How to Write an NDIS Provider Report: The Good Company Reporting Standard

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Why provider reports matter

A provider report is often the only record of how a participant's disability affects daily life across a whole plan period. It shows what happens week after week, at work, at home and in the community, rather than in a single one-hour assessment.

Written well, it gives NDIA planners clear, dated evidence to act on. Written poorly, it is easy to discount, and the participant bears the cost.

This guide sets out the standard Good Company Disability Services holds its own reports to. It draws on our internal quality reviews: the mistakes we have caught, the fixes that worked, and the rules that came out of them. We publish it because every participant deserves documentation of this quality, whoever their provider is.

It is written for support workers, team leaders and report writers, and for participants, families and support coordinators who want to know what a good report looks like. A complete sample report and quote, and a guide to the specialist reports that strengthen it, are included.

The standard in brief

1. Every barrier is observed, dated and linked to the participant's own goal.
2. No more than three dates per point: one early, one mid-plan, one recent.
3. Frequency words match the evidence. "Consistently" needs proof across the whole plan period.
4. We report what we see and hear. We do not interpret intent or diagnose.
5. Support is written as capacity building, with progress shown wherever it exists.
6. Recommendations follow the evidence, and the participant chooses their providers.

What is an NDIS provider report?

An NDIS provider report summarises the supports a provider delivered during a participant's plan, what was observed, and the progress made toward the participant's goals. It usually ends with recommendations for future supports and, where requested, a quote. You may also see it called a progress report or end-of-plan report.

Reports are usually requested before a plan reassessment (still often called a plan review), when a participant's circumstances change, or when the participant, their nominee or their support coordinator asks. The provider delivering the support writes it, drawing on dated case notes.

A provider report is not a clinical assessment. Allied health professionals write their own reports using standardised tools and clinical judgement. A provider report adds what those cannot: a longitudinal, real-world record of how a participant functions over months, in the settings where support actually happens.

Who reads your report

Write every sentence as if the participant, an NDIA planner and an auditor will all read it. Often, all three will.

Reader	What they need from the report
The participant (and their nominee or family, if the participant chooses)	To recognise themselves in it, see their progress, and read it without feeling diminished. It is their information.
NDIA planner or delegate	Clear evidence of functional impact, linked to plan goals, to decide which supports are reasonable and necessary.
Support coordinator or plan manager	A picture of how the current plan is working and what the next plan needs.
Auditors and the NDIS Quality and Safeguards Commission	Claims that trace back to dated case notes, privacy respected, and support described within the provider's scope.

How provider reports are used in NDIS decisions

The NDIA funds supports it considers reasonable and necessary, and it decides that from evidence. A provider report is useful only if it answers the questions a decision-maker has to ask.

The table maps the reasonable and necessary considerations in section 34 of the NDIS Act to what a strong provider report contributes.

Consideration	What your report should show
The support relates to the participant's goals	Every barrier and support sits under a plan goal, quoted in the participant's words, and links back to it.
It helps social and economic participation	Specific examples of how barriers affect work, study and community life, and how support enables participation.
It represents value for money	Support that builds capacity and reduces reliance over time, at a justified ratio and intensity, with a transparent quote.
It is likely to be effective and beneficial	Dated evidence of progress, such as tasks now done with fewer prompts or independently.
It accounts for what informal supports can reasonably provide	Neutral, factual references to informal supports, with a carer statement for anything more.
The NDIS is the right system to fund it	Recommendations that stay within NDIS supports and point to health, education or employment services where they are responsible.

What changed in 2026

The NDIS Amendment (Securing the NDIS for Future Generations) Act 2026 received Royal Assent on 20 August 2026. Its changes phase in through to 2030, and four already shape how reports are read.

- **Budget resets from 1 October 2026.** Allocations for social, civic and community participation supports are reduced by 50%, and capacity building daily activities by 10%. Reductions apply as plans are created or reassessed, and from 1 February 2027 as they are renewed. Supports in the home, employment supports and high-intensity supports are among those protected.
- **Plan renewals from 1 February 2027.** At a plan's reassessment date, the NDIA may renew the plan at the same level of supports, adjusted for current prices, instead of reassessing it.
- **New reasonable and necessary considerations from 1 February 2027.** The NDIA must also weigh equity between participants, the sustainability of the NDIS and the circumstances of participants with similar needs. It must also consider the risk of harm

to informal supporters if a support is not funded.

