Functional Capacity Assessments

A clinical guide · NDIS functional capacity · Last updated: 21 September 2026

> *Not what someone can do on their best day — what they can do reliably, safely and consistently across a real week.*

Clear, evidence-based occupational therapy reports for NDIS access, plan reviews, change of circumstances and support planning — anywhere in Australia, via telehealth.

Personally written and signed off by Nisha Bal, Principal OT.

- **5.0 GOOGLE RATING**
- **NDIS REPORTING ALIGNED**
- **NO REFERRAL REQUIRED**
- **FIXED FEE $969.95**
- **15+ YEARS EXPERIENCE**
- **AUSTRALIA-WIDE TELEHEALTH**
- **SELF- AND PLAN-MANAGED**

Your story matters.

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Fixed fee $969.95

FUNCTIONAL CAPACITY ASSESSMENTS

What a good FCA actually does

An assessment should do more than list diagnoses or symptoms. It should explain how disability affects everyday life.

A Functional Capacity Assessment should explain how disability affects everyday life — what support is already being provided, what risks arise when that support is not available, and what supports are linked to functional need.

> *Functional capacity is not what someone can do on their best day in a clinic room. It is what they can do reliably, safely and consistently across a real week.*

THE LINK THAT MATTERS

Decision-makers need to understand what daily life actually looks like — not just what a diagnosis says. Reports are structured to make this clear. The evidence chain every report follows: functional impairment » daily impact » risk when unsupported » recommended support » expected outcome.

This helps families, support coordinators and decision-makers understand not just what support is being requested, but why it is needed — and what happens without it.

A GOOD FCA ADDRESSES

- What daily life actually looks like
- What can be done reliably, safely and consistently
- What support is already provided informally
- What risks appear when support is not available
- Why each support links to functional evidence

WHAT INFORMAL SUPPORT HIDES

Many participants appear more independent than they are because family members, partners, carers or support workers are quietly holding daily life together. Our assessments specifically explore what happens when that informal support is not available — because this is often where the true level of disability-related need becomes visible.

We will let you know within two days whether our standard telehealth pathway is likely to suit your situation — before you commit to anything. No pressure, no obligation.

Every report, personally by Nisha Bal

THE CORE DIFFERENCE

Every Seeds OT report is personally written, clinically reasoned and signed off by Nisha Bal, Principal OT. Nisha selects the assessment tools, completes all clinical reasoning, writes the final report and signs off every case.

ONE CLINICIAN'S JUDGEMENT

Other senior OTs may conduct the interview in some cases. The clinical reasoning, tool selection and final report remain Nisha's in every case.

WRITTEN FOR THE INDIVIDUAL

The structure is consistent across reports; the content is specific to each person.

ABOUT NISHA

Nisha has more than 15 years of occupational therapy experience, including work with neurodivergence, psychosocial disability, chronic illness, physical disability and complex family systems.

She understands that many people's disability-related needs are difficult to explain on paper. Her role is to translate daily life — the good days, harder days, risks, routines, informal supports and what is sustainable over time — into clear occupational therapy evidence that the NDIS can understand and consider.

AHPRA registered Occupational Therapist · OCC0001752238

SAMPLE REPORT

A de-identified sample is available on request. Email fca@seedsoccupationaltherapy.com.au

HOW WE BUILD EVIDENCE

We do not rely on one piece of evidence. Each layer builds on the last — the intake form informs the interview, the documents show history and permanence, the standardised tools add structure, and Nisha synthesises all of it into a report a reader can follow without needing to fill in the gaps.

> *The report should not make the reader guess the clinical reasoning.*

OUR PROCESS · FROM ENQUIRY TO REPORT

The process, and why it is sequenced this way

1 Enquiry and fit check

We confirm whether our standard telehealth FCA pathway is likely to suit your situation before you commit. If a different approach would be more appropriate — face-to-face assessment, more intensive communication support or a longer process — we will tell you before you book.

WITHIN TWO DAYS · NO OBLIGATION

2 Sign your agreement and book

Booking starts at seedsoccupationaltherapy.com.au/booking-fca. You read and sign the service agreement and privacy policy online, choose how the assessment will be paid for, then pick your appointment time in our secure booking calendar. A signed copy is emailed to you with your client ID — it looks like FCA-AGR-0123 — and your intake form.

