

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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