



**Intensive
Therapeutics** INC.

Facility Location:
274 South Avenue
Fanwood, NJ 07023
973-771-1582
www.intensivetherapeutics.org

Ready, Set, Write! Parent Questionnaire

Child's name _____ DOB _____

Parents' names _____

Address _____

Contact phone number during group _____

Email address _____

Reason for referral to group

Who referred you? _____

Diagnosis/Medical Conditions/Allergies/Special Diets

Current School/placement

Other therapies received in school/outside of school/other specialists seen

Teacher's/parents' observations of fine motor/prewriting skills (hand preference, grasp, manipulation skills, ability to stay within boundaries on paper, letter/number recognition, etc.)

Child's strengths/interests

Areas for improvement/goals you would like your child to accomplish during group
