# **MoAT – ETC Program**

# **Mandatory Data Collection**

Instructions: Please complete a survey for EACH student/client the device was trialed with.

The question below is a federally mandated data collection requirement under the Assistive Technology Act, which provides funding for ETC. **We must receive your response** about the decision made as a result of the device(s) you borrowed. Please include this form when you return the device to ETC. If you do not provide a response to this required question, you will not be able to continue to borrow from ETC.

What kind of decision about ***AT devices or services*** were you (or someone you represent) able to make after borrowing the devices(s) from ETC?

* Decided that *an AT device* or service will meet needs
* Decided that *an AT device* or service will NOT meet needs
* Have not made a decision \*

Will a purchase be made as a result of the loan? (Circle one) YES NO

How will the device be funded?

\* If you were not able to decide if the device would meet the needs, why not?

Please take a moment to describe the impact the AT had on the borrower.

Which of the following reflects you level of satisfaction with ***the ETC Program*** (not the device)

* Highly Satisfied
* Satisfied
* Somewhat Satisfied
* Not at all Satisfied

Please share any suggestions that will help us improve our services.

Borrow Name:

School or Agency:

Device(s) ETC Number:

Borrowed Date: