**RNG Renal Dietetic Patient Resource Rating Sheet**

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| --- | --- |
| **Name of resource** |  |
| **Language** |  |
| **Assessor’s name** |  |
| **Assessor’s email/contact** |  |

**Resource type *(please tick):***

|  |  |
| --- | --- |
| Online diet sheet |  |
| Paper diet sheet |  |
| Video |  |
| Other: please state |  |

**Rating *(please choose one of the following)*:**

* 1. Excellent

|  |
| --- |
| Rationale: |

* 1. Acceptable

|  |
| --- |
| Rationale: |

* 1. Not usable

|  |
| --- |
| Rationale: |