**ARIZONA DEPARTMENT OF EDUCATION**

**SHORT-TERM LOAN LIBRARY FEEDBACK FORM**



|  |  |
| --- | --- |
| **Transaction Number:** |  |

|  |  |
| --- | --- |
| **1.** | **Level of Satisfaction with the services provided (not device satisfaction):** |
|  | **Highly Satisfied** |
|  | **Satisfied** |
|  | **Somewhat Satisfied** |
|  | **Not at all Satisfied** |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | | | | | | | | | | |
| **2.** | **As part of this loan, I needed assistance to:** | | | | | | | | | | | |
|  | **N/A – assistance not needed** | | | | **Understand how to operate device(s)** | | | | | | | |
|  | **Select specific device(s)** | | | | **Implement use of the device(s) with student** | | | | | | | |
|  |  | | | |  | | | | | | | |
| **3.** | **I received assistance from:** | | | |  | | | | | | | |
|  | **N/A** | | | **Someone in my district** | | | | | | **Vendor** | | |
|  | **ADE AT Team Member** | | | **Literature review** | | | | | | **Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
|  | **ADE Workshop** | | | | | | | | | |  | |
|  |  | | | | | | | |  | | | |
| **4.** | **The item(s) arrived with all pieces included:** | | | | | | | yes  no | | | | |
|  |  | | | | | | |  | | | | |
| **5.** | **The item(s) arrived in good working condition:** | | | | | | | yes no | | | | |
|  |  | | | | | | |  | | | | |
| **6.** | **If the device did not operate properly, did you request assistance?** | | | | | | | N/A yes no | | | | |
|  |  | | | | | | |  | | | | |
| **7.** | **I was informed if there was a shipping delay:** | | | | | | | N/A yes no | | | | |
|  |  | | | | | | | | | | | |
| **8.** | **As a result of borrowing this equipment, it was decided that:** | | | | | | | | | | | |
|  | **the AT device/service will meet needs** | | | | | | | | | | | |
|  | **the AT device/service will not meet needs** | | | | | | | | | | | |
|  | **we are unable to make a decision at this time** | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
| **9.** | **My next step is to recommend:** | | | | | | | | | | | |
|  |  | | **purchasing the same device trialed** | | |  | **borrowing another piece of equipment such as: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | |
|  |  | | **purchasing a device with similar features to the device trialed** | | |  | **performing another feature match and exploring other types of AT** | | | | | |
|  |  | | | | | | | | | | | |
| **10.** | **Comments (Optional):** | | | | | | | | | | | |
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