SIGNED ONLINE · CLIENT ID ISSUED

3 Intake form — completed first, deliberately

The intake form comes first so the interview does not have to spend time on background. It is a single fillable PDF, completed on a computer at your own pace by the participant or someone who knows them well, saving as you go. The clinical conversation can then focus on what matters most: variability across the week, harder days, what happens when informal support is unavailable, safety, fatigue and what is sustainable over time.

AT YOUR OWN PACE · ONE FILLABLE PDF

4 Documents and the upload portal

Documents help show history, treatment, permanence, school or work impact, previous therapy and the pattern of need over time. You do not need a complete set — even older documents add useful context. When your intake form is finished and your documents are gathered, everything comes back to us in one visit to our secure upload portal, using your client ID — and it needs to be with us at least five days before your appointment, because the interview is prepared from what we have read.

ONE UPLOAD, ONCE · FIVE DAYS AHEAD · CLIENT ID

5 Standardised assessment tools

Tools are selected for the person and the purpose of the assessment. They are never used alone and never applied as a checklist. Scores are explained in plain language and linked to everyday examples.

SELECTED PER PERSON · NEVER A CHECKLIST

6 Telehealth clinical interview

A structured clinical conversation via secure video — usually around 60 minutes. A participant, parent, carer, nominee or support coordinator can be involved where appropriate.

SECURE VIDEO · SUPPORT PERSON WELCOME

7 Clinical reasoning and report writing

Nisha synthesises all information into a report that links functional impairment, daily impact, risk when unsupported, recommended support and expected outcomes — written so the reasoning is visible.

WRITTEN BY NISHA BAL · NDIS-ALIGNED

NDIS EVIDENCE · SECTIONS 24 AND 34

Evidence the NDIS can understand and consider

NDIS decisions are based on functional impact, not diagnosis alone. Our role is to translate lived experience into clear, clinically reasoned evidence.

All Seeds OT reports are structured around the NDIS Act — particularly Sections 24 and 34, which describe what the NDIS needs to understand in order to consider a person's access or support needs.

SECTION 24 — DISABILITY REQUIREMENTS

- Which impairments are present and how they affect functioning
- That the impairment is, or is likely to be, permanent
- How it substantially reduces functional capacity vs peers

SECTION 34 — REASONABLE & NECESSARY SUPPORTS

- How each support links to the person's functional need
- How it reduces risk or improves daily-life stability
- Why it represents value for money relative to need

SIX LAYERS OF EVIDENCE — EACH BUILDING ON THE LAST

01 Detailed intake form
02 Supporting documents and history
03 Standardised assessment tools, selected per person
04 Structured telehealth clinical interview
05 Clinical reasoning and synthesis
06 NDIS-aligned report — impairment » impact » support

A well-evidenced FCA improves the quality of information available to decision-makers. It cannot guarantee an outcome — the NDIA remains responsible for all funding decisions.

Tools selected for the person, not the process

Standardised tools add structure to clinical evidence. They are selected based on the person, their presentation and the purpose of the assessment — never applied as a blanket checklist. Scores are explained in plain language and linked to real-life examples.

CORE FUNCTIONAL MEASURES

WHODAS 2.0 A WHO measure of daily functioning across six domains: cognition, mobility, self-care, relationships, daily activities and participation.

COPM A client-centred tool identifying the daily activities and goals that matter most to the person or family.

WSAS Measures how far a condition gets in the way of work, running a home, social life and relationships.

RAND-36 Measures how health affects physical function, everyday activities, energy, pain and social life.

ZBI-12 A short measure of carer load, used where somebody else is holding daily life together.

MENTAL HEALTH & WELLBEING

DASS-21 Screening for depression, anxiety and stress where relevant to daily functioning.

PSS-10 Measures perceived stress where it affects daily functioning, sustainability and carer capacity.

CHILDREN & YOUNG PEOPLE

Parent and teacher ratings Standardised parent and teacher questionnaires covering behaviour, attention, everyday impact and sleep, read against what is usual at that age.

Caregiver strain Formal assessment of carer load and the informal support sustaining daily life.

