Participant Evaluation

Date of Program: _______________________
Program County: _______________________
Instructor: ____________________________

Fashion an Easier Lifestyle with Assistive Technology

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.

<table>
<thead>
<tr>
<th></th>
<th>Definitely False</th>
<th>More False Than True</th>
<th>In Between</th>
<th>More True Than False</th>
<th>Definitely True</th>
</tr>
</thead>
<tbody>
<tr>
<td>As a result of taking part in this program, I have more positive feelings about this topic.</td>
<td></td>
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<tr>
<td>Overall, I rate this program as excellent.</td>
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<tr>
<td>Overall, I rate this instructor an excellent teacher.</td>
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</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Statement</th>
<th>TRUE</th>
<th>FALSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assistive technology can be used by anyone who wants to make a task easier.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assistive technology is very expensive.</td>
<td></td>
<td></td>
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<tr>
<td>Assistive technology devices are hard to find.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assistive technology can help me or someone that I know.</td>
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<td></td>
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<tr>
<td>I am planning on finding additional information about assistive technology.</td>
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<td></td>
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<tr>
<td>I am planning on buying assistive technology for myself or someone else.</td>
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</tbody>
</table>

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)  
- Excellent  
- Very good  
- Good  
- Fair  
- 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!