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| Notes for Assistive Technology (AT) Assessors of Dog Guide Supports | | | | | | |
| **There are specific templates available for the following types of AT:**   * General Assistive Technology Assessment * Continence Assessment * Prosthetics and Orthotics Assessment * Vehicle Modifications Assessment * Complex Home Modification Assessment * Dog Guide Assessment   The assessment information provided in this form will be used by the NDIA to understand how the specified AT will assist the participant to pursue their goals and to assess whether it is reasonable and necessary for the NDIS to fund AT support.  Using this template is not mandatory. If a provider elects to provide information in another format, they must include all information described in this template. Information provided needs to include an outline of the functional impact of each feature being recommended. This should include how the AT will support capacity building, promote independence and impact alternative forms of support.  The primary criteria NDIS delegates use when determining if a piece of equipment or modification is suitable for the NDIS to fund is section 34: reasonable and necessary supports of the [National Disability Insurance Scheme Act 2013 (NDIS Act; external) and section 34.](https://www.legislation.gov.au/Latest/C2018C00276)  Additional information on how the recommendation(s) will be considered in the context of specific supports can be found in the NDIS Operational Guidelines available online and the [NDIS (Supports for Participants) Rules 2013](https://www.legislation.gov.au/Details/F2013L01063).  **AT Strategy:** Supports will be provided in line with the NDIA’s AT Strategy that can be found at [Assistive Technology Strategy](https://www.ndis.gov.au/about-us/strategies/assistive-technology-strategy) and as outlined in [NDIS AT Complexity](https://www.ndis.gov.au/providers/essentials-providers-working-ndia/providing-assistive-technologies-and-home-modifications) document.  **Assistive Technology (AT) Assessor:** An AT assessor is able to assess a participant's needs and situation and identify the most appropriate AT, they may be an AT Mentor, allied health practitioner, continence nurse, rehabilitation engineer, dog guide assessor or other suitably qualified practitioner.  AT Assessors have obligations under the NDIS Provider Terms of Business, Quality and Safeguards Commission and their respective professional registration under Australian Health Practitioner Regulation Agency (AHPRA).  **Caution:** AT Assessors must be aware of and observe the law with regard to AT that is likely to restrain a participant. [National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018](https://www.legislation.gov.au/Details/F2018L00632)  The NDIA expects AT assessors to consider all options for addressing the participant’s disability related functional limitations and pursuing goals, including non-AT supports.  **NDIS AT Levels 3 & 4 trials:** Where the AT assessor and participant need to work with an AT supplier to trial and develop a specification for the AT support, reasonable supplier costs can be quoted, and if agreed, claimed against the participant’s plan (category ‘rental/trial’). Supplier specification/order details are required with this assessment to enable the NDIS to consider quotes/prices from the supplier.  Quotations should be attached where applicable (items < $1500 may be funded from the CORE consumables budget and do not require an assessment and quote). Quotations can include printouts of web orders and stock numbers from relevant State based equipment suppliers where relevant.  AT assessors can keep up to date at [NDIS provider assistive technology.](https://www.ndis.gov.au/providers/essentials-providers-working-ndia/providing-assistive-technologies-and-home-modifications) Participants can keep up to date at [NDIS participant assistive technology.](https://www.ndis.gov.au/participants/home-equipment-and-supports) | | | | | | |
| Notes for navigating and editing this document | | | | | | |
| **General Notes**  This document is protected so that only editable fields can be changed but additional rows in tables can be inserted as required.  All editable fields have unlimited text entry, and the document will expand in page length when large amounts of text are entered.  Spelling and grammar can be checked according to the word processor you are using.  The document can be navigated with just the Tab key to encompass varying modes of navigation and levels of computer skills  **JAWS Specific Comments**  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 say “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 |  | | | | | |
| Age |  | | | | | |
| NDIS Number |  | | | | | |
| Address |  | | | | | |
| Contact Telephone Number |  | | | | | |
| Email |  | | | | | |
| Preferred Contact Method |  | | | | | |
| Nominee or Guardian Name |  | | | | | |
| Nominee or Guardian Phone |  | | | | | |
| NDIS Support Coordinator |  | | | | | |
| Contact Details |  | | | | | |
| 1.2 Plan Management Details | | | | | | |
| Agency Managed | | |  | | | |
| Self-Managed | | |  | | | |
| Registered Plan Management Provider | | |  | | | |
| Contact Details | | |  | | | |
| PART 2 – Evaluation and Assessment | | | | | | |
| 2.1 Vision Background | | | | | | |
| Describe participant’s vision diagnosis and functional vision information. | | | | | | |
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| 2.2 Background Information | | | | | | |
| Include information about the participant’s current mobility including travel routes the participant can currently do, or has the capacity to do (with any current mobility aids or equipment used) without the use of a dog guide. | | | | | | |
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| 2.3 Participant Goals | | | | | | |
| If the participant’s NDIS plan has been made available, you can refer to the statement of participant’s goals and outline those relevant to the dog guide request. Include any other relevant mobility goals. | | | | | | |
