



**24 HOUR**

**Sign Language Services, Inc.**

# Interpreter/Signer Evaluation

Individual's Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Please answer the following questions using the number system below.

1 – Poor      2 – Fair      3 – Good      4 - Very Good      5 – Excellent

- |   |            |            |   |    |                 |
|---|------------|------------|---|----|-----------------|
| 1. Respect                              | 1          | 2          | 3 | 4  | 5               |
| 2. Friendly/Attitude                    | 1          | 2          | 3 | 4  | 5               |
| 3. Professional                         | 1          | 2          | 3 | 4  | 5               |
| 4. On Time                              | 1          | 2          | 3 | 4  | 5               |
| 5. Knowledgeable                        | 1          | 2          | 3 | 4  | 5               |
| 6. Knows Deaf culture                   | 1          | 2          | 3 | 4  | 5               |
| 7. Signs clear                          | 1          | 2          | 3 | 4  | 5               |
| 8. 100% satisfaction                    | 1          | 2          | 3 | 4  | 5               |
| 9. Want to work with individual again?  |            | YES        |   | NO |                 |
| 10. Love this individual? Tell friends? |            | YES        |   | NO |                 |
| 11. Don't like this individual why?     |            |            |   |    |                 |
| 12. This individual my (circle one)     | 1st choice | 2nd choice |   |    | DONT SEND AGAIN |

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Please send completed evaluation to one of the following:

Email [24hrsls@24hrsls.com](mailto:24hrsls@24hrsls.com)

Fax: 888-758-6582

Give back to individual