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| Date: * NDIS Plan attached (if applicable)
 | Assessing Staff Member:  |

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| **PARTICIPANT DETAILS** |

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| --- | --- |
| Surname:  | First Name:  |
| Date of Birth:  | Gender:  |
| Age:  |  |
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| **GUARDIAN DETAILS (IF APPLICABLE)** |

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| Surname:  | First Name:  |
| Contact Details: |  |

Please list any notable outcomes to date and how these align with individual goals initially set out.

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Have there been any changes to the following in the last review period?

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| **SUPPORTER INVOLVEMENT** |

Does the participant or their guardian have a preference regarding family, friend and/or advocate involvement? If so, how will they be supported to participate?

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DECISION MAKING

How does the participant (and their guardian, if applicable) want to provide input and be involved in decision-making?

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COMMUNICATION AND ACCESSIBILITY NEEDS

Does the participant have any specific communication or accessibility needs? If so, list these along with strategies to support them.

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HEALTH, WELLBEING AND SAFETY REQUIREMENTS

Does the participant have any food requirements, allergies, health, wellbeing or safety needs that need to be considered in service delivery?

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JOINT PLANNING / CASE COORDINATION

Is there any joint planning and case coordination with other services that involve the participant? How will ${business} support this?

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CONNECTION

(IF APPLICABLE) Does the participant (or their guardian, if applicable) have any preferences regarding their connection to their Aboriginal and Torres Strait Islander culture and community?

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(IF APPLICABLE) Does the participant (or their guardian, if applicable) have any preferences regarding their cultural, spiritual and/or language connection?

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Does the participant (or their guardian, if applicable) have any preferences regarding their links to family, friendships and other support networks?

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What barriers to community participation exist for the participant? What strategies will be put in place to help the participant overcome these?

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| **PERSONAL REFLECTION** |

Have there been any changes to the following in the last review period?

Goals:

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Strengths:

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Needs:

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Wishes:

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| **SERVICE DELIVERY** |

How, when and where will ${business} supports be delivered?

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What other actions will be taken by ${business} to support service delivery? Can referrals and linkages to other services and activities that will enhance the participant’s community participation be provided?

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**How often will service delivery be reviewed?**

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**Next Review Date:**

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| **AGREEMENT** |

* All parties agree with this Review Assessment.
* A copy of this Review Assessment has been provided to the participant (or guardian, if applicable).

**Participant/Guardian**

|  |  |
| --- | --- |
| Full Name:  | Date:  |
| Signature of Participant/Guardian:  |

**Assessing Staff Member**

|  |  |
| --- | --- |
| Full Name:  | Date:  |
| Signature of Staff Member:  |
|  |