

# CAPERNAUM PEDIATRIC THERAPY, INC.

## 2018 Handwriting Group Intake Form

By completing this form, you are formally registering your child for the **HANDWRITING GROUP**.

**Please complete this intake form and mail your payment of \$310 by JUNE 1, 2018 to:  
7250 FRANCE AVE S, SUITE 305, EDINA, MN 55435-4313**

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency Number: \_\_\_\_\_

Name of person(s) bringing your child to group: \_\_\_\_\_

Preferred Group Location (please check)  ACADEMY OF WHOLE LEARNING  CALVIN CHRISTIAN

### Pertinent Medical History

Pediatrician: \_\_\_\_\_

Medical Diagnosis: \_\_\_\_\_

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Special Diet Information: \_\_\_\_\_

### Education

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name and describe services received in school:  
\_\_\_\_\_  
\_\_\_\_\_

### Parent Reflections

1. What are your child's strengths? \_\_\_\_\_  
\_\_\_\_\_
2. What do you feel is your child's biggest challenge in relation to handwriting and fine motor skills?  
\_\_\_\_\_  
\_\_\_\_\_
3. What would you like your child to gain from attending this group?  
\_\_\_\_\_  
\_\_\_\_\_
4. What do you hope to gain for yourself from this group?  
\_\_\_\_\_  
\_\_\_\_\_
5. Is there anything else you would like us to know regarding program planning for your child (i.e., likes, dislikes, behavioral characteristics)?  
\_\_\_\_\_  
\_\_\_\_\_
6. Please include a sample of your child's handwriting (e.g., submit a copy of some school work).

Your child will be assessed at the start of the group and then reassessed at the end. If you have questions regarding the group or group placement, please contact Ali at [AlisonB@capernaumpeds.com](mailto:AlisonB@capernaumpeds.com).

**If you have questions regarding payment, please contact Jenny at 952-285-2840.**