- **Unscheduled reassessments.** Only the participant, their nominee or a child representative can request one. It requires a significant and ongoing change, for example in functional capacity, living situation, work or informal support.

New framework planning, where a support needs assessment informs the budget, starts from 1 April 2027 and rolls out to the end of 2030. Source: People with Disability Australia, current at 1 October 2026.

What this means for report writers. With smaller budgets in some categories, participants and planners need to see which supports matter most, and why. Make priorities explicit, evidence progress precisely, and describe every support under the category it genuinely belongs to. Re-labelling a support to dodge a budget reset is inaccurate, and it puts both the participant's plan and the provider at risk.

Before you write: scope, consent and case notes

Confirm the plan period

Start by confirming the participant's current plan dates. Only case notes recorded within the plan period belong in the report, because the planner is assessing this plan. If you have supported the participant for longer, show your full period of support in the header, but draw every piece of evidence from the plan period.

Use the participant's goals, word for word

Copy each goal exactly as it appears in the participant's plan. Don't paraphrase, merge or improve goals. They belong to the participant, and the planner will check your evidence against wording they already know.

Confirm consent and recipients

Confirm the participant, or their nominee, consents to the report being prepared and agrees who receives it. That is usually the participant, their support coordinator or plan manager, and the NDIA. Include only information that is relevant to the report's purpose.

Good reports start with good case notes

A report can only be as specific as the notes behind it. The most common weakness is the activity log: notes that record where the participant went, but not the support given or how they responded.

Activity-log note	Evidence-ready note
Took Alex to her café shift. She did dishes and restocked. Good shift.	Alex completed the opening checklist using her picture card, with two verbal prompts (four last month). When the dishwasher showed an error, she asked her supervisor for help using the script we practised. Alex said, "I did it by myself today."

Evidence-ready notes are written on the day and describe what happened, not how the worker felt about it. Each one records:

- what the participant was doing, and where
- the support provided and the strategy used, such as a prompt, a model or a checklist
- how the participant responded
- the level of support needed: independent, verbal prompt, modelling or hands-on assistance
- anything the participant said about their goals, in their own words.

Recording the level of support every shift is what makes progress visible months later. Never name other participants in notes from group activities.

The 2026 reforms require providers to keep relevant records for seven years, with detailed rules still being finalised (PWDA). Treat every note as evidence that may be read long after the shift.

The anatomy of a provider report

A complete report has six parts, in this order.

1. **Header.** Participant name, NDIS number, plan dates and period of support, with the provider's name and ABN.
2. **Purpose statement.** What the report covers, the evidence it draws on (first-hand observation and dated support notes), and that recommendations and a quote follow.
3. **One section per plan goal.** Each holds the NDIS goal, quoted verbatim; Observations and Disability-Related Barriers, written as prose with one barrier type per paragraph; and Support Provided, written as dot points.
4. **Support and Funding Recommendations.** On a new page: four to eight points grounded in the evidence above.
5. **Authorisation.** Authorised by, date and signature.
6. **The quote**, attached behind the report.

Order goals so the first one has strong evidence. If a goal was not a focus of support during the plan period, keep it in: say so plainly and point to where related evidence sits. Leaving it out only invites the question of why.

Formatting helps the reader find evidence fast. Use a clear title and labelled section bars, justified prose for barriers and bullets for supports. Put the provider's name, ABN and page numbers in the footer of every page, and never strand a section heading at the bottom of a page.

Writing observations and disability-related barriers

This is the heart of the report. Each paragraph describes one type of barrier, proves it with dated examples, and finishes by linking it to the goal it sits under.

The barrier paragraph formula

1. **Name the barrier.** "[Participant] has been observed to experience barriers in [functional area]."
2. **Prove it.** Give specific, dated examples: the activity, the setting, what happened and what support was needed.
3. **Link it to the goal.** "These observations indicate that [barrier] impacts [participant]'s capacity to [the outcome, in the goal's own words]."

Weak	Strong
Alex has trouble with public transport and gets overwhelmed easily.	Alex has been observed to experience barriers in interpreting public transport information and adapting when services change. On multiple occasions, Alex stopped at the station entrance and asked the mentor which platform to use, although the platform was shown on the departure screen in front of her (20/01/2025, 12/08/2025, 09/03/2026). These observations indicate that barriers in interpreting transport information impact Alex's capacity to get to her café shifts on her own and on time.

The strong version names one barrier, shows it three times across the plan period, and closes in the words of Alex's goal: "I want to keep my job at the café, get there on my own and get more shifts."

