



UPPER GREAT SOUTHERN FAMILY SUPPORT ASSOCIATION INC  
ABN: 16 121 641 620

## INITIAL NEEDS ASESMENT

### APPLICANT

<b>Name</b> _____
<b>Address</b> _____ _____
<b>Postal Address</b> _____
<b>Telephone</b> Home: _____ Mobile: _____ Work/Other: _____
<b>Gender</b> Male      Female
<b>Date of Birth</b> _____
<b>Age</b> _____

### NEXT OF KIN/GUARDIAN

<b>Relationship</b> _____
<b>Name</b> _____
<b>Address</b> _____ _____
<b>Telephone</b> Home: _____ Mobile: _____ Work/Other: _____



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**SECOND CONTACT**

<b>Relationship</b> _____
<b>Name</b> _____
<b>Address</b> _____ _____
<b>Telephone</b>
Home: _____
Mobile: _____
Work/Other _____

**IMPORTANT / VALUED RELATIONSHIPS / ROLES (ie brother, sister, neighbour, friend)**

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**COGNITIVE FUNCTION  
COGNITION**

Long Term Memory	Poor	<input type="checkbox"/>	Good	<input type="checkbox"/>	Excellent	<input type="checkbox"/>
Short Term Memory	Poor	<input type="checkbox"/>	Good	<input type="checkbox"/>	Excellent	<input type="checkbox"/>
Able to follow directions:	Rarely	<input type="checkbox"/>	Frequently	<input type="checkbox"/>	Consistently	<input type="checkbox"/>
Able to make choices:	Rarely	<input type="checkbox"/>	Frequently	<input type="checkbox"/>	Consistently	<input type="checkbox"/>
Able to sustain attention:	Rarely	<input type="checkbox"/>	Frequently	<input type="checkbox"/>	Consistently	<input type="checkbox"/>
Able to focus on task:	Rarely	<input type="checkbox"/>	Frequently	<input type="checkbox"/>	Consistently	<input type="checkbox"/>
Able to problem solve:	Rarely	<input type="checkbox"/>	Frequently	<input type="checkbox"/>	Consistently	<input type="checkbox"/>

**COMMENTS:** \_\_\_\_\_

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**SAFETY AWARENESS**

Fire	Rarely	<input type="checkbox"/>	Frequently	<input type="checkbox"/>	Consistently	<input type="checkbox"/>
Roads	Rarely	<input type="checkbox"/>	Frequently	<input type="checkbox"/>	Consistently	<input type="checkbox"/>
Sharps	Rarely	<input type="checkbox"/>	Frequently	<input type="checkbox"/>	Consistently	<input type="checkbox"/>
Chemicals	Rarely	<input type="checkbox"/>	Frequently	<input type="checkbox"/>	Consistently	<input type="checkbox"/>
Trip Hazards	Rarely	<input type="checkbox"/>	Frequently	<input type="checkbox"/>	Consistently	<input type="checkbox"/>
Aware of own ability	Rarely	<input type="checkbox"/>	Frequently	<input type="checkbox"/>	Consistently	<input type="checkbox"/>

**COMMENTS:** \_\_\_\_\_

\_\_\_\_\_

**INTERPERSONAL COMPONENT**

**MOOD**

What does the participant do if they feel:

Angry \_\_\_\_\_

Sad \_\_\_\_\_

Confused \_\_\_\_\_

Other \_\_\_\_\_

**VALUING**

What activities does the participant value/enjoy/like? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What activities does the participant not value/enjoy/like? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What behaviours does the participant display when not enjoying activities? \_\_\_\_\_

\_\_\_\_\_



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How willing is the participant to attempt new activities? \_\_\_\_\_

**INTERPERSONAL COMPONENT  
COMMUNICATION**

**Language**

Primary Language: \_\_\_\_\_ Secondary Language: \_\_\_\_\_

Language spoken at home: \_\_\_\_\_

**METHOD OF COMMUNICATION**

Verbal	
Sign Language	
Communication device	
Nonverbal	

**COMMENTS:** \_\_\_\_\_

**SENSORY FUNCTION**

**HEARING**

Left Ear            Deaf        Hearing Impaired                Normal Hearing        Hearing Aid   

Right Ear            Deaf        Hearing Impaired                Normal Hearing        Hearing Aid   

**Techniques/strategies:**

(e.g. deaf in right ear so stand on the person's left to talk to them) \_\_\_\_\_

**VISION**

Right Eye            Blind        Peripheral                Central        Normal   

Left Eye            Blind        Peripheral                Central        Normal   

**Techniques/strategies:**

(e.g. vision is poorest in left eye so present activities, food, etc on their right) \_\_\_\_\_



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**EXPRESSION**

Able to be understood by unfamiliar people	
Able to be understood by familiar people	
Only able to make basic needs known	

**COMMENTS:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**COMPREHENSION**

Always understands	
Able to understand most conversations	
Able to follow simple instructions	
Able to understand key words only	

**COMMENTS:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**MOBILITY**

Independent	
Independent – requires some support	
Requires aid	

**MOBILITY EQUIPMENT REQUIRED**

Manual wheelchair – independent	
Manual wheelchair – requires assistance	
Electric wheelchair	
Walking aid	
Modified Vehicle	
Hoist	
Other .....	

**PERSONAL CARE**

Independent	
Some assistance required	
Full assistance required	

**COMMENTS:** \_\_\_\_\_  
 \_\_\_\_\_



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**BEHAVIOUR PATTERNS**

Able to Share	Rarely	<input type="checkbox"/>	Frequently	<input type="checkbox"/>	Consistently	<input type="checkbox"/>
Adapting to changes in routine	Rarely	<input type="checkbox"/>	Frequently	<input type="checkbox"/>	Consistently	<input type="checkbox"/>
Able to cooperate	Rarely	<input type="checkbox"/>	Frequently	<input type="checkbox"/>	Consistently	<input type="checkbox"/>
Demonstrates Self Control	Rarely	<input type="checkbox"/>	Frequently	<input type="checkbox"/>	Consistently	<input type="checkbox"/>
Requires 1:1 Staff	Rarely	<input type="checkbox"/>	Frequently	<input type="checkbox"/>	Consistently	<input type="checkbox"/>

**Comments:**  
(eg: when service user may require 1:1 support) \_\_\_\_\_  
\_\_\_\_\_

**Challenging Behaviours:** \_\_\_\_\_  
\_\_\_\_\_

**COMMENTS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Assessor:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date of Assessment:** \_\_\_\_\_

**Participant:** \_\_\_\_\_ **Signature:** \_\_\_\_\_