Disability Services Case Closure Assessment

Client Name	
Client ID / Reference	
Date of Assessment	_
Case Information	
Case Start Date	
Case Start Date	
Case Closure Date	
Reason for Closure	
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Goals & Outcomes	
Summary of Goals Set	
Evaluation of Outcomes Achieved	
Unmet Needs	
Recommendations	
Recommended Follow-up or Referral	
Additional Comments	

Assessor Name

Assessor Position			
Signature			