

Place a photo
of yourself
here.

My NDIS Planning Workbook

My Name Is:





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What is this booklet for?

This booklet has been created to help assist you in developing your individual support plan with the NDIS.

After completing this booklet you will be able to present it to your NDIS planner who will then use this information to determine what supports you will need to help achieve your goals and dreams.

Why do I need this booklet?

When talking with your NDIS planner you will be discussing many things about your life, such as your current living, social and employment situations, what's working and what isn't working in your life and what goals and dreams would you like to achieve. This booklet helps you to think about and answer the given questions.

If there is more information you would like to include that isn't included in this booklet, feel free to print and attach your own.

How do I use this booklet?

Each section of this booklet has been designed to help you answer important questions about your life. Fill out each section the best you can. You don't have to answer all the questions.

If you need help you can ask a carer, family member or a friend. or call Sunnyhaven on 9588 5433.

You can also call NDIA on 1800 800 110



I AM strong



Who AM I?

On the next page write down some things about yourself.
What do people like about you? Maybe you have a great laugh!
Whats Important to you? Family? Social activities?
What can be done to support you and make sure that whats
important to you, stays important.

I AM creative



Important People In my Life

On the next page write down some information on the important people in your life, including those who support your abilities.

Write down their name, your relationship to them, how they help you and how often they help you.

Friends

Family

paid support+

Others





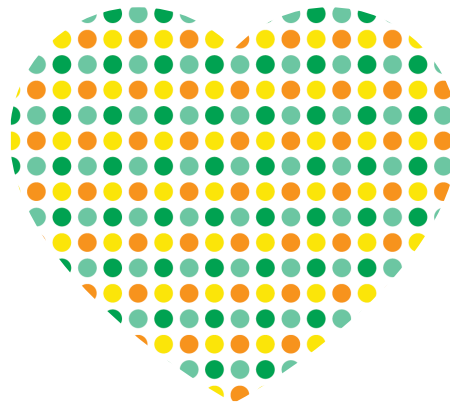
my Health

On the next page write down some information about your current health.

Do you have any intellectual or physical health impairments?

And how do they impact you?

What allows you to maintain this level of health?



Where I Live AND Who I Live With



On the next page

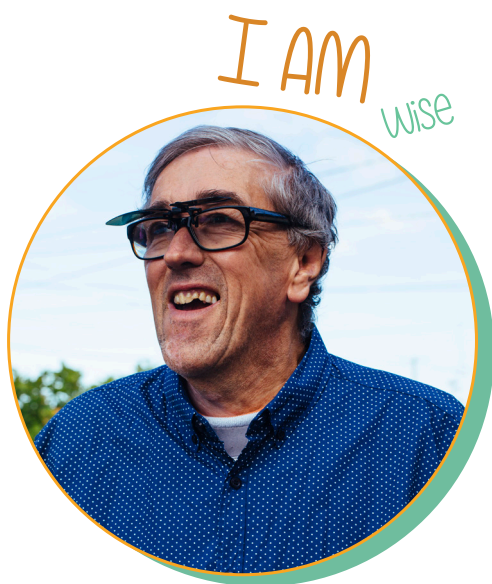
write down a little information on **where you live**, and **who you live with**.
Do you live in a supported group home? or with a family member or friend? When
at home, **what supports do you need** to make sure you are comfortable and happy?

I live in a...

With...

To make things easy at
home I need...





My Everyday Living And Life

On the next page write down what you're good at and enjoy doing.

These could be hobbies, activities, TV/Movies, sports etc

What are some things you currently do? Do you work? What social/community activities do you attend? do you attend any education programs or institutions?

I'm really good at...

I really enjoy...

some things I
do now are...

work...

social/community...

Education...

I'd like to try...



I AM LOVED



my Daily Routines

On the next couple of pages
you will find some boxes, fill these boxes out the best you can.
Describe briefly what each day looks like in YOUR week.

	Morning	Midday	Afternoon	Night
MONDAY				

	Morning	Midday	Afternoon	Night
TUESDAY				

	Morning	Midday	Afternoon	Night
WEDNESDAY				

	Morning	Midday	Afternoon	Night
THURSDAY				

	Morning	Midday	Afternoon	Night
FRIDAY				

	Morning	Midday	Afternoon	Night
SATURDAY				
SUNDAY				

Do you have anything else you would like to say about your routines?



I AM
proud

my Equipment

On the next page detail out
what equipment you currently use and how often you use them.
eg. Wheelchair - I use my wheelchair everyday for me to be able to move around.

Aid, Equipment or Modification	How often do you use it



What IS Working Well & What ISN'T Working Well

On the following page describe in each box some things that are working and not working well in your life. You don't need to fill out every box, only the ones that apply to yourself. Most importantly write down how you would like to change and improve on the things that aren't working well.

	What's Working	What's Not Working	How I Would Like Things To Change
DOING THINGS FOR MYSELF (INDEPENDENCE)			
LIVING ARRANGEMENTS			
SOCIAL ACTIVITIES			
WORK			
EDUCATION			
BEING HEALTHY			
TRANSPORT			



my supports

The next couple of pages contain some charts that contain some **different types of supports** you may already have. If you use supports not mentioned use the blank boxes, or attach some information to the back of this booklet. Answer the questions and fill out the boxes the best you can.

Type of Supports	How much support do you get and how often do you get it?	What services currently provides your support?
Assistance with daily personal activities		
Day program or community access		
School		
Supported employment		
Employment		
Behavior Support		
Respite		

Type of Supports	How much support do you get and how often do you get it?	What services currently provides your support?
Therapies		
Participation in community, social or civic activities		
Supported living, including drop in support and group accommodation		
Case management or Coordination		
Informal supports (family and friends)		
Mainstream supports (doctors and teachers)		

Type of Supports	How much support do you get and how often do you get it?	What services currently provides your support?



My Goals AND Dreams FOR The Next 12 months

The next page is very important in determining what
goals and dreams are important to you.

Detail what goals and dreams you have for the next 12 months and what you need to help you achieve these. If the given goals don't apply to you, feel free to attach more information to the back of this booklet or use the spare boxes provided.

Goal	What I want to achieve this year	How will I achieve this?	What supports will help me?	What is stopping me from achieving this objective
WORK				
INDEPENDENCE				
HEALTH + WELLBEING				

Goal	What I want to achieve this year	How will I achieve this?	What supports will help me?	What is stopping me from achieving this objective
SOCIAL PARTICIPATION				
LIVING ARRANGEMENT				
TRANSPORT				

I AM...sunnyhaven

