

Preparation checklist for NDIS planning meeting

Please ✓

Therapy reports or letters (see form reverse)

Carer Statement

Participant Statement

Amaze NDIS Readiness Resource goals

Quotes '(estimated prices for services)'

REPORTS SUBMITTED TO THE NDIS

REPORTS, STATEMENTS & LETTERS SUBMITTED	REPORT/NAME OF THERAPIST OR BUSINESS	Quote attached <i>(please tick)</i>	DATE OF THERAPY REPORT	SIGHTED AND RECEIVED BY PLANNER/LAC	SIGNATURE
For example: SPEECH THERAPY	MARY BROWN	✓	01/01/2019	<i>Planner to insert full name</i>	<i>Planner to sign they have received evidence</i>
Participant Statement	<i>Insert Participant's name:</i>				
Carer Statement	<i>Insert Carer's name:</i>				

The Participant or Carer should fill this in prior to the NDIS planning meeting. At the meeting, give it to the Planner for sign off as proof or receipt. The Participant or Carer should ask the Planner for a copy once it has been signed or take a photo with their phone.

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