

## STUDENT FEEDBACK FORM

Did you have services (interpreter/captioner) the first day of classes? \_\_\_YES \_\_\_NO

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Was the service provided the service you requested? \_\_\_\_\_YES \_\_\_\_\_NO

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Did you request services 4 weeks before the start of the semester? \_\_\_YES \_\_\_NO

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Did your interpreter/captioner show up on time? \_\_\_\_\_YES \_\_\_\_\_NO

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Did the interpreter use your sign choice for a word? \_\_\_\_\_YES \_\_\_\_\_NO

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Did you feel comfortable working with your interpreter or captioner?  
\_\_\_\_\_YES \_\_\_\_\_NO If no why not.

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Are there any interpreters/captioners you would like to work with again?

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Were the signs used by your interpreter clear? \_\_\_\_\_YES \_\_\_\_\_NO

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Any other comments you would like to make: