

## Assistive Technology Lending Library (ATLL) Equipment Evaluation

**Borrower (Evaluator) Information:**  
 Name \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
 E-mail \_\_\_\_\_ Date Loaned \_\_\_\_\_ Date Returned \_\_\_\_\_

**Equipment was used for:**     Student Need (complete student information)                       Classroom Need

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 School Name \_\_\_\_\_

**Equipment:**  
 Item Name \_\_\_\_\_  
 ID # \_\_\_\_\_

Thank you for returning the borrowed equipment to the Assistive Technology Lending Library. To help us enhance our ability to serve you and your students, please rate according to the following scale:

**5 – Strongly Agree, 4 – Agree, 3 – Neither Agree or Disagree, 2 – Disagree, 1 – Strongly Disagree**

*Use of Equipment*

**The equipment on loan was effective in supporting the needs of the student.**                      **Score** \_\_\_\_\_

Comments \_\_\_\_\_  
 \_\_\_\_\_

*Frequency of Use of Equipment*

**The student consistently used the equipment on loan.**                      **Score** \_\_\_\_\_

Comments \_\_\_\_\_  
 \_\_\_\_\_

*Training provided by Assistive Technology Lending Library staff*

**The training received was sufficient to support use of equipment by the student.**                      **Score** \_\_\_\_\_

Comments \_\_\_\_\_  
 \_\_\_\_\_

**Are there plans to provide this equipment to the student for ongoing use? Yes \_\_\_\_\_ No \_\_\_\_\_**  
 (ATLL equipment loans are for up to 60 days. Long-term needs are to be addressed by the school.)

If desired, please make additional comments on the reverse side of this form.