



Interpreter Feedback Form for DBH Staff

Interpreter Name: _____ Date: _____
Vendor Name: _____ Clinic/Location: _____

Please select the following options that best describe your experience:

1. Was the interpreter on time and prepared?

☐ Yes ☐ No

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

☐ ¹ Excellent ☐ ² Very Well ☐ ³ Fair ☐ ⁴ Poor

3. How would you rate the interpreter's professionalism and competency in meeting your standards?

☐ ¹ Excellent ☐ ² Very Well ☐ ³ Fair ☐ ⁴ Poor

Other comments:

DBH Staff Name:
Telephone number:

Submit this form electronically to DBH - OEI at [DBH-Language Services](#) global email.