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| 2.4 Dog Guide Assessor Information: Participant Suitability | | | | | | |
| Outline the participant’s suitability to be a dog guide user. Evidence may include outcomes from an experiential walk or previous dog guide experience. Previous dog guide history should include information regarding the length of the working partnership and reasons for the partnership ending. | | | | | | |
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| 2.5 Dog Guide Assessor Information: Expected Differences | | | | | | |
| Either detail information regarding any expected differences in the participant’s ability to travel independently with the dog guide. Including:   * any changes to the type, frequency and duration of travel routes. * any changes to additional community access supports i.e. an outline of formal and informal support currently required to access the community and if and how this will change with the implementation of a dog guide.   Or, in the instance that a participant has a dog guide that is soon to retire, you should note this, and indicate the extent of independence lost in similar lines, if a further dog guide is not available. | | | | | | |
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| 2.6 Other Relevant Information | | | | | | |
| Provide any relevant medical information (such as allergies, cognitive, psychosocial, other physical impairment or cardiopulmonary conditions that would limit mobility) that impact on the participant’s current and ongoing ability to use the dog guide. A medical report supporting the use of the dog guide is recommended. | | | | | | |
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| PART 3 - Recommended Option | | | | | | |
| 3.1 Most Suitable / Appropriate Alternative to facilitate goal attainment | | | | | | |
| Briefly summarise the evidence for the recommended option as the most suitable/appropriate alternative which will facilitate attainment of the participant’s goal compared to others considered, including lower cost alternatives. (N.B. in the instance where previous dog guide relationship failed, evidence of actions to reduce the risk of repeat issues) | | | | | | |
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| 3.2 Additional Features | | | | | | |
| Are there any additional features, customisation or specification recommended that is considered to be above the minimum or standard level of this support for reasonable and necessary funding? (E.g. customised harness, the requirement for additional training hours (that is: training that is considered above the ‘usual’ amount), and additional maintenance costs). | | | | | | |
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| 3.3 Participant Agreement | | | | | | |
| Does the participant agree with the recommended AT solution? (Are the assessor’s clinical recommendation and participant preference the same?) | | | | | | |
| Yes | | | | |  | |
| No | | | | |  | |
| Please provide details | | | | |  | |
| PART 4 - Attachments | | | | | | |
| Please attach:   1. A detailed quote outlining the full cost of any assessment, training, matching and follow-up associated with the cost of the dog guide purchase. 2. Medical Report (as outlined in section 2.6 if relevant).   Please Note: for an approved dog guide, funding for the extra in maintenance costs would be considered to reflect the higher costs of a dog guide over those of an equivalent companion animal/pet. The NDIS will provide an appropriate annual maintenance cost which the participant can use to pay for reasonable and necessary dog guide maintenance costs (including food, grooming, flea and worm treatments, medication, vaccinations, veterinary costs and/or insurance). | | | | | | |
| PART 5 – Details of Assistive Technology Assessor | | | | | | |
| **DECLARATION** (indicate all relevant sections that apply) | | | | | | |
| I certify that I meet the NDIA expectations of AT assessor provider suitability (including understanding of the current NDIS Act, Rules and Operational Guidelines) to assess the type of assistive technology and associated supports, at the level of complexity required by this participant. | | | | | |  |
| I will provide appropriate evidence to the NDIA and/or Quality and Safe Guards 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 assistive technology. | | | | | |  |
| This assistive technology has been assessed by the treating multi-disciplinary team and I have completed the AT assessment on behalf of that team. | | | | | |  |
| **Assessor’s Details** | | | | | | |
| Name | |  | | | | |
| NDIS Provider Registration number (where applicable) | |  | | | | |
| Phone | |  | | | | |
| Email | |  | | | | |
| Signature | |  | | | | |
| Qualification | |  | | | | |
| Date of Assessment | |  | | | | |
| Date of Report | |  | | | | |
| PART 6 – Consent to Collect and Share Your Information – Provider AT Assessment and Quotation(s) | | | | | | |
| **For the participant to complete**  As a participant who requires assistive technology supports, the National Disability Insurance Agency (NDIA) may need to contact your AT assessor and / or AT supplier to discuss information within your assistive technology assessment and quotation(s). This will assist the NDIA with determining whether your request for assistive technology 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 assistive technology assessment and quotation? | | | | | | |
| Yes, I consent | | | |  | | |
| No, I do not consent | | | |  | | |
| Participant’s Signature | | | |  | | |
| 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](https://www.ndis.gov.au/providers/providing-at.html) 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. It is an offence to provide false or misleading information.  We may require you to provide evidence of your authority to sign on behalf of the person. | | | | | | |
| Signature | | | |  | | |
| Date | | | |  | | |
| Full Name of person completing this form (please print): | | | |  | | |
| Relationship to participant or person wishing to become an NDIS participant: | | | |  | | |