



Down Syndrome Association of Brazos Valley

Handwriting Information Form

Child's Name _____ Date _____

Parent/Caregiver Name _____

Phone # (home) _____ (Cell) _____

Street Address _____ City/Zip _____

Email _____

Child's Date of Birth _____ Age _____ Grade _____

School _____ Teacher _____

Handwriting problems reported or noticed _____

Does your child receive any specialized tutoring or Services? Yes ___

No ___

Hand dominance Right ___ Left ___ Undecided _____

What handwriting curriculum has been used to instruct your child?

How would you describe your child's attention?

What do you hope to gain from handwriting tutoring?

What would you like the volunteer to focus on with your child?

Is there anything else you would like me to know?

Please mail in handwriting sample no later than 2 weeks prior to start of class.

Please send form to DSABV 2910 Horseback Ct. College Station TX 77845