

## West Dunbartonshire Health & Social Care Partnership

## **AAC Post Loan Evaluation Form**

Date:						
Your org	anisation:					
NHS			Job title / te	eam:		
Educatio	n		Job title / te	eam:		
Social W	ork		Job title / te	eam:		
Other (please specify)						
Equipment borrowed:						
Purpose of loan:  Assessment Trial of equipment Develop skills (client) Personal development/CPD Other, please specify  Please rate the following where 1 is poor and 5 is excellent						
How was your experience of completing the loan form?						
1	2	3	4	5		
How did you find the wait between asking to borrow equipment and receiving it?						
1	2	3	4	5		
How was the length of the loan?						
1	2	3	<b>4</b> □	5 		



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Did the loan meet your needs?					
YES					
□NO					
Please give reason:					
What was your experience of the equipment?					
1 2 3 4 5					
Did you require any support to use/implement this equipment?					
☐ YES					
□NO					
Would you borrow this equipment again?					
☐ YES					
∐ NO					
Any other comments:					