



New Entry-Level Behaviour Support Practitioner Reconsideration

– Endorsement Tool

Practitioner details (Practitioner to complete)

Name	<input type="text"/>
Existing NDIS Commission Practitioner Identification Number	<input type="text"/>
Date you were considered suitable as a New Entry-Level behaviour support practitioner	<input type="text"/>
Phone	Email
<input type="text"/>	<input type="text"/>
Practitioner self-assessed level	
<input type="checkbox"/> Core	<input type="checkbox"/> Proficient
<input type="checkbox"/> Advanced	<input type="checkbox"/> Specialist

The NDIS Commission will use the Supervision Agreement and Professional Development Plan provided as part of your initial suitability application as key reference documents to reconsider the practitioner's suitability to be a NDIS behaviour support practitioner.

Provide a summary of the supervision you have received since you were considered suitable as a New Entry-Level behaviour support practitioner.

Frequency of supervision ☐ Weekly ☐ Fortnightly ☐ Monthly Duration of supervision

Your summary should include the method/s of supervision and the mode/s of supervision. Refer to page 58 and 59 of the [Self-Assessment Resource Guide for the Positive Behaviour Support Capability Framework](#).

Provide a summary on how you achieved the professional development objectives outlined in your Professional Development Plan.

Your summary should include comments on training and education completed, practical application and self-reflection undertaken.

Supervisor details (Supervisor to complete)

Name

NDIS Commission Practitioner Identification Number

Phone

Email

Organisation and work address

What is your relationship to the practitioner?

How long have you worked with the practitioner?

What is your technical experience and skills in behaviour support?

What is your Practitioner self-assessed level?

☐

Proficient

☐

Advanced

☐

Specialist

For the reconsideration assessment, the NDIS Commission will seek information from the supervisor to evaluate the practitioner's skill development, compliance and suitability.

Has the practitioner consistently attended scheduled supervision sessions?

- ☐ Weekly
☐ Fortnightly
☐ Monthly

Details:

Has the practitioner demonstrated an understanding of [NDIS Workforce Capability Framework](#)?

- ☐ Yes
☐ No

Details:

Has the practitioner improved their knowledge and skills across the [Positive Behaviour Support Capability Framework](#) domains?

- ☐ Yes
☐ No

Details:

Has the practitioner adhered to the [NDIS Code of Conduct](#)?

- ☐ Yes
☐ No

Details:

Has the practitioner developed behaviour support plans that contain regulated restrictive practices?

- ☐ Yes
☐ No

Details:

Based on your knowledge of the behaviour support practitioner and the Portfolio of Evidence presented, please check (X) the appropriate box that represents your understanding of the practitioner's capabilities against their self-assessed level i.e. Core, Proficient, Advanced or Specialist level. **Supervisors must first complete the endorsement at the Core Practitioner Capability Level before progressing to endorse a higher capability level.**

Core Practitioner Capability Domains reviewed:

☐ I reviewed the Core Practitioner Self-Assessment Tool and Portfolio of Evidence.

I reviewed the following sources of evidence:

Core Practitioner Capability Domains	Capability met	Developing capability	Capability not met
1. Interim response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Functional assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Implementation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Know it works	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Reducing and eliminating restrictive practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Continuing Professional Development and Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Proficient Practitioner Capability Domains reviewed:

☐ I reviewed the Proficient Practitioner Self-Assessment Tool and Portfolio of Evidence.

I reviewed the following sources of evidence:

Proficient Practitioner Capability Domains	Capability met	Developing capability	Capability not met
1. Interim response	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Functional assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Implementation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Know it works	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Reducing and eliminating restrictive practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Continuing Professional Development and Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Advanced Practitioner Capability Domains reviewed:

☐ I reviewed the Advanced Practitioner Self-Assessment Tool and Portfolio of Evidence.

I reviewed the following sources of evidence:

Advanced Practitioner Capabilities	Capability met	Developing capability	Capability not met
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Specialist Practitioner Capability Domains reviewed:

☐ I reviewed the Specialist Practitioner Self-Assessment Tool and Portfolio of Evidence.

I reviewed the following sources of evidence:

Specialist Practitioner Capabilities

Capability
met

☐

Developing
capability

☐

Capability
not met

☐

Endorsement

☐ I confirm that I have reviewed the practitioner's sources of evidence and endorsed the practitioner's self-assessment as their supervisor.

Consent

☐ I consent to being contacted by the NDIS Quality and Safeguards Commission to discuss my supervision under the agreement, the self-assessment, the endorsement or any other matter relevant to the practitioner's application for New Entry-Level Behaviour Support Practitioner Reconsideration.

Supervisor signature

Date

Practitioner signature

Date