**Fidelity Rating Form**

Case:

Rater:

Date:

**Assessment interpretation**:

**Goals and hypothesized sensory integration issues:**

1. e.g. To improve
2. e.g. To improve

**Session:**

Observations during intervention and rationale for choice of rating

Fidelity rating

4 = Certainly, I think the therapist intentionally uses this strategy

3 = Probably, I think the therapist intentionally uses this strategy

2 = Doubtful, I don’t think the therapist intentionally uses this strategy

1 = No, I don’t think the therapist intentionally uses this strategy

|  |  |  |
| --- | --- | --- |
| 1. **Safety** |  |  |
| 1. **Sensory Opportunities** |  |  |
| 1. **Level of Alertness** |  |  |
| 1. **Postural Control** |  |  |
| 1. **Praxis** |  |  |
| 1. **Collaboration** |  |  |
| 1. **Just-right Challenge** |  |  |
| 1. **Success** |  |  |
| 1. **Play** |  |  |
| 1. **Therapeutic Alliance** |  |  |

