



**New Mexico Technology Assistance Program
Device Loan Program
EVALUATION OF EQUIPMENT BORROWED**

6.13.17

Please **PRINT CLEARLY** and fill in all information completely on this application.

EVALUATOR NAME: _____ DATE: _____

USER NAME: _____ LENGTH OF LOAN: _____
(If Borrower used equipment with more than one User, please complete evaluation form for each User)

BEST CONTACT FOR QUESTIONS *(phone, email)*: _____

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

Highly Satisfied	Satisfied	Somewhat Satisfied	Not Satisfied <i>(and note reason please)</i>

LIFE AREA EQUIPMENT WAS UTILIZED/TESTED:
(even if used in more than one area, check the current primary purpose here)

Education	Employment	Community Living

EVALUATOR/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 of Device	Will or did meet needs	Will or did purchase	Additional Notes	Satisfaction: check ONE only for each			
				Highly Satisfied	Satisfied	Somewhat Satisfied	Not Satisfied

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

NM Technology Assistance Program / Governor's Commission on Disability
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<http://www.tap.gcd.state.nm.us>