

# The John G. Shedd Institute for the Arts

## Portable Loop Feedback

Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Where did you use the loop? Did you use it with an extra, plug-in microphone?

Home	Used extra mic?
<input type="checkbox"/> Dining table	<input type="checkbox"/> Yes
<input type="checkbox"/> Kitchen	<input type="checkbox"/> Yes
<input type="checkbox"/> TV room	<input type="checkbox"/> Yes
<input type="checkbox"/> Living room	<input type="checkbox"/> Yes
<input type="checkbox"/> Patch into computer	<input type="checkbox"/> Yes
<input type="checkbox"/> Outdoors	<input type="checkbox"/> Yes
<input type="checkbox"/> _____	<input type="checkbox"/> Yes

My Office/work place	Used extra mic?
<input type="checkbox"/> Desk	<input type="checkbox"/> Yes
<input type="checkbox"/> Meeting/conference table	<input type="checkbox"/> Yes
<input type="checkbox"/> Reception desk	<input type="checkbox"/> Yes
<input type="checkbox"/> Check-out counter	<input type="checkbox"/> Yes
<input type="checkbox"/> _____	<input type="checkbox"/> Yes

Transportation	Used extra mic?
<input type="checkbox"/> Bus	<input type="checkbox"/> Yes
<input type="checkbox"/> Car/taxi	<input type="checkbox"/> Yes
<input type="checkbox"/> Train	<input type="checkbox"/> Yes
<input type="checkbox"/> Plane	<input type="checkbox"/> Yes
<input type="checkbox"/> _____	<input type="checkbox"/> Yes

Community	Used extra mic?
<input type="checkbox"/> Restaurants	<input type="checkbox"/> Yes
<input type="checkbox"/> _____	<input type="checkbox"/> Yes
<input type="checkbox"/> Other professional offices	
<input type="checkbox"/> Lawyer	<input type="checkbox"/> Yes
<input type="checkbox"/> Doctor	<input type="checkbox"/> Yes
<input type="checkbox"/> CPA	<input type="checkbox"/> Yes
<input type="checkbox"/> Tax Prep	<input type="checkbox"/> Yes
<input type="checkbox"/> Broker	<input type="checkbox"/> Yes
<input type="checkbox"/> Occupational/physical therapist	<input type="checkbox"/> Yes
<input type="checkbox"/> Bank	<input type="checkbox"/> Yes
<input type="checkbox"/> _____	<input type="checkbox"/> Yes

Large Meetings	Used extra mic?
<input type="checkbox"/> Social/Book Club	<input type="checkbox"/> Yes
Which/where _____	
<input type="checkbox"/> Church	<input type="checkbox"/> Yes
Which _____	
<input type="checkbox"/> Service Club	<input type="checkbox"/> Yes
Which/where _____	
<input type="checkbox"/> Civic	<input type="checkbox"/> Yes
Where _____	

### Additional Notes:

1. Overall Experience: \_\_\_\_\_

\_\_\_\_\_

2. What do you wish had worked better? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. What ideas or questions do you have now? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Anything else to tell us?: \_\_\_\_\_