

INTERPRETER’S EVALUATION FORM**INTERPRETER’S NAME:** _____ **LANGUAGE:** _____**DATE OF MEETING:** ____/____/____ **SCHOOL:** _____Type of services provided: Parent Meeting/Conference _____
IEP Meeting _____
RTI Meeting _____
Disciplinary Meeting/ Hearing _____
Evaluation _____
Other (specify: _____) _____

Your input provides valuable information for our continued efforts to improve IWC services. You can return this Evaluation Form to The International Welcome Center – via Fax: 678-331-3964, via CCSD mail to IWC, or email: iwc@cobbk12.org Thank you for your assistance in helping us to provide you with the best service.

- Interpreter was punctual? YES NO
- Interpreter was courteous & professional? YES NO

Rate services provided:

1) OUTSTANDING 2) GOOD 3) SATISFACTORY 4) POOR 5) UNSATISFACTORY

Additional Comments: _____

Please comment below on what you LEAST LIKE about the process of requesting IWC Language Services:

_____**EVALUATOR’S FULL NAME:** _____**SIGNATURE:** _____