NeuroDivergent OT Assessment

Referral, motor coordination concerns and context

Use this fillable form to record observable concerns and their effect on everyday participation. Complete with the person who sees the child in the relevant setting.

Child / young person name

Date of birth

Age

Date completed

School / preschool / setting

Year / class

Parent / caregiver / teacher name

Relationship / role

Best contact (optional)

Person making referral and role

Motor coordination observations

Tick only concerns observed in the relevant context. Add examples, frequency and impact on page 2. A tick is a referral prompt, not a test score.

FINE MOTOR AND VISUAL-MOTOR

- [ ] Pencil, drawing or written work is slow, effortful, hard to read, or difficult to keep within lines.
- [ ] Difficulty using scissors, cutlery, fasteners, or classroom tools with controlled hand movements.
- [ ] Difficulty picking up, rotating, placing or releasing small objects; frequent dropping or awkward grasp.
- [ ] Difficulty using both hands together, stabilising paper/materials, or coordinating one hand while the other works.
- [ ] Force is often too light/strong, or hand/finger fatigue limits task completion.
- [ ] Difficulty copying shapes, aligning pieces, tracing a path, or organising work on a page.

GROSS MOTOR AND WHOLE-BODY COORDINATION

- [ ] Difficulty maintaining balance, changing direction, negotiating steps or moving safely around obstacles.
- [ ] Difficulty coordinating both sides of the body for two-handed or alternating movements.
- [ ] Difficulty learning or completing age-expected running, jumping, hopping, climbing or cycling activities.
- [ ] Difficulty tracking, throwing, catching or kicking a ball in play or PE.
- [ ] Posture, core stability, strength or endurance affects seated work, floor-to-stand or active play.
- [ ] Needs extra demonstration/practice to plan and sequence a new movement or join a movement game.

OTHER FACTORS THAT MAY AFFECT PERFORMANCE

- [ ] Vision / visual access
- [ ] Attention / understanding directions
- [ ] Pain, fatigue, health or physical access
- [ ] Sensory response / confidence / avoidance

Other relevant factor or diagnosed vision / health concern

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Measurable observation record

Record a real task in its usual setting. Use direct observations, caregiver/teacher report, work samples or video only with appropriate consent. Do not use these rows to reproduce standardized test items.

How to make observations measurable

For each concern, record the task, setting, number of opportunities, successful attempts or completion time, prompts/help, and the functional result. Compare only with the child's own prior performance or an age-appropriate expectation supported by an appropriate source; avoid unsupported peer comparisons.

Area / task	Setting	Opportunities / accurate attempts	Time / quality	Prompt / help

Examples: opening lunch packaging, managing fasteners, using classroom tools, moving through stairs/playground, or joining a ball game.

Observed frequency and support

For each area, tick the best fit based on the observed period. Record frequency (e.g., 3 of 5 school days) and setting in the notes below.

Fine motor / visual-motor	☐ Rarely	☐ Sometimes	☐ Often	☐ Most opportunities
Gross motor / coordination	☐ Rarely	☐ Sometimes	☐ Often	☐ Most opportunities

Frequency, duration, examples and setting

Observed assistance needed

Select separately for each area. Choose the highest level of help typically needed.

Fine motor	☐ Independent	☐ Extra time / setup	☐ Verbal / visual cue	☐ Hands-on help
Gross motor	☐ Independent	☐ Extra time / setup	☐ Verbal / visual cue	☐ Hands-on help

Notes on task conditions, adaptations or strengths

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Everyday functional impact and participation

Rate impact on participation, not just movement quality. Consider what happens with usual supports and reasonable adjustments. Complete only settings known to the informant.

Participation and functional impact ratings

Select one impact level for each activity and enter a brief real-life example or effect in the final column. Consider usual supports and reasonable adjustments.

Setting / activity	0 No impact Independent	1 Mild Occasional / extra time	2 Moderate Frequent / cues or adaptation	3 Marked Ongoing help / restricted	Observed effect / example
Fine motor / visual-motor	☐	☐	☐	☐	
Gross motor / coordination	☐	☐	☐	☐	
Self-care / dressing / eating	☐	☐	☐	☐	
Learning / classroom work	☐	☐	☐	☐	
Play / PE / recreation	☐	☐	☐	☐	
Home routines / chores	☐	☐	☐	☐	
Community / sport / outings	☐	☐	☐	☐	

Descriptive observation aid; interpret with examples, supports and context. It is not a standardized test score.

Safety, confidence and environmental context

- ☐ Falls, collisions, unsafe movement or difficulty judging hazards
- ☐ Frustration, embarrassment, low confidence or avoidance
- ☐ Fatigue, pain or reduced performance over time
- ☐ Task demands, equipment, space, clothing, noise or opportunity may affect performance

What helps the child participate? Include strengths, successful strategies or preferred activities.

Additional comments / examples from another setting

NeuroDivergent OT Assessment

Referral summary and qualified clinician review

Referral summary

Main motor concern / reason for referral

Priority everyday task or participation goal

Requested OT action or question

Suggested next step

- [ ] Refer to occupational therapy for functional assessment and participation-focused recommendations.
- [ ] Monitor with agreed strategies and review date; re-refer if concerns persist or increase.
- [ ] Consider a qualified clinician-administered standardized motor assessment, selected for age and referral question.
- [ ] Other action:

Other action / agreed follow-up date

Qualified clinician use

Standardized assessment name / edition

Assessment date

Age band / manual edition

Domains / subtests administered

Raw score(s)

Standard score(s)

Percentile rank(s)

Manual descriptive category

Clinical interpretation and basis for interpretation

Functional corroboration: daily tasks, informant reports and observed participation

Recommendations, accommodations and review plan

Clinician name / qualification

Signature / date