



## Ready to write?

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Male/Female: \_\_\_\_\_ R/L dominant hand? \_\_\_\_\_

NB: Has vision been checked?  Yes  No  
Are glasses worn if required?  Yes  No

1. Ability to sit on a chair and use both arms freely  Yes  No

2. Ability to use each hand independently doing a different task, i.e. sharpen a pencil, thread beads, assemble nuts and bolts, wind a string onto a bobbin  Yes  No

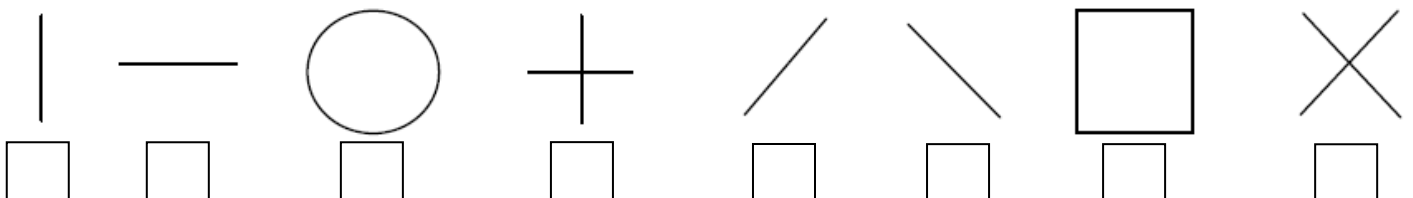
3. Can the child grasp and release small objects easily and fluently using a neat pincer grip? E.g. moving small beads, dried peas or coins.  Yes  No

4. Hand dominance identified or emerging?  Yes  No

5. Awareness of direction? I.e. Up and down, top and bottom  Yes  No

6. Ability and wish to follow instructions?  Yes  No

7. Can the child copy basic strokes and symbols? (Ref: Beert 1989; Maeland 1992).  
Please tick as appropriate below.



Please note these shapes should be provided on a separate piece of paper for the child to copy (NOT IMITATE).