

Report writing guidance

**For providers delivering early childhood supports or
therapy supports to children younger than 9**

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2. Overview

The [early childhood approach](#) is how we support children and their families. From 1 July 2023, the age of children supported under the early childhood approach will progressively change to include children younger than 9. This change will be rolled out over the next 2 years to include children younger than 9 in the early childhood approach.

This guide will help providers who deliver early childhood supports to participants younger than 7, or therapy supports to participants who are 7 and 8 years, write early childhood provider reports for the National Disability Insurance Agency (NDIA).

The early childhood provider report [form](#) and this guidance, align with, [best practice in early childhood intervention, the national guideline for supporting the learning, participation, and wellbeing of autistic children and their families in Australia](#) and the [NDIS Practice Standards and Quality Indicators](#).

Early childhood provider reports should give the child and family a written summary of the supports you provided focusing on:

- the progress the child and family have made towards their goals
- the child's functional capacity, independence and participation in daily activities
- a summary of the supports the child has received and the outcomes of these supports
- the child and family's future goals and your recommendations.

The following guidance will assist you to complete the [form](#). Use the PDF version of the form if the family have requested an electronic copy only. Use the Word version of the form if you are giving the family a printed copy. Alternatively, you may prefer to use your own report format. If so, this guidance will help you understand how to write reports for the NDIA.

3. Child, family and provider details

Ensure the details of the child, family and your own professional details are included in your report (or go to Part A of the [form](#)).

It's important we have a full understanding of who is involved and what their qualifications are.

Include in your report:

- child and family details including the child's NDIS number and the start date of services
- your professional qualification including any relevant professional registration or membership details, for example your AHPRA registration number
- whether you are the key worker or lead practitioner.

3.1 Who is a key worker or lead practitioner?

Collaborative teamwork is considered best practice. Families may choose to engage a key worker or lead practitioner. A key worker or lead practitioner is the team member taking a lead role in coordinating the delivery of supports to the child and their family.

If you are the key worker, it is preferable that you complete the report, including the name and qualifications of other team members.

Not all providers work in a team or use a key worker model. If this is the case and with consent from the family:

- it is still expected that the professional works in a transparent and collaborative way with the family, and with any other professionals and services engaged with the child.
- each individual provider can complete a separate report for the child and family, based on their service delivery model.

4. Summary of supports

It is helpful to provide an overview of the supports you provided to the child and family. If you are using the [form](#) go to Part B. In your report include information about:

- the setting, delivery mode (for example, face to face or telehealth), frequency and duration of supports provided
- the people in the child's life who were involved in the delivery of supports, education and or care.

Consider including information to demonstrate how:

- The supports delivered focus on participation in the child and family's daily routines in their natural everyday settings. For example, how often did you visit the child at their home, preschool, childcare or school.
- You supported a child's participation in natural everyday settings when the supports were delivered outside of the child's natural environments, for example in a clinic setting.

- The child’s family was actively involved in the delivery of the supports so their confidence, knowledge and skills to support their child increased. For example, document how the family were actively involved in the sessions.
- Other important people in the child’s life such as the child’s educator or sports coach were supported to increase the child’s inclusion and participation in their settings.

For further information see the [National Guidelines for Best Practice in Early Childhood Intervention, National guideline for supporting the learning, participation, and wellbeing of autistic children and their families](#), Our guidelines – early childhood supports and Our guidelines – therapy supports.

4.1.1 Example

As the <key worker/lead therapist> I provided <insert descriptor relating to frequency and duration of supports provided, include reductions where relevant>. Sessions were delivered in <insert location descriptors, for example, childcare, home, playground>. Child’s family participated in <insert any program descriptors, for example, online webinars>. Other important people involved in delivery of support included <insert other important people, for example, teacher, soccer coach, grandparents>.

5. Goals and outcomes

5.1 Early intervention, therapy goals and NDIS goals

Document the early intervention or therapy goals you have developed with the child’s family and highlight which NDIS plan goals they relate to.

If you are using the [form](#) (refer to Part C), multiple goals can be entered into the same table where progress and outcomes across the goals are similar.

Alternatively, goals can be separated across the duplicated tables to allow for progress and outcomes to be reported separately.

You can copy and paste the goals and outcomes table to capture additional early intervention goals, if required.

When developing early intervention or therapy goals with a family, consider goals that are:

- based on the family’s and/or child’s priorities and choices
- focused on increasing the child’s function and participation in routines and activities in their natural everyday settings such as home, community and educational settings

- specific enough to measure the child and family progress.

It is important that goals are developed with the family, that they are meaningful to the child and family and relate to everyday activities in the child and family's life. Consider how the goals being worked on impact on the child now and in the future. For example, during different life stages and/or transitions such as starting school, adjusting to a new sibling, or planning for the future.

Goals that are specific and functional allow a child and family's progress to be evaluated over time. It allows for their achievements to be celebrated and any ongoing support needs identified.

