# NDIS Pre-planning meeting Workbook:

Insert Photo

**My Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**My NDIS Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**People who helped me develop my plan:**

**Contact details:**

**The name of my independent planner is:**

**Contact details:**

**How much help did you get to complete this workbook?**

☐ No Help ☐ Some Help ☐Complete Help

**An introduction to……:**

**My Vision for the Future or Impact Statement:**

# About Me

*This part of my NDIS Pre-planning workbook is about me (or my son / daughter’s) daily life, and the people in my (his / her) life.*

## Where I live and the people I live with:

*Where do you live and with whom? What is good about this and what is not so good? Are there any changes coming up or would you like anything to change?*

## People in my life who support me:

*Who are the important people in your life and how do they help you? What is good about this and what is not so good? Are there any changes coming up or would you like anything to change?*

## My daily life:

*What happens in your day-to-day life? E.g. In the community, at school, work and social activities. What is good about this and what is not so good? Are there any changes coming up or would you like anything to change?*

*Look through the ‘life areas to think about’ on the next page and the activities calendar to prompt ideas.*

# Life areas to Think About

**To be independent and doing ordinary day-to-day things**

* Doing more things for yourself / themselves
* Learning new life skills and becoming more independent
* Help with personal care, getting ready or going to bed
* Getting to where you need to go in the day, travel / transport and /or learning how to do this more independently
* Getting out to appointments and or doing shopping, paying bills etc.
* Equipment or assistance to engage in daily living

**Daily Living**

**Social and community participation**

**About doing things in your community**

* Spending more time with other people in your community
* Making more friends or spending more time with family
* Trying new activities, like joining a club or group
* Sport activities, hobbies and / or leisure activities you enjoy
* Being more able to attend events or special occasions in your community

**Around building relationships with family and friends**

* Are you (or your son / daughter) happy with the relationships in your (their) life?
* Are you (or your son / daughter) having difficulty in social situations or with getting along with your (their) friends, family or other people in your (their) life?
* What would you (or your son / daughter) like your relationships to look like?
* Learn social skills and ways to build natural supports

**Relationships**

**To be independent at home**

* Does your current home suit your (or your son / daughter’s) needs?
* Do you need to change where you (or your son / aughter) live?
* Do you need some help to make sure you (or your son / aughter) stay

living where you are?

* Are there any modifications that would help maintain a quality of life?
* Support around the home to keep it clean, inside and out?

**Home**

**Learning something new or improving skills**

* Like a new skill or qualification?
* Are you (or your son / daughter) starting or moving to a new school or other form of education?
* What do you (or your son / daughter) want to achieve?
* Are there any training programs or conferences that will benefit?

**Learning**

**Learning something new or improving skills to make decisions**

* Are you happy with the control that you (or your son / daughter)

have over the choices you (they) make in daily life?

* Do you (or your son / daughter) need help to make choices about

who supports you and when?

* Help with learning how to make wiser choices
* Learning how or teaching others how you (or your son/daughter) communicates your (their) choices
* Support to implement your (your son / daughter’s) plan

**Choice and Control**

**Improving or maintaining health and wellbeing:**

* Do you (or your son / daughter) want to get healthier, change your diet or do more physical activity, like taking up a sport?
* What is it you (or your son / daughter) want to change or achieve?
* Are there any therapists, specialists or professionals that could help in being healthy and well?

**Health and wellbeing**

**Finding, getting and keeping a job (paid or volunteer) or studying:**

* Do you (or your son / daughter) want to get a job, volunteer

or study?

* Do you want to increase your work or volunteer hours?
* Does anything need to happen before you (or your son /

daughter) are job ready?

* Do you (or your son / daughter) need anything to keep you being able to work or school, college?
* Do you (or your son / daughter) need anything to help you to get to work, volunteer work or place of study?

