

## National Premier Disability Services

# INITIAL SUPPORT ASSESSMENT

Date: \_\_\_\_\_

Assessing Staff Member: \_\_\_\_\_

NDIS Plan attached (if applicable)

### CLIENT DETAILS

Surname \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Age: \_\_\_\_\_

### GUARDIAN DETAILS (if applicable)

Surname \_\_\_\_\_ First Name \_\_\_\_\_

### SUPPORTER INVOLVEMENT

Does the client 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 client (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 client 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 client have any 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 client? How will National Premier Disability Services support this?

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**CONNECTION**

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

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Does the client (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 client? What strategies will be put in place to help the client overcome these?

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**PERSONAL REFLECTION**

What are the client's:

Goals?: \_\_\_\_\_

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Strengths?: \_\_\_\_\_

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Needs?: \_\_\_\_\_

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Wishes?: \_\_\_\_\_

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How can National Premier Disability Services support these things?

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How can National Premier Disability Services support the client to develop, maintain and strengthen their independence, problem solving, social and self-care skills (appropriate to their age, developmental stage and cultural circumstances)?

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How can National Premier Disability Services support the client to take control of and responsibility for their choices and enhance their autonomy, independence and community participation?

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### **SERVICE DELIVERY**

How, when and where will National Premier Disability Services supports be delivered?

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What other actions will be taken by National Premier Disability Services to support service delivery? Can referrals and linkages to other services and activities that will enhance the client's community participation be provided?

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How often will service delivery be reviewed? \_\_\_\_\_

Next Review Date: \_\_\_\_\_

### **AGREEMENT**

All parties agree with this Initial Support Assessment.

A copy of this Initial Support Assessment has been provided to the client (or guardian, if applicable).

**Client/Guardian**

Full Name \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

**Assessing Staff Member**

Full Name \_\_\_\_\_ Date \_\_\_\_\_

Signature of Staff Member \_\_\_\_\_

**National Premier Disability Services**

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