

VERMONT INTERPRETER REFERRAL SERVICE
EVALUATION FORM

Thank you for completing this survey. The information gathered will help us improve the quality of the service.

Name (optional) _____

Title _____

Type of Business _____

County _____

Date _____

• How many times have you used the Vermont Interpreter Referral Service? _____

• Can you estimate how much time you or your staff has spent looking for an interpreter before using the Service (per assignment)?

____ *less than 1 hr.* ____ *1 - 3 hrs.* ____ *3 - 5 hrs.* ____ *5 - 8 hrs.* ____ *several days*

• How did you hear about the Service?

____ *phone book* ____ *brochure* ____ *agency* ____ *friend/co-worker*
other, please state: _____

• Do you plan to use the service again if needed? Y / N

Please rate the following: *(please circle one)*

- | | | | | |
|---|------------------|-------------|-------------|-------------|
| 1. Overall quality of V.I.R.S. | <i>excellent</i> | <i>good</i> | <i>fair</i> | <i>poor</i> |
| 2. Staff quality/clarity of information | <i>excellent</i> | <i>good</i> | <i>fair</i> | <i>poor</i> |
| 3. Efficiency of V.I.R.S. | <i>excellent</i> | <i>good</i> | <i>fair</i> | <i>poor</i> |
| 4. Dependability of V.I.R.S. | <i>excellent</i> | <i>good</i> | <i>fair</i> | <i>poor</i> |

Comments:
