



**NEW MEXICO
DIVISION OF
VOCATIONAL
REHABILITATION**

Public Education Department

**New Mexico Technology
Assistance Program
ABLE
Device Loan Evaluation Form**

Date: _____ ABLE Loan Number: _____

Name: _____

Address: _____

City: _____ State: _____

Outcome:

1. What kind of decision about AT devices or services were you (or someone you represent) able to make after your device loan?

- Decided that an AT device or service will meet my needs.
- Decided that an AT device or service will not meet my needs.
- Have not made a decision.

Customer Satisfaction:

How did you feel about this device loan experience?

- High satisfied
 - Satisfied
 - Somewhat satisfied
 - Not satisfied
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