> Tools support clinical reasoning; they do not replace it. Scores are always interpreted in the context of the interview, documents and daily-life evidence — never read in isolation.

ASSESSMENT · ADULTS

What we look at for adults

For adults, we look at how impairment affects everyday functioning compared with what is expected for a person of the same age. We focus on what can be done reliably, safely and consistently — not what may be possible on a good day.

WHODAS 2.0 — THE SIX FUNCTIONAL DOMAINS

01 · Cognition Understanding, memory, problem-solving, communicating

02 · Mobility Moving around, walking distances, leaving home safely

03 · Self-care Hygiene, dressing, eating, managing medications

04 · Getting along Relationships, conflict, social settings

05 · Life activities Housework, employment, study, daily tasks

06 · Participation Community access, services, social involvement

WHAT THE INTERVIEW EXPLORES

Daily routines What mornings, mealtimes, personal care and evenings look like — and how much support or prompting is needed.

Variability & fatigue How functioning changes across the week, after activities and during harder periods.

Safety Risks at home and in the community, and what happens when support is absent.

Informal support Who provides support, how much, and what daily life looks like without it.

USEFUL DOCUMENTS

- GP letters and specialist reports
- OT, psychology or physio notes
- Hospital discharge summaries
- Medication lists
- Previous NDIS reports
- Carer or family statements

You do not need all of these. We will advise what is most useful for your situation.

ASSESSMENT · CHILDREN & YOUNG PEOPLE · HOME · SCHOOL · COMMUNITY

What we look at for children and young people

For children and young people, we look closely at daily functioning across home, school and the community — compared with what is usually expected for their age. We look carefully at the support currently provided by parents or carers, because family support often hides the true level of disability-related need.

> *The aim is to describe what the child can do reliably, safely and with age-appropriate independence — not what they can do with intensive support on their best day.*

Home Self-care, routines, meals, safety, behaviour, sensory needs and sleep.

School Learning, attention, participation, communication, support needs, attendance, relationships.

Community Social participation, mobility and access, independence outside the home.

Family & carer The time and effort carers spend, and what daily life looks like when that support is reduced.

BEYOND BEHAVIOUR AND DIAGNOSIS

We consider sensory processing and self-regulation, the level of prompting and supervision required, variability across settings, what harder days look like, safety, fatigue and burnout for the child and family, and whether age-appropriate independence is being achieved.

We also consider caregiver strain — the informal support currently sustaining daily life — because it significantly affects the picture of the child's independent functioning.

USEFUL DOCUMENTS

- School reports, learning plans
- Paediatrician letters
- Psychology, speech, OT reports
- Behaviour support plans
- Early childhood assessments
- Parent or carer statement

REPORT STRUCTURE · TRANSPARENCY IN CLINICAL REPORTING

What your report usually covers

Report structure is tailored to the assessment purpose and the person's needs. The following sections are typically included. Length varies with complexity — most reports are 30–50 pages; more complex cases require more.

01 Referral context and assessment purpose
02 Participant background
03 Diagnoses, impairments and relevant history
04 Current supports and informal supports
05 Functional capacity across daily living
06 Communication, cognition and self-management
07 Sensory, emotional and behavioural regulation
08 Social, community, work, study or school participation
09 Standardised assessment results in plain language
10 Risks if supports are not provided
11 NDIS access or review reasoning
12 Support recommendations linked to needs
13 Implementation considerations
14 Review markers

POST-REPORT CLARIFICATION POLICY

After you receive the report, you can contact us with factual corrections or clarification questions. If something is factually incorrect, we will correct it. If you have questions about wording or how to use the report, we will respond by email. Clinical recommendations remain based on Nisha's independent clinical reasoning and the evidence available at the time of assessment.

SCOPE & HONEST LIMITS · TRANSPARENCY IS PART OF THE SERVICE

What an FCA can — and cannot — do

We think it is important to be clear about what an FCA is designed to do and where its limits are.

CAN BE USED FOR

NDIS access evidence Translating functional impact into evidence aligned with s.24.

Plan reviews & change of circumstances Documenting changed function, increased risk or unmet needs.

SDA, SIL & complex support planning Describing functional need, supervision and support intensity.

DSP & non-NDIS purposes Where within OT scope and agreed in advance.

