

Pennsylvania's Initiative on Assistive Technology (PIAT)

SATISFACTION SURVEY

NOTE TO PROGRAMS:

- Each recipient must complete a satisfaction survey.
- Information gathered from this survey must be compiled into the Device Reutilization Monthly Report (R-2)
- Maintain satisfaction surveys for your internal recording. Individual surveys do not need to be submitted to PIAT

RECIPIENT – PLEASE CHECK ONE:

The device donated to me will be used primarily for: (choose one only)

- Education
- Employment
- Community Living

RECIPIENT – PLEASE CHECK ONE:

The device was obtained because: (choose one only)

- Could only afford this device through the statewide AT Program
- This device was only available through the statewide AT Program
- This device was available through other programs, but the system was too complex or the wait time too long
- None of the above – please describe \_\_\_\_\_

RECIPIENT – PLEASE CHECK ONE:

Rate your satisfaction with the reuse program: (choose one only)

- I am highly satisfied
- I am satisfied
- I am somewhat satisfied
- I am not satisfied because \_\_\_\_\_