

# Assessment Template – General Assistive Technology

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Please use this form if you are an Assistive Technology (AT) assessor.

## Notes for AT assessors of general AT supports

An AT assessor:

- is able to assess the participant's needs and situation, and identify the most appropriate AT
- can be an allied health practitioner, continence nurse, rehabilitation engineer, or other suitably qualified practitioner
- has obligations under:
  - NDIS Quality and Safeguards Commission (whether registered with the Commission or not)
  - their respective professional registration under Australian Health Practitioner Regulation Agency (AHPRA) and/or professional registration body
  - Australian Consumer Law
- must consider all options, including non-AT supports, for:
  - addressing the participant's disability related functional limitations
  - pursuing goals
- must be aware of and observe the law relating to AT that is likely to restrain the participant:
  - see [National Disability Insurance Scheme \(Restrictive Practices and Behaviour Support\) Rules 2018](#).

You need to review the AT templates on the [NDIS website](#) and select the right template for your request:

- General Assistive Technology Assessment
- Continence Assessment
- Prosthetics and Orthotics Assessment
- Vehicle Modifications Assessment (includes AT or modifications that require installation in a vehicle)

- Complex Home Modification Assessment (includes ceiling hoists, non-portable ramps and lifts)
- Dog Guide Assessment
- Assistance Animal Assessment.

You do not need to use an NDIS template to submit evidence for the participant's AT request. If you submit your evidence in a different format, you must include all information that is required in this template, including:

- an outline of the functional impact of each feature of the AT
- how the AT will support capacity building
- how the AT will promote independence
- how the AT will affect other forms of support.

The NDIS will use the evidence provided to:

- understand how the requested AT will help the participant to pursue their goals
- assess whether it is reasonable and necessary to fund the AT support
- NDIS delegates primarily use Section [34 \(1\) \(a\)-\(f\) of the National Disability Insurance Scheme Act 2013 \(NDIS Act\)](#) and the associated [NDIS \(Supports for Participants\) Rules 2013](#) when determining if the AT is suitable to fund.

You can find more information on how the recommendation(s) will be considered (including examples) in the [NDIS Operational Guidelines](#).

For information about NDIS AT trials and quotations refer to [Our Guideline - Assistive Technology \(equipment, technology and devices\)](#).

To keep up to date:

- AT assessors can go to the [Providing assistive technology page on the NDIS website](#)
- participants can go to the [Home, equipment and supports page on the NDIS website](#).

## Notes for navigating and editing this document

### General Notes

This document is protected so that only some fields can be changed.

You can add more rows in this table if you need to. To add rows:

- navigate to the last column in the table
- right click mouse, or select the right context menu
- select **Insert** from the menu
- select **Insert Rows Below**.

Text fields have unlimited entry. The document will become longer when you enter large amounts of information.

You can check spelling and grammar in the word processor you are using.

You can move around this document using just the Tab key.

## **JAWS specific instructions**

Ins + F1 will read document information including the general layout, header and footer information.

Ins + F6 will bring up a headings list allowing a JAWS user to jump to heading sections if desired.

Ins + F7 will bring a list of web links embedded in the document.

Ins + Z will turn on quick navigation fields so a JAWS user can use “H” to jump to the next heading for easy navigation.

## Part 1 – Participant and plan management details

### 1.1 NDIS Participant Details

Name	
Date of birth	
NDIS number	
Address	
Contact telephone number	
Email address	
Preferred contact method	
Nominee or Guardian name	
Nominee or Guardian telephone number	
NDIS Support Coordinator name	
NDIS Support Coordinator telephone number	
NDIS Support Coordinator email address	

### 1.2 Assessor's details

Name	
NDIS Provider Registration number (if applicable)	
Telephone number	
Email address	
Qualifications	
Date of assessment	
Date of report	

## 1.3 Plan management details

Select option(s) by checking the box

☐ Agency managed

☐ Self-managed

☐ Registered plan management provider (include contact details)

Contact details	
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## Part 2 – Assessment of participant needs

### 2.1 Background – General

Please provide information about the participant that relates to the AT being assessed. For example:

- diagnosis
- prognosis
- co-existing conditions
- disability
- personal and instrumental activities of daily living
- living arrangements
- life transitions.

