



# Handwriting self-evaluation checklist

Name ..... Class ..... Date .....

I am sitting correctly	YES <input type="checkbox"/>	NO <input type="checkbox"/>
My tool hold is correct	YES <input type="checkbox"/>	NO <input type="checkbox"/>
My non-writing hand is placed on the paper correctly	YES <input type="checkbox"/>	NO <input type="checkbox"/>
I need to use a tool grip	YES <input type="checkbox"/>	NO <input type="checkbox"/>

1. My letters are formed correctly.	ALL <input type="checkbox"/>	MOST <input type="checkbox"/>	SOME <input type="checkbox"/>	NONE <input type="checkbox"/>
2. My tall letters are the correct height.	ALL <input type="checkbox"/>	MOST <input type="checkbox"/>	SOME <input type="checkbox"/>	NONE <input type="checkbox"/>
3. My letters with tails are the correct length.	ALL <input type="checkbox"/>	MOST <input type="checkbox"/>	SOME <input type="checkbox"/>	NONE <input type="checkbox"/>
4. My middle size letters are the same size.	ALL <input type="checkbox"/>	MOST <input type="checkbox"/>	SOME <input type="checkbox"/>	NONE <input type="checkbox"/>
5. My oval letters are closed.	ALL <input type="checkbox"/>	MOST <input type="checkbox"/>	SOME <input type="checkbox"/>	NONE <input type="checkbox"/>
6. The straight lines of my letters are straight.	ALL <input type="checkbox"/>	MOST <input type="checkbox"/>	SOME <input type="checkbox"/>	NONE <input type="checkbox"/>
7. The slant of my letters is regular (parallel).	ALL <input type="checkbox"/>	MOST <input type="checkbox"/>	SOME <input type="checkbox"/>	NONE <input type="checkbox"/>
8. My letters sit on the lines correctly.	ALL <input type="checkbox"/>	MOST <input type="checkbox"/>	SOME <input type="checkbox"/>	NONE <input type="checkbox"/>
9. The spacing between my letters is even.	YES <input type="checkbox"/>			NO <input type="checkbox"/>
10. The spacing between my words is even.	YES <input type="checkbox"/>			NO <input type="checkbox"/>
11. My capital letters are formed correctly.	ALL <input type="checkbox"/>	MOST <input type="checkbox"/>	SOME <input type="checkbox"/>	NONE <input type="checkbox"/>
12. I use my capital letters correctly.	YES <input type="checkbox"/>			NO <input type="checkbox"/>
13. I use full stops correctly.	YES <input type="checkbox"/>			NO <input type="checkbox"/>
14. I join letters correctly.	ALL <input type="checkbox"/>	MOST <input type="checkbox"/>	SOME <input type="checkbox"/>	NONE <input type="checkbox"/>
15. My horizontal joins are correct.	ALL <input type="checkbox"/>	MOST <input type="checkbox"/>	SOME <input type="checkbox"/>	NONE <input type="checkbox"/>
16. My diagonal joins are correct.	ALL <input type="checkbox"/>	MOST <input type="checkbox"/>	SOME <input type="checkbox"/>	NONE <input type="checkbox"/>
17. My numbers are formed correctly.	ALL <input type="checkbox"/>	MOST <input type="checkbox"/>	SOME <input type="checkbox"/>	NONE <input type="checkbox"/>

I need to work on:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Source: Taylor, J. (2001) *Handwriting: a Teacher's Guide – Multisensory Approaches to Assessing and Improving Handwriting Skills*. London: Fulton. With permission.



## References



Taylor, J. (2001) *Handwriting: a Teacher's Guide – Multisensory Approaches to Assessing and Improving Handwriting Skills*. London, Fulton Publishers.