



**Interpreter Feedback Form for DBH Staff**

**Date** \_\_\_\_\_  
**Vendor Name** \_\_\_\_\_  
**Interpreter Name** \_\_\_\_\_  
**Clinic Name** \_\_\_\_\_

Circle your answer to each question below

1. Was the interpreter on time and prepared?

Yes  No

2. How well did the interpreter work with the client?

1	2	3	4
Excellent	Very Well	Fair	Poor

3. How professional and competent was the interpreter?

1	2	3	4
Excellent	Very Well	Fair	Poor

Other comments:

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Employee Name	Phone
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**Instructions to DBH Staff:** Complete this form and submit electronically to the [DBH - Cultural Competency](#) global email.