



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

Form update
10/21/19

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

BORROWER 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 (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 of Device	This WILL meet my needs	This will NOT meet my needs	No decision at this time	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.

NM Technology Assistance Program / Governor's Commission on Disability
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