

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 29, 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.

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