

**Disability Services Progress Report**

**PARTICIPANT DETAILS**

|  |  |
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| Name: |  |
| NDIS Participant #: |  |
| Service Agreement: | From: To:  |
| Services Provided: | Provide a summary of the supports provided to the participant |

**NDIS Goals**

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| --- |
| 1.  |
| 2.  |
| 3.  |
| 4.  |

**NDIS PROVIDER GOALS**

A brief summary of how you proposed to help the participant meet their goals. For example how you want to help them live independently by learning to cook or catch public transport.

**PARTICIPANT PROGRESS**

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| --- | --- |
| **Goal:** |  |
| **Progress Summary:** | Provide a brief summary of how the support has assisted the participant to achieve or work towards their goals - for example, how their functional ability has changed over the plan period.  |
| **Evidence:** | Provide some examples of your experiences/activities that supported the participant to progress towards these. Paste any photos, pictures, notes etc.(optional) |

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**PARTICIPANT FEEDBACK**

This section may incorporate the responses of the participant in the form of writing, quoting spoken word, descriptions of movement, artwork or photos.

It is intended to capture the participant’s perspective on how they feel about their experience with you and how they feel they are going in relation to their goals.

**RECOMMENDATIONS FOR FUTURE GOAL SETTING**

Brief outline of possible future areas of focus if the participant would like to continue accessing your services.

**RECOMMENDATIONS FOR ADDITIONAL SUPPORT**

If appropriate provide suggestions for additional services or supports from other service providers a participant may benefit from based on your assessment/observations.

Provide justification for your recommendations.

**FURTHER COMMENTS**

Add any additional comments about barriers or risks the participant faced and how they overcame them. What strategies did you implement to help them.

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| Report Prepared by: |  |
| Signed: |  |
| Date: |  |