

## Interpreter Evaluation Form

Interpreter Name: \_\_\_\_\_

Language: \_\_\_\_\_

### Part I: Introduction

---

**Introduction to Individual:**

- Gives name
- Discussed confidentiality
- Gave complete Introduction
- Managed flow- (gestures and short sentences).
- Prompts individual to ask questions
- Re-directed pt. to speak directly to provider

**Introduction to Provider:**

- Gives name
- Identified the target language
- Gave complete introduction
- Explained how to manage the flow of communication (gestures, short sentences)
- Directed provider to speak directly to individual

### Part II: Interpretation

---

- | Never                    | Occasionally             | Usually                  | Always                   |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- Was first person used?
- Was Interpreter successful at managing communication flow?
- If clarification was necessary, was Interpreter transparent?
- Did Interpreter fail to clarify?
- Did Interpreter summarize?

### Part III: Completeness and Accuracy

---

- | Never                    | Occasionally             | Usually                  | Always                   |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- Was interpretation accurate?
- Was everything interpreted (comments, counting)

List missed meaning, items omitted/ and or added:

---

---

---

---

---

---

---

---

---

---

## Interpreter Evaluation Form

### Part IV: Qualities of Interpreter

---

- |                          |                          |   |
|--------------------------|--------------------------|---|
| Yes                      | No                       |   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did interpreter seem confident while interpreting?                              |
| <input type="checkbox"/> | <input type="checkbox"/> | Was interpreter audible when interpreting?                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Did interpreter speak clearly while interpreting?                               |
| <input type="checkbox"/> | <input type="checkbox"/> | Did the interpreter speak too fast?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did the interpreter speak too slow?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Did interpreter leave the room with the provider?                               |
| <input type="checkbox"/> | <input type="checkbox"/> | Did interpreter take action to avoid personal conversation with the individual? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did interpreter clarify when in doubt?  |

### Part V: Comments

---

In what areas does the Interpreter need to improve?

- |                                       |  |   |                                      |  |
|---------------------------------------|--|---|--------------------------------------|--|
| <input type="checkbox"/> Introduction | <input type="checkbox"/> Accuracy            | <input type="checkbox"/> Completeness     | <input type="checkbox"/> Fluency     | <input type="checkbox"/> Managing Flow |
| <input type="checkbox"/> Transparency | <input type="checkbox"/> Medical Terminology | <input type="checkbox"/> Self- Confidence | <input type="checkbox"/> Flexibility |  |

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Evaluator Name: \_\_\_\_\_ Date: \_\_\_\_\_

Evaluator Signature: \_\_\_\_\_

***How to use this form***

This form is best used by a interpreter peer or a bilingual colleague who has been tested for proficiency in the target language. It should be given to supervisors who then can share the results with the interpreter being evaluated. Some of the responses in this evaluation may be subjective so it will be important to discuss the encounter with the interpreter being evaluated. This discussion should be documented and attached to this form.