**NDIS Planning Tool – Children’s Services**

This is an adapted tool from the NDIS planning workbook to reflect the needs of children aged between 0-12 years

**Think about your needs and goals**

Before you meet your planner, think about what you want and need.

* What support do you need to do everyday activities?
* How would you like your life to be in a few years?
* How can the NDIS help you?

You may decide to discuss these questions with your family, friends or carer.

Your planner will consider supports that will help your family:

* Pursue your child’s goals
* Increase your child’s independence
* Support your child to take part in community activities
* Continue to provide the care and support your child needs

Together you will discuss informal, community and other supports available to you. These include family, friends and community services, or more formal supports such as health and education services.

At your first planning session, the NDIS will discuss what your child is doing now and what you would like them to try in the future. We will talk about three aspects of your life”

* Your daily routine
* Your living arrangements
* Your current relationships and supports from other people

It is important you think about everything your child needs such as support with personal care, continence support, therapy, and transport, access to community, respite, group activities, social inclusion, case management, early intervention services and training

Use the spaces on the following pages to make notes about these aspects of your life.

**What is your child’s life like now?**

Your Participant Statement includes information on your day-to-day life. Think about:

* What your child participates in now such as kinder / school and social activities
* What is working well in your life
* What you would like to change or improve
* Whether there is something new your child would like to try
* Activities your child enjoys or is good at

|  |
| --- |
| *Write your notes here* |

It may help to fill in the timetables on the next page.

**Regular Activities**

|  |  |  |
| --- | --- | --- |
| **Day** | **What your Child does** | **What help they have** |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |
| Saturday |  |  |
| Sunday |  |  |

**Occasional Activities**

|  |  |  |
| --- | --- | --- |
| **Month** | **What your Child does** | **What help they have** |
|  |  |  |

**What are your current living arrangements?**

Think about:

* Who usually lives at your home
* The type of accommodation you live in
* Whether there is something you would like to change about your living arrangements to make things easier for you or your child
* Things that would help increase your child’s independence

|  |
| --- |
| *Write your notes here* |

**What relationships does your child have now?**

Think about:

* Who is important in your child’s life?
* What informal supports you have from family, friends, or neighbours

|  |
| --- |
| *Write your notes here* |

**What supports do you currently have?**

Think about:

* Specific programs that your child attends now such as childcare or play group, kinder or school
* Any services you are currently using such as Early Childhood intervention, therapies or behaviour support.

|  |
| --- |
| *Write your notes here* |

**Assistance with activities**

Think about:

* What assistance you may need to carry out your day-to-day activities
* What formal supports your child has through the health system, community centres, personal helpers etc.

|  |
| --- |
| *Write your notes here* |

**Current needs that are not being met**

|  |
| --- |
| What activities do you find challenging?  In Home  Out of Home  What activities do you avoid because of your child’s disability?  At home  Out of Home |

**Your Child’s Goals**

There may be things you want your child to achieve in the short and longer term.

Think about:

* What life looks like for a typical child of the same age
* What activities could your child participate in if they had the necessary supports?
* The supports you already have in place
* If something is stopping your child from achieving their goals?
* What steps you need to take to change things?

Use the spaces below to write down your child’s and family’s goals. You don’t need to write in every box just those most important to your child and family

**Communication**

|  |
| --- |
| *Some examples of communications goals*  *I would like my child to learn to use longer sentences*  *I would like my child to be able to understand what is being said to them*  *I would like my child to use more words*  *I would like my child to be able to ask for what they want* |

**Self-Care**

|  |
| --- |
| *Some examples of self-care goals*  *I want my child to learn to eat a variety of foods*  *I want my child to drink from a cup*  *I want my child to dress themselves*  *I want my child to have dry knickers* |

**Play and Learning**

|  |
| --- |
| *Some examples of play and learning goals*  *I would like my child to be able to draw*  *I would like my child to enjoy books*  *I would like my child to be able to play with a range of toys*  *I would like my child to play by themselves for short periods of time*  *I would like my child to organise their belongings* |

