



LATAN – LOUISIANA ASSISTIVE TECHNOLOGY ACCESS NETWORK

Device Loan Evaluation Form



Date: _____

Loan made from: Shreveport Center Baton Rouge Center **Loan Period:** _____ to _____

● **During this lending period, I was able to trial the following Assistive Technology (AT) Devices:**

_____ Inventory # _____ _____ Inventory # _____ _____ Inventory # _____

- **I chose to take part in LATAN’s loan program to:** Trial a device to assist in making a decision
 Use while waiting for repairs or funding Short-term accommodation Other: _____

● **The primary purpose for which I need (or the person I represent needs) an AT device or service is related to:** (Please mark only one answer)

- | | |
|--|---|
| <input type="checkbox"/> Education —participating in any type of educational program
<input type="checkbox"/> Community Living —carrying out daily activities, participating in community activities, using community services, or living independently | <input type="checkbox"/> Employment —finding or keeping a job; getting a better job; or participating in an employment training program, vocational rehabilitation program, or other program related to employment
<input type="checkbox"/> Information Technology/telecommunications —using computers, software, Web sites, telephones, office equipment, and media |
|--|---|

● **What kind of decision about AT devices or services were you or someone you represent able to make after your device loan?**

- A. Decided that an AT device or service will meet my needs (or the needs of someone I represent).
- B. Decided that an AT device or service will not meet my needs (or the needs of someone I represent).
- C. Have not made a decision.

● **Which of the following best reflects your level of satisfaction with the services you received?**

1	2	3	4
Not at all Satisfied	Somewhat Satisfied	Satisfied	Highly Satisfied

● **With the loan of this device, what activities have you been able to perform more independently?** _____

☆ **YOUR COMMENTS & SUGGESTIONS ARE GREATLY APPRECIATED:**

*City: _____ *Parish: _____ Name (Optional) : _____

Participant Type: AT User Family Member Professional (specify) _____ Other: _____

Thank you for your time! Your feedback is vital in the success of our program!

OMB# 1820-0572

FOR INTERNAL USE ONLY: Month _____ Loan # _____