

## 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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