Disability Support Services

Dear Instructor,

Please take a moment to give us feedback on your interpreter. We strive to offer the best service possible and your input is essential to our success. Thank you for your time and participation.

Interpreter Name________________________   Subject ________________
Instructor Name ________________________ Semester _______________

Please circle your answers.

1. Does this interpreter arrive to class on time?
   Always   Most of the Time   Sometimes   Rarely   Never

2. In your opinion, does this interpreter behave professionally?
   Always   Most of the Time   Sometimes   Rarely   Never
   Area(s) of concern ______________________________________________
   ________________________________________________________________
   ________________________________________________________________

3. In general, does the interpreter refrain from having disruptive side conversations with students during class?
   Always   Most of the Time   Sometimes   Rarely   Never

4. Do you feel that your lecture is being conveyed?
   Always   Most of the Time   Sometimes   Rarely   Never

5. Is this interpreter helpful when you have questions about his/her job?
   Always   Most of the Time   Sometimes   Rarely   Never

6. Would you want to work with this interpreter again?   Yes   No
   Why or why not? ______________________________________________
   ________________________________________________________________
   ________________________________________________________________

7. What could we do to provide even better services?
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

Thank you for your time,

Fold and staple/tape closed and put in campus mail