

# NDIS Pre-Planning Tool

Participant name:		Cultural background:	
Date of birth:		NDIS number:	
Phone number:		Email address:	
Parent/Carer:		Phone number:	
Relationship to participant:		Email address:	
Parent/Carer:		Phone number:	
Relationship to participant:		Email address:	
OOHC Caseworker:		Phone number:	
Email address:			

## About me

*Who do you live with? What things do you like to do? Regular activities? What days do you work? Where do you go to school?*

# Goals

Goal 1

Goal 2

Goal 3

Goal 4

Goal 5

Goal 6

Goal 7

# My current supports

Type of support	How much support do you receive? How often do you receive it?
<b>Assistance with daily personal activities</b> <i>(personal care, shopping, house cleaning, cooking, night supports etc.)</i>	
<b>Centre based group activities</b> <i>(play group, social groups, cooking classes etc.)</i>	
<b>Transition supports</b> <i>(Transition to work)</i>	
<b>Employment</b> <i>(List DMI if supported employment)</i>	
<b>Supported living in a shared arrangement</b>	
<b>Support coordination</b> <i>(list current provider)</i>	
<b>Financial Plan Management</b> <i>(list current provider)</i>	
<b>Therapies</b> <i>(Speech, OT, Psych, OT, Behavioural, Music etc.)</i>	
<b>Respite</b> <i>(in home and/or centre based hours)</i>	
<b>Mainstream/Community Supports</b> <i>(doctors, specialists, community services)</i>	
<b>Informal Supports</b> <i>(parents, grandparents etc.)</i>	
<b>Transport</b> <i>(in school transport)</i>	
<b>Modifications</b> <i>(house or vehicle)</i>	

# My daily activities

	Morning 1am – 12pm (NOON)	Afternoon 12pm (NOON) – 6pm	Night 6pm – 12am (MIDNIGHT)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

*Comments about my daily activities*

*Sometimes I...*

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# My current equipment

*Do you use equipment (hoist, wheelchair, walking frame, orthotics, technology (Bluetooth connections, apps), hearing aids, car/home modification?)*

**Aide, equipment, technology or modification currently in use?**

**How often do you use it?**

Aide, equipment, technology or modification currently in use?	How often do you use it?

*What equipment do you need?*


# Support Network

Type of support	Why is this support important?	What would happen if this support wasn't available?	Does the NDIS offer an alternative?
<p><i>Disability Caseworker</i></p>	<p><b>Carer:</b></p> <ul style="list-style-type: none"> <li>• Obtain access to services</li> <li>• Provide knowledge about disability and the child's needs</li> <li>• Emotional support to carer and child</li> </ul> <p><b>Child:</b></p> <ul style="list-style-type: none"> <li>• Supports carer when they are stressed</li> <li>• Helps me by talking to me and explaining what is going to happen so that I understand</li> </ul>	<p><b>Carer:</b></p> <ul style="list-style-type: none"> <li>• I'm afraid I won't know what to do and my child will miss out on a service/ treatment that may really help him</li> <li>• No one to talk too when I feel I can't cope and I want to give up</li> </ul> <p><b>Child:</b></p> <ul style="list-style-type: none"> <li>• It would make me anxious and stressed which would impact my behaviour</li> </ul>	<p><i>NDIS Support Coordinator</i></p> <p><i>Psychologist for child and carer</i></p>

# Carer Support

*Are there things that are likely to impact on the support that the carer provides to the individual over the next 12 months?*

*Can the current level of support continue to be provided by the carer, to the individual in the future?*

*What supports are needed to help the carer continue to provide support? E.g. training in behaviour management, supported decision making*

*Does the carer receive any support for their carer role? E.g. Centrelink funding, OOHC caseworker, a carer support group, counselling etc.*

# Transport

*Is there current transport services being used? Specialised transport for school/TAFE/employment/community?*

Type of transport	Frequency	Transport needed



# Developmental areas of concern – impacts on every day functioning

<b>Area of concern/consideration</b> <i>Communication skills, independence, life skills, mobility, emotional etc.</i>	<b>What is currently happening?</b> <b>What are the impacts on current life?</b>	<b>Functional goal and how it can best be delivered?</b> <i>Consider key worker, therapy assistance, group programs, coordination of supports, financial plan management, regular therapy, community support worker etc.</i>

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## Supporting documentation

*Supporting letters, outlining services that are currently being provided, services that need to be provided in the future, frequency, diagnosis, recommendations etc.*

<input type="checkbox"/> GP	<input type="checkbox"/> Psychologist	<input type="checkbox"/> Case worker
<input type="checkbox"/> Speech Therapist	<input type="checkbox"/> Psychiatrist	<input type="checkbox"/> Mentoring
<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> Physiotherapist	<input type="checkbox"/> Support coordinator
<input type="checkbox"/> Incident reports	<input type="checkbox"/> Other (music therapy, anger management classes, support groups etc.)	<input type="checkbox"/> Specialist
<input type="checkbox"/> Risk assessments	<input type="checkbox"/> School report/counsellor report	<input type="checkbox"/> Behaviour Management Plan