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### 2.2 Participant goals

List the participant's goals that relate to the AT being assessed.

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### 2.3 Functional assessment

Provide information to support the need for the AT, such as:

- Functional limitation(s) related to the participant's disability.
- Summaries of relevant assessments. For example: skin integrity, cognitive assessments, positive behaviour support assessments.

You only need to provide information where it relates to the AT being assessed.

Functional limitation	Details
Physical	
Sensory	
Communication	
Cognitive	
Behavioural	
Other – please provide details of other objective assessments	

## 2.4 Participant's weight and height

Provide the participant's weight and height, if it is relevant to the AT being assessed.

Height (cm)	
Weight (kg)	

## 2.5 Current AT use

List AT the participant currently uses related to the activity/task this AT request addresses (this would include transfer AT if a mobility AT request). Include information on:

- the type of AT – information on model, age, history of repair and ongoing suitability for the participant's need
- the level of independence or support the participant will need to use the AT
- how the participant's current AT will work together with the AT being assessed
- any changes needed to the participant's environment, transport, or other AT, that will be needed for the AT being assessed.

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## 3. Part 3 – Recommendations and evidence of clinical/practical reasoning

The following section will help to inform a delegate's reasonable and necessary decision according to section 34 of the NDIS Act.

### 3.1 Details of the recommendation AT solution

List a summary of all AT items the participant needs. You can list multiple items.

You will need to attach a quotation that includes:

- GST status
- delivery costs
- set up costs
- model numbers
- stock numbers for State/Territory Government AT providers where applicable.

Item	Cost	Is this replacing existing AT the participant currently uses?
		Yes/No
		Yes/No

### 3.2 Included mainstream items

Does the recommended AT solution include products designed for the mainstream market (universal design), such as phones, tablets and computers?

**Yes** ☐ Complete sections 3.2.1 and 3.2.2

**No** ☐ Go to section 3.3

#### 3.2.1 Are the participant's mainstream market items essential parts of the proposed solution for pursuing the participant's goals?

#### 3.2.2 How are the mainstream market items best value for money in comparison to alternatives?

### 3.3 AT trial

The NDIS expects valid and reliable outcome measures are used for AT trial.

#### 3.3.1 AT trial outcome

When you are **able** to complete a trial, please provide a detailed description including:

- the location of the trial
- trial outcomes
- duration of trial
- the participant's tolerance
- functional outcomes
- support required
- risks or barriers identified
- any other relevant information.

**Note:** You need to include trial outcomes of each specific feature recommended in this assessment.

If you are not able to complete a trial, please provide information on:

- why you were not able do the trial, for example: remote/rural location, availability of equipment, etc.
- the steps you have taken to make sure the AT is suitable in the absence of a trial.

Location(s) of Trial	
Duration of Trial	
Trial details and outcomes measured	

#### 3.3.2 AT features

Provide evidence of functional outcomes which will be achieved through each recommended feature including:

- the functional outcomes achieved through inclusion of the feature
- how the feature may increase the participant's independence
- how the feature may reduce the need for other supports.



You can look at [Our Guidelines - Assistive Technology](#) (equipment, technology and devices), under section “Is what you need value for money?” for more information about what information to include. For replacement AT, advise if features are considered like for like or a changed solution.

AT Feature	Functional Outcomes

### 3.3.3 AT experience

Describe previous lived experience the participant has using this or similar AT. If this AT item is a replacement, provide details of the participant’s existing AT including:

- make/model
- features
- age
- the participant’s independence/outcome with current AT solution
- level of support required to use AT
- reason for replacement AT.

