

## **Departmental Instruction 209 (RTS) 95**

### **Ensuring Access to Language and Communications Supports**

#### **209 – 1 Background**

Utilizing effective communication practices is critical for determining appropriate diagnosis, treatment, and delivery of services in the behavioral health and developmental services system. Multiple studies illustrate the direct connection between quality of care, positive outcomes, customer satisfaction, and the provision of effective language services for individuals with communication or language needs.

State hospitals and training centers operated by the Department of Behavioral Health and Developmental Services (the Department) shall ensure meaningful access for all individuals receiving their services and for individuals' authorized representatives who help them to make informed decisions. This policy ensures compliance with the §51.5-40 of the Code of Virginia, Title VI of the Civil Rights Act of 1964, the Americans with Disabilities Act (ADA) of 1990, The Joint Commission (TJC) Standards, and federal and state regulations.

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#### **209 - 2 Purpose**

This Instruction establishes guidelines for providing effective language access services for individuals receiving services in state hospitals or training centers and their authorized representatives. The Instruction provides guidance related to three distinct categories of stakeholders using and seeking services:

- individuals who have limited English proficiency (LEP);
  - persons who are deaf, hard of hearing, late deafened, or deaf-blind; and
  - individuals who have other types of communication or language needs.
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#### **209 - 3 Definitions**

The following definitions will apply to this Instruction:

<b>Assistive listening device (ALD)</b>	This means devices used to improve hearing ability for people in a variety of situations. These devices are commonly used to aid persons who are hard of hearing by amplification and better sound to noise ratio (SNR). They may be used to help people hear televisions and other audio devices or to hear speech through public address (PA) systems.
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<b>Court certified interpreter</b>	This means a person who is certified by the Judicial Council of Virginia to perform foreign language interpretation in court proceedings in the Commonwealth.
<b>Deaf</b>	This term is typically used to describe people with a severe to profound hearing loss of such severity that the person must depend primarily upon visual communication such as sign language, speech reading, writing, or gestures. Many persons with a severe to profound hearing loss may still have residual hearing but it is not useable for speech discrimination purposes.
<b>Deaf-blind</b>	This refers to people with both vision and hearing loss. Because very few people who are deaf-blind have complete loss of vision and of hearing, their needs vary significantly depending on etiology, age of onset, degree of vision and hearing loss, communication preference, educational background, and life experience. Communication preferences will depend greatly on which sense they lose first. People who lose their hearing first will most likely communicate using tactile sign or close vision sign and will require the use of an interpreter. People who lose their vision first will most likely use assistive listening devices or devices that provide Braille assistance.
<b>Foreign language interpretation</b>	This means the transmission of oral communication from a source language to a language of service.
<b>Hard of hearing</b>	This refers to a loss of hearing that results in a functional loss but not to the extent that the person must depend primarily upon visual communication. A person with a mild hearing loss who normally communicates by lip-reading may find benefit from using a hearing aid or assistive listening device, and may or may not have a Cochlear Implant.
<b>Language access plan</b>	This refers to a management document that outlines how the agency defines tasks, sets deadlines and priorities, assigns responsibility, and allocates the resources necessary to come into or maintain compliance with language access requirements. The plan describes how the agency will meet the service delivery standards in the policy directives, including the manner by which it will address the language service and resource needs.

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<b>Language of service</b>	This means the foreign language spoken by the individual who has limited English proficiency. This also would refer to American Sign Language (ASL).
<b>Late Deafened</b>	This refers to adults who were not born deaf, but became deaf after they have developed language skills. The person cannot understand speech without visual cues, and thus cannot rely on hearing as a means of receptive communication. Instead, the person must depend primarily on some visual mode of receptive communication such as lip reading, sign language, or text reading.
<b>Limited English Proficiency (LEP)</b>	This refers to the limited ability of a person to communicate effectively in English. People with LEP may have difficulty speaking or reading English because their primary language is not English and they have not developed fluency in the English language.
<b>Meaningful access</b>	<p>This term is defined by the U.S. Health and Human Services, Office of Civil Rights as the ability to use services and benefits comparable to those enjoyed by members of the mainstream cultures. Meaningful access is achieved by eliminating communication barriers and ensuring that the individual can communicate effectively. An organization must ensure that a person with LEP:</p> <ul style="list-style-type: none"><li>• is given adequate information;</li><li>• is able to understand the services and benefits available;</li><li>• is able to receive services for which he or she is eligible; and</li><li>• can effectively communicate the relevant circumstances of his or her situation to the service provider and receives language assistance at no cost.</li></ul>
<b>No or low health literacy</b>	This term is defined by the U.S. Institute of Medicine as the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions. Health literacy requires a complex group of reading, listening, analytical, and decision-making skills, and the ability to apply these skills to health situations. For example, it includes the ability to understand instructions on prescription drug bottles, appointment slips, medical education brochures, doctor's directions and consent forms, and the ability to negotiate complex health care systems.
<b>Preferred language</b>	This means the primary, self-selected written and spoken language that a person wishes to use to communicate with his health care provider.

