SEEDS OCCUPATIONAL THERAPY

Frequently asked questions

Functional Capacity Assessments · 63 questions · Last updated: 21 September 2026

Honest answers about what an FCA involves, how decisions are supported, and whether this service is right for you. If you're unsure about any part of the process, we encourage you to get in touch.

- 63 QUESTIONS, ANSWERED
- 5.0 GOOGLE RATING
- AUSTRALIA-WIDE TELEHEALTH
- NINE SECTIONS
- NDIS REPORTING ALIGNED

A QUICK ORIENTATION

An FCA translates lived experience into clear functional evidence — what a person finds difficult, why, how often, what support is required, and what happens when it isn't in place. Every Seeds OT report is personally reviewed and signed off by Nisha Bal, Principal OT with 15+ years' experience. FCAs are delivered Australia-wide via telehealth, with no referral required.

Your story matters.

fca@seedsoccupationaltherapy.com.au · 03 7056 9242
seedsoccupationaltherapy.com.au · AHPRA OCC0001752238

HOW THIS DOCUMENT IS ORGANISED

Contents

Nine sections cover the service end to end — from what an FCA is, through eligibility, process, tools, reporting, timeframes and fees, to the practical questions families ask most.

01 About the service

4 QUESTIONS

Q What is a Functional Capacity Assessment?

An FCA is an occupational therapy assessment and written report explaining how a person's disability affects everyday life. Rather than focusing on diagnosis, it describes what daily functioning looks like in practice — across self-care, domestic activities, mobility, communication, learning and planning, community access, social participation, fatigue and safety.

The purpose is to translate lived experience into clear functional evidence: what a person finds difficult, why, how often, what support is required, and what happens when it isn't in place. For NDIS purposes, reports address disability requirements under s.24 (permanence, treatment history, substantially reduced capacity) and reasonable-and-necessary considerations under s.34.

Q Where can I read reviews about Seeds OT?

Seeds OT has public Google Reviews available online, reflecting feedback from participants, families and referrers. A link is available on our website, or can be provided on request by email.

Q Are your FCAs completed by junior clinicians or graduates?

No. Other senior OTs within the practice may conduct the interview component where appropriate, but all FCA reports are personally reviewed, clinically reasoned, written and signed off by our lead OT, Nisha Bal —

ensuring consistency, accountability and senior clinical judgement throughout.

Q Can I see a sample FCA report?

Yes. A de-identified sample report is available on request by email, demonstrating the style, structure and level of detail used. Every FCA is tailored to the individual, so the sample is provided as an example only.

02 Eligibility & use

6 QUESTIONS

Q Who can request an FCA?

An FCA may be requested by the participant, a parent or guardian, a nominee, a support coordinator, a plan manager, a treating team member, or another referrer. Where the request is made on behalf of the participant, we confirm consent and authority before proceeding.

Q Can an FCA be used for NDIS access?

Yes. For access, the FCA identifies impairments meeting NDIS disability requirements, describes permanence and treatment history, and explains how impairments substantially reduce functional capacity compared with peers — with concrete real-life examples. It doesn't replace medical evidence, but strengthens an access request by translating diagnoses into clear functional impact.

Q Can an FCA be used for plan reviews or change of circumstances?

Yes. Many FCAs document changed function, increased risk, breakdown of informal supports, environmental barriers, or unmet needs. The report can inform plan reviews, change-of-circumstances requests, and future planning — and explain why existing supports are no longer sufficient.

Q Can an FCA support SDA, SIL or complex support requests?

It can, depending on presentation and available evidence. An FCA can describe functional need, risk, supervision requirements, support intensity and environmental considerations. Where a pathway requires additional specialist assessment, this is stated clearly so expectations are realistic.

Q Can the FCA be used for DSP or other non-NDIS purposes?

Yes. We can complete functional assessments for other systems. The focus, structure and language are adapted to the relevant criteria while remaining within OT scope.

That covers the assessment itself. If a decision is being reviewed at the ART, we can still complete an independent FCA, but we don't prepare expert witness or medico-legal reports for those proceedings.

Q Will the FCA still be useful if the person already has NDIS funding?

Yes. FCAs are frequently used for plan implementation, reviews, and to clarify how funded supports should be structured in daily life — and to guide support workers, coordinators, schools and families.

03 Assessment process

10 QUESTIONS

Q What is involved in the FCA process?

