



NDIS PLAN REVIEW - PREPARATION WORKSHEET

PREPARE WITH CONFIDENCE. BE HEARD. BE READY.

Prepare your information, evidence and talking points before your planning conversation.



FLIGHT PLAN

Use this worksheet to prepare key information, goals and evidence so you can have a clear, confident and focused planning conversation.



Focus on reasonable and necessary supports



PREPARATION EMPOWERS YOU.
GOOD PLANNING IS INFORMED PLANNING.

1 MY NDIS GOALS

What I am working towards and what I want to achieve.



| |
|-------------------------------------|
| Goal |
| Why it matters |
| How disability affects achieving it |
| Goal |
| Why it matters |
| How disability affects achieving it |
| Supports that help |

2 HOW MY DISABILITY AFFECTS MY DAILY LIFE

What makes tasks harder, how often, and the impact.

| | What happens? | How often? | What support helps? | Impact & Lvl (L/w/v/c) | Evidence available? |
|-------------------------|---------------|------------|---------------------|------------------------|---------------------|
| Communication | | | | | |
| Learning | | | | | |
| Executive functioning | | | | | |
| Emotional regulation | | | | | |
| Sensory processing | | | | | |
| Mobility | | | | | |
| Self-care | | | | | |
| Relationships | | | | | |
| Community participation | | | | | |
| Safety | | | | | |
| Daily routines | | | | | |
| Other | | | | | |

3 WHAT'S WORKING WELL

Supports, strategies or services that are helping.



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4 WHAT I NEED MORE SUPPORT WITH

What isn't working, isn't enough, or is missing.



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5 SUPPORTS I BELIEVE ARE REASONABLE AND NECESSARY

Supports linked to my goals, needs and functional impacts.



| Support / Service | How it helps (link to goals / needs) | Who provides it | How often / Hours |
|-------------------|--------------------------------------|-----------------|-------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

Why these supports are reasonable and necessary: _____

6 MY EVIDENCE AND REPORTS

What I have new and what's updated or now.



| Report / Evidence | Date | Provider | What it shows |
|-------------------|------|----------|---------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

- I will provide updated evidence.
- I will provide additional evidence if requested.

Other evidence I can provide: _____

7 KEY POINTS I WANT TO MAKE

Anything important I don't want to forget.



- _____
- _____
- _____
- _____
- _____

8 QUESTIONS I WANT ANSWERED

What I would like clarity on.



- _____
- _____
- _____
- _____
- _____

9 IF SUPPORTS CHANGE

- Ask what evidence supports the change.
- Ask if updated reports can be provided.
- Ask for written reasons.
- Ask what happens next.
- Record key information.

PREPARED BY

Name _____
 Role _____
 Date _____
 Phone _____
 Support Coordinator _____
 Advocate _____

YOU KNOW YOUR DISABILITY AND YOUR DAILY LIFE BETTER THAN ANYONE ELSE.
Your lived experience is essential.

PREPARATION EMPOWERS YOU
Preparation helps ensure your input is heard clearly and your individual circumstances are fully understood. Good planning is informed planning.

THE PURPOSE OF THIS WORKSHEET
This worksheet is to help you prepare for a planning conversation. It is not to delay decisions or create evidence. It is to ensure decisions are informed by accurate information, current evidence and your individual conversation.

