



Sign Language Communications NSW

is a division of the Deaf Society of NSW

Appointment date: ___/___/___ **Time:** _____am/pm **Job #**_____

Interpreter name (optional): _____

	Yes	Don't Know	No
It was easy to book an interpreter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I received confirmation of the booking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understood the interpreter's signing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The interpreter understood my signing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The interpreter arrived at the right time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The interpreter wore the right clothes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The interpreter had a good professional attitude and behavior?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The interpreter made it easy for me to talk to the hearing person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you ticked **No**, please say why: _____

Thank you for your feedback to improve the SLC NSW Interpreting Service

For more information: www.slcommunications.com.au