

**Consumer Feedback Form  
NIH Sign Language Interpreting Services  
Worksite Enrichment Programs Branch, DSS, ORS, NIH**

<b>I. Consumer Information</b>	
Your name: (Optional)	IC:
Interpreter(s) Name:	Event Date & Location:

<b>II. Type of Environment (Please Circle One)</b>			
Meeting	Lecture	Conference	Training
One-on-One	Small Group	Large Group	Social Luncheon

<b>III. Please rate the interpreter on the following:</b>		
Did the interpreter dress appropriately?	Yes	No
Did the interpreter arrive 15 minutes prior to start of event?	Yes	No
Did the interpreter talk with you about the job beforehand?	Yes	No
Did the interpreter stand or sit in the best place for you?	Yes	No
Did the interpreter use the appropriate language and/or mode of communication for you?	Yes	No

<b>IV. Please rate the interpreter on the following: 1 = Excellent 2 = Very Good 3 = Average 4 = Below Average 5 = Poor</b>						
1. Sign Interpreting (For Deaf/Hard-of-Hearing Consumers)	1	2	3	4	5	NA
A. Fingerspelling	1	2	3	4	5	NA
B. Facial Expression/Grammar	1	2	3	4	5	NA
C. Reading of Sign Language	1	2	3	4	5	NA
2. Voice Interpreting (For Hearing Consumers)	1	2	3	4	5	NA
A. Interpreter's English grammar was accurate	1	2	3	4	5	NA
B. Interpreted content/information was accurate	1	2	3	4	5	NA
3. Communicating through the interpreter was comfortable and effortless.	1	2	3	4	5	NA
4. Professional manner	1	2	3	4	5	NA
5. Smoothness of communication flow	1	2	3	4	5	NA
6. Smoothness of transition from one interpreter to another	1	2	3	4	5	NA

If you have any comments, please use the back of this page. Please return to the office below:

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