The process gathers rich, accurate information while minimising pressure, fatigue and cost. It includes structured information collection before interview, an OT interview, review of supporting documents, standardised measures where clinically appropriate, and a comprehensive written report. A senior OT may conduct the interview; all information is then reviewed by Nisha, who undertakes the clinical reasoning and writes the final report.

Q How do you collect information before the interview?

Most information is collected through our intake form, a fillable PDF you complete at your own pace on a computer, saving as you go. When it's finished, you send it back together with your supporting documents in one visit to our secure upload portal, using the client ID from your agreement email — and we need all of it at least five days before your appointment, because the interview is prepared from what we have read. If completing the form on a screen is difficult, let us know and we'll work out an alternative.

The form includes standardised tools, structured questions across daily-life domains, and open narrative sections — with space to describe good days and bad days, support required, what feels unsustainable, and the consequences when support is unavailable. You don't need to answer every question.

Q How do I get started?

Start with an enquiry so we can confirm the assessment suits your situation. From there you read and sign your service agreement online and choose an appointment time, and your client ID and intake form arrive by email. You complete the form at your own pace, gather whatever documents you have, and send the lot back in one visit to our secure upload portal using that client ID, at least five days before your appointment. There is nothing to print or post.

Q When does everything need to be with you?

At least five days before your appointment. Your intake form and your documents are read in full before we meet you, and the interview is shaped around what we have read — five days is what that preparation takes. Everything travels in one upload, so the five days applies to the lot.

If your appointment is already sooner than that, please send what you have as soon as you can and email fca@seedsoccupationaltherapy.com.au to tell us. We would far rather move your appointment than meet you unprepared. And if you need longer, say so early — a later time is usually easy to arrange before it becomes urgent.

The whole of how and when is written on one page: Sending us your form and documents, at seedsoccupationaltherapy.com.au/docs/fca-sending-documents.pdf

Q Why do you use a detailed intake form?

A structured intake form gathers a large amount of meaningful information without increasing interview hours. This reduces time pressure, lowers cost, and makes the process more accessible for people who fatigue easily, become distressed, or need time to think. The interview can then focus on clarifying and deepening the

key functional issues rather than gathering basics.

Q How long does the assessment take?

Interview length varies with complexity and the purpose of the report. Expected timeframes are confirmed at booking so families can plan around fatigue, work, school, caring responsibilities and health needs.

Q Is the assessment done in person or by interview?

Most FCAs are completed through structured telehealth interview and evidence review. Interviews may be conducted by Nisha or a senior OT; all information is then reviewed by Nisha, who completes the clinical reasoning and report writing.

Q Does the participant need to attend the interview?

Not always. Sometimes it's more effective to complete the interview with a parent, carer or nominee — particularly if the participant finds interviews fatiguing or distressing. The participant's perspective is gathered in a way that suits their communication style.

Q Can a parent, carer or support person attend?

Yes. Support people often provide essential information about daily routines, risks, prompting needs, and what is or isn't sustainable over time.

Q What if I remember something important after I've uploaded?

It's common for important information to emerge gradually, which is why everything comes to us together in one upload. Your intake form and your documents are read as a single picture before the interview, and the interview itself is shaped around what we've read — so a document that arrives afterwards reaches us once that thinking is already done, and we aren't able to accept it. Take your time getting it complete, and work back from the deadline: everything needs to be with us at least five days before your appointment, so give yourself the days before that to be sure nothing is missing.

Anything you remember during the interview is very welcome. That conversation is exactly where new detail belongs, and it goes into the report.

04 Assessment tools & evidence

5 QUESTIONS

Q What assessment tools are used?

Tools are selected carefully based on the person, their age, presentation and the purpose of the assessment — never as a checklist. Each is chosen because it adds meaningful clinical information and helps translate lived experience into clear, defensible functional evidence. Not every tool is used with every person.

Q Are standardised tools such as WHODAS and COPM included?

Often, yes. WHODAS 2.0 and the COPM are commonly used, alongside additional measures where clinically relevant.

Adults may include: WHODAS 2.0, COPM, WSAS, PSS-10, DASS-21, ZBI-12 and RAND-36.

Children and young people may include: COPM (parent proxy), the Strengths and Difficulties Questionnaire, Vanderbilt ADHD rating scales, WFIRS, a sleep measure, and the ZBI-12 where carer strain is relevant.

