

Accessible Library Services – REGISTRATION FORM

Date			
Name			
Address			
Phone			
Email			
Age	O 0-14 O 15-30 O 31-55 O 56-75 O 75 +		
Device of interest	○ IPAD Air○ Victor Reader - STREAM○ YOTO Mini○ Victor Reader - STRATUS		
Language you prefer to read	○ English ○ French ○ both		
Primary reason to borrow device?	 Severe or total impairment of sight or the inability to focus or move one's eyes The inability to hold or manipulate a book An impairment relating to comprehension Other 		
How many books you read in a month?	○ None ○ 1-3 ○ 4-10 ○10 +		
What kind of books would you like to access	○ Mysteries○ Western○ Other		
Formats you most frequently use.	○ Large print○ Audio CD○ Audio MP3		
Devices you use to read?	○ CD player○ E-book reader (Kindle/Kobo○ Other		



Where do you currently get your reading	Public libraryBorrow or trade titlPurchase (Indigo/A		
materials?	Other		
How do you prefer to contact your library	◯ In person ◯ Email	○ Telephone○ Ask a friend to help	
Do you have access to the Internet?	O yes O no		
Rate your level of experience with the Internet?	Never usedIntermediate	BeginnerProficient	
How can the library improve on its services?			