Carer & family support planning Including informal support burden and caregiver strain.

CANNOT

Guarantee NDIS funding A well-evidenced FCA improves the information available. The NDIA remains responsible for funding decisions.

Replace medical diagnosis We describe functional impact. We do not diagnose conditions.

Override NDIA decisions An FCA informs the process; the NDIA retains authority.

Produce unsupported evidence Where critical evidence is missing, this is noted as a limitation.

Serve as expert evidence We do not prepare expert witness, court or medico-legal reports for legal or tribunal proceedings, and we do not appear at hearings.

Serve NDIA-managed participants We work with self- and plan-managed participants only.

DIAGNOSES — ARE THEY REQUIRED?

Not always. Functional impact is central. We can often proceed on strong daily-life evidence even where a formal diagnosis is pending. Where diagnosis or permanence documentation is clinically important, we will advise what evidence would help and how to obtain it.

LEGAL AND TRIBUNAL MATTERS

Seeds is not a medico-legal service. We do not prepare expert witness reports, court reports or expert evidence written for legal proceedings, and we do not attend tribunal or court hearings. That describes the work we take on, not what you may do with your report. Once an assessment is complete the report is yours, and you are free to give it to the NDIA, a lawyer, an advocate or a tribunal if you choose to. What does not change is how it is written: from the assessment, the evidence reviewed and the therapist's clinical judgement, never adjusted to strengthen a case. Errors of fact are corrected on request.

SELF-MANAGED AND PLAN-MANAGED PARTICIPANTS ONLY

Self- and plan-managed participants may be able to claim this assessment where it aligns with their plan goals, available funding and NDIS rules. Please check with your plan manager or support coordinator if unsure. We aren't able to take NDIA (agency) managed bookings.

Telehealth is not a compromise

Functional capacity is not always visible in a clinic room. Telehealth allows us to explore daily routines in the context where they actually happen — home, school, work, community access, meals, fatigue and what daily life looks like across a real week.

WHY TELEHEALTH CAN BE CLINICALLY APPROPRIATE

- Participants discuss daily life from where it happens
- Australia-wide access without geographic barriers
- Reduces travel, sensory load and disruption
- Support people and carers participate more easily

WHEN TELEHEALTH MAY NOT BE ENOUGH

If we do not think the standard telehealth pathway is clinically appropriate, we will tell you before you commit. This might apply where face-to-face observation of physical function is needed, where the communication demands are not manageable, or where a substantially different assessment model is indicated.

REFERRERS AND SUPPORT COORDINATORS

Contact us before booking to confirm fit, timing, documents required and whether the standard pathway is appropriate for your participant.

NO OBLIGATION TO PROCEED

We confirm within two days whether the standard pathway suits your situation — before you commit to anything.

REASONABLE ADJUSTMENTS

Communication support A support person, parent, carer or nominee can assist with forms or during the interview.

Interview pacing We can slow down, take breaks and return to topics. No one is required to perform.

Different model Where face-to-face or a longer process is needed, additional clinical time may be quoted at $193.99/hr.

TRANSPARENT PRICING · NO SURPRISES

Fees, timing and payment

One fixed fee for the standard telehealth FCA pathway. Clear on what is included and what is not.

STANDARD TELEHEALTH FCA PATHWAY — $969.95 FIXED FEE, ALL-INCLUSIVE

- Intake form & standardised tools
- Supporting document review
- Telehealth clinical interview
- Reasoning & report writing by Nisha
- Communication with your support team
- Post-report factual clarification

No referral required.

Your report Delivered within two weeks of your interview.

Enquiry to report Usually four to six weeks in total — the enquiry, the booking, the interview, then the writing.

If you have a deadline, tell us. 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 if it starts getting close, a reminder is welcome. We would rather hear from you twice than miss it.

WHEN IS PAYMENT DUE?

Your invoice comes from Seeds before the interview, with the funding details you chose at signing already on it. Payment can be made before or after the interview, whichever suits — the report is released once payment has been received. Upfront payment is not required before the interview.

PAYING THROUGH THE NDIS

How the assessment is paid for is chosen when you sign your service agreement, so it only has to be sorted once.

Plan-managed Your invoice carries the NDIS support item you chose at signing — please confirm it with your plan manager before you book. You forward the invoice to your plan manager yourself; we don't send it to them directly.

Self-managed Your invoice uses our usual FCA item, which you can claim back through your plan once you've paid it.

Private, or applying for the NDIS Your invoice simply says Occupational Therapy Functional Capacity Assessment, with no NDIS item number.

NDIA (agency) managed We aren't able to take NDIA (agency) managed bookings.

Cancelling less than 24 hours before your interview, or not attending it, incurs a fee of $193.99, as set out in your service agreement. Cancelling or rescheduling with 24 hours' notice or more costs nothing.

Questions about your invoice or payment: fca@seedsoccupationaltherapy.com.au

The fixed fee applies to our standard telehealth FCA pathway. If a participant needs significant adjustments — alternative communication arrangements, a substantially longer interview or face-to-face assessment — we will discuss this before booking. Additional clinical time or a different assessment model may be quoted separately at $193.99/hr (NDIS rate). You read and sign the service agreement online when you book.

PREPARING FOR YOUR ASSESSMENT · GOOD PREPARATION LEADS TO A BETTER REPORT

How to prepare for your assessment

1 Gather supporting documents — what you have, not everything

For adults: GP letters and specialist reports; psychology, OT or physio notes; hospital summaries and medications; previous NDIS reports. For children: school reports and learning plans; paediatrician letters; psychology, speech or OT reports; behaviour support plans.

WHAT YOU HAVE · NOT EVERYTHING

2 Answer honestly — especially about harder days

We are not testing you. You do not need to perform well or present your best version of yourself. It is common to understate difficulty — please resist this. Think about a typical week, not your best day. Variability matters.

TYPICAL WEEK, NOT BEST DAY · VARIABILITY MATTERS · SUPPORT PERSON CAN HELP

3 The interview — a conversation, not a test

You don't need it all together: we can slow down, take breaks and return to topics. Jot a few notes beforehand — think about recent situations that have been difficult. A support person can join: a parent, carer, nominee or coordinator can contribute. And contact us early — questions before the assessment are completely fine.

A CONVERSATION · SUPPORT PERSON WELCOME

WHEN IT ALL HAS TO BE WITH US

Your completed intake form and every document you would like considered come back in one upload, and we need that upload at least five days before your appointment. We read all of it and prepare before we meet you, and five days is what that takes. If your appointment is sooner than that, send what you have as soon as you can and email fca@seedsoccupationaltherapy.com.au — we would rather move the time than meet you unprepared.

The full detail is in Sending us your form and documents, at seedsoccupationaltherapy.com.au/docs/fca-sending-documents.pdf

> *Please tell us what happens when support is not available. This is often the most clinically important part of the picture.*

NEXT STEPS · WHEN YOU ARE READY

What happens next — at your own pace

1 Get in touch

Use our contact form or email if you have questions — no commitment. We confirm within two days whether the standard pathway suits.

2 Sign and book

Read and sign your service agreement online, then choose your time in the booking calendar. Your client ID and intake form arrive by email.

3 Intake and upload

Complete your intake form at your own pace, then send it with your supporting documents in one visit to our secure upload portal, at least five days before your appointment.

4 Interview

Structured clinical conversation via secure video.

5 Your report

Nisha writes and signs off your report — delivered within two weeks of your interview.

WHAT CLIENTS SAY

> *“I was hesitant that an FCA for less than $1,000 was possible — but it was 100% real and exactly as described. The whole process was smooth and straightforward.”*
> **— TRACEY · GOOGLE REVIEW**

> *“Fast turnaround, low cost and great communication. I am extremely impressed. I wouldn't hesitate to request services again.”*
> **— JODIE · GOOGLE REVIEW**

> *“Nisha at Seeds is fantastic. The FCA she did for my daughter was thorough, thoughtful and considerate of her complex needs.”*
> **— GOOGLE REVIEWER**

> *“Seeds and Nisha are passionate, experienced advocates. The fixed price encouraged me to reach out — the quality exceeded every expectation.”*
> **— GOOGLE REVIEWER**

Your story matters — and you deserve supports that reflect it.

BOOK NOW

5.0 on Google · No referral required · Self- and plan-managed · Fixed fee $969.95 · Standard telehealth FCA pathway

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