



DIRECT ACCESS INTERPRETING SERVICES, Inc.
"For Quality Interpreting and Translation Services"

Feedback Form

APPOINTMENT INFORMATION

DATE: _____ **TIME:** _____

COMPANY: _____ **DEPT:** _____

LANGUAGE: Spanish _____ Russian _____ Somali _____ Hmong _____ Vietnamese _____ Other _____

SITE: _____ **DEPARTMENT:** _____

CLIENT NAME: _____ **FILE #:** _____

INTERPRETER REVIEW:

INTERPRETER NAME (If known): _____

DID THE INTERPRETER SHOW FOR THE APPOINTMENT? YES _____ **NO** _____

ARRIVE ON TIME? YES _____ **NO** _____
If late, were you notified? **NO** _____ **YES** _____, by _____

WEARING A BADGE? YES _____ **NO** _____

HAVE A PROFESSIONAL APPEARANCE? YES _____ **NO** _____

INTRODUCTION: Did the interpreter introduce self to both client and provider? **YES** _____ **NO** _____

COMMUNICATION: Did the interpreter make the client/provider communication go smoothly?
YES _____ **NO** _____

OVERALL: Was interpreter performance: Excellent _____ Good _____ Average _____ Poor _____

WOULD YOU LIKE THIS INTERPRETER TO RETURN? YES _____ **NO** _____

COMMENTS: _____

COMPLETED BY: _____ **DATE:** _____
(PLEASE PRINT)

TELEPHONE NUMBER: _____

RETURN TO: DIRECT ACCESS INTERPRETING SERVICES, INC. FAX: 651-644-5171

Confidentiality Notice: This is confidential information. If you are not the intended recipient, we hereby notify you that any disclosure, copying, distribution or taking any action in reliance to the content of this information is absolutely prohibited. Should you receive this fax in error please notify DAISI as soon as possible. Any cost incurred in returning such document will be reimbursed fully by DAISI.