Organization/Department:
Phone Number:	Date:

Thank you for your feedback!

*Once this form has been submitted to Language Access, please be sure to discard the original in a **CONFIDENTIAL** manner.*