



New Mexico Technology Assistance Program
DEVICE LOAN EVALUATION
 Evaluation of Equipment Borrowed

Form update
3/2/22

Please **PRINT CLEARLY**, fill in all information completely on this evaluation and return with AT returned.

BORROWER NAME: _____ **DATE RETURNED:** _____

(If a professional borrower used equipment with more than one individual, please complete a separate evaluation form for each person and note that name here: _____)

SATISFACTION WITH NMTAP STAFF AND RESPONSE TO NEEDS RELATED TO DEVICE LOANS:

Highly Satisfied	Satisfied	Somewhat Satisfied	Not Satisfied (and note reason please)

LIFE AREA EQUIPMENT WAS UTILIZED/TESTED:
*(Check **only ONE current primary** purpose here, even if you will use in more than one area later)*

Education	Employment	Community Living

BORROWER REPRESENTATIVE FROM WHAT AREA (check one):

School	Job	DDW/CC/Healthcare	Community Rep	Ind. w/ Disability	Parent / Legal Rep	Tech Rep

TYPE DEVICES USED AND EFFECTIVENESS:

Name or Inventory # of Device	This WILL meet my needs	This will NOT meet my needs	No decision currently	Additional Notes

I understand that this information is for program evaluation, improvement, and grant reporting only. Any personal information will be kept confidential in line with HIPAA and used only for statistics.

List any other equipment you would be interested in trying: _____

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