



Handwriting Assessment Form

(6-12 yrs)

Program Level		Program Start Date		Target End Date	
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Student ID		Student Name	
Date of Joining		Date of Birth	
School		Class	

Did the child go through any Handwriting class before - Script/Cursive writing?
If Yes, provide details

Preliminary Information

Hand dominance? ☒ Right ☐ Left ☐ Not established

Which grasp most closely resembles the student's grasp?

Radial cross palmar grasp	<input type="checkbox"/>	Palmar supinate grasp	<input type="checkbox"/>
Digital pronate grasp, only finger extended	<input type="checkbox"/>	Brush grasp	<input type="checkbox"/>
Cross thumb grasp	<input type="checkbox"/>	Four fingers grasp	<input type="checkbox"/>
Static tripod grasp	<input type="checkbox"/>	Lateral tripod grasp	<input type="checkbox"/>
Other (describe	<input type="checkbox"/>	Dynamic tripod grasp	<input type="checkbox"/>

Student uses the tool in a controlled fashion?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Paper angled appropriately?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
No comments or complaints of pain or fatigue?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student is able to read grade appropriate stimuli?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Trial / Outcome / Level at the beginning of the program

Appearance

Inconsistent spacing between letters and words:	[] Yes [] No
Inconsistent size of letters	[] Yes [] No
Incorrect letter placement: (e.g. hanging letters, such as g, q, y, j, z, f, p do not hang below baseline)	[] Yes [] No
Orientation to baseline	[] Yes [] No

Handwriting speed at the beginning of the program

Writing speed	Speed
Near point	_____ letters/60 secs
Far point	_____ letters/60 secs
Dictation	_____ letters/60 secs

Content

Spelling errors in simple, frequently encountered words, e.g., 'the'	[]
Overreliance on phonetic spelling	[]
Letter omissions or transpositions e.g. 'saw' for 'was'	[]
Letter reversals e.g. 'b' 'd' or inversion e.g. 'd' for 'p'	[]
Mixing of upper case and lower case letters	[]
Punctuation errors or omissions	[]
Capitalization errors or omissions	[]
Words omissions or repetitions	[]

Initial EQ Assessment

Beginner	Intermediate	Developed	Advanced	Transformed

Learning Style

What is the Child's Learning Style? Underline and provide details

Initial Assessment

AVK / AKV / VAK / VKA / KAV / KVA

Weekly Assessment on Learning Style and Details

Week 1: AVK / AKV / VAK / VKA / KAV / KVA

Week 2: AVK / AKV / VAK / VKA / KAV / KVA

Week 3: AVK / AKV / VAK / VKA / KAV / KVA

Week 4: AVK / AKV / VAK / VKA / KAV / KVA

Learning Style at the end of the level

Level at the completion of the program (or) Withdrawn / Reason / Date

Handwriting speed at the end of the program

Writing speed	Speed
Near point	_____ letters/60 secs
Far point	_____ letters/60 secs
Dictation	_____ letters/60 secs

Final EQ Assessment				
Beginner	Intermediate	Developed	Advanced	Transformed

Overall Observation about the child

Recommendations / Next Steps

Teacher's Signature & Date
