

<b>Name:</b>		<b>NDIS Participant ID:</b>	
<b>NDIS Plan Start Date:</b>		<b>NDIS Plan End Date:</b>	

**Agreed Supports**

<b>Support Item:</b>		<b>Frequency</b>		
<b>NDIS Support Category:</b>		<b>From:</b>		<b>To:</b>
<b>Support Item:</b>		<b>Frequency</b>		
<b>NDIS Support Category:</b>		<b>From:</b>		<b>To:</b>
<b>Support Item:</b>		<b>Frequency</b>		
<b>NDIS Support Category:</b>		<b>From:</b>		<b>To:</b>

**Goal Review**

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

<b>Goal</b>				
<b>Goal achieved?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<b>Continue Goal?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>What Worked?</b> <i>Evidence and outcomes related to achieving the goal. Strategies used.</i>				
<b>What didn't work?</b> <i>Barriers to achieving the goal.</i>				
<b>Additional Comments:</b>				

### Other Supports

*Has the person been linked to any 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 by providing details of the proposed outcome, any risks and potential impact on other supports.*

### Additional Information

<b>Plan Name/Support Information</b>	<b>Detail:</b> <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 Professional.</i>

**Signatures:**

<b>Name of the Person We Support:</b>			
<b>Signature:</b>		<b>Date:</b>	
<b>LWB Representative:</b>			
<b>Signature:</b>		<b>Date:</b>	
<b>Phone:</b>		<b>Email:</b>	