Pre-Training Evaluation – NDIS Foundations

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please rate the following:

|  |  |
| --- | --- |
| Topic | Rate from 1 - 10 (1 = lowest, 10 = highest) |
| **A.** Please rate your understanding of the key features of the NDIS | 1 2 3 4 5 6 7 8 9 10 |
| **B.** Please rate your confidence in navigating the NDIS pathway | 1 2 3 4 5 6 7 8 9 10 |
| **C.** Please rate you understanding of how to achieve timely NDIS access & supports | 1 2 3 4 5 6 7 8 9 10 |
| **D.** Please rate your confidence in providing supporting evidence, using the ‘permanent & significant’ criteria according to the NDIS Act | 1 2 3 4 5 6 7 8 9 10 |
| **E.** Please rate your confidence in providing clinical justification, using the ‘reasonable & necessary’ criteria for NDIS funded supported | 1 2 3 4 5 6 7 8 9 10 |
| **F.** Please rate your understanding of best practice collaborative discharge planning | 1 2 3 4 5 6 7 8 9 10 |

We need to match your pre and post evaluation results - please write an identification word or number (at least 4 digits long). Please remember this and use the same identification word/number for your post evaluation.