**Enabling Technology Solutions Feedback**

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| **Your Name:** |  |
| **Solution:** |  |

Look at the solutions and provide feedback on each solution from your individual perspective:

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| **Criteria** | **Comments** |
| **Confidence**: The solution gives confidence to individuals that it can support independence in the home or support you in your role? |  |
| **Cost Effectiveness**: How can the solution be provided at optimum cost for all stakeholders? |  |
| **Look and Feel**: How do you feel the solution would look and feel in your own home? |  |
| **Innovation**: How innovative do you feel the solution is? |  |
| **Any other comments?** |  |