**Managing emotions**

|  |
| --- |
| *Some examples of goals about managing emotions*  *I want my child to cope with different sounds/textures/tastes/environments*  *I want my child to be able to calm themselves*  *I want my child to feel comfortable being away from me*  *I want my child to be le to recognise and express emotion to familiar people* |

**Movement**

|  |
| --- |
| *Some examples of goals about movement*  *I would like my child to be able to reach and hold toys*  *I would like my child to walk/run/jump/climb stairs/ride a bike*  *I would like my child to be able to hold their head up*  *I would like my child to enjoy moving* |

**Social Skills**

|  |
| --- |
| *Some examples of social skill goals*  *I want my child to have friends*  *I want my child to take turns and share*  *I want my child to be gentle with others*  *I want my child to be able to recognise others emotions* |

**Being part of family life**

|  |
| --- |
| *Some examples of goals about being part of a family*  *I want my child to join in family celebrations*  *I would like our family to enjoy meals together*  *I would like our family to visit the beach*  *I would like my child to get along with their brothers and sisters* |

**Joining in the Community**

|  |
| --- |
| *Some examples of goals about joining in*  *I want my child to go to birthday parties*  *I want my child to understand road safety and stranger danger*  *I want to be able to take my child shopping* |

**Understanding your child’s strengths abilities and needs**

|  |
| --- |
| *Some examples of goals about understanding your child*  *I would like to know where my child is at developmentally*  *I need help to understand the things my child does well*  *I need to understand how my child processes sensory information*  *I would like to know what my child needs to get ready for kinder/school*  *I would like to understand my child’s behaviour* |

**Helping your child to develop and learn**

|  |
| --- |
| *Some examples of goals about helping your child develop and learn*  *I want to know what I can do to help my child talk*  *I want to know how to play with my child*  *I want my child to learn to use scissors*  *I want to know how to support my child to feed/dress/toilet themselves*  *I would like my child to be able to calm themselves* |

**Understanding our rights and knowing how to speak up**

|  |
| --- |
| *Some examples of goals about knowing your rights and speaking up*  *I would like to know the options for choosing a school for my child*  *I would like to know how my child can join in at childcare*  *I would like to be able to ask our Paediatrician more questions* |

**Our family’s health and wellbeing**

|  |
| --- |
| *Some examples of health and wellbeing goals*  *I would like my parents to be able to babysit for us*  *I would like to spend time with my partner*  *I would like time with my other children*  *I would like to return to work part time* |

**Information, resources and supports**

|  |
| --- |
| *Some examples of goals about information resources and supports*  *I need more information about my child’s diagnosis*  *I need help to organise supports and services*  *I want to be able to explain my child’s needs to others*  *I would like to talk with other families in a similar situation*  *I would like to learn Key Word signing* |

**Aids, Equipment or Modifications**

Think about:

* Any special equipment your child has or may need, for example a supportive seat, wheelchair, speech aid
* How often do you use this equipment?
* Is it appropriate for your child’s needs?
* Whether your home has been, or needs to be, modified.

|  |
| --- |
| *Some examples of goals related to equipment*  *I would like my child to sit at the table*  *I would like my child to be able to get around with a wheelchair/walker*  *I would like to be able to bath my child*  *I would like my child to be able to ask for what they need using an iPad* |

**Play and Learning**

|  |
| --- |
| *Some examples of play and learning goals*  *I would like my child to be able to draw*  *I would like my child to enjoy books*  *I would like my child to be able to play with a range of toys*  *I would like my child to play by themselves for short periods of time*  *I would like my child to organise their belongings* |

Evidence

The NDIS requires evidence to show that your child has needs resulting from the impact of their disability.

Evidence can consist of reports, support plans, assessments, and any other documentation, which demonstrate the needs of your child, strategies that have been put in place or progress, which has occurred.

* Lifestyle plan
* Behaviour support Plan
* Person centred plan
* Client support plan
* Health support plan
* Individual Education Plan
* Therapy assessments (Physio, psychologist, speech therapist or occupational therapist)
* Letter from doctor or therapist
* Information from kindergarten, school and childcare
* Any day program or activity schedules
* Recreational program information or reports
* Information from a current service provider
* Carer Statement
* Any other information you have