Standardised tools are never used in isolation — scores are interpreted against real-world functioning, variability across days, fatigue and recovery, and the difference between what is technically possible and realistically sustainable.

Q How is lived experience captured?

Lived experience is central. Alongside standardised tools, we gather detailed narrative information in writing and through the interview. We focus on functioning over time — good days, average days and bad days; what supports are required and how often; what happens when support is delayed or unavailable; the hidden effort to appear independent; and where exhaustion, distress, safety incidents or functional breakdown occur. Describing variability helps decision-makers understand reliability and risk, not just peak capacity.

Q Can medical reports and other documents be included?

Yes. Medical letters, specialist reports, therapy reports, medication lists, hospital summaries, school reports and incident records can strengthen the evidence base. Documents are integrated where they add clarity around diagnosis, permanence, treatment history, risk factors and functional impact over time — then synthesised into a clear functional narrative so the report stays readable and decision-ready.

Q How do you link evidence to NDIS decision-making?

Reports follow a clear sequence mirroring how NDIS decisions are made: identify impairments and confirm permanence (s.24); show how impairments translate into everyday functional impacts; explain how those impacts lead to participation restrictions and real-world consequences; describe risk clearly and practically; link goals to the supports that make them achievable; and justify each support against s.34 reasonable-and-necessary criteria.

We also draw clear boundaries between what the NDIS should fund and what sits within health, education, housing, mainstream or informal supports — so a planner can follow the logic from impairment to impact to support without needing to infer or reinterpret.

05 Reporting & quality

8 QUESTIONS

Q Who writes the FCA report?

All reports are written by Nisha Bal, Occupational Therapist (AHPRA OCC0001752238), founder and lead OT. Nisha has approximately 15 years' clinical experience (graduated 2009, Curtin University WA) and has run Seeds OT for over 10 years. A senior OT may conduct the interview, but all information is reviewed directly by Nisha, who undertakes the clinical reasoning and writes the final report. Reports are never outsourced.

Q What will the report include?

Each report is tailored to the person and purpose. Reports commonly include a clear summary for decision-makers, a functional profile across key daily-life domains, real-world examples of impact, relevant risks and consequences, participant or family priorities, standardised measures where used, and practical recommendations written to support implementation — including support purpose, intensity and appropriate review points.

Q How do you make sure the report is accurate and fair?

We use an evidence-first approach: cross-checking information across the intake form, the interview and supporting documents, clarifying contradictions, confirming key details, and describing functioning over time rather than relying on a single moment.

Q How long is the FCA report?

Length varies with complexity, the number of affected domains, risk profile and purpose. Many reports are approximately 30 to 50 pages, and longer where complexity and risk require it. We prioritise clarity and defensible evidence over page count.

Q Is the report written in plain language?

Yes. Reports use professional but plain language. Technical terms are explained in context and practical examples are used so participants, families, planners and support teams can understand how conclusions were reached.

Q Will the report clearly justify supports and funding?

Yes. Each recommended support is explicitly justified against s.34 criteria — the functional need addressed, what occurs if it isn't in place, how it changes day-to-day functioning, why it's a reasonable and value-for-money response, and why it's most appropriately NDIS-funded. Risk is framed as preventable and modifiable, and recommendations are written to be implemented, monitored and reviewed.

Q What happens after the interview?

We synthesise information from the intake form, interview and documents. Nisha reviews everything, undertakes the clinical reasoning and writes the report, which is finalised so the functional narrative, risks and recommendations are clear, consistent and evidence-supported.

Q Is a draft provided before the final report?

In most cases we provide a final report rather than a draft process. Our structured, evidence-based process produces a clear, decision-ready report without multiple draft stages. If clarification is needed afterward, you're welcome to contact us and we'll respond by email.

06 Timeframes

3 QUESTIONS

Q How long does it take to receive the report?

Your report is delivered within two weeks of your interview. From your first enquiry through to the finished report is usually four to six weeks, covering the enquiry, the booking, the interview and the writing.

Reports are generally considered current for planning for up to two to three years, unless circumstances change significantly.

Q What if I have a deadline?

Tell us about it. A plan review, a tribunal date, a funding cut-off — whatever has a date on it, we would rather know at the start so we can work back from it and tell you honestly what is feasible.

And if it starts getting close, a reminder is welcome. We would rather hear from you twice than miss it.

