

De Anza College Deaf Services Evaluation of Interpreting Services

Please complete the following evaluation. Student responses assist Deaf Services in continuing to provide high-quality interpreting services. All information is confidential.

Quarter: _____

Class: _____

Interpreter: _____

Circle the appropriate rating for each of the following:

| | | Poor | Fair | Good | Excellent |
|-----|---|------|------|------|-----------|
| 1. | The interpreter signs clearly. | 1 | 2 | 3 | 4 |
| 2. | The interpreter signs accurately. | 1 | 2 | 3 | 4 |
| 3. | The interpreter uses the correct sign vocabulary for this class. | 1 | 2 | 3 | 4 |
| 4. | The interpreter's fingerspelling is easy to read. | 1 | 2 | 3 | 4 |
| 5. | The interpreter's facial expressions reflect the speaker's intended message / tone. | 1 | 2 | 3 | 4 |
| 6. | The interpreter uses appropriate lip movement. | 1 | 2 | 3 | 4 |
| 7. | The interpreter accommodates student's signing preference. | 1 | 2 | 3 | 4 |
| 8. | I am comfortable having this interpreter voice for me. | 1 | 2 | 3 | 4 |
| 9. | The interpreter maintains appropriate eye contact with the student. | 1 | 2 | 3 | 4 |
| 10. | The interpreter is punctual for assignments. | 1 | 2 | 3 | 4 |
| 11. | The interpreter dresses appropriately and professionally. | 1 | 2 | 3 | 4 |
| 12. | The interpreter's behavior / conduct is professional. | 1 | 2 | 3 | 4 |

13. What interpreting skill would you like to see the interpreter improve? _____

14. What strengths does the interpreter demonstrate? _____

15. Additional comments: _____
