# INTERPRETER SERVICE FEEDBACK FORM

Fairfax County Public Schools
Department of Human Resources
**OFFICE OF EQUITY AND COMPLIANCE**
8115 Gatehouse Road, Falls Church, VA 22042
Telephone: 571-423-3050/FAX: 571-423-3057

**Please complete the form below and fax to 571-423-3057**

## I. Customer Information

Name: _____ Event Date: _____

Event Location: _____

Event Description: _____

Name of Vendor ***Birnbaum Interpreting Services***

Name of Interpreter: _____

## II. Type of Activity/Environment

- ☐ Department Meeting
- ☐ Class/Course
- ☐ Employee Orientation
- ☐ Social Event/Luncheon
- ☐ Graduation
- ☐ Large Group/All County Meeting
- ☐ Training
- ☐ One-on-One Meeting

## III. Please choose your response to the following questions:

| | | |
|---|---|---|
| Did the interpreter dress appropriately? | ☐ Yes | ☐ No |
| Did the interpreter arrive at least 10 minutes prior to the event? | ☐ Yes | ☐ No |
| Did the interpreter sit or stand in the best place for you? | ☐ Yes | ☐ No |
| Did the interpreter use the appropriate language and/or mode of communication for you? | ☐ Yes | ☐ No |
| Did the interpreter communicate with you before the event? | ☐ Yes | ☐ No |
| Did the interpreter conduct themselves in a professional manner? | ☐ Yes | ☐ No |

## IV. Please rate the interpreter on the following:

**5 = Excellent 4 = Very Good 3 = Average 2 = Below Average 1 = Poor**

| | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| Sign Interpreting (for deaf/hard of hearing customers) | | | | | |
| 1. Fingerspelling | ☐ | ☐ | ☐ | ☐ | ☐ |
| 2. Facial Expression/Grammar | ☐ | ☐ | ☐ | ☐ | ☐ |
| 3. Reading of Sign Language | ☐ | ☐ | ☐ | ☐ | ☐ |
| Voice Interpreting (for hearing customers) | ☐ | ☐ | ☐ | ☐ | ☐ |
| 1. Interpreter's English Grammar was accurate | ☐ | ☐ | ☐ | ☐ | ☐ |
| 2. Interpreted Content/information was accurate | ☐ | ☐ | ☐ | ☐ | ☐ |

Questions or Comments?