

Oregon Deaf & Hard of Hearing Services Agency Effective Communication Evaluation

	Very Satisfactory	Satisfactory	Not Satisfactory	Poor
Coordination/ Arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpreter/ Captioner Skill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpreter stayed in role	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Who Interpreted: _____

Date of Service: _____

Comments:

Would you like us to contact you as a follow up?

Name _____ **Phone** _____

.....
Please email form to info.ODHHS;

OR

Please print, complete and return by mail or fax to:

**ODHHS
676 Church Street NE
Salem, OR 97301**

FAX: 503-373-7615