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### 3.4 Evaluation of other options

List all alternative supports considered to meet the participant’s disability support needs and why they are not suitable. This may include:

- repairs, modifications, therapy or AT training
- details of comparable AT items that were considered or trialled
- when trials have been conducted give information on where the trials took place, for how long, and the outcomes
- when the participant has used alternative AT in the past, give details of when the participant used this, for how long and the outcomes.

**Note:** NDIA will generally fund the most cost-effective option that supports the participant to meet their needs, low-cost solutions must be considered.

You can add further lines and/or attach further detail.

Option 1: Considered/Tried	Description
Reasons it is considered not suitable	
Estimated Cost	
Option 2: Considered/Tried	Description
Reasons it is considered not suitable	
Estimated Cost	
Option 3: Considered/Tried	Description
Reasons it is considered not suitable	
Estimated Cost	

## 3.5 Evidence

### 3.5.1 Explain the evidence for the recommended option as the most suitable and cost-effective support to:

- help the participant pursue their goal(s)
- reduce functional limitation
- facilitate participation
- improve life stage outcomes.

Compare the recommend AT support to other supports considered such as:

- past participant experience of AT
- trial outcomes
- consideration of long term benefit in both current and anticipated future needs
- changes or adjustments to personal care support need, etc.

### 3.5.2 Provide details of how the recommended AT may assist the participant to perform specific activities including:

- the anticipated frequency of use
- the level of support the participant will need to complete these activities.

### **3.5.3 List any changes to other supports that may be required (reduction or addition) for the recommended AT support**

Provide a detailed plan including:

- a timeframe
- changes to non-AT supports and environmental modifications
- how the AT will change the participant's current NDIS funded and informal support needs.

### **3.5.4 Describe, having regard to best practice, what evidence indicates the proposed AT will be, or is likely to be, effective and beneficial for the participant? (E.g. published literature, past participant experience of AT).**

## **3.6 Long term benefit**

### **3.6.1 Describe the long term benefits of the AT being assessed including:**

- anticipated life span
- How it allows for adaptation/accommodation of likely changes to the participant's circumstances, development or function. For example, growth of the child over the lifespan of the AT.

### **3.6.2 Describe how the AT will:**

- impact the participant's functional status, independence and /or outcomes over the long term
- potentially reduce the cost of funded supports for the participant in the long term.

## 3.7 Risk assessment

### 3.7.1 Describe any:

- potential risks to the participant related to the use of this AT
- potential risks to the participant's carer related to the use of this AT
- risk mitigation strategies that are or will be implemented.

Please attach a copy of a risk assessment if applicable.

Risk	Risk Mitigation Strategies

### 3.7.2 Describe lower risk options that were considered and why these were deemed unsuitable.

### 3.7.3 Describe any potential risks to the participant/carer if this AT is not provided.

### 3.7.4 Does this AT comply with relevant AT Australian Standards (or ISO AT standards)? If yes, note which standards. If no, note why the AT does not meet the standards and whether it increases risk for the participant.

## 3.8 Behaviours of concern

### 3.8.1 Describe any behaviours of concern that may impact the safety of the participant or others in relation to the use of this AT.

### 3.8.2 Could the use of this AT constitute a restrictive practice? If so, is there an authorised Positive Behaviour Support Plan (PBSP) in place to guide the implementation and reduction of restrictive practice in the future?

Please include a copy of the authorised PBSP with this assessment. Please describe all less restrictive options that were considered or trialled.

### 3.9 Reasonable expectations of care

Has this assessment considered what is reasonable to expect family, carers, informal networks and the community to provide?

### 3.10 Other potential funding sources

Have other sources of funding been considered (e.g. health, education provider, Job-Access) that may be more appropriate to fund some or all of this support?

