

Child Safety NDIS planning preparation guide

Child details

Given name/s			Surname			
DOB						
Indigenous status	Aboriginal	Torres Strait Islander		Both	Does not identify	
Non-English speaking background		Details:			Interpreter required?	
Primary disability						
Secondary disability/ies						
Preferred communication						
Mobility						
Current living arrangement				Length of time in this arrangement		
Home contact (parent, carer or provider)	Name			Role		
	Phone			Email		

Child Safety details

Intervention type	CPO-LTG-Other	CPO-LTG-CE	CPO-STG	CPO-STC	CPO-STC-O	Adoption Care Agreement
	Interim Order	Supervision Order	Directive Order	IPA	Interstate Order	
CSO						
Senior TL						
CSSC						
Region						

NDIS eligibility documentation

Citizenship/residency/ Guardianship evidence	Birth certificate		Australian naturalisation certificate			
	Passport	Australian Permanent Residency/Special Category Visa				
	Child Protection Order			Other:		
Disability evidence	Specialist assessment		GP report		Paediatric report	
	Guidance officer assessment			Other		

Form completed by

Name			Relationship to child		
Phone			Email		

About :

Family and care-giver relationships

Who does live with?

Who are the key care-givers in 's life?

Who are the other important family/social connections for ?

How does 's disability affect their relationship with their family and care-givers?

What supports could help strengthen 's relationships with their family and care-givers?

Is there a potential goal for in this area?

Education, learning, training or employment

How does 's disability affect their participation in education, learning, training or employment?

What supports could help improve 's readiness for, participation in, or transition between, education, learning, training or employment?

Is there a potential goal for in this area?

About

Cont.:

Physical capability

How does _____'s disability affect their physical capability (relative to other children and young people their own age)?

What supports could help improve _____'s physical independence?

Is there a potential goal for _____ in this area?

Emotional independence

How does _____'s disability affect their level of independence (relative to other children and young people their own age)?

What supports could help improve _____'s sense of independence and self-confidence?

Is there a potential goal for _____ in this area?

Social and community participation

How does _____'s disability affect their ability to participate in their community, engage in activities of their choice, and/or socialise with their family and friends?

What supports could help improve _____'s social and community participation?

Is there a potential goal for _____ in this area?

About

Cont.:

Communication and self-expression

How does _____'s disability affect their ability to communicate their needs and wishes?

What supports could help improve _____'s communication and self-expression?

Is there a potential goal for _____ in this area?

Cultural expression

What considerations are needed to ensure the NDIS plan for _____ supports their connection to their identity, culture and language?

Safeguards

Do workers require any special training (e.g. double up shifts) to work with _____ ?

If yes please describe:

Are there any additional safeguards that are required to be put in place for _____ ?

If yes please describe:

Preparing for adulthood (15+ years)

Has _____ already identified their post-school goals or dreams?

What supports could help _____ achieve these goals?

What future housing needs are anticipated?

Is a Positive Behaviour Support Plan likely to be required under the Disability Services Act?

What guardianship/decision-making roles are anticipated?

Is the NDIS School Leavers Employment Supports program relevant for _____ ?

Disability-specific family supports and parent and carer training programs

What disability-related training, memberships or programs can be identified to help _____ 's parents and/or carers better understand and care for _____ ?

Daily activities

	What happens now?	What is working well?	What are we worried about?	Next steps - what could improve?
Monday				
Morning (1am-12noon)				
Afternoon (12noon-6pm)				
Evening (6pm-1am)				
Tuesday				
Morning (1am-12noon)				
Afternoon (12noon-6pm)				
Evening (6pm-1am)				
Wednesday				
Morning (1am-12noon)				
Afternoon (12noon-6pm)				
Evening (6pm-1am)				
Thursday				
Morning (1am-12noon)				
Afternoon (12noon-6pm)				
Evening (6pm-1am)				

Daily activities cont:

	What happens now?	What is working well?	What are we worried about?	Next steps - what could improve?
Friday				
Morning (1am-12noon)				
Afternoon (12noon-6pm)				
Evening (6pm-1am)				
Saturday				
Morning (1am-12noon)				
Afternoon (12noon-6pm)				
Evening (6pm-1am)				
Sunday				
Morning (1am-12noon)				
Afternoon (12noon-6pm)				
Evening (6pm-1am)				

What are _____'s interests and hobbies?	What does _____ like to do but has not done in a while?