Q What happens if information or documents are delayed?

Delays can affect completion timeframes. Your intake form and documents need to be with us at least five days before your appointment, because the interview is prepared from what we have read; if they are going to be later than that, tell us at fca@seedsoccupationaltherapy.com.au and we will usually move the appointment rather than meet you unprepared. Once we are past the interview, we work with what's available and advise if additional information is required to ensure accuracy and defensibility.

07 Fees & payment

8 QUESTIONS

Q How much does an FCA cost?

Seeds OT uses a flat-fee model (when appropriate). Your fee is confirmed in writing before you proceed, so there are no surprises. The normal fee is $969.95.

Q Why a flat-fee model?

The flat fee reflects our commitment to ethical, transparent and accessible practice. It lets people understand costs upfront, avoids open-ended billing, and focuses assessment time on clinical need rather than billable hours. It relies on collecting substantial functional information before the interview through the intake form and written material. If a person can't complete the intake form, additional interview time may be required and the assessment may be billed hourly — discussed clearly before proceeding.

Q Can everyone access the flat-fee model?

Not always. It works best when we can collect significant functional information before the interview. Where cognitive, communication, literacy, trauma-related or health factors prevent this, additional interview time is needed and the assessment may be completed hourly. Options are discussed clearly before proceeding so expectations, costs and timeframes are understood.

Q When is payment required?

Invoices are issued through Xero before the interview, with the funding details you chose when you signed your service agreement already on them. Payment is due after the interview and before the final report is provided; earlier payment is appreciated as it lets us progress report writing efficiently.

If your plan is plan-managed, you forward the invoice to your plan manager yourself — we don't send it to them directly. The NDIS support item on the invoice is the one you chose at signing, so your plan manager has everything they need to pay it. If you self-manage, you can claim the invoice back through your plan once you've paid it. Questions about an invoice: fca@seedsoccupationaltherapy.com.au.

Q Are payment plans available?

We don't offer formal payment plans. An invoice is issued prior to the interview; payment can be made after the interview, and the report is released once payment is received — so you can proceed without upfront pressure.

Q Why are your fees lower than some other providers?

Seeds OT is a small, independently owned practice — not a corporate or volume-based provider. Much of the FCA space uses large organisations where junior OTs complete assessments while many hours are charged at the full NDIS rate, with much of the fee going to corporate overheads. We operate differently: reports are written and signed off by our senior lead OT, with no corporate layer, no outsourcing, and no inflation of billable hours. Our fees reflect the actual clinical work required.

Q Does a lower fee mean lower quality?

No. Lower fees reflect efficiency and experience, not reduced quality. All reports are written and signed off by an experienced OT using well-established systems developed over many years — thorough, accurate and decision-ready without unnecessary hours or repeated revisions. Our client feedback and public reviews reflect this.

Q What if I need to cancel or reschedule?

Please give at least 24 hours' notice. Cancelling or rescheduling with 24 hours' notice or more costs nothing. Cancelling less than 24 hours before your interview, or not attending it, incurs a fee of $193.99, one hour at the NDIS rate, because the clinician's time has been held for you and the preparation is already done. It is set out in section 07 of the service agreement you sign before booking.

08 Scope & limitations — 6 QUESTIONS

Q What can an FCA do?

An FCA can describe functional capacity across everyday-life domains, identify risks and consequences if supports aren't provided, and provide structured justification for supports and services — supporting clearer planning and implementation by making needs and priorities explicit.

Q What can an FCA not do?

An FCA does not guarantee funding approval, does not replace medical diagnosis, and cannot override NDIA decision-making.

Q Does an FCA guarantee NDIS funding?

No. NDIA decisions depend on multiple factors. A strong FCA improves clarity and evidence but cannot guarantee an outcome.

Q Are diagnoses required for an FCA?

Not always. Functional impact is central. Where diagnosis or permanence documentation is critical to the purpose of the report, we will advise what evidence is required.

Q Can you provide an FCA for an ART appeal or legal matter?

Yes and no, and the distinction matters. We can complete an independent Functional Capacity Assessment for anyone who needs one, including people who are in the middle of an ART review or another legal process. What we can't do is accept instructions to prepare an expert witness report, a court report or a medico-legal report written to the requirements of those proceedings, and we don't appear at hearings. An expert witness is a different role: their duty runs to the tribunal rather than to the person who engaged them, and their report has to carry formal declarations about instructions, assumptions and the limits of their expertise that a clinical assessment doesn't.