Match your frequency words to your evidence

If you write	You need at least
"On one occasion"	1 dated example
"On multiple occasions" or "a pattern"	2 dated examples, ideally 3
"Consistently", "frequently", "ongoing" or "across the plan period"	3 dated examples spread across the plan period

Never call something a pattern or a recurring theme on the strength of one date. A planner who spots one overstated claim will discount the rest of the report.

The three-date rule

Reference no more than three dates for any point. Where you have more, choose one early in the plan period, one from the middle and one recent. Three well-chosen dates prove a barrier is ongoing; a string of twelve reads as padding and hides the pattern.

Put dates in brackets at the end of the sentence they support, formatted DD/MM/YYYY.

Make the closing sentence earn its place

A generic ending such as "this impacts her independence" wastes the most important sentence in the paragraph. Echo the goal's own words so the planner sees exactly which goal the evidence supports.

- Generic: "…which impacts Alex's independence."
- Goal-linked: "…impact Alex's capacity to get to her café shifts on her own and on time."

Observe, don't interpret

Report what you saw and heard. Don't describe what a participant was thinking, intending or understanding. You can't observe it, it isn't your role to assess it, and a planner can't rely on it.

Avoid	Write instead
Alex wasn't interested in the group.	Alex sat at the edge of the room playing her handheld console until the mentor introduced her to a peer (15/02/2025).

Avoid	Write instead
Sam is lazy in the mornings.	Sam remained in bed for 40 minutes after the agreed start time and began his routine after four verbal prompts (12/05/2025).
Jordan didn't understand the instructions.	Jordan continued the original task after the instruction changed, and started the new task once the mentor repeated it (03/09/2025).
Taylor has a short attention span.	During a 30-minute budgeting task, Taylor stopped to check her phone four times, returning to the task after a prompt each time (21/07/2025).

Participants' own words are valuable evidence. Attribute them clearly ("Alex described…", "Sam identified…"), and never turn a self-report into a provider finding or a diagnosis.

Describe function, not diagnosis

Leave diagnosis and clinical formulation to treating professionals. Your evidence is strongest when it describes what you observed and its functional impact. Specialist reports cover the clinical picture; see Reports that complement a provider report, below.

Write with dignity

Describe the barrier, not the person as a problem. Avoid labels such as "non-compliant", "attention-seeking" or "lazy", and emotive phrasing such as "desperately needs". Use the language the participant prefers for themselves and their disability.

A report has to be barrier-focused to support funding decisions. It never has to be demeaning.

Say it once

If evidence fits two goals, place it in full under the most relevant goal and cross-reference it from the other. Repetition makes a report longer, not stronger, and repeated paragraphs are one of the first things a reviewer notices.

Writing Support Provided that shows capacity building

Planners need to see what the support achieved, not just that it happened. Support that only describes doing things for the participant reads as substitution, not capacity building.

The support point formula

Each dot point covers four things, followed by up to three dates:

1. what the mentor did, using a specific active verb
2. how they did it: the strategy or tool used
3. how it builds the participant's capacity
4. any progress the notes show.

Retire vague verbs

"Assisted", "helped", "supported" and "suggested" tell the reader almost nothing on their own. Replace them with the action that actually happened: modelled, prompted, faded prompts, co-created, rehearsed, role-played, shadowed, practised, guided step by step, facilitated, reinforced or debriefed.

Weak	Strong
Assisted Alex with cooking (17/03/2025).	Co-created picture-based recipe cards with Alex for four simple meals, with one step per photo and a "stove off" check at the end. Alex now cooks two of these meals using the cards with verbal prompts only, compared with step-by-step modelling earlier in the plan period (17/03/2025, 17/08/2026, 06/10/2026).

Make progress visible

Progress is the strongest evidence that support is effective and beneficial, so record it precisely. The clearest way is to show the support level falling over time: from hands-on assistance, to modelling, to verbal prompts, to independence.

"Alex completed the full trip to work independently on three occasions" is evidence. "Alex is doing much better" is not. Where notes show no progress yet, describe the capacity the support is building toward, and don't overstate.

Keep supports consistent with your barriers

Never list a support that reinforces a barrier you have described. If a barrier paragraph says a participant relies on the mentor to make phone calls, a support point saying the mentor made calls on their behalf, with no plan to build the skill, undercuts your own evidence.

Explain support that is genuinely "doing for"

Some support is substitutive by nature, such as transport. Where that applies, say why it is needed and how it enables participation or skill-building elsewhere.

