



Handwriting Checklist

Observed and evidenced in writing

Name: _____ Year: _____ Left/Right Handed: _____ Date: _____

| Observations | Yes / No / Comment |
|---|--------------------|
| 1. Feet flat on floor, upright position, facing table? | |
| 2. Holds pencil with appropriate comfortable tripod grip? | |
| 3. Good control of pencil? | |
| 4. Paper positioned correctly and supported by nonwriting hand? | |
| 5. Pencil pressure appropriate - not too heavy or light? | |
| 6. Lower case letters formed correctly, starting and finishing in the right place? Exceptions? Clear ascenders/descenders? | |
| 7. Upper case letters formed correctly, starting and finishing in the right place? Exceptions? | |
| 8. Evidence of reversal and/or inversions of letters? | |
| 9. Writing is a mixture of lower and uppercase letters? | |
| 10. Are letters joined correctly e.g. with diagonal & horizontal joins? | |
| 11. Is letter spacing within words and spacing between words appropriate? | |
| 12. Is spacing between words appropriate? | |
| 13. Are words sitting on the lines or 'floating'? | |
| 14. Is writing coming away from the margin? | |
| 15. Is writing appropriately sized? | |
| 16. Are digits 0-9 formed correctly and uniform size? | |

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| 17. Handwriting speed? E.g. is it slow/ laboured/ hurried? | |
| 18. Note if the pupil stops to flex fingers, shake hands or indicates that writing is painful / uncomfortable | |