

R-1 Individual Consumer AT Device Reutilization Worksheet

To be completed by or on behalf of individuals with disabilities who received reutilized assistive technology device(s) through TechOWL-supported AT device reutilization activities.

Please complete the following questions:

1. Please choose the **ONE** that **BEST** fits your/your family member/ consumer's need.

The reutilized AT device(s) obtained will be primarily used for:

- ☐ School
- ☐ Work
- ☐ Home/Community

2. Please choose the **ONE** that **BEST** fits your/your family member/ consumer's need.

The reutilized AT device(s) was obtained because:

- ☐ Could only afford the AT through TechOWL supported program
- ☐ AT was only available through TechOWL supported program
- ☐ AT was available through other programs, but the system was too complex or the wait time too long
- ☐ None of the above – please describe: _____

3. Please rate your satisfaction with the AT device reutilization program:

- ☐ I am highly satisfied with the AT device reutilization program
- ☐ I am satisfied with the AT device reutilization program
- ☐ I am somewhat satisfied with the AT device reutilization program
- ☐ I am not satisfied with the AT device reutilization program

because: _____

4. Device(s) obtained:

5. Estimated current price of device(s):

6. If applicable: Total cost to consumer for device(s):

Recipient information:

Name: _____

Address: _____ County: _____

Phone: _____ Email: _____

Date of birth/age: _____

Comments: _____