

## Handwriting Proficiency Screening Questionnaire (HPSQ)

Rosenblum, 2008

Child's name \_\_\_\_\_ School and class \_\_\_\_\_ Date \_\_\_\_\_

Please complete the following questionnaire based on your impression of the child's handwriting in your class.

Question	Never 0	Rarely 1	Some- times 2	Often 3	Always 4
1. Is the child's writing unreadable?					
2. Is the child unsuccessful in reading his/her own handwriting?					
3. Does the child not have enough time to copy tasks from the blackboard?					
4. Does the child often erase while writing?					
5. Does the child often feel he/she does not want to write?					
6. Does the child not do his/her homework?					
7. Does the child complain about pain while writing?					
8. Does the child tire while writing?					
9. Does the child need to look at the page/blackboard often when copying?					
10. Is the child not satisfied with his/her handwriting?					