***(Actions/Strategies****:* ***1.****Identify type of provider/service required to meet goal.* ***2.****Identify specific providers/services and make referral.* ***3.****Accept referral and inform relevant parties.* ***4.****Allocate funding/hours for that provider/service.* ***5.****Track reporting requirements and send request/reminder with appropriate length of notice.* ***6.****Collate reports and include with SC NDIS reports.* ***7.****Identify if goal has been met or is ongoing, and include funding request and justification in Plan Review.)*

| **Participant goals** | **How does the participant feel they are progressing with their goals?** 1. No real progress for them
2. Not as much progress as they would like
3. Some progress
4. Mostly progressing well
5. Progressing well
 | **Support coordinator comments***What are the next steps for you to assist the participant pursue their goal?**Were there any obstacles impacting you in supporting the participant pursue their goal?* |
| --- | --- | --- |
| **1.** | Choose an item. |  |
| **2.** | Choose an item. |  |
| **3.**  | Choose an item. |  |
| **4.**  | Choose an item. |  |

**Support Coordination Notes/Actions (if any, not specifically related to Goals)**

| **SC Issue /Topic** | **Action Steps/Strategies/Notes (incl dates)** | **Finalised** |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |