

## INTERPRETER EVALUATION FORM

Please tell us your opinion regarding the American Sign Language interpreting services provided to you at the Cleveland Clinic by completing this form and returning to:

**Mail:** Hannah Rahwangi, Cleveland Clinic 9500 Euclid Ave., KK30, Cleveland, OH 44195

**Fax:** (216) 444-0266

**Email:** [TellGPS@ccf.org](mailto:TellGPS@ccf.org)

**Name (patient):**

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**Interpreter name:**

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**Appointment date and time:**

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**Which service was provided today?**

- Live interpreter
- Video-remote interpreter

**Did the interpreter arrive on time?**

- Yes
- No

**Did the interpreter sign clearly, were you able to understand everything?**

- Yes
- No

**Did the interpreter stay for the full appointment?**

- Yes
- No

**Did the interpreter understand you?**

- Yes
- No

**Would you use this interpreter again?**

- Yes
- No

**Please share any comments, opinions, or concerns about your experience with interpreting services, including Video Remote Interpreting (VRI) at the Cleveland Clinic:**

For any concerns with interpreting services, please contact the Cleveland Clinic's Ombudsman Office by phone at (216) 444-2544, or by email at [ombudsman@ccf.org](mailto:ombudsman@ccf.org)