

DEMO SURVEY

The federal legislation that funds this AT Tryout Center requires us to collect this feedback about demonstrations we provide. The survey is anonymous.

For the devices demonstrated, please check one answer only to each of the following questions:

1. Which of the Following describes you best?

Participant Type

- Individual with a disability
- Family Member, Guardian, or Authorized Representative
- Representative of Education
- Representative of Employment
- Representative Of Health, Allied Health, and Rehabilitation
- Representative of Community Living
- Representative of Technology

2. What was the primary purpose for which the assistive technology was needed? (Select only one)

Primary Purpose

- Education.
- Community living.
- Employment.

There are two more questions on the next page.

3. What kind of decision about AT Devices or services were you (or someone you represent) able to make after the device demonstration?

Decision Made

- I decided that an AT device or service **will meet my needs** (or the needs of someone I represent)
- I decided that an AT device or service **will not meet my needs** (or the needs of someone I represent)
- I **have not made a decision**

4. Which of the following best reflects your level of satisfaction with the demonstration that you received?

Satisfaction

- Highly Satisfied
- Satisfied
- Somewhat Satisfied
- Not at all Satisfied