

Background and Purpose of this Document:

Life Without Barriers (LWB) may be asked to provide a report to an NDIS Participant, or to the NDIA, reflecting any outcomes achieved as a result of the provision of support. Any report provided should be in line with the Service Agreement between LWB and the Participant.

A report would most commonly be requested at the commencement of a plan which identifies goals and objectives, or at plan review to reflect progress towards identified goals.

This template is designed for use by LWB staff to meet these requirements. Fields in the template should be completed and expanded as required.

DELETE THIS SECTION PRIOR TO SUBMITTING TO THE NDIA OR PROVIDING TO THE PERSON WE SUPPORT

Person We Support

Name:		NDIS No.:	
Address:		DOB:	
NDIS Plan Start Date:		NDIS Plan End Date:	

Agreed Supports

Support Item:		Frequency	
NDIS Support Category:		From:	To:
Support Item:		Frequency	
NDIS Support Category:		From:	To:
Support Item:		Frequency	
NDIS Support Category:		From:	To:

Review

Add extra rows as needed by clicking in the bottom row and selecting the + in the bottom right hand corner

Goal	Achieved? Yes/No	Continue Goal? Yes/No	What Worked? Evidence and outcomes related to achieving goal	What didn't work? Barriers to achieving goal (if not achieved)
Additional Comments:	<i>e.g. How the person's functional ability has changed over the plan period? Strategies implemented to overcome or resolve any barriers encountered during the plan period.</i>			

Other Supports

Has the person we support been linked to any additional informal, community, or mainstream supports to assist them to achieve their goals?

Risks

Any identified risks to the person we support or others?

Additional Supports

Recommendations for additional supports (if required). Include justification for each recommendation by providing details of the proposed outcome, any identified risks and potential impact on other supports.

Additional Information

Plan Name/Support Information	Detail: <i>detailed evidence/ information that may be relevant for the NDIA to consider when determining reasonable and necessary supports e.g. Reports completed by the person’s Doctor, Psychologist or other Appropriately Qualified Health Care Professional.</i>

Signatures:

Name of the Person We Support:			
Signature:		Date:	
LWB Representative:			
Signature:		Date:	
Phone:		Email:	