Interpreter Evaluation Form

Interpreter Name: _________________________________  Language: ______________

Part I: Introduction

**Introduction to Individual:**
- [ ] Gives name
- [ ] Discussed confidentiality
- [ ] Gave complete Introduction
- [ ] Managed flow- (gestures and short sentences).
- [ ] Prompts individual to ask questions
- [ ] Re-directed pt. to speak directly to provider

**Introduction to Provider:**
- [ ] Gives name
- [ ] Identified the target language
- [ ] Gave complete introduction
- [ ] Explained how to manage the flow of communication (gestures, short sentences)
- [ ] Directed provider to speak directly to individual

Part II: Interpretation

Never  Occasionally  Usually  Always
- [ ]  [ ]  [ ]  [ ]  Was first person used?
- [ ]  [ ]  [ ]  [ ]  Was Interpreter successful at managing communication flow?
- [ ]  [ ]  [ ]  [ ]  If clarification was necessary, was Interpreter transparent?
- [ ]  [ ]  [ ]  [ ]  Did Interpreter fail to clarify?
- [ ]  [ ]  [ ]  [ ]  Did Interpreter summarize?

Part III: Completeness and Accuracy

Never  Occasionally  Usually  Always
- [ ]  [ ]  [ ]  [ ]  Was interpretation accurate?
- [ ]  [ ]  [ ]  [ ]  Was everything interpreted (comments, counting)

List missed meaning, items omitted/ and or added:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

This form was adapted from forms developed by the Department of Patient Relations and Interpreter Services at Loyola University Health System
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Part IV: Qualities of Interpreter

Yes ☐ No ☐ Did interpreter seem confident while interpreting?

☐ ☐ Was interpreter audible when interpreting?

☐ ☐ Did interpreter speak clearly while interpreting?

☐ ☐ Did the interpreter speak too fast?

☐ ☐ Did the interpreter speak too slow?

☐ ☐ Did interpreter leave the room with the provider?

☐ ☐ Did interpreter take action to avoid personal conversation with the individual?

☐ ☐ Did interpreter clarify when in doubt?

Part V: Comments

In what areas does the Interpreter need to improve?

☐ Introduction  ☐ Accuracy  ☐ Completeness  ☐ Fluency  ☐ Managing Flow

☐ Transparency  ☐ Medical Terminology  ☐ Self- Confidence  ☐ Flexibility

Notes: ____________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Evaluator Name: ___________________________ Date: _________________

Evaluator Signature: ___________________________

How to use this form

This form is best used by an interpreter peer or a bilingual colleague who has been tested for proficiency in the target language. It should be given to supervisors who then can share the results with the interpreter being evaluated. Some of the responses in this evaluation may be subjective so it will be important to discuss the encounter with the interpreter being evaluated. This discussion should be documented and attached to this form.

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