

Disability Support Needs Assessment

Personal Information

Full Name

Date of Birth

Contact Number

Email

Address

Disability Details

Type of Disability

Diagnosis/Description

Duration (since when)

Medical Professional Name

Current Supports

Describe Current Supports in Place

Support Needs Assessment

Daily Living (e.g., bathing, dressing)

Mobility (e.g., wheelchair, walking aids)

Communication

Learning and Education

Work or Volunteering Needs

Social and Community Participation

Goals and Outcomes

Individual Goals

Expected Outcomes

Additional Notes