

Handwriting Trials Worksheet

Plan for Trials with Specific Strategies/Activities

STUDENT: _____ DATE OF INITIATION: _____

SCHOOL: _____

TEACHER: _____

Presenting Problem: _____

Goal: _____

Supports Checklist	Strategies/Activities Utilized	Results Date _____
<input type="checkbox"/> provided verbal cues <input type="checkbox"/> provided hand over hand assistance <input type="checkbox"/> provided practice and repetition to reinforce skill development <input type="checkbox"/> adjusted to the student's positioning <input type="checkbox"/> provided a work space with decreased distractions <input type="checkbox"/> provided a model <input type="checkbox"/> _____ _____ <input type="checkbox"/> _____ _____ <input type="checkbox"/> _____ _____	Educational Area: _____ _____ Strategies/Activities Utilized: _____ _____ _____ Frequency of trial(s): _____ Location of trial(s): _____ Duration: _____ to _____ Follow-up meeting to review results: _____	

The school staff is responsible for the implementation and use of trial strategies and activities for the student.

- Trials were successful.
- Trials were not successful. Further intervention is recommended.

Participants' signature and title:

Date of meeting _____