

# Participant Support Review Form

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

NDIS Plan attached (if applicable)

### PARTICIPANT DETAILS

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

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

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

### GUARDIAN DETAILS (if applicable)

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

Please list any notable outcomes to date, and how these align with individual goals initially set out.

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Have there been any changes to the following in the last review period?

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### SUPPORTER INVOLVEMENT

Does the participant 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 participant (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 participant 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 participant 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 participant? How will Kairos Care Pty Ltd support this?

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### **CONNECTION**

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

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

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**PERSONAL REFLECTION**

Have there been any changes to the following in the last review period?

Goals:

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Strengths:

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Needs:

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Wishes:

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**SERVICE DELIVERY**

How, when and where will Kairos Care Pty Ltd supports be delivered?

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What other actions will be taken by Kairos Care Pty Ltd to support service delivery? Can referrals and linkages to other services and activities that will enhance the participant's community participation be provided?

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How often will service delivery be reviewed?

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Next Review Date:

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### **AGREEMENT**

- All parties agree with this Review Assessment.
- A copy of this Review Assessment has been provided to the participant (or guardian, if applicable).

### **Participant/Guardian**

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

Signature of Participant/Guardian: \_\_\_\_\_

### **Assessing Staff Member**

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

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