



NDIS GOAL REVIEW FORM

NDIS # _____ **Date of NDIS Plan Expiry** _____

Date _____

Client's Name _____

Guardian's Name _____

(If applicable)

Contact Phone Number _____

Strategies that have worked and area's where there has been improvement _____

Strategies that you found unhelpful _____

In what area's would you like to focus on in the following months _____

Client Signature

Print Name



Client Feedback

Your feedback is important to us as it allows us to provide the best quality care and service for you the client. Please take a moment to fill in the following survey. After reading each comment below, please indicate your answer by selecting the response that best describes your experience.

Psychologist: _____

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. My therapist was warm, friendly and accepting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I felt that my therapist had the skills to help me achieve my goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The admin staff was efficient and helpful in processing payments and scheduling appointments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I found the admin staff warm and friendly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you disagreed please elaborate:

5. Overall, I feel that I have been making:	No Progress	Some Progress	Considerable Progress	Significant Progress
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Please indicate which aspects of your experience were most helpful.

7. Were there any aspects of your experience that did not meet your expectations?

If you have any concerns and would like a follow up phone call from our Director please provide a preferred contact number: _____

Thank you for taking the time to offer your feedback