



# About me

**A functional activity  
/Task support record**



# About me

## A functional activity / Task support record

Full name:

Date form first completed:

DOB:

Completed by:

### Instructions

The first time this form is completed, it will provide a record of the support currently required to undertake each task.

Tick all the relevant boxes for each activity/task. Where changes in the amount of support required to undertake an activity are observed, circle the box to indicate the new level of support.

For each change identified, describe what has changed, the impact on day-to-day care and support and the estimated date/month when the change was first observed. Where appropriate, linking a review of the functional activity record with the NDIS plan review cycle can be of value to the individual.

Tick all relevant descriptions

	Verbal	Nonverbal	Gestures/ Points	Uses Signs	Uses Pictures	Other
Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Description of support required on first completion of the form						
Change observed	Date change observed: Description of change and new support needs:					

	No Help	Uses Aids / Equipment	Prompting	Supervision	Some Support	Full Physical Assistance
<b>Mobility</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Description of support required on first completion of the form**

**Change observed**  
 Date change observed:  
 Description of change and new support needs:

	No Help	Uses Aids / Equipment	Prompting	Supervision	Some Support	Full Physical Assistance
<b>Transfers</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Description of support required on first completion of the form**

**Change observed**  
 Date change observed:  
 Description of change and new support needs:

	No Help	Uses Aids / Equipment	Prompting	Supervision	Some Support	Full Physical Assistance
<b>Self Care - Showering, Grooming, Dressing / Undressing</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Description of support required on first completion of the form**

**Change observed**  
 Date change observed:  
 Description of change and new support needs:

	No Help	Uses Aids / Equipment	Prompting	Supervision	Some Support	Full Physical Assistance
<b>Toileting</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Description of support required on first completion of the form**

**Change observed**  
 Date change observed:  
 Description of change and new support needs:

	No Help	Uses Aids / Equipment	Prompting	Supervision	Some Support	Full Physical Assistance
<b>Eating / Drinking</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Description of support required on first completion of the form**

**Change observed**  
 Date change observed:  
 Description of change and new support needs:

	No Help	Uses Aids / Equipment	Prompting	Supervision	Some Support	Full Physical Assistance
<b>Preparing Snacks / Cooking</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Description of support required on first completion of the form**

**Change observed**  
 Date change observed:  
 Description of change and new support needs:

	No Help	Uses Aids / Equipment	Prompting	Supervision	Some Support	Full Physical Assistance
<b>Taking Medication</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Description of support required on first completion of the form**

**Change observed**  
 Date change observed:  
 Description of change and new support needs:

	No Help	Uses Aids / Equipment	Prompting	Supervision	Some Support	Full Physical Assistance
<b>Planning / Organisation</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Description of support required on first completion of the form**

**Change observed**  
 Date change observed:  
 Description of change and new support needs:

	No Help	Uses Aids / Equipment	Prompting	Supervision	Some Support	Full Physical Assistance
<b>Decision Making / Making Choices</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Description of support required on first completion of the form**

**Change observed**  
 Date change observed:  
 Description of change and new support needs:

	No Help	Uses Aids / Equipment	Prompting	Supervision	Some Support	Full Physical Assistance
<b>Using Money</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Description of support required on first completion of the form**

**Change observed**  
 Date change observed:  
 Description of change and new support needs:

	No Help	Uses Aids / Equipment	Prompting	Supervision	Some Support	Full Physical Assistance
<b>Domestic Tasks</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Description of support required on first completion of the form</b>						
<b>Change observed</b>	Date change observed: Description of change and new support needs:					
	Very Poor	Poor	Average	Good	Excellent	
<b>Interest in Doing Activities / Being Sociable</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Description of interest at the time of completing the form</b>						
<b>Change observed</b>	Date change observed: Description of change and new support needs:					



	Very Poor	Poor	Average	Good	Excellent
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**Mood/Emotions**  
*Consider Sadness,  
 Fearfulness,  
 Anxiety*






**Description of mood at the time of completing the form**

**Change observed**

Date change observed:

Description of change and new support needs:

	Very Poor	Poor	Average	Good	Excellent
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**Attention / Concentration**






**Description of concentration at the time of completing the form**

**Change observed**

Date change observed:

Description of change and new support needs:

	Very Poor	Poor	Average	Good	Excellent
<b>Behaviour</b> <i>Consider Irritability, Uncooperativeness, Aggression, Noisiness</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Description of behaviour at the time of completing the form</b>					
<b>Change observed</b>	Date change observed: Description of change and new support needs:				
	Very Poor	Poor	Average	Good	Excellent
<b>Quality of Sleep</b> <i>ie. Restlessness, Sleep Disturbance</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Description of support required on first completion of the form</b>					
<b>Change observed</b>	Date change observed: Description of change and new support needs:				

	Very Poor	Poor	Average	Good	Excellent
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**General Health and Wellbeing**

*ie. Diabetes, Seizures, Susceptibility to colds / virus*






**Description of health and wellbeing on first completion of the form**

**Change observed**

Date change observed:

Description of change and new support needs:



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