What stays out of a provider report

A provider report has one job: to evidence the participant's functional barriers, the support delivered and the support needed. Some information has a better home, and the table shows where it goes.

Topic	How to handle it
Incidents	A provider report is not an incident report and never replaces one. Record and manage incidents through your incident management system, and notify the NDIS Quality and Safeguards Commission where required. Where an incident is relevant to support needs, describe its functional impact factually and accurately.
Staff names	Use role-based references such as "the mentor" or "the support worker". It protects staff privacy and keeps the focus on the support.
Other participants	Never identify another participant, even indirectly, in notes or reports from group settings.
Family members	Refer to family by role, such as "Alex's father", keep any mention factual and neutral, and avoid commentary on family life. A family member's view of their caring role belongs in their own carer statement. Safeguarding concerns go through your safeguarding procedures, not into a report.
Behaviour support	If the participant has a behaviour support plan, keep your descriptions and strategies consistent with it, and reference the plan rather than restating it.
Speculation and diagnosis	Leave out guesses about reasons, motives or conditions. Report what was observed and what the participant said.

Topic	How to handle it
Sessions that end early	Record the request, what the worker offered so the session could continue (a break, a different task, a shorter version), and that it ended at the participant's request. Note that early endings, despite those attempts, limit opportunities to build skills toward the goal. Never speculate about the participant's reasons.

Making support and funding recommendations

Recommendations are where many reports lose credibility, usually by asking for more than the evidence shows. A strong recommendation traces straight back to a barrier and a support described earlier in the report.

- **Start on a new page** and keep to four to eight points, grouped by support category.
- **For each point, say** what the support will be used for, which barrier it addresses and how it builds capacity.
- **Justify intensity and timing.** Explain why support is 1:1, or that it falls on a Saturday because that is when the participant's group meets.
- **Show the trajectory.** Where support should reduce as skills grow, say so and build the reduction into the quote. This is the value-for-money case in practice.
- **Rank priorities with the participant.** With some budgets now reset, listing supports in the order the participant values them helps both the participant and the planner decide.
- **Stay inside the NDIS.** Point to health, education or employment services where they are responsible.
- **Suggest complementary evidence** where it would help, such as a carer statement for respite or a specialist assessment.

Recommending your own services, ethically

Most providers who write a report also deliver the supports they recommend. That is normal, but it is a conflict of interest that needs managing.

Base recommendations on need, not on your service mix or roster capacity. State that the quote is provided to inform the plan reassessment and does not limit the participant's choice of provider. Never promise a participant a funding outcome. The 2026 reforms also created new offences for some provider kickbacks and inducements (PWDA).

Preparing the quote

A quote shows the planner what the recommended supports cost. It should be transparent enough that anyone can check the maths.

Every quote should include:

- the provider's name, ABN, contact details, quote number, date and expiry
- the period covered, such as 52 weeks
- a plain-English schedule, such as "2 × 5-hour supports weekly, weeks 1–26"
- each line item's support item number and name, quantity, unit price and total
- transport and other claimable costs, itemised
- the price limit year the quote is based on
- a statement that the quote does not limit the participant's choice of provider.

Quote at or below the price limit for the participant's location. Price limits are set in the NDIS Pricing Schedule and usually change each 1 July. For example, the national limit for standard weekday daytime community participation rose from $70.23 to $73.58 an hour for 2026–27 (support item 04_104_0125_6_1).

Check that every quantity matches the schedule and every line traces to a recommendation. Where support is planned to reduce, build the reduction into the quantities instead of quoting the peak all year. Never estimate the cost of another provider's services.

Reports that complement a provider report

A provider report shows how disability affects daily life over time, in real settings. Specialist reports add standardised assessment and clinical expertise. Planners can rely most on evidence that is consistent across several sources, so the strongest submissions combine both.

