

CAPERNAUM PEDIATRIC THERAPY, INC.

2019 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 \$375 by JUNE 1, 2019 to:
6625 LYNDALE AVENUE SOUTH, SUITE 430, RICHFIELD, MN 55423-2373**

Child's Name: _____ DOB: _____
Parents' Name(s): _____
Address: _____
Phone Number: _____
Emergency Number: _____
Name of person(s) bringing your child to group: _____
Preferred Group Location (please check) CAPERNAUM PEDIATRIC THERAPY CLINIC AVAIL ACADEMY

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 (e.g., 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 Emily LaRenzie at EmilyL@capernaumpeds.com.

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