

Guam System for Assistive Technology (GSAT)

Short-Term (30 day) Device Loan Release Form

Name of Recipient:	Date of Birth:
Place of Work:	Supervisor:
Home Phone:	Work Phone:
Home Address:	Mailing Address:

Status: (check one)

- | | |
|---|---|
| <input type="checkbox"/> Individual with a disability | <input type="checkbox"/> Family member, guardians, or authorized representative |
| <input type="checkbox"/> Educational organization | <input type="checkbox"/> Provider of employment and / or training service |
| <input type="checkbox"/> Employer / Business | <input type="checkbox"/> Health, allied health, and rehabilitation organization |
| <input type="checkbox"/> Public / Private agency | <input type="checkbox"/> Other: _____ |

Date of Issue:	Date Due:
Equipment Issued: (make, model, serial no., etc.)	
Condition of the equipment at the date of issue: (check one)	
<input type="checkbox"/> Brand New	<input type="checkbox"/> Used: in good condition
Describe any other condition: (included cords, cases, etc.)	

Primary Purpose (check one)

<input type="checkbox"/> Assist in decision making (device trial or evaluation)	<input type="checkbox"/> Serve as loaner during device repair or while waiting for funding
<input type="checkbox"/> Provide an accommodation on a short-term basis	<input type="checkbox"/> Other

Disclosure:

I hereby receive the above equipment from the Guam System for Assistive Technology (GSAT). I fully understand that in the event of damage to the equipment as a result of our negligence or improper use, we are responsible for any repairs or new parts. I also understand the said equipment must be returned to the Guam System for Assistive Technology (GSAT) on the agreed above due date.

Signature

Date

GSAT person issuing the equipment:	Date:
Received By:	Date:

Access Performance Measure

TO BE COMPLETED BY GSAT STAFF

ID (optional): _____

Date service delivery was completed: _____

Date this form was received: _____

Please answer the following questions about the services you received from the Guam System for Assistive Technology (GSAT). We need this information to provide high quality services and to meet the requirements for receiving federal funding.

1. The primary purpose for which I need (or the person I represent needs) an AT device or service is related to:

(Please mark only one answer.)

- Education** – participating in any type of educational program.
- Community living** – carrying out daily activities, participating in community activities, using community services, or living independently.
- Employment** – finding or keeping a job; getting a better job; or participating in an employment training program, vocational rehabilitation program, or other program related to employment.
- Information technology / telecommunications** – using computers, software, Web sites, telephones, office equipment, and media.

2. What kind of decision about AT devices or services were you (or someone you represent) able to make after your device demonstration or device loan?

(Please mark only one answer)

- Decided that an AT device or service will meet my needs (or the needs of someone I represent).
- Decided that an AT device or service will not meet my needs (or the needs of someone I represent).
- I have not made a decision.

Customer Satisfaction

1. Which of the following best reflects your level of satisfaction with the services you received?

(Check one.)

- Highly satisfied
- Satisfied
- Satisfied somewhat
- Not at all satisfied

Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information is XXXX-XXXX. The time required to complete this information collection is estimated to average XX minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to U.S. Department of Education, Washington DC, 20202. If you have any comments or concerns regarding the status of your individual submission of this form, write directly to Mr. Jeremy Buzzell, Rehabilitation Services Administration, U.S. Department of Education, Potomac Center Plaza, Room 5025, 400 Maryland Ave. SW, Washington DC, 20202-2800.