

Handwriting Summer Camp at Purling Roller Rink

Registration Form 2



Child's Name: _____

Please mail completed forms to:

Circle one: right handed left handed

My child's handwriting difficulties:

- | | | |
|---|---|--|
| <input type="checkbox"/> difficulty to read | <input type="checkbox"/> awkward grasp | <input type="checkbox"/> difficulty with lines |
| <input type="checkbox"/> frequent reversals | <input type="checkbox"/> inconsistent composition | <input type="checkbox"/> tires easily |
| <input type="checkbox"/> frequent erasing | <input type="checkbox"/> writes too large | <input type="checkbox"/> avoids writing |
| <input type="checkbox"/> loses attention | <input type="checkbox"/> forgets letter formation | <input type="checkbox"/> slow |

The Handwriting Highway
Lorri Gardner
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Greenville, NY 12083

Other comments: _____

Please have *your child* write his/her name in the box below.

