



FOR OFFICE USE ONLY

Date/Time of Received by ISO:
Initial:

Interpreter Performance Assessment

USDA Interpreting Service Office, Room 0030
 1400 Independence Ave., SW, Washington, DC 20250
 E-mail: Interpreting.Services@usda.gov Fax: 202-720-8098

FILL IN HERE

Deaf Employee: _____ Agency: _____

Sign Preference: ASL ASL/PSE PSE English Other: _____

Date of Assignment: Monday Tuesday Wednesday Thursday Friday Month: Day: Year: _____

Time Assignment Begins: Time Assignment Ends: Deaf Employee Gave A Presentaton: **Yes** or **No**

Type of Meeting or Training: _____

Name of the Interpreter: _____

On a scale of 1 to 5, please rank the Interpreter's performance

	Poor		Average		Excellent
Receptive/Voice Translation:	1	2	3	4	5
Technical Expression:	1	2	3	4	5
Professionalism (attitudes/behavior/appropriately dressed):	1	2	3	4	5
Timeliness (arrive on time/early/late):	1	2	3	4	5

If you circled 1-2 for any of the above, please do explain why.

I would like to work with this interpreter again. Yes or No

FAX the copy at this number: 202-720-8098

Thank you!

USDA Interpreting Services Office