

**ARIZONA DEPARTMENT
OF EDUCATION
SHORT-TERM LOAN
LIBRARY FEEDBACK FORM**

Loan ID Number: _____

1. Level of Satisfaction with the SERVICES provided (not device satisfaction):

- Highly Satisfied with the SERVICES provided by the loan library
- Satisfied with the SERVICES provided by the loan library
- Somewhat Satisfied with the SERVICES provided by the loan library
- Not at all Satisfied with the SERVICES provided by the loan library

2. As part of this loan, I needed assistance to:

- N/A – assistance not needed
- Select specific device(s)
- Understand how to operate device(s)
- Implement use of the device(s) with student

3. (Skip if question 2 is marked N/A) I received the above assistance from:

- ADE AT Team Member
- ADE Loan Library Staff
- Colleague in my district
- Online Search
- Vendor
- Other _____

4. As a result of borrowing this equipment, it was decided that:

- the AT device will meet student's needs
- the AT device will not meet student's needs

5. My next step is to recommend:

- purchasing the same device trialed
- purchasing a device with similar features to the device trialed
- borrowing another piece of equipment such as: _____
- performing another feature match and exploring other types of AT

6. This loan was used for:

- One Student
- Multiple Students (Fill out back if tried with multiple students for IEP driven needs)

Comments (Optional): _____

Did the loan result in a success story that we can share? If so, is it okay for us to contact you?

If a tablet-based device (i.e., iPad) was borrowed, please check the area(s) that you that you used this tablet for:

- Access
- Art/Music
- Communication
- Hearing
- Math
- Organization
- Reading
- Recreation
- Vision
- Writing

Please return this survey with device, email to atloanlibrary@nau.edu, or fax to AT Loan Library @ 866-477-9921

In order to comply with reporting needs, please supply the needed information for each student with whom you trialed devices for IEP driven needs.

ONLY COMPLETE THIS SIDE IF THE LOAN WAS USED WITH MULTIPLE STUDENTS

Student Initials: ____ Age: ____
Disability: _____
Device Trialed: _____

- Meets Needs
 Does not meet needs

Student Initials: ____ Age: ____
Disability: _____
Device Trialed: _____

- Meets Needs
 Does not meet needs

Student Initials: ____ Age: ____
Disability: _____
Device Trialed: _____

- Meets Needs
 Does not meet needs

Student Initials: ____ Age: ____
Disability: _____
Device Trialed: _____

- Meets Needs
 Does not meet needs

Student Initials: ____ Age: ____
Disability: _____
Device Trialed: _____

- Meets Needs
 Does not meet needs

Student Initials: ____ Age: ____
Disability: _____
Device Trialed: _____

- Meets Needs
 Does not meet needs