

CLASS INTAKE FORM

The Handwriting Clinic™

THE FINE MOTOR PLACE

1506 Capital Ave. Ste. 150

Plano, Texas 75074

972 633-1974

Parent Information Form:

Child's Name: _____ Nickname: _____ Age: _____ Grade: _____

DOB: _____ School: _____

Availability to be here: school hours/after school, etc. Please list days of week that are good/bad, etc

Parents name: _____ cell: _____ Permission is granted to contact me for
scheduling, sending evaluation results, etc by:
(please check all if possible)

___ mail (address: _____)

___ email (email address: _____)

___ phone at the following numbers: _____

Hipaa policy: We have posted a Hipaa policy on our bulletin board and under private therapy forms on our website. You may request a copy from our office at any time. Our classes are considered tutoring, as well as some of our private sessions, and do not fall under medical care. We generally go over homework, basic information on the class, and some basic information as to student progress in our classes with parents, caregivers, or whoever picks up the child, for the last 5 minutes of class. We try to discuss individual needs privately.

Permission for us to talk with a 3rd party: Please specifically write any names of people that you would want us to be able to talk to about your child. We do not often talk to the schools, but if that is needed, both parties would need to fill out a waiver and we would need to preplan specific information. However, many parents need a sitter, an ABA therapist, a grandparent, a neighbor, etc to help with transportation, and we need permission to discuss information below.

Name of person: _____

Name of person: _____

Permission is granted to discuss:

___ specifics as to progress in class

___ any needs/information

___ only general information (homework, etc)

Any diagnosis:

Any allergies?

(We are a peanut free facility)

We give out dum dum lollipops and bubble gum. ___ gum ok? ___ lollipop ok?

Handedness: ___ R ___ L

Handwriting Style: ___ Block (a, d, k, w, y, etc) ___ D'Nealian (k, w, y, a, d, etc) ___ cursive ___
don't know

If yes, please describe in detail (ex - wears prism glasses, dislikes feel of gooey things, has trouble attending but able to refocus, etc:

Attention: ☐ attends better 1:1 with frequent redirection and encouragement.
☐ can attend with occasional redirection to 5 minutes of fun, group instruction
☐ attends well to group instruction

Vision: When was last vision exam, and what were the results:

School: ☐ Placement in regular ed full time ☐ Has 504 accommodations
☐ Has special education accommodations
☐ Placement in regular ed but pull out for _____ programming
☐ Placement in the gifted, tag, pace, etc program

Previous or current tutoring or therapy:

Areas of difficulty at school:

Areas of strength at school:

My concerns for my child are:
are:

My goals for enrolling my child at The Handwriting Clinic,

(Please check off the following checklist: place a Y for yes, N for No

PRESCHOOLERS

- | | | |
|--|---|--|
| <input type="checkbox"/> imitates strokes | <input type="checkbox"/> attends to coloring for 20 seconds | <input type="checkbox"/> sorts objects by color |
| <input type="checkbox"/> places small items in mouth | <input type="checkbox"/> puts objects in container | <input type="checkbox"/> snips paper with scissors |
| <input type="checkbox"/> completes simple 1 piece puzzles without help | <input type="checkbox"/> can copy or draw a horizontal line | <input type="checkbox"/> copies cross |
| <input type="checkbox"/> copies circles | <input type="checkbox"/> can string small beads | <input type="checkbox"/> feeds self independently with spoon |
| <input type="checkbox"/> matches letters of name | <input type="checkbox"/> traces name | <input type="checkbox"/> copies name |
| <input type="checkbox"/> attempts to color within border of shapes | <input type="checkbox"/> verbalizes letters of name | <input type="checkbox"/> attempts to copy letters |
| <input type="checkbox"/> cuts along curved lines | <input type="checkbox"/> colors within the lines | <input type="checkbox"/> holds pencil correctly |
| <input type="checkbox"/> attempts to copy letters | <input type="checkbox"/> has difficulty holding pencil | <input type="checkbox"/> cuts forward along line |
| <input type="checkbox"/> draws faces | <input type="checkbox"/> cuts grossly around shape | <input type="checkbox"/> writes name independently |
| <input type="checkbox"/> buttons buttons | <input type="checkbox"/> copies letters, but in wrong sequence | <input type="checkbox"/> copies letters well (not in hw lines) |
| <input type="checkbox"/> colors within a border | <input type="checkbox"/> draws people, animals, objects | <input type="checkbox"/> draws actions (ex kicking ball) |
| <input type="checkbox"/> knows Right/Left | <input type="checkbox"/> zips zippers (except for clasp) | <input type="checkbox"/> copies letters within hw lines |
| <input type="checkbox"/> my child does not seem to have any difficulty with fine motor or pre-handwriting skills - I just want him/her placed in a class or evaluated for enrichment opportunity | <input type="checkbox"/> traces straight, curved, angled 3 inch lines within 1/4 inch | |
| | <input type="checkbox"/> switches hands when writing | |

