# Plan Review Report

## To be used by Support Coordinators and participants

This pro-forma is to be used by Support Coordinators to support participants to review their current NDIS plan and prepare for their next plan.

All sections of the form are to be completed by engaging with the Participant and their informal support network (where appropriate).

The NDIS is committed to building the capacity of participant to self-direct their supports and develop their goals. This form guides a participant to review their current plan and consider their goals for their next plan. It also enables participants to advise the NDIA of any changes that we need to be aware of.

**Date:** Click here to enter a date.

## Participant Details:

|  |  |
| --- | --- |
| Name: |  |
| NDIA Number: |  |
| Plan Start Date: |  |
| Date of Birth: |  |
| Gender: |  |
| Address: |  |
| State: |  |
| Phone Number: |  |
| Email Address: |  |
| Preferred Contact Person: |  |

## Contact Details for Participant:

Preferred contact may include current support worker/family member or other:

|  |  |
| --- | --- |
| Name: |  |
| Relationship to participant: |  |
| Address: |  |
| Contact phone number: |  |
| Email Address: |  |
| Special Considerations:  ATSI/CALD (Interpreter) |  |

## Support Coordinator Details:

|  |  |
| --- | --- |
| Service provider name: | Diversitas WA |
| Contact name: |  |
| Address: | PO Box 2220, Clarkson, WA 6030 |
| State: | WA |
| Phone Number: |  |
| Email Address: |  |
| Is this a new or existing support coordination arrangement? |  |

## Participant statement

### Living arrangements, Relationships and supports

Describe your current living arrangements (For example: Who do you usually live with? Type of accommodation? Any changes to your living arrangements?)

Describe the family and friends you see regularly, the people who play an important role in your life and how they help you. Have your relationships and supports changed?

|  |  |
| --- | --- |
| Current Plan |  |
| Any new information to be included |  |

### Daily life – Describe your day to day life

Describe the activities you participate in (For example: education, training, work, volunteering, social activities). What is working well for you? What would you like to change or improve? What do you enjoy? Have there been changes to your activities of daily life?

|  |  |
| --- | --- |
| Current Plan |  |
| Any new information to be included |  |

## Current goals

Looking at your current NDIS plan, how do you think you have progressed towards your goals? Were there things that got in your way?

What are your goals for the next plan period?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Goal | Achieved  Yes/No | Continue Goal  Yes/No | Evidence and Outcomes to achieving Goal  (For example: capacity building therapy; transport; equipment) | Barriers/impacts to achieving goal (if not achieved) |
|  | Choose. | Choose. |  |  |
|  | Choose. | Choose. |  |  |
|  | Choose. | Choose. |  |  |
|  | Choose. | Choose. |  |  |
|  | Choose. | Choose. |  |  |

## New goals

Are there any new goals that you would like in your new plan?

What are the things that are most important to you now? What are the things you would most like to change?

What would you like to do with less help from others? Are there new things you would like to try?

|  |  |
| --- | --- |
| Your New Plan Goal | Strategies (your steps towards this goal and who might help you) |
|  |  |
|  |  |
|  |  |
|  |  |

## My Informal and Community/Mainstream Supports

### Informal Supports - (Please add or remove supports as applicable)

|  |  |  |  |
| --- | --- | --- | --- |
| Support Type | Support Description | New or Current Support | Any Comments |
| (Please think broadly of individuals in the person’s life, these are unfunded supports) | | | |
| Church group |  | Current/ New |  |
| Girl Guides |  | Current/ New |  |
| Mum and dad |  | Current/ New |  |
| Grandma |  | Current/ New |  |

### Mainstream Community Supports - (Please add or remove supports as applicable)

|  |  |  |  |
| --- | --- | --- | --- |
| Support Type | Support Description | New or Current Support | Any Comments |
|  |  | Current/ New |  |
|  |  | Current/ New |  |
|  |  | Current/ New |  |
|  |  | Current/ New |  |
|  |  | Current/ New |  |
|  |  | Current/ New |  |

## Funded Supports

Please review the current supports and provide justification for any proposed changes to current supports.

| Budget | Support Type | Frequency | Claim Method (e.g., self-manage; provider claim; financial intermediary) | Expenditure  $...../$..... | Current Service Provider | Continue Support Yes/No | Request to adjust support (e.g., increase; decrease; add new support). Include justification. |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Core |  | Choose. | Claim method. |  |  | Choose. |  |
| CORE |  | Choose. | Claim method. |  |  | Choose. |  |
| Daily Adaptive Equipment |  | Choose. | Claim method. |  |  | Choose. |  |
| Consumables |  | Choose. | Claim method. |  |  | Choose. |  |
| Improved Daily Living |  | Choose. | Claim method. |  |  | Choose. |  |
| Improved life choices (plan management) |  | Choose. | Claim method. |  |  | Choose. |  |
| Improved Relationships |  | Choose. | Claim method. |  |  | Choose. |  |
| Support Coordination |  | Choose. | Claim method. |  |  | Choose. |  |
|  |  | Choose. | Claim method. |  |  | Choose. |  |
| Capital |  | Choose. | Claim method. |  |  | Choose. |  |
|  |  | Choose. | Claim method. |  |  | Choose. |  |

## Risks

Please identify any risks during the course of the current plan (e.g., health; safety in home/community; provision of supports; sustainability of informal supports; employment; exploitation; financial including ability to self-manage; decision making; home/accommodation; other).

|  |  |
| --- | --- |
| Risk | Description/Comments |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

## Support Coordination

Please provide sufficient supporting information to inform the participant’s new NDIS plan.

|  |  |
| --- | --- |
| Support Coordination hours in current plan and expenditure to date? |  |
| Please provide justification for Support Coordination hours requested in new plan? |  |
| Current level of engagement with participant? |  |
| Please list any barriers to implementation? |  |
| Please list all additional supporting evidence (e.g., therapy reports) provided in preparation for plan review. |  |
| Any further comments? |  |