

PILOT TESTING  
SIMULTANEOUS INTERPRETATION EQUIPMENT  
TOOL FOR ASSESSING USE

1. County \_\_\_\_\_
2. Name of the educator \_\_\_\_\_
3. Program area \_\_\_\_\_
4. Title of the program \_\_\_\_\_
5. Brief description of the setting of the interpretation session \_\_\_\_\_
6. Number of Limited English Proficiency (LEP) people served with the equipment \_\_\_\_\_  
Number of English speakers served \_\_\_\_\_
7. Describe the audience and their education and language needs  
(First time clientele or established? Location? Literacy level? Other relevant information)  
\_\_\_\_\_
8. How much advance notice did you have? \_\_\_\_\_
9. Did you have challenges finding a qualified interpreter? \_\_\_\_\_  
Explain \_\_\_\_\_
10. Can you share an interpreter service resource in your geographic area that others might find helpful?  
\_\_\_\_\_
11. Your satisfaction level with using the simultaneous interpretation equipment?  
 Very Satisfactory       Satisfactory       Unsatisfactory  
Explain \_\_\_\_\_
12. Brief description of the ongoing need (identified through county needs assessment) for interpretation for this program.  
\_\_\_\_\_
13. Other information that will be helpful in understanding use of the equipment and the LEP audience.  
\_\_\_\_\_

Send this form as an e-mail attachment to [joann.hinz@ces.uwex.edu](mailto:joann.hinz@ces.uwex.edu)