# Support coordination - progress report

You can use this form to help the NDIA understand how the participant’s plan is going.

**How to complete this form**

Complete this form if you are:

* a support coordinator
* supporting the participant to implement their plan.

You should:

* Fill out this form through discussions with the participant and the people who support them.
* Support the participant to talk about their experiences and make sure they know what you are going to tell us in this form.

You must provide a completed progress report to us as outlined in the request for service (RFS). When you complete this form, you give us information about:

* The participant’s support needs and situation.
* The participant’s progress in implementing their plan to pursue their goals.
* The supports the participant is receiving.

## How do I return this form to the NDIA?

You can return this form to us by:

* Uploading through your my NDIS provider portal. For help to do this go to [provider portal and resources](https://www.ndis.gov.au/providers/working-provider/myplace-provider-portal-and-resources).
* If you are unable to upload via the portal, then you may send an email with the report attached to [enquiries@ndis.gov.au](mailto:enquiries@ndis.gov.au).
* **Date:** Click here to enter a date.

## Participant details:

|  |  |
| --- | --- |
| Name: | Click or tap here to enter text. |
| NDIS number: | Click or tap here to enter text. |
| Plan start date: | Click here to enter a date. |
| Plan end date: | Click here to enter a date. |

## Provider details:

|  |  |
| --- | --- |
| Provider: | Click or tap here to enter text. |
| Person completing this report: | Click or tap here to enter text. |
| Phone number: | Click or tap here to enter text. |
| Email address: | Click or tap here to enter text. |

## **How are you engaging with the participant?**

|  |  |
| --- | --- |
| Agreed frequency of contact with the participant: | Click or tap here to enter text. |
| Nominated contact (e.g. nominee, child representative or N/A): | Click or tap here to enter text. |
| Primary contact method: | Click or tap here to enter text. |
| Primary contact details: | Click or tap here to enter text. |
| Secondary contact method: | Click or tap here to enter text. |
| Secondary contact details: | Click or tap here to enter text. |
| Other key contact: | Click or tap here to enter text. |
| Other key contact details: | Click or tap here to enter text. |

### Participant goals

Use this table to tell us how you are going with supporting the participant pursue their goals.

How far the participant pursues their goals is up to them. You can tell us the participant has not made as much progress towards their goal as they hoped. We won’t use this information to reduce or remove supports when the plan is reviewed, unless the participant’s disability support needs have changed.

| **Participant goals** | **How does the participant feel they are progressing with their goals?**   1. No real progress for them 2. Not as much progress as they would like 3. Some progress 4. Mostly progressing well 5. Progressing well | **Support coordinator comments**  *What are the next steps for you to assist the participant pursue their goal?*  *Were there any obstacles impacting you in supporting the participant pursue their goal?* |
| --- | --- | --- |
| **1.** Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. |
| **2.** Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. |
| **3.** Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. |
| **4.** Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. |

### Celebrations – achievements or progress

Use this section to talk about any achievements, milestones or progress the participant would like to share in this plan period. No achievement or progress is too small to mention.

### Community and mainstream supports

### New community and mainstream supports

Use this table to tell us about any community and mainstream supports the participant is already seeking support from or you want to connect them with over the next period.

| **Are there community or mainstream supports you want to connect with?** | **Support coordinator comments**  *What steps have been taken, or will be, to help the participant connect to the support?* |
| --- | --- |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |

**Current community and mainstream supports**

Use this table to tell us about any community and mainstream supports the participant is currently connected with and you are supporting them to maintain.

| **Current community and mainstream supports** | **Are the community and mainstream support meeting the participant’s needs?**   1. Not at all 2. Not as much as they would like 3. Somewhat 4. Most of the time 5. Yes, it is meeting their needs | **Support coordinator comments**  *Were there any obstacles impacting you supporting the participant to maintain or improve their community or mainstream supports?* |
| --- | --- | --- |
| Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. |
| Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. |
| Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. |

### Funded supports

Tell us about the current NDIS funded supports in the participant’s plan.

| **Support budget** | **Are the service/supports currently meeting their needs?**   1. Not at all 2. Not as much as they would like 3. Somewhat 4. Most of the time 5. Yes, it is meeting their needs | **Support coordinator comments**  *For supports/services* ***meeting*** *the participant’s current needs*  *Are they on track for support for the life of their plan? Will these meet their future needs?*  *For supports/services* ***not*** *meeting the participant’s current needs*  *Are other supports or options being considering? If so, list below. If not, provide reasons.* |
| --- | --- | --- |
| **Core** | Choose an item. | Click or tap here to enter text. |
| **Capacity building** | Choose an item. | Click or tap here to enter text. |
| **Capital** | Choose an item. | Click or tap here to enter text. |

### Referrals, assessments and reports

Use this table to tell us about any referrals, assessments or reports you are supporting the participant gather during the current plan.

For example, a recent OT assessment report that has new recommendations to help the participant.

If you have new referrals, assessments or reports, attach or upload them when submitting this report.

| **Are there assessments or reports you are supporting the participant gather?** | **What is the status in obtaining the referral/assessment/report?** | **If the referral/assessment/report is not submitted - what are the expected timeframes to having it finalised?** | **Have any barriers been identified in gathering the referral/assessment/reports?** |
| --- | --- | --- | --- |
| Click or tap here to enter text. | Choose an item. | Choose an item. | Click or tap here to enter text. |
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## Participant safety

Use this table to tell us about any risks or concerns to the participant’s safety in this reporting period. When detailing the risk or concern include:

* Any actions we’ve taken to help the participant think about their own safety.
* Any guidance we’ve provided to improve their safety and wellbeing whilst recognising their right to make their own choices and decisions.
* What further action we may need to take over the next plan period.

|  |  |  |
| --- | --- | --- |
| **Describe the participant safety concern**  ***E.g.,*** *Participant has limited social and community networks* | **Describe the actions taken to improve or resolve safety concerns**  ***E.g.,*** *To develop their community connections, we linked and supported the participant to join their local Men’s Shed* | **Describe further actions or steps needed to improve participant’s safety**  ***E.g.,*** *We will explore if a peer from the Men’s Shed can help the participant with travel to the venue in future so they can still attend on days of bad weather* |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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**Note:** This section is **not** a replacement or avenue for incident reporting.

All registered NDIS providers (including support coordinators) should understand and comply with their obligations to raise concerns. If there is an immediate risk or threat to the participant, support coordinators should immediately contact emergency services.

For more information, see [Useful contacts | NDIS](https://www.ndis.gov.au/about-us/fraud-and-non-compliance/useful-contacts).

## **Privacy and your personal information**

### Collection of your personal information

The National Disability Insurance Agency (NDIA) would like some personal information from you to simplify your engagement with the NDIS. Any personal information you provide to the NDIA is safe under the National Disability Insurance Scheme Act 2013 and the Privacy Act 1988. You can also ask to see what personal information (if any) we hold about you at any time and can seek correction if the information is wrong.

### Personal information use and disclosure

The NDIA will use your information to support your involvement in the NDIS.

The NDIA will **not** use any of your personal information for any other purpose or disclose your personal information to any other organisations or individuals (including any overseas recipients), unless authorised by law or you provide your consent for us to do so.

### The NDIA’s privacy policy describes

* How we use your personal information.
* Why some personal information may be given to other organisations from time to time.
* How you can access the personal information we have about you on our system.