If you go ahead with an assessment you are free to give the finished report to a lawyer, an advocate or a tribunal. We write it the same way we write every report, from the assessment, the evidence and the therapist's clinical judgement, without adjusting it to strengthen a case.

Q What happens if a tribunal or court asks Seeds for records?

We may be required by law to produce records or provide information under a summons or subpoena. If that happens we comply, and we tell you about it unless we're prevented from doing so. That is separate from being engaged to write a report for proceedings, which is work we don't take on.

09 Practical questions

13 QUESTIONS

Q What should I prepare before starting?

If available, gather documents that show what daily life looks like over time — but don't stress if you can't; we can still complete an FCA without them.

Most helpful, if available: GP summary, NDIS plan, specialist letters, therapy reports (OT, psychology, speech, physio, behaviour support), school, workplace or community reports.

Helpful but not essential: hospital or clinic discharge summaries, imaging or investigation results, medication list (with side effects), support-worker or carer notes, previous assessments (e.g. WHODAS, COPM, ABAS-3).

Gather what you can while you're completing your intake form, because the form and every document you

want considered come back to us together in one visit to the upload portal. Everything is read as one picture before your interview, so please send only when you're sure it's complete — and please have it with us at least five days before your appointment.

Q How do you handle fluctuating conditions and good days and bad days?

Many disabilities fluctuate. We explore patterns across a typical week, the difference between good and bad days, fatigue and recovery time, and what is sustainable long-term. The report describes what a person can do reliably and safely — not only what may be possible occasionally.

Q Do you include risk and safety considerations?

Yes. Where relevant, the report describes practical risks and real-world consequences when supports aren't in place — including falls, medication mismanagement, seizures, self-neglect, exploitation risk, absconding, unsafe cooking, mental-health deterioration and carer burnout — and explains how recommended supports reduce risk and support stability.

Q What if we don't have perfect paperwork or a complete diagnosis?

We can often proceed based on functional impact, particularly where daily-life evidence is strong. Where medical evidence is required, we'll advise what documents would strengthen the case and how to obtain them.

Q Will the report be practical for support coordinators and workers to implement?

Yes. Recommendations are written to be implemented in day-to-day life. Where appropriate we describe support purpose, intensity and what success looks like, so teams can put recommendations into practice and review progress.

Q Do you include goals and measurable outcomes?

Yes. The report links functional needs to practical goals and, where appropriate, includes outcome indicators that can be monitored over time so improvements, risk reduction or maintenance can be demonstrated.

Q Can you recommend assistive technology or home modifications?

Where clinically relevant, yes. We consider AT and home-safety needs and explain how recommended equipment or modifications reduce risk, improve independence or improve participation.

Q Can you communicate with my treating team, plan manager or support coordinator?

With consent, we can liaise with key supports to clarify information and align recommendations — improving accuracy and ensuring the report supports practical implementation.

Q Can we ask questions after we receive the report?

Yes. If you have questions about wording, recommendations or how to use the report, contact us and we'll respond by email.

Q How do you protect privacy and handle sensitive information?

We treat personal and health information with care, including only information relevant to the purpose of the assessment, and aim to describe sensitive experiences in a respectful, trauma-informed way.

Q What if the participant becomes distressed during the process?

We can pace the process to reduce stress — taking breaks, completing the interview in shorter sections where feasible, and gathering information through a parent, carer or nominee where more appropriate.

Q Is the FCA suitable for self-, plan- and NDIA-managed participants?

Our services are suitable for self-managed and plan-managed participants. At this stage we do not work with NDIA-managed participants under our current service model.

Q Do you work Australia-wide?

Yes. We confirm suitability at enquiry stage based on the assessment needs.

STILL HAVE QUESTIONS?

Email is our preferred first point of contact

Send a brief summary of your situation, your key goals for the report, and any deadlines. We'll reply with next steps and confirm whether an FCA is appropriate for your needs. Seeds OT is a small practice — email lets us respond clearly and fairly, without pressure. Phone calls can be arranged once initial questions are addressed.

EMAIL	**fca@seedsoccupationaltherapy.com.au**
PHONE	**03 7056 9242**
WEB	**seedsoccupationaltherapy.com.au/assessments**