

Sign Language Interpreting Services Satisfaction Survey



Please complete information about your recent experience with our interpreter and then rate each category that applies. This information is being gathered to help us continually improve our quality of services. (Please complete one form per interpreter.)

Date of Service(s): _____

Your relationship to the assignment:

- Hearing consumer Deaf Consumer Requester of services

Type of setting:

- Medical/Healthcare Education K-12 Legal State /Government
 Business/Industrial Educational/College Mental Health Other _____

Interpreting situation:

- 1:1 Training Presentation Classroom Platform Small group Large group Other

Name of Source interpreter (if you know): _____

Did the interpreter arrive on time? Yes No

Was the interpreter able to answer questions about working with interpreters/Deaf individuals? Yes No

I would like to have this interpreter again, if available. Yes No

Rate your experience with this interpreter for each category:

	Excellent	Very Good	Good	Fair	Unsatisfactory
Interpreter was professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpreter was dressed appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpreter understood my signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpreter's signs were clear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpreter matched my communication preference (ASL, Oral, Sign support, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpreter showed patience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Did you find it easy to request interpreting services from Source? Yes No

Would you like to speak with a supervisor regarding your recent experience with Source Interpreting? Yes No

Please provide any comments regarding your experience with Source Interpreting Services:

Date: _____ E-mail: _____ Phone: _____ Voice TTY VP

Name: _____ Address: _____

Please send your completed survey form to:
 Source Interpreting, 139 North Main St., West Hartford, CT 06107
 Phone: 860-570-1829 / Fax: 860-570-2293 / E-mail: source@asd-1817.org