YOUR LOGO
(optional)

CLINIC / PRACTITIONER NAME

Form OT-ACT-01

Address · phone · license #

Activity Analysis

Break an activity into its demands, required skills, and grading options for therapeutic use.

CLIENT & ACTIVITY

Client name / ID

Date

Therapist (OTR/L)

Setting

Activity analysed

Activity description — purpose, materials, and environment

STEP	ACTION / SEQUENCE	OBJECTS & PROPERTIES	SPACE, SOCIAL & TIME DEMANDS

PERFORMANCE SKILLS REQUIRED

- ☐ Gross motor
- ☐ Fine motor / dexterity
- ☐ Bilateral coordination
- ☐ Strength & endurance
- ☐ Range of motion
- ☐ Postural control
- ☐ Visual-motor / perception
- ☐ Sensory processing
- ☐ Attention & focus
- ☐ Sequencing & organisation
- ☐ Problem solving
- ☐ Memory / recall
- ☐ Following directions
- ☐ Social interaction
- ☐ Emotional regulation
- ☐ Safety awareness

Grading — how to make the activity easier (grade down)

Grading — how to make the activity harder (grade up)

Clinical relevance — goals this activity addresses

ADDITIONAL NOTES

Continuation, observations, or notes

COMPLETED BY

This analysis reflects my professional judgement of the demands of the activity described above.

Therapist signature

Date

Supervisor signature (if applicable)

Date