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<b>Provider</b>	This means any state hospital or training center workforce member who provides medical or ancillary care to individuals.
<b>Qualified Foreign Language Interpreter</b>	This refers to a person who has completed a recognized interpreter training course AND has been tested for language proficiency in both English and in at least one additional language. This person transmits oral communication from a source language to a target language for individuals with LEP.
<b>Qualified Foreign Language Translator</b>	This refers to a person with training in the practice of translation and full knowledge of vocabulary, sentence structure, of meaning and inference, of intonation, and of slang and colloquialisms for two or more foreign languages. These persons typically have at least three of the following qualifications: <ul style="list-style-type: none"><li>• a degree in a second language;</li><li>• successful completion of a training program in the translation process;</li><li>• a number of years' experience undertaking remunerated translation work; and</li><li>• membership of a professional translation institute.</li></ul>
<b>Qualified Sign Language Interpreter</b>	This refers to either a sign language interpreter certified by the National Registry of Interpreters for the Deaf (RID) or a sign language interpreter qualified by the Virginia Department for the Deaf and Hard of Hearing.
<b>Regional Coordinators</b>	This refers to licensed professionals who are knowledgeable of the cultural and linguistic needs of people who are deaf, hard of hearing, late deafened, or deaf-blind and can provide prescreening, emergency services, counseling, case consultation, information and referral, and other services within the CSB system.
<b>Telephonic foreign language interpreter</b>	This refers to interpretation that occurs over the telephone using a facility or central office vendor.
<b>Translation</b>	This means the conversion of written communication from one language to another language that has a meaning equivalent to that of the original language.

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**Video phone interpreting** This means interpretation using a “functionally equivalent communication” tool that allows people with hearing loss to talk in sign language directly with a provider (visually) through an interpreter via a video relay service.

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**Virginia Relay (VR)** This refers to the federally-mandated telecommunications relay service in Virginia that allows people who are deaf, hard of hearing, or deaf-blind, or who have speech disabilities to use specialized telecommunication devices or features to communicate with standard telephone users. There is no cost associated with the service with the exception of long-distance charges.

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## 209 - 4 Responsible Authority

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**Central Office** The **Commissioner** is responsible for the establishment of systemwide policy that supports language access planning in compliance with Title VI of the Civil Rights Act of 1964 and the Americans with Disabilities.

The **Human Resources Development and Management Director** is responsible for interpreting and determining compliance with this Instruction.

The **Director of Cultural and Linguistic Competency (OCLC)** shall:

- Review facility language access plans annually to provide consultation, assure compliance, and support corrective action;
  - Support the translation of uniform documents used across the facilities;
  - Assess state facility signage for translation;
  - Provide consultation, training, and technical assistance to central office and state facility staff on the resolution of issues experienced by individuals who have communication or language needs and the integration of treatment approaches, community resources, and available technology that enhance access and service delivery options; and
  - Maintain an ongoing partnership for consultation and technical assistance with the State Coordinator for Services for Persons who are Deaf, Hard of Hearing, Late Deafened or DeafBlind (State Coordinator)
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**State Coordinator** The **State Coordinator for Services for Persons Who Are Deaf, Hard of Hearing, Late Deafened, or DeafBlind** shall:

- Review annually, the availability and utilization of appropriate assistive technology equipment;
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**State  
Coordinator**  
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- Create ongoing linkages with the OCLC and state facility directors;
- Provide information about statewide resources and training opportunities to providers across Virginia;
- Identify and publicize community resources;
- Provide consultation for assessments, ongoing evaluation, or treatment team meetings;
- Provide training for workforce members to increase awareness and skills related to working with individuals who are deaf, hard of hearing, late deafened, or deaf-blind (for clarity and brevity, future references will be to “individuals with hearing loss”); and
- Provide consultations related to communication access.