## 4. Part 4 – AT implementation and monitoring

### 4.1 AT implementation

**4.1.1 List the support services required to implement the recommended AT solution. (Quotations are required for funded support from assessors and/or suppliers).**

	Detail	Quantity (hrs)
AT set-up and adjustment		
Participant/Carer Training		
Ongoing re-assessment and review		

**4.1.2 Please provide the information below on:**

- how you will measure the outcomes that have been achieved
- when you will measure these outcomes
- the frequency of reviews and who will undertake these.

## 4.2 Repairs and maintenance

Provide details of the annual costs for repairs and maintenance.

Repairs and Maintenance (Estimated Annual Cost)	
Short-term loan/hire device required	

**4.2.1 The participant must be provided with maintenance and servicing information for their AT to remain in good working order. Provide details on:**

- when this will be done
- the warranty period that applies to this AT.

**4.2.2 Who will coordinate setting up maintenance/repair arrangements for the AT solution?**

## 4.3 AT provision

**4.3.1 Anticipated time frame from approval of the support in plan funding approval to AT provision:**

**4.3.2 Is the participant at risk while waiting for the AT?**

Yes: ☐

No: ☐

**4.3.3 Is a short term option necessary?**

Yes: ☐

No: ☐

## 4.4 Participant agreement

### 4.4.1 Is the Participant / Nominee in agreement with this AT request?

Yes: ☐

No: ☐

Please describe any issues.

### 4.4.2 Has a copy of the assessment been given to the participant?

Yes: ☐

No: ☐

If not, please explain.

## 5. Part 5 – Details of AT assessor

### 5.1 Assessor's Declaration (indicate all relevant sections that apply)

I certify that I meet the NDIA expectations of suitably qualified Allied Health Professional (including understanding of the current NDIS Act, Rules and Operational Guidelines) to assess the type of AT and associated supports, at the level of complexity required by this participant.	
I will provide appropriate evidence to the NDIA and NDIS Quality and Safeguards Commission if and as requested.	
I understand and acknowledge that the NDIA and participant will rely on my professional advice to select, source and implement this AT.	
This AT has been assessed by the treating multi-disciplinary team and I have completed the AT assessment on behalf of that team.	

Name	
Signature	
Date of Declaration	

## 6. Part 6 - Consent to Collect and Share Your Information – Provider AT Assessment and Quotation(s)

### 6.1 Participant's consent

As a participant who requires AT supports, the National Disability Insurance Agency (NDIA) may need to contact your AT assessor and / or AT supplier to discuss information within your AT assessment and quotation(s).

This will assist the NDIA with determining whether your request for AT support(s) can be provided to you under the NDIS.

Do you consent to the NDIA collecting and disclosing your information including from these third parties mentioned above, in relation to your AT assessment and quotation?

**Yes, I do consent** ☐

**No, I do not consent** ☐

Participant's Signature	
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I understand that I am giving consent to the NDIA to do the things with my information set out in this section. I understand that I can withdraw my consent for the NDIS to do things with my information at any time by letting the NDIA know.	
I understand that I can access the NDIA's Privacy Notice and Privacy Policy on the NDIA website or by contacting the NDIA.	

Signature	
Date	
Full Name	



## If you have signed this form on behalf of the NDIS participant

Please complete the details below. You need to be an authorised representative to act on the person's behalf for NDIS matters if you are signing this. It is an offence to provide false or misleading information. If we do not have evidence of your authority to sign on behalf of the person, we may require you to provide evidence.

Signature	
Date	
Full Name of person completing this form (please print):	
Relationship to participant or person wishing to become an NDIS participant:	

## 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

- how you can complain about a privacy breach, and how the NDIA deals with the complaint
- how you can get your personal information corrected if it is wrong.

You can read the policy at the <https://www.ndis.gov.au/about-us/policies/privacy>.

## **Personal information storage**

The NDIA uses an Australian Government computer system to store personal information. System users, other than NDIA staff, may at times be able to see your name when they perform program duties, however they can't record, use or disclose information, and they will not know if you become an NDIS participant. State or territory government officials may also have personal information access as part of the agreement between governments to assist the states and territories in their NDIS evaluation.