



Nova Scotia Interpreting Services  
5687 West Street, Suite 260  
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www.interpretingservices.ca

## EVALUATION FORM

*Please help us to improve our interpretation service by completing this form and faxing it to us at: **425-3595***

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

Language: \_\_\_\_\_ Encounter Date: \_\_\_\_\_

### Did the interpreter:

- |  |     |    |
|--|-----|----|
| 1. Introduce him/herself to both parties?                            | YES | NO |
| 2. Respectful to the Client & Service Provider?                      | YES | NO |
| 3. Speak in the "first person" (not "he" says, "she" says)           | YES | NO |
| 4. Convey the message(s) accurately<br>& use the correct terminology | YES | NO |
| 5. Refrain from expressing his/her own personal views/opinion        | YES | NO |

### OVERALL PERFORMANCE:

GOOD

FAIR

POOR

Would you like to expand or add any further comments about this or other issues?

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Name of the Evaluator: \_\_\_\_\_

Organization: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date: \_\_\_\_\_