**Summary Progress Report – To be used for reporting to NDIS prior to end of Plan**

**Service Provider details**

|  |  |
| --- | --- |
| **Service provider name** | Diversitas WA |
| **NDIS Registration number** |  |
| **Contact phone number** |  |
| **Contact name** |  |

**Participant details**

|  |  |
| --- | --- |
| **Full Name** |  |
| **NDIS Number** |  |

**Support details**

|  |  |
| --- | --- |
| **Type** |  |
| **Reporting frequency** |  |

**Outcomes**

|  |  |
| --- | --- |
| **Goal 1** |  |
| **Expected Outcomes** | |
|  | |
| **Progress:** | |
|  | |

|  |  |
| --- | --- |
| **Goal 2** |  |
| **Expected Outcomes** | |
|  | |
| **Progress:** | |
|  | |

|  |  |
| --- | --- |
| **Goal 3** |  |
| **Expected Outcomes** | |
|  | |
| **Progress:** | |
|  | |

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| --- |
| **Additional comments** |
|  |

|  |  |
| --- | --- |
| **Name** |  |
| **Date of report** |  |