

# Evaluation Plan – Lending Library NOO

DDS Reviewer(s): \_\_\_\_\_

Provider Name: \_\_\_\_\_ Date of review: \_\_\_\_\_

## Screening Questions

**Is the proposed lending library located in CT?**

Yes

No

**Is the provider a qualified provider of Assistive Technology?**

Yes

No

***If you answered “no” to either of the above questions, the application must be rejected.***

## Devices

Check which type of lending library is proposed (new or expansion). Use the device ranking for that library type.

**NEW LENDING LIBRARIES ONLY** - Please rate the diversity of devices the provider is proposing to obtain:

Rating	Points	Check here to indicate rating
<b>Unsatisfactory</b> – the providers plan includes only 1-2 common types of devices and is unlikely to significantly impact access to AT.	0	
<b>Good</b> – the providers plan has a moderate range (3-6) of types of devices that are expected to moderately increase access to AT.	2	
<b>Excellent</b> – The provider’s plan includes a diverse array (7+) of types of devices that are likely to significantly increase access to AT.	3	

**EXPANSIONS TO EXISTING LENDING LIBRARIES ONLY** – Please rate how well the provider articulated the need for the devices they requested in their application.

Rating	Points	Check here to indicate rating
<b>Unsatisfactory</b> – The provider did not clearly explain the need for the devices they are requesting.	0	
<b>Good</b> – The provider has somewhat justified the need for the devices they are requesting.	2	
<b>Excellent</b> – The provider clearly identifies a gap in service and justifies the devices that they are requesting.	3	

## Individual and Family Engagement

Please choose one of the ratings below for the provider’s plan to promote the Lending Library to individuals and families.

Rating	Points	Check here to indicate rating
<b>Unsatisfactory</b> – the providers plan is unclear or does not seem likely to succeed	0	
<b>Good</b> – the providers plan seems moderately clear and is likely to reach some individuals and families	2	
<b>Excellent</b> – The provider’s plan is clear and likely to succeed in engaging individuals and families in using the lending library.	3	

## Access and Security

Please choose one of the ratings below for the provider’s plan for securely store the AT Devices in the lending library while ensuring access to DDS Individuals.

Rating	Points	Check here to indicate rating
<b>Unsatisfactory</b> – the providers proposal does not address the security or accessibility of the lending library.	0	
<b>Good</b> – the providers plan somewhat addresses the security and accessibility of the lending library.	2	
<b>Excellent</b> – The provider’s plan clearly explains how the lending library will remain accessible, and how devices will be securely stored.	3	

**Does the committee have any concerns about the selected devices or about the provider's ability to implement their proposal?**

Yes (please describe below)

No

**Are there additional considerations about the provider's application?** Please note that lending libraries in Litchfield or Tolland counties would meet an unmet need, as no lending libraries are currently present in these areas.

**Additional considerations:**

**Committee Recommendation:**

Please total all points to determine the application's final score.

**Final score:** \_\_\_\_\_

*An eligible application may be approved as long as no "unsatisfactory" ratings are selected for any of the categories above. In case of more applications than available funding, applications will be approved based on application score and any additional considerations.*

Approve

Partial approval (specify unallowed costs below)

Deny