



ASSISTIVE TECHNOLOGY PROGRAM – EVALUATION FORM

Provide the name and date of birth of the person who received the technology equipment:

1. Name: _____ Date of Birth: _____

Provide the names of the parents or caregiver (if applicable):

Name(s): _____

Developmental Disability of the recipient of the equipment:

What Assistive Technology equipment did you receive from this program?

1. What can you do now that you could not accomplish before receiving the Assistive Technology Equipment from The Arc of Illinois? (Circle all that apply.)

- | | |
|--------------------------------|--------------------------------|
| a. Help with communication | c. Help me be more independent |
| b. Help me arrange for the bus | d. Help me with a job |

Other: _____

2. How has this program enabled you to make a change in your life? Do you feel you have a better quality of life with the use of this equipment?

3. Was this device needed for communication, visual supports, leisure or other?

4. In which of the following areas did the technology device help you? (Circle all that apply.)

- | | | |
|-----------------------|-----------------------|------------------|
| 1. Employment | 5. Child Care | 9. Communication |
| 2. Housing | 6. Early Intervention | 10. Independence |
| 3. Recreation | 7. Transportation | |
| 4. Community Supports | 8. Self-Determination | |

5. Did you receive any other assistance to receive this equipment? If yes, please explain.

6. How did you learn about The Arc of Illinois Assistive Technology Program? (Please circle one.)

- a. Another self-advocate/parent
- b. Your local Service Provider
- c. Newsletter
- d. News article
- e. Website
- f. Other _____

7. How would you rate the Assistive Technology Program overall? (Please circle one.)

Very Satisfied Satisfied Somewhat Satisfied Dissatisfied Very Dissatisfied

**Please return this evaluation form to:
The Arc of Illinois
Assistive Technology Program
20901 South LaGrange Road, Suite 209
Frankfort, Illinois 60423
janet@thearcofil.org**