5.2 Progress and outcomes

In this section of your report (if using the [form](#), refer to part C) consider including information on:

- **Baseline and progress** - report on the child's function and participation in daily activities in everyday settings at commencement of the reporting period. Also record the child and family's progress towards goals over the reporting period considering any relevant life stages and/or transitions. You can include information from functional assessments and observations. It is important to capture the impact of supports on the child and family's independence and participation in daily activities in natural everyday settings.
- **Outcome measurements** - provide evidence of child and family functional outcomes and progress towards goals. Reflecting with the family on the outcomes of supports provided is considered best practice in early childhood intervention. Changes in functional outcomes can be related back to the effectiveness of supports provided and helps to determine recommendations for future supports.
- **The name of the outcome measurement tool(s) used** - record baseline and outcome measurement scores or descriptors from the tools (or other forms of evidence) used. You can attach a summary of the results as a separate report. If the therapy has recently started, results from outcome measures may not yet be available however it is still helpful to record the baseline score or description in your reports.
- **How the supports have helped to build knowledge and skills of the family** - record how the supports provided have helped to build the knowledge, skills and confidence of the child's family and other important people in the child's life, by considering:

- What approaches and strategies were used to help build child and family skills, confidence and capacity?
- How these approaches resulted in progress towards child and family goals?
- How a family can incorporate therapy sessions and strategies into their everyday life is important to ensure families have time for other activities in their week.
- How these strategies resulted in less support being required over the reporting period?
- How have you collaborated with other early childhood professionals or therapists on the child's team?

5.2.1 Example

When <child's name> started with our service they could <insert functional capacity descriptors relevant to listed goals>. Our work together focused on <insert information relating to strategies used to build child and family capacity>. These were embedded in <insert location, for example, childcare, home, playground>. We collaborated with <insert mainstream and community service> by <insert relevant strategies where appropriate>. <Child's name> is now able to <insert functional capacity descriptors>. <Child's name> parents report <insert family feedback/ what has worked well for them>.

Baseline and progress scores:

Outcome Measure <Name> Baseline score: <include score>

Outcome Measure <Name> Review score: <include score>

6. Additional evidence and information

6.1 Additional evidence

If you have additional evidence to include with your report, please attach these to your report. If you are using the [form](#), list them in Part D and attach them to your report.

Additional evidence may include relevant functional assessments, therapy plans or reports from the past 12 months which add value to your report.

Therapy plans are developed by the early childhood intervention team and the family. It may be referred to as a Family Services and Support Plan (FSSP) or an Individual Service Plan (ISP).

6.2 Additional information

Record any significant changes to circumstances, new priorities or barriers the family have experienced over the reporting period, especially if it impacted on child and family goals or outcomes. If you are using the [form](#), include this information in Part E.

Document any changes for example, the child was in hospital for a period of time, the arrival of a new sibling in the family or the family relocated and establishment of a new early childhood intervention or therapy team was required.

Explain the impact on the child and family and what was done to overcome barriers or reassess relevant priorities. Comment on how you supported the participant and their family to access and participate in other mainstream service systems, such as health and education.

7. Future goals and your recommendations

Document (in Part F and G if using the [form](#)) new child and family early intervention or therapy goals. This will assist us during future conversations with the family, for example when assessing changes to plans. To learn more about plan changes go to [our guideline – changing your plan](#).

Include recommendations for future supports the child and family are likely to benefit from and why (refer to Part G if using the [form](#)).

Consider including recommendations for:

- community supports - playgroups, library time or community sports
- mainstream supports - education and health services
- NDIS funded supports (if applicable) - may include capacity building supports, core supports and/or capital supports (like assistive technology).

Mainstream and community supports play a major role in supporting children and families to pursue their goals. They support children's development and improve long term outcomes, family well-being and social relationships. Creating opportunities for children and families to explore what is available to them locally is important for meaningful community connections. To learn more about mainstream and community supports go to [our guidelines- Mainstream and community supports](#).

If recommending NDIS funded supports, it is important to:

- Consider the [NDIS funding criteria](#) and whether the recommended support meets the [reasonable and necessary criteria](#). For example, is the support

most appropriately funded by the NDIS, have considered supports which can be provided by the family, mainstream or community supports.

- Include your justification for the recommended NDIS funded supports. Document how your recommendation will support the child and family to, for example:
 - pursue their goals
 - facilitate their inclusion and participation in natural, everyday settings
 - maximise their functional capacity and independence
 - reduce therapy supports over time as the capacity of a child's family and other important people in the child's life is increased.

If supports are not currently being delivered in the child's natural everyday settings, please comment on any plans for moving future supports into these settings.

If recommending assistive technology go to [our guidelines-Assistive technology](#) for further information. Where assistive technology assessments are required, please use the most appropriate [assistive technology assessment template](#).

7.1.1 Example

Future supports recommended include <insert relevant community and mainstream recommendations, for example, library time or increased days in childcare>. NDIS funded support recommendations include <insert recommendations for future early childhood supports or therapy supports, include considerations relevant to the reasonable and necessary criteria>. Supports recommended for the next plan period have <reduced, remained stable, increased> because <insert considerations>. For example, supports recommended for the next 12 months have reduced in frequency and time due to increased days in childcare or due to starting school as well as goal achievement during this plan period>. The family have reported that <insert functional descriptors relating to family reports on capacity, and how the supports recommended will build child and family capacity>.

8. Report complete

Once you have completed and signed your report, discuss the contents with the child's family and provide them with a copy (part H and I if using the [form](#)).

With the family's permission the report can be sent directly to the child's partner or planner. Alternatively, the family may choose to give a copy of the report directly to the NDIA, especially if their child's plan is due for a reassessment soon.