

James Madison University • MSC 9009 • Harrisonburg, VA 22807 • Phone: 540.568.3011 • Fax 540.568.3172

INTERPRETER EVALUATION FORM

Dear Provider! Thank you for taking a few moments to complete this brief evaluation of the Interpreter. It will assist us in making our program more responsive to your needs.

Practice/Site:	I	nterpreter:	
Patient/Client:	Date of ir	nterpretation:	_ Time of appointment:
 How long have you worked window Less then 12 mo. 			at Blue Ridge AHEC? Years or more
Please indicate your perception	on of the effectivene	ss of the interpreter o	during this appointment.
Excellent	Good	Fair	Poor
• Please indicate the effectiven	ess of the Commun	ity Health Interpreting	service in general.
Excellent	Good	Fair	Poor
• The interpreter treated the patient and provider with respect.			
Yes Some	ewhat	No	
Comments:			<u> </u>
The interpreter appeared to interpret everything the patient and provider said. Yes Somewhat No			
Comments:			
Other Comments:			
Person, submitting evaluation (optiona	al)	D	ate submitted:

Submit Evaluation:

- Fax Evaluation to: 540/568-3172
- E-mail Evaluation to: interpreter@jmu.edu

Thank you for helping us to better assist you and your patients/clients!