

# Handwriting Information Form

Child's Name \_\_\_\_\_

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? \_\_\_\_\_

\_\_\_\_\_

## **FINANCIAL RESPONSIBILITY**

I hereby consent and accept financial responsibility for handwriting services as arranged with the designated therapist with Abbott & Burkhart Therapy.    **Client is a minor ( \_\_\_\_\_ date of birth)**

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date