**20 Minute Handwriting Observation Sheet**

**Name & Home room:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STUDENT TO USE Blue OR Black PEN NOT PENCIL**

**HAND (please circle):**

* **Preferred Writing Hand:** Left / Right
* **Finger grip:** Finger & thumb / Fist / Middle of fingers
* **Difficulty Holding Pen:** Yes / No

**BODY POSITION (please circle):**

* **Posture:** Upright / Leaning forward / Slouched
* **Tension in:** Hand / Arm / Body
* **Unaligned body e.g. curved back:** Yes / No
* **Distance of eyes from page:** Average / Closer than average
* **Head movement (scanning when writing):** Yes / No

**OTHER (please circle):**

* **Undue sweating:** Yes / No

* **General demeanour:** Anxious / Unduly quiet / Negative / Shallow breathing / No concern

**OTHER OBSERVATIONS:**