

Recipient's Name

Recipient's Agency

Street Address

City | State | Zip Code

Phone | Email

Services Received:

Please answer the following questions about the services you received. This information is needed to provide high-quality services and to meet the requirements for receiving federal funding.

1. 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.)

- Education** - participating in any type of educational program
- Community living** - carrying out daily activities, participating in community activities, using community services, or living independently
- Employment** - finding or keeping a job; getting a better job; participating in an employment training program, vocational rehabilitation program, or other program related to employment

2. Why did you choose to obtain an AT device/service from our program? (Please mark only one answer.)

- I could only afford the AT through this program. (I could not afford it through other programs.)
- The AT was only available to me through this program. (I am not eligible or don't qualify for other programs, the AT is not covered by other funding sources or the specific device I needed is not provided by other programs.)
- The AT was available to me through other programs, but the system was too complex or the wait time was too long.
- None of the above

3. Which of the following best reflects your level of satisfaction with the services you received? (Please mark only one answer.)

- Highly satisfied
 Satisfied
 Satisfied somewhat
 Not at all satisfied

Signature

Date