# **Holistic Assessment Report**

Name:

Assessor:

Date:

**1.1: Assessment information**

|  |  |  |
| --- | --- | --- |
| **Assessment date** |  | |
| **Assessment venue** |  | |
| **Assessor** |  | |
| **Assessment attended by:** | | |
| **Individual Assessee Only:** | | **Yes/No** |
| **Individual and Supporter:** | | **Yes/No** |

**1.2: Assessee details**

|  |  |
| --- | --- |
| **Name** |  |
| **Preferred pronouns** |  |
| **Home address** |  |
| **Date of birth** |  |
| **Mobile** |  |
| **Email** |  |

|  |  |
| --- | --- |
| **Student / Employee / Other** |  |
| **Education Provider / Organisation / Other Details** |  |

|  |
| --- |
| **If Student: Current educational level and daily routine**  **If employee: Current role and job description (including working patterns, hours of work and location)**  **If other: Daily activities** |
|  |

**1.3: Current Technology**

|  |  |
| --- | --- |
| **Current access to Information Technology and Assistive Technology** | Do they have access to a computer / tablet / phone / printer / any other technology  - if yes, Make/Model |
| **Any additional supporting information** | |
|  | |

**2.1: Identified challenges**

|  |  |
| --- | --- |
| **Challenge experienced (current health conditions or ‘disability’)** |  |
| **Disability-related impacts on the ability to complete daily tasks** | |
| Identify any areas of challenge for the individual each day | |
| **Further background and context** | |
|  | |

**3: Recommendations**

|  |
| --- |
| **A: Recommendation (you can add or remove any of the below boxes based on the number of recommendations you are making)** |
| **Name of recommendation** |
| Justification - barrier and assistive solution |
| Why is this tool recommended and how does it support in overcoming one of the specific barriers you’ve identified above |

|  |
| --- |
| **B: Recommendation** |
|  |
| Justification - barrier and assistive solution |
|  |

|  |
| --- |
| **C: Recommendation** |
|  |
| Justification - barrier and assistive solution |
|  |

|  |
| --- |
| **D: Recommendation** |
|  |
| Justification - barrier and assistive solution |
|  |

|  |
| --- |
| **E: Recommendation** |
|  |
| Justification - barrier and assistive solution |
|  |

|  |
| --- |
| **F: Recommendation** |
|  |
| Justification - barrier and assistive solution |
|  |

|  |
| --- |
| **G: Recommendation** |
|  |
| Justification - barrier and assistive solution |
|  |

|  |
| --- |
| **H: Recommendation** |
|  |
| Justification - barrier and assistive solution |
|  |

|  |
| --- |
| **I: Recommendation** |
|  |
| Justification - barrier and assistive solution |
|  |