What each report adds

Report	Written by	What it adds	Pairs well with
Functional capacity assessment	Occupational therapist	Standardised assessment of function across daily living, community and work, with recommendations on support hours and ratios	Daily living and community supports, home and living requests, respite
Speech pathology report	Speech pathologist	Communication assessment, augmentative and alternative communication (AAC) needs, mealtime safety	Communication and social goals
Psychology or neuropsychology report	Psychologist or neuropsychologist	Cognitive and adaptive functioning, and the functional impact of psychosocial disability	Planning and learning barriers; psychosocial disability
Behaviour support plan	NDIS behaviour support practitioner	Why behaviours of concern occur, proactive strategies, any authorised restrictive practices	Behaviour-related barriers, community access, housing stability
Physiotherapy report	Physiotherapist	Mobility, falls risk, physical capacity, mobility equipment needs	Travel, mobility and assistive technology
Exercise physiology report	Accredited exercise physiologist	Physical activity capacity and programs linked to functional goals	Health and wellbeing goals
Dietitian report	Accredited practising dietitian	Disability-related nutrition needs and mealtime planning	Meal preparation and health goals

Report	Written by	What it adds	Pairs well with
Assistive technology or home modification assessment	Occupational therapist, physiotherapist or speech pathologist	Specific equipment or modification recommendations	Assistive technology and home modification requests
Support coordination report	Support coordinator	A whole-of-plan view: plan use, coordination issues, risks, links with mainstream services	Every plan reassessment
Psychosocial recovery coach report	Recovery coach	A recovery-oriented view of capacity building and support needs	Psychosocial disability
Carer statement	Family member or informal carer	The care they provide, its impact on them and whether it is sustainable	Respite, daily living hours, home and living
Participant statement	The participant, with support if needed	Their goals, what is working and what is not, in their own words	Every plan reassessment
Treating doctor or specialist letter	GP or medical specialist	Diagnosis, prognosis, and the line between health and disability supports	Changes in condition, health-related needs
Employer or education letter	Employer, employment services provider or education provider	Workplace or study performance, adjustments and requirements	Employment and study goals

Carer statements matter more from 1 February 2027, when the NDIA must consider the risk of harm to informal supporters if a support is not funded (PWDA).

Matching evidence to the recommendation

If you recommend	Strongest evidence package
Ongoing 1:1 community participation	Provider report, occupational therapy functional capacity assessment, participant statement
Supports in employment	Provider report and employer or employment services letter; workplace assessment if adjustments are needed
Short-term accommodation or respite	Provider report, carer statement, support coordination report
Home and living supports	Functional capacity assessment, provider report, support coordination report and participant statement, against the NDIA's current home and living evidence requirements
Communication supports	Speech pathology report and provider report
Behaviour-related support hours	Behaviour support plan and provider report
Health and wellbeing capacity building	Exercise physiology or dietitian report, and provider report

Making reports work together

1. **Use the same goals.** Every report should reference the participant's current plan goals, word for word.
2. **Share, with consent.** Where the participant agrees, share your report with their therapists so recommendations line up.
3. **Resolve contradictions before submission.** If a therapist recommends 1:1 support everywhere while your report shows independent travel on one route, talk it through. Contradictions weaken both reports.
4. **Stay in your lane.** Provider reports describe observed function and the support delivered; specialists assess, diagnose and make clinical recommendations. A provider report can note where a specialist assessment would add evidence.
5. **Time them together.** Gather reports in the same window before the reassessment, covering the same plan period.
6. **Coordinate through the support coordinator,** where the participant has one.

The assessment landscape is shifting. New framework planning will use a support needs assessment by an NDIS assessor from April 2027, and access decisions will include a standardised functional capacity assessment from January 2028. How existing reports feed into these is still being worked out.

The pre-submission checklist

Run every report through this list before it is authorised.

- [ ] Every case note referenced falls within the plan period.
- [ ] No point cites more than three dates, chosen early, middle and recent where possible.
- [ ] Every frequency word is backed by matching evidence.
- [ ] Every barrier paragraph covers one barrier type and closes with a goal-linked impact statement.
- [ ] Nothing interprets intent, understanding or internal states, and self-reports are attributed.
- [ ] There are no diagnoses or clinical claims.
- [ ] No paragraph or sentence is repeated.
- [ ] No staff are named, no other participants are identified, and family references are neutral and role-based.
- [ ] Every support point uses a specific verb, explains how it builds capacity and shows progress where the notes do.
- [ ] No support point contradicts a barrier described in the report.
- [ ] Every recommendation traces to evidence, and every quote line matches a recommendation and current price limits.
- [ ] The participant has had the chance to read the report before it is sent.

