Language Access Feedback Form

**To Participants**: Feel free to provide feedback on the language access services provided. Please answer the relevant prompts.

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| **My role**: Parent/guardian  School Personnel Interpreter | **Meeting type**: IEP Annual IEP initial  Disciplinary Parent-teacher conference Other |

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| Meeting Date: | Yes / ဟုတ္ | No / မဟုတ္ပါ |
| The interpreter was present at the start of the meeting  ေတြ႕ဆံုေဆြးေႏြးပြဲ စတင္ခ်ိန္၌ စကားျပန္သည္ ရွိေနခဲ့သည္ |  |  |
| The interpreter was present for the entire meeting  စကားျပန္သည္ ေတြ႕ဆံုေဆြးေႏြးပြဲ တစ္ေလွ်ာက္လံုး ရွိေနခဲ့သည္ |  |  |
| The interpreter introduced themselves to all participants and briefly explained their role  စကားျပန္သည္ ပါဝင္သူမ်ား အားလံုးထံသို႔ ၎တို႔ကိုယ္ကို မိတ္ဆက္ခဲ့ျပီး၊ ၎တို႔၏ အခန္းက႑အေၾကာင္း အက်ဥ္းခ်ဳပ္ ရွင္းလင္းေျပာျပခဲ့သည္ |  |  |
| The interpreter communicated that information from the meeting would remain confidential  ေတြ႕ဆံုေဆြးေႏြးပြဲမွ အခ်က္အလက္မ်ားအား ဆက္လက္၍ လွ်ိဳ႕ ၀ွက္ထိန္းသိမ္းရမည္ျဖစ္ေၾကာင္း စကားျပန္မွ အသိေပးေျပာၾကားခဲ့သည္ |  |  |

|  | Strongly Disagree / ခိုင္မာစြာ သေဘာမတူေပ | Disagree / သေဘာမတူေပ | Neutral/  Not Applicable / ၾကားေနျဖစ္သည္/  မသက္ဆိုင္ေပ | Agree / သေဘာတူသည္ | Strongly Agree / ခိုင္မာစြာ သေဘာတူသည္ |
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| I know how to request an interpreter when needed  လိုအပ္သည့္အခ်ိန္၌ စကားျပန္တစ္ဦးအား မည္သို႔ ေတာင္းဆိုႏိုင္မည္ျဖစ္ေၾကာင္း ကြ်ႏ္ုပ္ သိရွိပါသည္ |  |  |  |  |  |
| It is easy to request an interpreter when needed  လိုအပ္သည့္အခ်ိန္၌ စကားျပန္တစ္ဦးအား အလြယ္တကူ ေတာင္းဆိုႏိုင္ပါသည္ |  |  |  |  |  |
| It seemed as though the interpreter was interpreting everything that was communicated  စကားျပန္သည္ ဆက္သြယ္ေျပာဆိုခဲ့သည့္ အရာမွန္သမွ်ကို စကားျပန္ေပးခဲ့သည္ဟု ယူဆရပါသည္ |  |  |  |  |  |
| Any technology used during the meeting functioned well  ေတြ႕ဆံုေဆြးေႏြးပြဲအတြင္း အသံုးျပဳခဲ့ေသာ နည္းပညာမွန္သမွ်သည္ ေကာင္းမြန္စြာ လုပ္ကိုင္ေဆာင္ရြက္မႈ ရွိခဲ့ပါသည္ |  |  |  |  |  |
| Interpreter feedback (Interpreter completes this section)  စကားျပန္၏ တံု႔ျပန္မွတ္ခ်က္ (ဤအပိုင္းအား စကားျပန္မွ ျဖည့္စြက္ေပးပါရန္) | (Write comments) | | | | |