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.