



Kim Tong Translation Service Interpreter Evaluation Form **PROVIDER**

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 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 Interpreter demonstrated regard for patient privacy and confidentiality: 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 _____
- O I would use this Interpreter again. Yes _____ No _____

Comments:
