SAN BERNARDINO COUNTY
Behavorial Health

303 E. Vanderbilt Way San Bernardino | (909) 388-0900
www.SBCounty.gov

Reset

Interpreter Feedback Form for DBH Staff

Instructions to DBH Staff: Complete this form and submit electronically to the DBH-Language Services global email.

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