

Customer Satisfaction

TO BE COMPLETED BY AT PROGRAM STAFF

ID (optional) _____

Services provided:

Device demonstration

Device loan

“State financing” services—including financial loan, assistance in accessing funds for AT devices/services, assistance in obtaining AT devices and services at reduced cost or free, or other related services

Device reutilization— received an AT device through a device exchange or recycling program

Date service delivery was completed: _____

Date this form was received: _____

1. Which of the following best reflects your level of satisfaction with the services you received?

(Check one.)

_____ Highly satisfied

_____ Satisfied

_____ Satisfied somewhat

_____ Not at all satisfied

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