

**Form updated
8/16/24**

New Mexico Technology Assistance Program

**DEVICE LOAN SURVEY**

Review of Equipment Borrowed

**Please PRINT CLEARLY and fill in all information completely on this application.**

BORROWER NAME: DATE RETURNED:

*(If a professional borrower used equipment with more than one individual, please complete a separate evaluation form for each person and note that name here:*

SATISFACTION WITH NMTAP STAFF AND RESPONSE TO NEEDS RELATED TO DEVICE LOANS:

|  |  |  |  |
| --- | --- | --- | --- |
| Highly Satisfied | Satisfied | Somewhat Satisfied  | Not Satisfied *( and note reason please)* |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Education | Employment | Community Living |
|  |  |  |

LIFE AREA EQUIPMENT WAS UTILIZED/TESTED:

 *(Check* ***only ONE current primary*** *purpose here,*

*even if you will use in more than one area later)*

BORROWER REPRESENTIVE FROM WHAT AREA *(check one)*:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| School | Job | DDW/CC/Healthcare | Community Rep | Ind. w/ Disability | Parent / Legal Rep | Tech Rep |
|  |  |  |  |  |  |  |

TYPE DEVICES USED AND EFFECTIVENESS:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name or Inventory # of Device | This **WILL** meet my needs | This will **NOT** meet my needs | No decision currently | Additional Notes |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

I understand that this information is for program evaluation, improvement, and grant reporting only. Any personal information will be kept confidential in line with HIPAA and used only for statistics.

List any other equipment you would be interested in trying: