

[Date]

[Recipient Name]
[Title/Department]
[Organization Name]

Subject: Post-Implementation Evaluation of Visual Accommodation Software

Dear [Recipient Name],

This letter serves as a formal evaluation of the [Software Name] implemented on [Date] to provide visual accommodation for [Employee Name/Department].

The evaluation was conducted over a period of [Number] weeks to determine the effectiveness of the software in addressing the specific visual requirements previously identified.

Effectiveness of Features:

- Screen Magnification: [Satisfactory/Unsatisfactory]
- Contrast and Color Adjustments: [Satisfactory/Unsatisfactory]
- Screen Reading/Text-to-Speech: [Satisfactory/Unsatisfactory]
- Interface Compatibility: [Satisfactory/Unsatisfactory]

Impact on Productivity:

Since the implementation, the user has reported [improvement/no change] in their ability to perform daily tasks. Specifically, the software has assisted in [mention specific task, e.g., reading spreadsheets, navigating internal portals].

Technical Performance:

The software has performed [stably/with issues]. No significant conflicts with existing hardware or secondary software programs were noted, with the exception of [mention any bugs or crashes].

Recommendation:

Based on this evaluation, we recommend [continued use of the software / additional training / seeking an alternative solution].

Thank you for your support in ensuring an accessible workplace.

Sincerely,

[Your Name]
[Your Title]