KINDERGARTEN:

- | | | |
|--|--|---|
| <input type="checkbox"/> writes name independently | <input type="checkbox"/> recognizes most upper case letters | <input type="checkbox"/> recognizes most lower case letters |
| <input type="checkbox"/> copies upper case letters | <input type="checkbox"/> copies lower case letters | |
| <input type="checkbox"/> writes well within handwriting lines | <input type="checkbox"/> writes numbers | <input type="checkbox"/> reverses numbers |
| <input type="checkbox"/> holds pencil with tripod grip | <input type="checkbox"/> reverses letters | <input type="checkbox"/> has a funky grip on a pencil |
| <input type="checkbox"/> dislikes fine motor/writing | <input type="checkbox"/> ties shoes | <input type="checkbox"/> draws people, animals, objects |
| <input type="checkbox"/> has difficulty with number reversals | <input type="checkbox"/> can attend for ___ minutes to coloring, | <input type="checkbox"/> has difficulty with letter reversals |
| <input type="checkbox"/> my child does not seem to have any difficulty with skills - we are interested in enrolling for enrichment opportunities | | |

FIRST GRADE:

- | | |
|--|---|
| <input type="checkbox"/> writes lower case letters from memory | <input type="checkbox"/> writes upper case letters from memory |
| <input type="checkbox"/> has trouble with letter reversals | <input type="checkbox"/> has difficulty with number reversals |
| <input type="checkbox"/> has difficulty with letter placement | <input type="checkbox"/> does not remember how to write all the letters |
| <input type="checkbox"/> has a funky grasp on a pencil | <input type="checkbox"/> seems slow in handwriting |
| <input type="checkbox"/> copies sentences | <input type="checkbox"/> composes sentences |

SECOND GRADE AND ABOVE:

- | | |
|--|---|
| <input type="checkbox"/> uses notebook paper at school | <input type="checkbox"/> has trouble with legibility on notebook paper |
| <input type="checkbox"/> has trouble with legibility on worksheets | <input type="checkbox"/> has trouble with letter reversals |
| <input type="checkbox"/> has trouble with number reversals | <input type="checkbox"/> has trouble with placement of words/sentences on lines |
| <input type="checkbox"/> sizing of letters is poor | <input type="checkbox"/> has frequent spelling errors |
| <input type="checkbox"/> reading fluency is at/ above/ below age level | <input type="checkbox"/> has difficulty composing sentences |
| <input type="checkbox"/> has difficulty reading handwritten work to edit | <input type="checkbox"/> letters do not seem legible |
| <input type="checkbox"/> forms letters incorrectly (ex bottom to top) | <input type="checkbox"/> writes slowly |
| <input type="checkbox"/> complains of fatigue/hand getting tired | <input type="checkbox"/> complains of hand hurting when writing |
| <input type="checkbox"/> writes fast and impulsively | <input type="checkbox"/> math worksheets have poor legibility |
| <input type="checkbox"/> has difficulty thinking of ideas to compose | <input type="checkbox"/> hates writing |
| <input type="checkbox"/> primarily uses ___ print ___ cursive | <input type="checkbox"/> uses assistive technology at school |

TYPE: _____

Please list any other areas of concern

The Handwriting Clinic

Attendance Policy for Classes

- Children who come consistently to therapy at their regularly scheduled classes make the most progress, however we do understand there are times when it is necessary to cancel a session.
- We follow health department regulations, which state that a child must be fever free for 24 hours. If there is nasal discharge that is not clear, or discharge from the eyes, then your child may be contagious and should not come to class.

For an 8 session/hour class, we allow one make up session. Make ups are given by placing your child in another class for the missed session. Preference is given to attempting to place a child in a class that is working on the same material. There is no cost for a make up if your child attends another class.

For a 12 to 16 session/hour class, we allow 2 make up sessions.

We do not provide private therapy for make up sessions. However, if there is a private therapy slot available, we can provide a 1 hour private therapy session, at \$20 off the cost of the session. Our private therapy rates are \$90, so the cost to the parent would be \$70 for an hour session.

All make up sessions need to be scheduled with the office within a week of the missed session, although the make up session may be scheduled to actually take place at a later date. We only allow one student to be in a class for a make up - as our classes have 4 - 5 students, and we can only provide good programming with one extra student.

By signing below, I have read and understand the policies and procedures having to do with attendance listed above.

Signature: _____ Date: _____