

Interpreter Feedback Form

Interpreter Name: _____ Date: _____

Vendor Name: _____ Clinic: _____

- 1. Was Interpreter on time and prepared? Yes No
- 2. How well did Interpreter work with consumer?
Excellent Very Good Good Fair Poor
- 3. Was Interpreter professional and competent?
Excellent Very Good Good Fair Poor

Comments: _____

Employee Name: _____ Phone: _____

Instructions: To be completed and returned by DBH Staff.

OCCES Rev 8/2015
CUL011

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Mail to: Department of Behavioral Health
Office of Cultural Competence &
Ethnic Services
Mail Code: 0026

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