

Assessment Tools – ID Card

Name	Handwriting Legibility Scale (HLS) User Manual (Barnett, Prunty, & Rosenblum, 2018)
Description	A tool for detecting difficulties in producing a legible writing product.
Purpose	To evaluate the global readability of the handwriting in order to detect writing difficulties and to refer to the appropriate treatment provider. In addition, the tool may help target treatment goals in the field of writing.
Target population	Teachers and professionals in the field of writing who work with children aged 9-14.
Versions	Hebrew, Arabic, English
Filling duration	5- 10 minutes
Structure	<p>The tool contains five criteria that are coded by the professional in reference to a section of the child's handwriting (copying and/or free writing).</p> <p>The child should be asked to write free writing for an interesting sentence or to copy for approx. 10 minutes. The professional evaluates what the child wrote in the first ten lines, or after 6 minutes.</p> <p>While writing, mark every two minutes. Alternatively, you can evaluate a written section of at least 10 lines from the child's notebook or even estimate a shorter section that the child wrote, if they cannot write for the required time/length.</p>
Scoring	Each criterion is evaluated on a scale from 1 - very good to 5 – very poor. The criteria are: 1. <u>General impression</u> : a. The degree of readability, b. The degree of effort required for reading, c. Organization on the page. 2. <u>Focusing on letters, single words</u> : d. The design of letters, e. Changes/Corrections .
Interpretation	A low score indicates a better readability level; 5-10 low = excellent readability, 11-15 Medium=good readability, 16–25 high=poor readability.
Psychometric indices	Very good internal consistency, good inter-rater reliability, construct validity, discriminant validity
Publications	Barnett, A. L., Prunty, M., & Rosenblum, S. (2018). Development of the Handwriting Legibility Scale (HLS): A preliminary examination of reliability and validity. <i>Research in Developmental Disabilities, 72</i> , 240–247. doi:10.1016/j.ridd.2017.11.013

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