**State  
Facilities**

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The **State Facility Director** is responsible for:

- Ensuring the development, promulgation, evaluation, and revision of a facility language access plan that outlines internal policies and procedures for serving individuals admitted to the facility that have barriers to communication;
- Informing facility employees of the rights given to individuals receiving services with hearing loss, LEP or other communication or language need;
- Ensuring that the facility has budgeted sufficient funds to meet the communication and language needs of individuals receiving services with hearing loss, LEP, or other communication or language need;
- Ensuring that processes are in place to address the complex variables associated with serving persons with hearing loss and providing access to video phone interpreting and VR, as needed;
- Ensuring that facility workforce members who are or will be utilized as foreign language interpreters have received appropriate training on foreign language interpreting practices and have been tested for their proficiency in both English and the language of service;
- Ensuring that the facility has the appropriate technology necessary and facility staff have been trained to utilize this technology facilitate effective communication with the populations identified in this Instruction;
- Establishing a collaborative relationship with the State Coordinator and regional coordinators (see Attachment A); and
- Ensuring that facility workforce members who are responsible for the treatment and care of individuals who have communication or language needs implement the procedures described in this Instruction.

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The **Facility Training and Development Manager** is responsible for ensuring that all workforce members are provided ongoing opportunities to learn clinical aspects of treating individuals with communication barriers, how communication barriers affect service delivery, language access services, working effectively with qualified interpreters, and other topics related to the populations served by the facility.

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## 209 - 5 Specific Guidance

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### Policy

All state facilities shall make reasonable accommodations to appropriately serve individuals with hearing loss, LEP, or other communication or language need and shall resolve administrative barriers experienced by those individuals through interagency service planning.

Each state facility shall develop and implement a facility wide language access plan that outlines internal policies and procedures to ensure meaningful access in all services and work-related activities is available to individuals with hearing loss, LEP, or other communication or language needs. This plan shall incorporate the following requirements:

- Facilities shall use specialized providers, qualified interpreters, or appropriate technology to assess individuals' presenting issues;
- If the individual understands spoken or written English, the facility shall use an appropriate technology to facilitate communication; and
- If the individual does not understand spoken or written English, the facility shall secure a qualified interpreter.

All facilities shall ensure workforce members are aware of these requirements.

Assessments, treatment, and other services and supports provided to individuals with hearing loss, LEP, or other communication or language need shall be provided by using either specialized providers who have appropriate knowledge and communication skills to communicate directly with such individuals or by using qualified interpreters to facilitate communication.

Facilities shall establish protocols for providing effective and accessible treatment to individuals who are deaf, hard of hearing, late deafened, or deaf-blind and shall use only qualified interpreters for any communications with individuals they serve. Where access to specialized resources is limited, facilities shall use video or telephonic interpreting services or telemedicine technologies to provide communication access. Assistive technology, including ALDs, shall be made available to individuals who are in need of such supports at all times.

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<b>Right to a qualified interpreter</b>	<p>Each individual who is assessed to have LEP, a hearing loss, or a communication or language need or his authorized representative shall be advised of his right to a qualified interpreter or sign language interpreter at no cost to the individual or family.</p> <p>If, after being advised of this right, the individual or his authorized representative chooses to waive the offer of language or sign language assistance, the facility provider shall document this waiver in the individual's medical record. The individual or his authorized representative may renounce the waiver at any time and any requested assistance shall be provided.</p>
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## 209 - 6 Procedures

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<b>Assessment of communication needs</b>	<p>Facility providers shall ask all individuals who are seeking admission to a state facility or their authorized representative if the individual has a preferred language or any language or communication needs.</p> <p>During the admission process, the facility shall assess the individual's <b>expressive and receptive</b> language or communication needs <b>in both individual and group</b> settings. As part of this initial assessment, the facility shall determine if the individual has a communication or language need that will affect his ability to receive meaningful access to services. This determination shall be noted in the electronic health record and any other location where it may be clinically significant.</p> <p>When an individual has been identified as having a communication or language need, the facility admissions department or interdisciplinary treatment team leader shall assess the individual's preferred language and needed communication methods within 24 hours of admission. The individual is the best and preferred source for this information with possible input from family members or specialized providers, or both.</p> <p>Because written English may not be the individual's primary, writing back and forth when performing assessments shall not substitute for services of a specialized provider, a qualified interpreter, or use of appropriate technology.</p> <p>Within 48 hours of admission, the facility's admissions department or the treatment team leader shall contact a specialized provider or qualified interpreter, or both, to facilitate effective communication or participate on the individual's treatment team.</p>
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**Assessment of communication needs** For individuals who require forensic evaluations, facilities shall ensure that providers experienced in working with individuals with hearing loss, LEP, or other communication or language need shall be utilized for evaluation or treatment.  
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Only certified interpreters who are approved by the Supreme Court of Virginia shall be used for forensic evaluations. In the event that there are not court certified interpreters in the target language, only qualified interpreters shall be used.

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**Preferred language** Facility providers shall enter the preferred language (including sign language) in the Department's electronic health record and registration system of individuals who are identified as having LEP or another communication need.

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**Qualified video and telephonic interpreters** When an on-site qualified interpreter is not reasonably available or necessary for a particular encounter, a video or telephonic interpreter may be used. Facility and central office staff shall be responsible for ensuring that equipment to facilitate such communication is available and functional and for ensuring that staff is knowledgeable on how to access such services when necessary.

Numbers and information on how to access these services shall be publicized within the facility or on the central office intranet (CODIE).

Equipment and protocols related to this service shall be inspected and reviewed annually to assure full operation.

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**Interpretation by bilingual employees** Bilingual employees shall perform foreign or language or sign language interpretive services **only** if they documented proficiency in English and the language of services and have completed a qualified bilingual staff training program and have the necessary certification on file.

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**Documentation of qualified interpreter service** The use of foreign language or sign language assistance shall be documented in the individual's record. This includes the name of the qualified interpreter and the nature of the communication provided. Bilingual employees serving as the qualified interpreter shall note the same information in the record.

Providers using video or telephonic interpreter services shall enter the qualified interpreter's identification number, the language used, and the nature of the interpretation in the individual's record.

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**Translation of documents** Facilities must offer and provide translated vital documents at no cost to each individual with limited English proficiency that are translated by a qualified foreign language translator and/or placed into Braille format for persons who are blind or deaf-blind and read Braille. This includes the following:

- Any document intended to provide information or education to the individual;
- Assessment forms signed by the individual;
- Medical record forms;
- Consent forms;
- Discharge instructions; and
- Pertinent facility signage.

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**Television captioning** Facilities provide television captioning capability for persons who are deaf, hard of hearing, late deafened or deaf-blind of *any age* who can benefit from this service.

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## **209 - 7 Staff Training and Resources Available to Facilities**

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**Training resource materials** Each facility training and development manager shall plan for the provision of training that aligns with the facility's language access plan and incorporates the following requirements:

- All new staff receives a course on cultural and linguistic competence that is two hours minimum; and
- All staff that interacts with individuals who have communication barriers to have a minimum of one hour a year of training or experiential learning related to cultural and linguistic competence.

Each facility shall provide on-going opportunity for staff to learn about culturally competent care, cultural awareness, and specific issues related to the needs of individuals receiving services with hearing loss, LEP, or other communication or language need.

The OCLC and the State Coordinator shall work with the facility training managers to respond to specific training requests, identify needed materials, and develop a continuing education training module specifically to address services to the population with communication needs.

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**Training resources**      The OCLC and the State Coordinator shall make training and other materials available to all facility training and development managers.

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## 209 - 8    References

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- Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons (Federal Register / Vol. 68, No. 153 / Friday, August 8, 2003) document provided by the Office of Civil Rights of the Department of Health and Human Services, referring to Title VI of the Civil Rights Act of 1964
- The Joint Commission (2010) Advancing effective communication, cultural competence, and patient-and family-centered care: a roadmap for hospitals <http://www.jointcommission.org/assets/1/6/ARoadmapforHospitalsfinalversion727.pdf>
- National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care: A Blueprint for Advancing and Sustaining CLAS Policy and Practice. US DHHS - Office of Minority Health
- Presidential Executive Order 13166, "Improving Access to Services for Persons with Limited English Proficiency," August 11, 2010
- Section 504 of the Rehabilitation Act of 1973
- The Virginians with Disabilities Act of 1985
- The Americans with Disabilities Act (ADA) (1990)
- State Board Policy 1025(SYS) 89-3 Services Accessibility for Persons with Physical or Sensory Disabilities
- State Board Policy 1023 (SYS) 89-01 Workforce and Service Delivery Cultural Competency



