



**KIM TONG TRANSLATION SERVICE**  
**Interpreter Evaluation form (Clinic Staff)**

**Part A. (To be completed by Interpreter)**

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

Date of Service: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Name of Clinic or Hospital: \_\_\_\_\_

**Part B. (To be completed by Clinic Staff)**

Person completing survey: \_\_\_\_\_  
(Your name will be kept confidential)

Contact phone number: \_\_\_\_\_

- |   |           |          |
|---|-----------|----------|
| <input type="radio"/> Interpreter arrived on-time or early for appointment?               | Yes _____ | No _____ |
| <input type="radio"/> Interpreter introduced himself / herself?                           | Yes _____ | No _____ |
| <input type="radio"/> Interpreter was present for entire length of appointment?           | Yes _____ | No _____ |
| <input type="radio"/> Interpreter wore KTTS ID badge?                                     | Yes _____ | No _____ |
| <input type="radio"/> Interpreter behaved in a professional manner?                       | Yes _____ | No _____ |
| <input type="radio"/> Interpreter demonstrated courtesy and respect to patient and staff? | Yes _____ | No _____ |
| <input type="radio"/> Interpreter assisted patient with scheduling follow-up?             | Yes _____ | No _____ |
| <input type="radio"/> I would use this Interpreter again.                                 | Yes _____ | No _____ |

**Comments:**

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Please complete this form and fax it directly to 651-252-3214. This form should NOT be returned to the interpreter. Thank you for your cooperation.