# **Holistic Assessment Report**

Name:

Assessor:

Date:

**1.1: Assessment information**

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

**1.2: Assessee details**

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

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

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| **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** |
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**1.3: Current Technology**

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| **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**  |
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**2.1: Identified challenges**

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| **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** |
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**3: Recommendations**

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| **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  |

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| **B: Recommendation** |
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| Justification - barrier and assistive solution |
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| **C: Recommendation** |
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| Justification - barrier and assistive solution |
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| **D: Recommendation** |
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| Justification - barrier and assistive solution |
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| **E: Recommendation** |
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| Justification - barrier and assistive solution |
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| **F: Recommendation** |
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| Justification - barrier and assistive solution |
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| **G: Recommendation** |
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| Justification - barrier and assistive solution |
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| **H: Recommendation** |
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| Justification - barrier and assistive solution |
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| **I: Recommendation** |
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| Justification - barrier and assistive solution |
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