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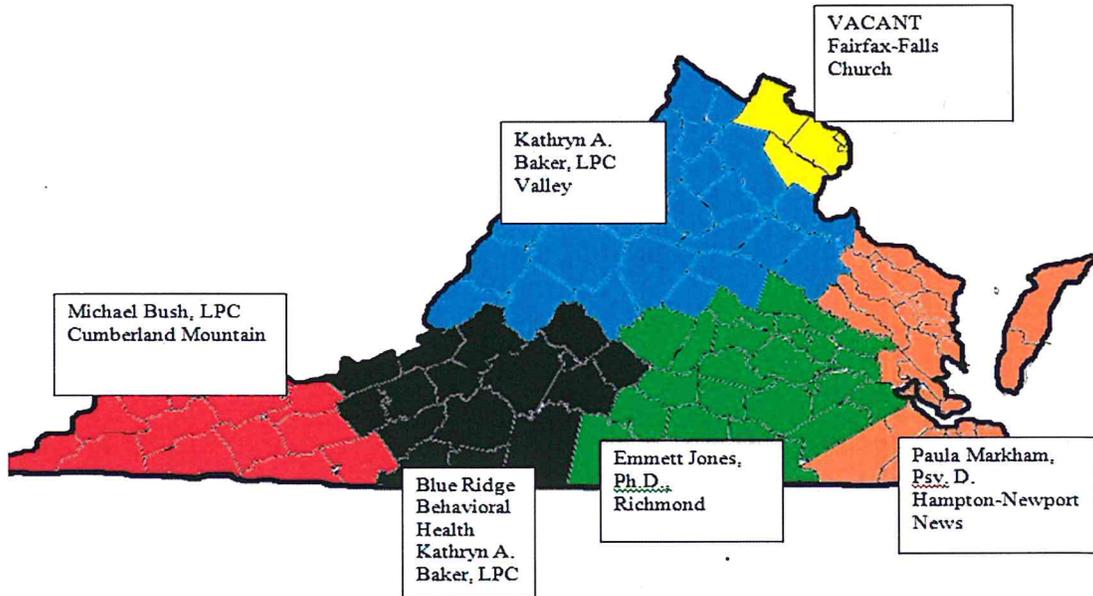
Debra Ferguson, Ph.D.  
Commissioner

Effective Date: May 30, 2014

Attachments

**Attachment A**

**Coordinator Contacts for Persons Who Are Deaf, Hard of Hearing, Late Deafened or DeafBlind  
March 2014**



<p>Kathryn A. Baker, LPC, State Coordinator Valley CSB 85 Sanger's Lane Staunton, VA 24401 Voice: 540-213.7527 V VP: 540.416.0115 FAX: 540-887-3295 <a href="mailto:kbaker@racsb.state.va.us">kbaker@racsb.state.va.us</a></p>	<p>Emmett Jones, Ph. D., Regional Coordinator Deaf &amp; Hard of Hearing Community Counseling Services 1503 Santa Rosa Drive Richmond, VA 23229 Voice: 804-762-9671 TTY: 804-346-3043 FAX: 804-270-3876 <a href="mailto:dreljones@aol.com">dreljones@aol.com</a></p>
<p>Michael Bush, LPC, Regional Coordinator, Cumberland Mountain CSB PO Box 486 Lebanon, VA 24266 Voice: 276-889-3785 TTY: 800-347-4939 FAX: 276-889-2842 <a href="mailto:mbush@cmcsb.com">mbush@cmcsb.com</a></p>	<p>Paula Markham, Psy. D., Regional Coordinator Hampton-Newport News CSB 200 Medical Drive, Suite B Hampton, Virginia 23666 Voice: 757-788-0261 TTY: 757-245-3089 FAX: 757-245-5015 <a href="mailto:pmarkham@hnnscsb.org">pmarkham@hnnscsb.org</a></p>
<p>VACANT - Contact Cynthia Koshatka 14150 ParkEast Circle, Suite 275 Chantilly, VA 20151 Phone:(703) 968-4018 FAX: (703) 968-4020 TTY: 703 968-4050 <a href="mailto:Cynthia.Koshatka@fairfaxcounty.gov">Cynthia.Koshatka@fairfaxcounty.gov</a></p>	<p>VACANT - Contact Kathryn A. Baker, LPC Blue Ridge Behavioral Healthcare 611 McDowell Avenue N.W. Roanoke, VA 24016 <a href="mailto:kbaker@racsb.state.va.us">kbaker@racsb.state.va.us</a> Voice: 540-213.7527 V VP: 540.416.0115 FAX: 540-887.3292</p>

## **Attachment B**

### **Quick Guide to Working Effectively with Foreign Language Interpreters**

#### **Before the Encounter:**

- Make sure that you are working with a qualified foreign language interpreter who has been tested in language proficiency and training interpreting practices.
- Brief the interpreter on what to expect in the meeting, where necessary.
- Plan enough time – it may take longer than an English-only appointment.

