

Handwriting Information Form

Child's Name _____ Date of Interview _____

Parent/Caregiver Name _____

Phone # (home) _____ (cell) _____

Street Address _____ City/State/Zip _____

E-mail _____

Child's Date of Birth _____ Age _____ Grade _____

School _____ Teacher _____

Would you like me to contact your child's teacher?? YES NO

Referred by _____

Handwriting problems reported or noticed _____

Does your child receive any other specialized tutoring or services? YES NO

Explain _____

Hand dominance RIGHT LEFT UNDECIDED

What handwriting curriculum has been used to instruct the child? _____

How would you describe your child's attention? _____

What do you hope to gain from handwriting tutoring? _____

What special interests or hobbies does your child have? _____

Is there anything else you would like me to know? _____