California Assistive Technology Exchange (CATE)
AT Device Loan Customer Survey

For CATE Use Only
____ Data Needed
____ Data Complete
____ NISAT Data Entered

Transaction #:_____
(To Be Completed by CBO Staff Only)

CBO Identification
(To Be Completed by CBO Staff Only)

☐ **ATEC** ☐ **CCATC** ☐ **KATC** ☐ **UCP** Staff:_____
☐ **CALIF** ☐ **FREED** ☐ **SVILC** First Name Last Name
☐ **CART** ☐ **HRC** ☐ **TCILC**

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Date of Service Delivery was Completed:____/____/____
MM DD YYYY

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Date this form was Received:____/____/____
MM DD YYYY

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Customer Satisfaction

Please answer the following questions about the services you received from this CBO. We need this information to provide high quality services and to meet the requirements for receiving federal funding. Then put this survey with the equipment when returning AT device.

1. **Which of the following best reflects your level of satisfaction with the services you received? (Check Only One Box)**
   - ☐ **Highly Satisfied**
   - ☐ **Satisfied**
   - ☐ **Satisfied Somewhat**
   - ☐ **Not at all Satisfied**

2. **The primary purpose for which I need (or the person I represent needs) an AT device or service is related to: (Check Only One Box)**
   - ☐ **Education**—participating in any type of educational program
   - ☐ **Community living**—carrying out daily activities, participating in community activities, using community services, or living independently
   - ☐ **Employment**—finding or keeping a job; getting a better job; or participating in an employment training program, vocational rehabilitation program, or other program related to employment
   - ☐ **Information technology/telecommunications**—using computers, software, Web sites, telephones, office equipment, and media

3. **What kind of decision about AT devices or services were you (or someone you represent) able to make after your device loan? (Check Only One Box)**
   - ☐ **Decided that an AT device or service will meet my needs (or the needs of someone I represent).**
   - ☐ **Decided that an AT device or service will not meet my needs (or the needs of someone I represent).**
   - ☐ **Have not made a decision.**

4. **How did obtaining this AT device or service improve your life? Please write legible and limit your answer to 500 words or less.**

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