Motor-Free Visual Perception Test (MVPT) Assessment

CLINICIAN INFORMATION

Name: _____ Title/Position: _____

License Number: _____ Contact Information: _____

Date of Assessment: _____ dd / mm / yyyy Time of Assessment: _____

PARTICIPANT INFORMATION

Name: _____ Age: _____

Date of Birth: _____ dd / mm / yyyy Referring Physician/Therapist: _____

Reason for Referral:

ASSESSMENT OVERVIEW

The Motor-Free Visual Perception Test (MVPT) is a standardized tool designed to assess visual perception abilities without requiring motor involvement from the participant. It evaluates five key areas: spatial relationships, visual discrimination, figure-ground, visual closure, and visual memory.

Instructions: Administer the MVPT according to the manual's guidelines. Ensure the participant is comfortable and understands they will be asked to view and respond to visual stimuli without the need to manipulate any test materials physically.

ASSESSMENT AREAS AND SCORING

1. Spatial Relationships

2. Visual Discrimination

3. Figure-Ground Perception

4. Visual Closure

5. Visual Memory

OVERALL INTERPRETATION

Total Score: _____

General Observations:

Strengths:

Areas for Improvement:

Recommendations:

CLINICIAN'S SIGNATURE

Signature:
Date: _____ dd / mm / yyyy

PARENT/GUARDIAN OR PARTICIPANT ACKNOWLEDGMENT (IF APPLICABLE)

Parent/Guardian or Participant Acknowledgment (if applicable)

Signature:
Date: _____ dd / mm / yyyy