



# Handwriting Assessment Form

(3.5 - 5 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:

Trial / Outcome / Level at the beginning of the program:

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**Level at the completion of the program (or) Withdrawn / Reason / Date**

**Overall Observation about the child**

**Final EQ Assessment**

Beginner	Intermediate	Developed	Advanced	Transformed

**Recommendations / Next Steps**

**Teacher's Signature & Date**