Common mistakes, and the fix

Mistake	Fix
Long strings of dates	Choose three: early, middle and recent
"Frequently" backed by one date	Match frequency words to the evidence
Generic closing lines	Echo the goal's own wording
"Didn't seem to understand"	Describe the behaviour you observed
"Assisted with…" support points	Name the action, the strategy and the capacity built

Mistake	Fix
Support sections with no progress anywhere	Record the level of support in every note so progress can be shown
The same paragraph under two goals	Place it once and cross-reference
Staff named in the report	Use role-based references
Commentary on family life	Keep it neutral and factual, or leave it to a carer statement
Recommendations that outrun the evidence	Trace each one to a barrier and a support
Quote lines that don't match the recommendations	Reconcile them before sending
Evidence from before the plan started	Scope every note to the plan dates

See it in practice: a complete sample report

The sample is a complete, fictional provider report built to this standard, with recommendations, an authorisation block and a quote. Read it here: Sample report & quote

What to notice:

1. **Goal order.** The fully evidenced employment goal comes first. The health goal, which was not a focus, comes last with a cross-reference to Goal 2.
2. **One barrier per paragraph.** Goal 1 separates transport, task sequencing, workplace communication and busy periods into four paragraphs, each closing in the words of the goal.
3. **Frequency matches evidence.** "On one occasion" carries one date; "on multiple occasions" carries two or three.
4. **Self-reports are attributed.** Alex "described" the lunch rush and "identified" her spending pattern. Neither becomes a provider finding.
5. **Progress is specific.** Support points show prompt levels falling and record independent trips with dates.
6. **Early endings are handled factually.** The mentor's attempts to continue are recorded, along with the effect on skill-building.
7. **Recommendations trace to evidence and are ranked.** They follow the priority order Alex chose, acknowledge the 2026 budget reset, and suggest an exercise physiology assessment rather than overreaching.

8. **The quote shows its maths and its trajectory.** Employment support steps down after 26 weeks, every line matches a recommendation, and the quote states that it does not limit Alex's choice of provider.

Frequently asked questions

Is a provider report mandatory for an NDIS plan reassessment?

No single provider report is mandatory. The NDIA decides supports from evidence, and reports from the providers delivering support are a common and valuable part of it. Participants, nominees and support coordinators usually request them ahead of a reassessment.

How long should a provider report be?

Long enough to evidence each goal, and no longer. For a participant with four goals and regular support, five to eight pages plus the quote is typical. Specificity matters far more than length.

How far back should the report go?

To the start of the current plan period, and no further.

Who should write the report?

Support workers create the evidence through their case notes. The report is best drafted by an experienced writer or team leader who can review notes across the whole plan period, then authorised by the provider.

Should the participant see the report before it's sent?

Yes. It is their information, and reading it together is a chance to check accuracy and hear the participant's view of their progress.

What's the difference between a provider report and a functional capacity assessment?

A functional capacity assessment is an occupational therapist's clinical assessment of function, using standardised tools at one point in time. A provider report is a longitudinal record of real-world observations and support across the plan period. They work best together.

Can a provider recommend its own services?

Yes, if recommendations are based on the participant's needs, the conflict of interest is managed, and the participant's choice of provider is respected.

How many dates should each point reference?

No more than three: ideally one early, one mid-plan and one recent.

What if a goal wasn't worked on during the plan?

Keep the goal in the report and say so directly, with a brief cross-reference to related evidence elsewhere. Don't put it first.

When should the report be sent?

Start early. The NDIA has said it will contact participants 60 days before a plan renewal (PWDA), so aim to have the report finalised and reviewed with the participant by then.

Does the 2026 budget reset make provider reports less important?

The reset changes how much is available in some budget categories, and no report can undo it. Clear evidence still helps participants and planners decide how a reduced budget is best used. It also supports protected categories such as employment and in-home supports, and documents the significant changes that can justify a reassessment.

About Good Company Disability Services

Good Company Disability Services supports NDIS participants in Perth, Melbourne, Adelaide and Canberra. Our services include mentoring, self-care support, social and community participation, employment support, microenterprise support and support coordination.

Every provider report we write follows this standard, so participants and planners get clear, honest evidence of what is working and what is needed next. **[Talk to us about support →]**

This guide is general information about report-writing practice, current at November 2026. It does not replace guidance from the NDIA or the NDIS Quality and Safeguards Commission. The sample report and quote are fictional, and the quote uses 2026–27 national price limits.

Sources

- People with Disability Australia: 2026 NDIS changes, what the new laws mean and what happens next (current at 1 October 2026)
- Support item 04_104_0125_6_1, 2026–27 price limit
- Support item 04_105_0125_6_1, 2026–27 price limit
- Support item 04_801_0133_5_1, 2026–27 price limit
- Support item 01_011_0107_1_1, 2026–27 price limit