#### **During the Encounter:**

- Expect and instruct the interpreter to enter and leave the room when you do, rather than staying alone with the individual.
- Remember that the interpreter is required to interpret everything said in the room – curse words, side conversations, and ‘irrelevant’ or repetitive comments included.
- Face the individual you are serving and talk to them directly, as if you both spoke the same language.
- Don’t speak too fast. Pause after each complete thought and/or when the interpreter signals to you to allow for the interpretation.
- Ask only one question at a time. Don’t ‘chain’ your questions. (So you know the yes or no is with the right question.
- Confirm understanding by asking the patient to repeat key information back to you.
- Be aware of the education level and/or health literacy of your patient in order to phrase your message at an appropriate level. Avoid using acronyms and idioms.
- You are communicating THROUGH the interpreter but TO the individual. Dealing with cultural differences and the personality of the individual is primarily your responsibility, not the interpreter’s.

#### **After the Encounter:**

- Debrief with the interpreter about the communication process. (Seeing if there was anything that impeded communication or that you would suggest be practiced the next time you meet with the individual).
- For regular quality assurance or if you have concerns about the competence of the interpreter, consider asking a colleague to observe the next encounter with that interpreter using the interpreter observation form in Attachment C.

**Attachment C**  
**DBHDS Foreign Language Interpretation Observation Evaluation Form**

**Interpreter Name:** \_\_\_\_\_ **Language:** \_\_\_\_\_

**Part I: Introduction**

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**Introduction to Individual:**

- Gives name
- Discussed confidentiality
- Gave complete Introduction
- Managed flow- (gestures and short sentences)
- Prompts individual to ask questions
- Re-directed pt. to speak directly to provider

**Introduction to Provider:**

- Gives name
- Identified the target language
- Gave complete introduction
- Explained how to manage the flow of communication (gestures, short sentences)
- Directed provider to speak directly to individual

**Part II: Interpretation**

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- | Never                    | Occasionally             | Usually                  | Always                   |  |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Was first person used?                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Was Interpreter successful at managing communication flow?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If clarification was necessary, was Interpreter transparent? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Did Interpreter fail to clarify some information?            |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Did Interpreter summarize the information?                   |

**Part III: Completeness and Accuracy**

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- | Never                    | Occasionally             | Usually                  | Always                   |   |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Was interpretation accurate?                    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Was everything interpreted (comments, counting) |

List missed meaning, items omitted/ and or added:

**Part IV: Qualities of Interpreter**

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- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Did interpreter seem confident while interpreting? |
| <input type="checkbox"/> | <input type="checkbox"/> | Was interpreter audible when interpreting?         |
| <input type="checkbox"/> | <input type="checkbox"/> | Did interpreter speak clearly while interpreting?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Did the interpreter speak too fast?                |
| <input type="checkbox"/> | <input type="checkbox"/> | Did the interpreter speak too slowly?              |

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Did interpreter leave the room with the provider?                               |
| <input type="checkbox"/> | <input type="checkbox"/> | Did interpreter take action to avoid personal conversation with the individual? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did interpreter clarify when in doubt?  |

**Part V: Comments**

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In what areas does the Interpreter need to improve?

- |                                       |  |  |                                      |  |
|---------------------------------------|--|--|--------------------------------------|--|
| <input type="checkbox"/> Introduction | <input type="checkbox"/> Accuracy            | <input type="checkbox"/> Completeness    | <input type="checkbox"/> Fluency     | <input type="checkbox"/> Managing Flow |
| <input type="checkbox"/> Transparency | <input type="checkbox"/> Medical Terminology | <input type="checkbox"/> Self-Confidence | <input type="checkbox"/> Flexibility |  |

Notes:

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Evaluator Name: \_\_\_\_\_ Date: \_\_\_\_\_

Evaluator Signature: \_\_\_\_\_

***How to use this form***

This form is best used by an interpreter peer or a bilingual colleague who has been tested for proficiency in the target language. It should be given to supervisors who then can share the results with the interpreter being evaluated. Some of the responses in this evaluation may be subjective so it will be important to discuss the encounter with the interpreter being evaluated. This discussion should be documented and attached to this form.