

## Kim Tong Translation Service Interpreter Evaluation Form PROVIDER

Date of Service:  Patient Name:  Name of Clinic or Hospital:  Part B. (To be completed by Health Care Provider)  Person completing survey: (Your name will be kept confidential)  Contact phone number:  O Interpreter demonstrated courtesy and respect for patient(s), family and staff: Yes No  O Interpreted all communications. Did not summarize. Yes No  O Interpreter was comfortable with subject matter. Yes No  O Interpreter asked for clarification of medical information if needed. Yes No  O Interpreter was knowledgeable and understood subject matter. Yes No  O Interpreter wore KTTS ID Badge? Yes No	Part A. (To be completed by Interpreter)		
Patient Name:  Name of Clinic or Hospital:  Part B. (To be completed by Health Care Provider)  Person completing survey: (Your name will be kept confidential)  Contact phone number:  O Interpreter demonstrated courtesy and respect for patient(s), family and staff: Yes No  O Interpreted all communications. Did not summarize. Yes No  O Interpreter was comfortable with subject matter. Yes No  O Interpreter asked for clarification of medical information if needed. Yes No  O Interpreter was knowledgeable and understood subject matter. Yes No  O Interpreter wore KTTS ID Badge? Yes No	Interpreter Name:		
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Comments:	O I would use this Interpreter again.	Yes	No
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