



## Interpretation Services – Satisfaction Survey

Please do not include personal information

The purpose of this survey is to ensure quality interpretative services are provided to our members accessing outpatient WRAP services.

Date: \_\_\_\_\_ Agency Name: \_\_\_\_\_ Interpreter Name: \_\_\_\_\_

1. What is your preferred or spoken language in your home?

2. Do you feel the interpreter helped you understand and encouraged your participation in the meeting?

**Yes      No**

3. Would you use the same interpreter again?

**Yes      No**

### Decline to participate

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please fax completed survey to the  
Behavioral Health Care Coordinator  
Jennie Kendeigh: 503-5.585.4989