# **Prepare for your NDIS planning meeting**

## **A format to identify current supports and plan for support needs**

The purpose of this document is to help you prepare for your planning meeting to access NDIS-funded supports. We encourage you to adapt it to suit your needs. This is not an application form for NDIS-funded supports. It may be used to document information in preparation for your planning conversation.

## **Question 1:**

Do I need any guidance and support before and during your planning meeting? This may include:

* A family member or friend
* A guardian or advocate
* A representative from your current service provider

## **Question 2: What are the things I usually do?**

Complete the table to identify regular activities and support required, including: personal care, meal assistance, transport, behaviour or social support etc.

| Activity or support | Who currently provides this support?  (e.g. Which disability service provider, family member or community group?) | How often and how long for?  (e.g. 3 hours per day; twice a year for 2 hours etc) | Notes about the activity  (ie. What level of support is required? Is this a group activity or one to one support? Does it happen in the community or at a centre? Are there risk or safety considerations? E.g. I require 1:1 support for my personal care) |
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## **Question 3:**

What are my current aids, equipment, modifications and consumables?

### **Complete the table**

| Item | Maintenance or repair required  (i.e. Maintenance is required for my wheelchair every 6 months) | Replacement required?  (e.g. Yes or No. If yes, when?) | Notes  (e.g. Due to have an assessment in 6 months. Needs may change.) |
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## **Question 4:**

Is there anything I would like to change about the above in the coming year? Consider safety, new goals, different environments, changes to equipment, transport and the role of informal supports

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## **Question 5:**

My goals: Things I would like to do, learn and achieve include:

| My goal: |  |
| --- | --- |

| What I would like to do | Who will support me | Notes |
| --- | --- | --- |
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| My goal: |  |
| --- | --- |

| What I would like to do | Who will support me | Notes |
| --- | --- | --- |
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| My goal: |  |
| --- | --- |

| What I would like to do | Who will support me | Notes |
| --- | --- | --- |
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**Supporting documents to be provided to the planner** (Please note that it is preferable to send these electronically)

| Reports and Plans | Review Date | Attached |
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| Person-centred plan |  |  |
| Reports from health professionals |  |  |
| Physiotherapy |  |  |
| Psychologist/psychiatrist |  |  |
| Occupational Therapy |  |  |
| Speech pathologist |  |  |
| General practitioner |  |  |
| Dietician |  |  |
|  |  |  |
| Health related plans |  |  |
| Epilepsy management plan |  |  |
| Asthma management plan |  |  |
| Allergy management plan |  |  |
| Nutrition and swallowing plan |  |  |
| Continence plans and information |  |  |
|  |  |  |
| Positive Behaviour Support |  |  |
| Summary report of incidents |  |  |
| Positive behaviour support plan |  |  |
| Restrictive practices |  |  |
| Incident prevention and response plan |  |  |
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