**Work & Education**

**How you (your son / daughter) want the plan to be managed**

* Self managed of whole plan to have full control and choice
* Engage a plan manager to process invoices and manage expenses
* Coordinator of supports to help organise the supports and employ people
* Plan manager to support implementation of the plan
* NDIS or service provider managed

**Managing the plan**

# My Goals

*This part of my NDIS Pre-Planning workbook lists my goals and things I want to work towards during this plan. Think about learning to do any of these things more independently (even if it requires support, it may be independent from family).*

*Think about the things you (or your son / daughter) want to change or do now or in the next few years. Think about what and / or who could help achieve this goal. You may add as many goals as you feel you (or your son/daughter) is able to achieve or work on within the year.*

|  |
| --- |
| My First Goal is: |
| How I am going to achieve this goal: |

|  |
| --- |
| My Second Goal is: |
| How I am going to achieve this goal: |

|  |
| --- |
| My Third Goal is: |
| How I am going to achieve this goal: |

|  |
| --- |
| My Fourth Goal is: |
| How I am going to achieve this goal: |

|  |
| --- |
| My Fifth Goal is: |
| How I am going to achieve this goal: |

|  |
| --- |
| My Sixth Goal is: |
| How I am going to achieve this goal: |

# My (My son / daughter’s) activities calendar

Completing this calendar can help you to complete your (your son / daughter’s) NDIS Pre-planning workbook. Think about activities that you do (or your son / daughter does) regularly, for example, attending school / pre-school or child care, work, volunteering, family activities, social activities with friends, sports, music and dancing and any therapy appointments for services (including speech pathology, OT and Physio). If what you want for the future is significantly different than now make another copy of this activity calendar and fill it in to the future you want.

UNPAID SUPPORTS

PAID SUPPORTS

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| **Early Morning** |  |  |  |  |  |  |  |
| **Morning** |  |  |  |  |  |  |  |
| **Midday** |  |  |  |  |  |  |  |
| **Early Afternoon** |  |  |  |  |  |  |  |
| **Late Afternoon** |  |  |  |  |  |  |  |
| **Evening** |  |  |  |  |  |  |  |
| **Overnight** |  |  |  |  |  |  |  |

|  |
| --- |
| Sometimes I do (my son / daughter does) … List activities such as holidays or activities that happen occasionally |
| Notes… |

*Please complete the following to the best of your ability. Each category will prompt you to not only list the support you currently receive but to think about any additional supports that you would like to receive.*

|  |  |  |
| --- | --- | --- |
| **SUPPORT TYPES** | **CURRENT FUNDED SUPPORTS**  *(Only what you currently receive)* | **UNMET NEEDS**  *(Extra support you would like to receive)* |
| **Continence -** *(If applicable list how many continence products used daily)* |  |  |
| **Self-Care -** *(What & how often e.g. prompting, wiping, washing, teeth cleaning, dressing, eating etc.)* |  |  |
| **Community Access -** *(List days/hours of support) 1:1 support or group setting, e.g. out in the community or in day program* |  |  |
| **Employment -** *(Provide DMI if supported employment)* |  |  |
| **Respite -** *(List In-home &/or center based hours)*  *NDIS will now call this out of home care or core supports for personal care at home or community access or holidays* |  |  |
| **Assessment/ Therapy -** *(E.g. OT, Physio, Speech, Psychologist, Psychiatrist, Behavioural therapist, dietician, mealtime management etc.)* |  |  |

|  |  |  |
| --- | --- | --- |
| **Equipment - *Note:*** *List any equipment that needs servicing/ replacement* |  |  |
| **Modifications (House/ Vehicle) - *Note:***  *List any modifications that need replacement* |  |  |
| **Transport -** *(List supports e.g. Mobility Allowance.) NDIS will put this directly into your bank account* |  |  |
| **Other -** *(List any other supports you currently receive or would like)* |  |  |
| **Informal Supports -** *(List all informal supports currently in place, e.g. parents, grandparents etc.)* |  |  |
| **Mainstream/ Community Supports -** *(E.g. Current Doctors, Specialists, Community services etc.)* |  |  |
| **Other personal/ relevant Participant Information** |  |  |
| **Questions/ comments** |  |  |