

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. **I received the above assistance from:**

- N/A
- ADE AT Team Member
- ADE Library Staff (Mike)
- 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?

**Please check the areas that you that you borrowed this tablet for**

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

**Please return this survey with device or fax to AT Loan Library @ 602-728-9535**

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: \_\_\_\_\_

Student Initials: \_\_\_\_ Age: \_\_\_\_  
Disability: \_\_\_\_\_  
Device Trialed: \_\_\_\_\_

- Meets Needs
- Does not meet needs

- Meets Needs
- Does not meet needs

Student Initials: \_\_\_\_ Age: \_\_\_\_  
Disability: \_\_\_\_\_  
Device Trialed: \_\_\_\_\_

Student Initials: \_\_\_\_ Age: \_\_\_\_  
Disability: \_\_\_\_\_  
Device Trialed: \_\_\_\_\_

- Meets Needs
- Does not meet needs

- Meets Needs
- Does not meet needs

Student Initials: \_\_\_\_ Age: \_\_\_\_  
Disability: \_\_\_\_\_  
Device Trialed: \_\_\_\_\_

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Disability: \_\_\_\_\_  
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- Meets Needs
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