

How do these difficulties impact play, school or learning? _____

What strategies have you tried to help alleviate these concerns?

What would you like for your child to achieve during Handwriting camp? _____

Please mark the skills your child is currently able to perform independently (without assistance or cues):

Able to name and identify simple shapes- circle, square, triangle, cross, etc.

Able to hold a crayon or pencil with their fingers

If not, how does your child hold their crayon/pencil? _____

Able to color a simple picture inside the lines

Able to cut on a line with scissors

Able to draw simple shapes- circle, square triangle, cross

If not able to copy all shapes, which shapes can your child produce? _____

Able to name and identify all letters of the alphabet

Able to name and identify the letters of their name

Able to write first name

Able to write last name

Able to copy uppercase alphabet

Able to copy lowercase alphabet

Able to write single words

Example of words my child can write? _____

Able to write sentences

Able to write paragraphs

In my child's classroom, he/she primarily uses manuscript cursive for written work

Allergies: _____

Current Medications: _____

Please note any special considerations, activity restrictions, or other health concerns you would like us to be aware of: _____



Payment Authorization Form

Client Name: _____ Parents: _____

Client DOB: _____ Address: _____

Phone: _____

Cardholder authorizes payment of services to Achieve Pediatric Therapy and agrees to comply with the obligations set forth in the Cardholder agreement with the issuer. Cardholder authorizes payments to be charged to the card indicated below:

Handwriting Camp Registration Fee in the amount of \$50.00- must be paid to hold spot in desired class

Balance of Handwriting Camp Fee in the amount of \$200.00- to paid on the first day of Camp - July 15 (Early Elementary) OR July 22 (Late Elementary)

Full Registration & Handwriting Camp Fee - in the amount of \$250.00

Credit Card Type: Visa MasterCard Discover

Credit Card Number: _____

Expiration Date: _____ Security Code: _____ Zip Code: _____

Cardholder Name: _____ Payment Amount: _____

Cardholder Signature: _____ Date: _____

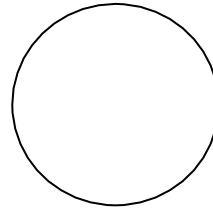
Handwriting Sample

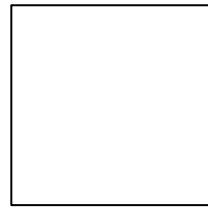
(Instructions: After providing verbal instruction, please have your child complete each item independently)

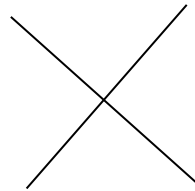
Write your first and last Name: *(print or cursive)*

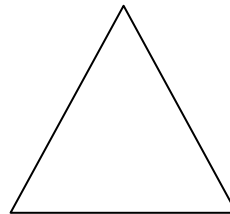
Draw shapes here:

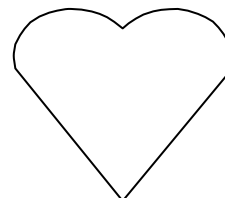
Color shapes inside lines here:











Write your Numbers 1 – 10 on the line below:

Copy the Letters: (print or cursive)

A _____

a _____

R _____

r _____

H _____

h _____

M _____

m _____

D _____

d _____

K _____

k _____

E _____

e _____

G _____

g _____

Q _____

q _____

Draw a picture of a person:

Copy the words: (1st- 5th Elementary students only)

the _____ lazy _____

quick _____ dog _____

fox _____ write _____

jumps _____ play _____

brown _____ friend _____

over _____ park _____

Copy the sentence below: *(3rd-5th Elementary students only)*

The quick brown fox jumps over the lazy dog.
