# Vic North Coordination of Supports: Progress Report

## Service Provider details

| **Service provider name** | Click here to enter text. |
| --- | --- |
| **NDIS Registration number** |  |
| **Contact phone number** | Click here to enter text. |
| **Contact name** | Click here to enter text. |

## Participant details

| **Full Name** |  |
| --- | --- |
| **NDIS Number** |  |
| **Date of Birth** |  |
| **Address** |  |

## Support details

| **Type** | 8 Weeks implementation report |
| --- | --- |
| **Reporting frequency** | 8 Weeks implementation report  Outcome report (3 month prior plan end date) |

**Monitoring and Reporting:**

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| --- | --- |
| **Level of Support Required:** | Support Coordination |
| **Hours funded in current plan period:** |  |
| **Frequency of Reporting on progress of Participant Plan:** | 8 week implementation report |
| **Date of Agreed Service Commencement:** |  |
| **Hours used (total)** |  |

**Details to support Participant Plan Implementation:**

|  |  |
| --- | --- |
| **What are the participant’s NDIS goals for this plan period?**  **Expected outcomes:**  **Progress made towards reaching the goals**  **(As per NDIS Plan Goals)** |  |
| **What support is required to assist the participant achieve their goals?** |  |
| **What are the current barriers that are preventing the participant from achieving their goals?** | . |
| **What areas of the Participant’s current situation require attention?**  **(not listed as goals i.e. lack of informal supports, aging carer, risk issues)** |  |
| **What are the immediate specialist assessments the participant requires connection with? (list)** |  |
| **Identified Provider connection/s required?**  **(list current or new provider or service type the participant must be connected with)** |  |
| **Service Agreements and Bookings to be established? (list)** |  |
| **Identified Mainstream Support Connections Required:** |  |
| **Identified Community Support Connections Required:** |  |
| **Other identified support connections required including working towards a specific goal for second plan:** |  |

**Additional comments:**

|  |  |
| --- | --- |
| **Name** | Click here to enter text. |
| **Date of report** | Click here to enter text. |