

**LANGUAGE COMPETENCY PROGRAM
UT-HARRIS COUNTY PSYCHIATRIC CENTER**

Interpreter Peer Observation Form

Interpreter: _____ Observer: _____

Staff member service provided for: _____ Unit assigned: _____

Date: _____ Start Time: _____ End Time: _____

1. Was the interpreter punctual?
2. Was the interpreter respectful of clients/family? _____ If no, provide details:

3. Was the interpreter respectful of staff?
4. Was the interpreter understood?
5. Was accurate information and intent conveyed to the patient/family?
6. Was accurate information and intent conveyed to the clinical staff?
7. Did the interpreter have any problems with medical terminology?
8. Was interpreter successful in reading documents to patients or staff? (May be N/A)
9. Did the interpreter maintain confidentiality?
10. Was the interpreter absent of personal opinions, advice or counseling?

Comments:

Interpreter signature

Evaluator signature