Occupational Therapist interview questions

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What to expect

Interviews for Occupational Therapist roles usually combine questions about clinical process with behavioural questions about how you've handled real client and team situations. Panels also tend to probe judgement in ambiguous or resource-limited scenarios, since new graduates and experienced clinicians alike are often expected to manage caseloads with some independence early on.

- **Process:** Questions asking you to walk through a clinical procedure, such as conducting an assessment or writing up a care plan, step by step.
- **Behavioural:** Questions asking for a specific past example, usually answered using STAR, to show how you've handled adapting treatment or working in a team.
- **Scenario:** Hypothetical situations testing judgement, such as a client refusing recommended equipment or a disagreement over a care plan.
- **Safety:** Questions about manual handling, equipment risk and safe practice when training clients or carers.

Most OT interviews are panel-based, often including a clinical lead or senior OT alongside an HR or team manager. Expect a mix of process and behavioural questions early on, followed by one or two scenario questions to see how you reason through judgement calls, and a chance at the end to ask about caseload, supervision structure and professional development support.

1. Walk me through how you'd conduct an initial functional assessment for a new client.

Why they ask

This checks whether you follow a structured, evidence-based assessment process rather than an ad hoc one, and whether you know how to use standardised tools like the SAOF.

How to structure your answer

Answer as a clear step-by-step walkthrough: gathering background and referral information, building rapport, selecting and administering the assessment tool, observing functional performance, and documenting findings to inform the treatment plan.

Example answer

"I'd start by reviewing the referral and any existing medical or care records to understand the reason for referral and any precautions. Then I'd meet the client to explain the process and build some rapport before moving into the assessment itself, usually using a structured tool like the SAOF alongside direct observation of the client attempting relevant daily tasks. I pay close attention to how they compensate for difficulties, not just whether they complete the task. Afterwards I document the findings clearly in the health record and use them to set collaborative, realistic goals with the client for the treatment plan."

2. Tell me about a time you had to adapt a treatment plan when a client wasn't progressing as expected.

Why they ask

This is about clinical flexibility and whether you monitor outcomes rather than running a fixed program regardless of results.

How to structure your answer

Use STAR: describe the Situation and the client's initial plan, the Task you were responsible for, the Action you took to reassess and adjust, and the Result for the client.

Example answer

“I was working with a client recovering from a hand injury whose grip strength wasn't improving despite the exercises we'd set. I reassessed and realised the exercises were too advanced for their current pain tolerance, so I scaled back to gentler range-of-motion work and added a home program the client could manage without discomfort. Within a couple of weeks their engagement improved and grip strength started progressing again, and we were able to gradually reintroduce the more demanding exercises.”

3. A client refuses to use the assistive equipment you've recommended, even though it's clinically indicated. What do you do?

Why they ask

This tests client-facing communication and whether you can balance clinical recommendations with a client's autonomy and preferences.

How to structure your answer

Frame this as a judgement-under-pressure answer: explain how you'd read the situation, what you'd say or do, and how you'd balance the client's wishes against clinical risk.

Example answer

“I'd first try to understand why they're refusing, whether it's about appearance, independence, cost or simply not seeing the need. Then I'd explain the clinical reasoning in plain terms and, where possible, offer alternatives that address their concerns, like a less visible device or a trial period. If they still decline, I respect their right to make that choice, document the discussion and the risks clearly, and keep the door open to revisit it later if their situation changes.”

4. How do you approach documentation and information sharing across a multidisciplinary team?

Why they ask

Care coordination and clear clinical notes are core to this role, and this question checks whether you understand your responsibilities to the wider care team.

How to structure your answer

Answer as a process walkthrough, covering what you document, how you keep it accurate and timely, and how you communicate key information to other team members.

Example answer

“I document assessments, goals and progress notes in the electronic health record as soon as possible after each session, using clear language so any team member can pick up the file and understand the client's current status. Where something is urgent or changes the care plan, like a fall risk or a change in cognition, I flag it directly to the relevant team member rather than relying only on the written note. I also make sure my notes align with NDIS or funding body reporting requirements where relevant.”

5. Describe a situation where you disagreed with another team member's recommendation for a client's care plan.

Why they ask

This probes how you handle professional disagreement within a multidisciplinary team without damaging working relationships or client care.

How to structure your answer

Use STAR, focusing on how you raised the disagreement professionally and what the outcome was for the client.

Example answer

“A physiotherapist and I disagreed about the timing of a client's discharge, as I felt they weren't yet safe to manage stairs independently at home. I raised my assessment findings directly with the physio and the wider team, backing it up with specific observations from my functional assessment. We agreed to a short delay and added a home visit before discharge, which picked up a step height issue we hadn't accounted for and let us arrange a rail in time.”

6. What safety considerations do you factor in when training a client or carer to use a hoist or other assistive device?

Why they ask

Manual handling and equipment safety are a genuine risk area in this role, and employers want to know you take a methodical approach rather than assuming competence after one demonstration.

How to structure your answer

Answer as a checklist-style walkthrough of the safety steps you take before, during and after training.

Example answer

“Before training I check the equipment is in good working order and suited to the client's weight and mobility level. I demonstrate the correct technique myself first, then talk the carer through each step before having them practise under my supervision, correcting any unsafe habits straight away. I don't sign off on independent use until I've seen them do it correctly more than once, and I document the training along with any ongoing risks or limitations.”