

**OKLAHOMA ABLE TECH  
ASSISTIVE TECHNOLOGY DEMONSTRATION OR SHORT-TERM  
LOAN PROGRAMS**

**SUCCESS STORY FORM**

Please answer the following success story questions about an individual with a disability, his or her family, or a service provider served through the loan or demonstration program. Please make these entries as specific as possible, including examples that are understandable to an uninformed audience. Please return to ABLE Tech along with a digital picture of the individual preferably using the assistive technology device. The individual or a guardian must sign the consent form. ABLE Tech will not use first or last names in our marketing materials, though may include the individual's county, age, disability. We appreciate your feedback!

**Name (optional):**

**Date:**

**Male    or    Female**

**Age:**

**City:**

**County:**

(Check one or multiple)

**Device Demonstration**

**Short Term Loan**

**Other**

**Name and Location of Program providing assistive technology Demo or Loan:**

**Disability Type:**

**The AT device or services the individual needs:**

Please include the following information in the space below:

How did the AT Loan and/or Demonstration program help the consumer obtain that device or service?

What barrier(s) did your program help the consumer overcome?

If applicable, how did your program collaborate with other entities in providing this help?

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**Positive Outcome – Please include the following information in the space below:**

How did obtaining that device or service improve that individual's life? (i.e. product awareness, trial access to a device, acquire a device, effective use, knowledge of product features, identified funding solution, greater independence, cost benefit of AT relative to alternative care, medical expense.)

How did it improve the consumer's access to education, employment, community living or telecommunications/information technology?

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**OKLAHOMA STATE UNIVERSITY  
SERETEAN WELLNESS CENTER  
OKLAHOMA ABLE TECH  
Stillwater, Oklahoma**

*Consent for Success Story and Photo Release*

By signing this form, you allow us to use your success story and/or your picture. We may use the information in the Oklahoma ABLE Tech newsletter, annual report, a local newspaper story, or brochures that publicize the services through Oklahoma ABLE Tech, the assistive technology program of Oklahoma.

I give my permission for Oklahoma State University, through Oklahoma ABLE Tech employees and participants of ABLE Tech programs, to photograph me and my property and in turn give the photograph and related assistive technology information to Oklahoma ABLE Tech of Oklahoma State University. I understand the information/photograph may be copyrighted, published and/or reproduced thereof, in color or otherwise, made through any media at Oklahoma State University studios or elsewhere. I agree that all rights to the picture belong to ABLE Tech and waive the right to inspect and/or approve the finished product that may be used in connection therewith, or the use to which it may be applied.

Date:

Name:

Address:

City:

Signature:

Check this box if you would not like your name identified in association with the picture and related information. Return form to OK ABLE Tech by fax at 405-744-2487 or email [abletech@okstate.edu](mailto:abletech@okstate.edu).



Seretean Wellness Center  
REAL SOLUTIONS FOR REAL PEOPLE