



GENERAL ASSISTIVE TECHNOLOGY ASSESSMENT TEMPLATE

For AT supports of NDIS AT Complexity Level 2, 3 and 4.

Notes for Assistive Technology (AT) Assessors of General AT Supports

Check the [NDIS Assistive Technology page](#) for the current version of this form.

This is the NDIS General AT Assessment Template. There are specific templates available for the following types of AT:

- **Contenance**
- **Nutrition Support**
- **Prosthetics and Orthotics**
- **Complex Home Modifications**
- **AT needs assessment**

The information provided in this form will be used by the NDIS to understand how the specified AT will support the achievement of the participant's goal and to assess whether it is reasonable and necessary with regard to the criteria in Section 34 of the National Disability Insurance Scheme Act 2013 (see informative extract on the following page). The [NDIS AT Complexity Level Classification is available on the NDIS Website](#).

AT Assessors are reminded of their obligations under the NDIS Terms of Business when providing funded supports (e.g. assessments).

CAUTION – RESTRICTIVE PRACTICE: AT Assessors must be aware of and observe the law with regard to AT options that are likely to restrain a participant. Where an NDIS participant has a legally compliant behavioural support plan in place and the recommended option is consistent with that plan, NDIS may approve the AT but require a review when the behavioural support plan is reviewed.

AT Assessor role regarding scope of service: Should concern arise regarding the scope of the service booking, or appropriateness of the service booking to achieve the goal (s), the AT assessor should firstly discuss this with the participant (and/or support network). If necessary they should together contact the participant's local area coordinator (LAC) or Support Plan Coordinator to discuss before proceeding with the assessment or undertaking any work not related to the support request.

NDIS AT Complexity Levels 3 & 4: Where the AT assessor and participant need to work with an AT supplier to trial and develop a specification for the support, reasonable supplier costs for trial can be quoted and if agreed, claimed against the participant's plan (category 'rental/trial').

N.B. Supplier specification/order details are required with this assessment to enable the NDIS to request quotes/prices from the supplier.

AT Participant Capability Framework: This initiative is part of the NDIS AT Strategy aimed at building NDIS participant skill, knowledge and resources to increase their ability to exercise choice and control over the AT evaluation and selection process. More information about this process and implementation will be made available in 2017.

NDIS expects AT assessors and participants to consider all options for addressing the participant's disability related functional limitations and achieving goals including non AT supports.

Extract – NDIS Act: Reasonable & Necessary Supports***NATIONAL DISABILITY INSURANCE SCHEME ACT 2013*****Section 34: Reasonable and necessary supports**

- 1) For the purposes of specifying, in a statement of participant supports, the general supports that will be provided, and the reasonable and necessary supports that will be funded, the CEO must be satisfied of all of the following in relation to the funding or provision of each such support:
 - a) the support will assist the participant to pursue the goals, objectives and aspirations included in the participant's statement of goals and aspirations;
 - b) the support will assist the participant to undertake activities, so as to facilitate the participant's social and economic participation;
 - c) the support represents value for money in that the costs of the support are reasonable, relative to both the benefits achieved and the cost of alternative support;
 - d) the support will be, or is likely to be, effective and beneficial for the participant, having regard to current good practice;
 - e) the funding or provision of the support takes account of what it is reasonable to expect families, carers, informal networks and the community to provide;
 - f) the support is most appropriately funded or provided through the National Disability Insurance Scheme, and is not more appropriately funded or provided through other general systems of service delivery or support services offered by a person, agency or body, or systems of service delivery or support services offered:
 - i. as part of a universal service obligation; or
 - ii. in accordance with reasonable adjustments required under a law dealing with discrimination on the basis of disability.

The National Disability Insurance Scheme rules may prescribe methods or criteria to be applied, or matters to which the CEO is to have regard, in deciding whether or not he or she is satisfied as mentioned in any of paragraphs (1) (a) to (f).

Additional information on how the application will be considered in the context of specific supports can be found in the [NDIS Operational Guidelines available online](#).



PART 1 - Details

NDIS PARTICIPANT DETAILS

Name	
DOB	
Address	
Contact telephone number	
Alternative Contact/Guardian	
Contact telephone number	
NDIS Number	
Participant's NDIS Contact (name & phone number)	

AT ASSESSOR

You must be able to provide evidence of competence in assessing this type of AT on request from NDIS Auditor

Name	
Position & Qualifications	
Business Name	
Email address	
Contact telephone number	
Date (s) of initial assessment	
Date of Report	
State Equipment Supply Scheme Prescriber Number (if relevant)	

PART 2 - Participant's Goals and AT assessment request



PART 3 - Evaluation / assessment

A. Background

B. Functional Assessment findings

What are the applicant’s measurements? Height cm Weight kg

PART 4 - Exploration of Options

Please provide information on alternatives considered to achieve goal/s including use of other supports and approaches and reasons why they were not considered suitable. Where trials have been conducted please give details of where the trials took place and for how long.

	Describe features/functions of AT solutions and other options trialed that make goal achievement possible	Trialed (T) or Considered (C)? Include trial details	Describe why it was not considered suitable (<i>not applicable for preferred option</i>)	<i>Estimated cost (include training¹)</i>
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Option 1

Option 2



PART 5 - Recommended Option:

A. Please state all the supports required (noting reduction or addition) for the recommended option including non AT supports and environmental modifications.

Do AT Assessor and Participant agree on recommended option? Y N

Additional comments (optional)

B. Explain the evidence for the recommended option as the most suitable/appropriate alternative which will facilitate achievement of the participant's goal, compared to others considered.

C. Are there any other factors that need resolution in order to implement the above?

D. 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?



PART 6 – Recommended AT specification

Description of AT device:

Is the AT solution/device likely to be available on reissue? Y N

Recommended supplier:

Does recommended supplier endorse recommendation? Y N

EXTRA FEATURES

Item(s):

Cost estimate: \$

Does the participant agree to pay for these from their own (not NDIS) funds? Y N

Are plans in place for the ongoing maintenance and repair of the recommended AT? Y N

The participant must be provided with maintenance, servicing and troubleshooting information indicated for the solution to remain in good working order.

AT specification/order detail is attached
(as advised by supplier(s)):

State/Territory Scheme specification
(mandatory)

Other supplier’s specification (optional)

I certify that I have evidence that I meet the NDIA expectations of provider suitability (including understanding of the current NDIS Act, Rules and Operational Guidelines) to assess this type of assistive technology, home modifications and associated supports at the level of complexity required by this participant and will provide such evidence to the NDIA if requested.

The above specification is consistent with the preferred option agreed between the participant and the AT Assessor.

Signature of AT Assessor

Date