

Participant Evaluation

ID Number:
(KSU Use only)



Fashion an Easier Lifestyle with Assistive Technology

Date of Program: _____

Program County: _____

Instructor: _____

1. Because of your participation in this program, did you learn anything new? YES NO

2. If yes, what did you learn?

3. Because of your participation in this program, do you plan on taking any action or changing anything in your life? YES NO

4. If yes, what?

5. For the following questions, please place a check in the appropriate box.

| | Definitely False | More False Than True | In Between | More True Than False | Definitely True |
|---|------------------|----------------------|------------|----------------------|-----------------|
| As a result of taking part in this program, I have more positive feelings about this topic. | | | | | |
| Overall, I rate this program as excellent. | | | | | |
| Overall, I rate this instructor an excellent teacher. | | | | | |

6. Below are several statements about assistive technology. Please read the statement and decide whether you believe the statement to be **TRUE** or **FALSE** and check the appropriate answer.

| | TRUE | FALSE |
|---|------|-------|
| Assistive technology can be used by anyone who wants to make a task easier. | | |
| Assistive technology is very expensive. | | |
| Assistive technology devices are hard to find. | | |
| Assistive technology can help me or someone that I know. | | |
| I am planning on finding additional information about assistive technology. | | |
| I am planning on buying assistive technology for myself or someone else. | | |

7. Gender: Female Male

8. Your Age: _____

9. Marital Status (please check only one):

Married Divorced Separated Single/cohabitating Widowed

10. Education Level: _____ Less than High School _____ High School or GED
 _____ Some College _____ Bachelor's Degree _____ Graduate Degree

11. Do you provide care for someone else? YES NO

12. In general, would you say your health is (circle one)

1 Excellent 2 Very good 3 Good 4 Fair 5 Poor

13. May we contact you later to talk with you about this program? YES NO

14. If yes, please leave your contact information here.

Name _____

Address _____

City _____

State _____ Zip Code _____

Phone _____ Email _____

Thank you for completing this form!