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Four Rivers
Special Education District

Student:_____ School/Teacher: _____ Grade: ___ Data Date Range: _____

**Directions: Choose at least one intervention in the area of difficulty. Implement a minimum of 3 times per week for 4 weeks. Put a "+" if the trial made a positive impact in the classroom. Put a "-" if there was no change in the classroom.**

**Email OTTherapy@frsed.org for any further questions.**

| **Strategies for SIZING in writing**<br>How big or small a child chooses to write. | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Used boxes or graph paper (promoting one letter per box/square) | | | | | | | | | | | | |
| Colored lined paper to emphasize where letters belong within the space | | | | | | | | | | | | |
| Provide student with an alphabet strip to refer for UC or LC size | | | | | | | | | | | | |
| No colored line paper –use a highlighter to highlight every other line | | | | | | | | | | | | |
| Verbal cues to describe where letters go (top, middle, bottom) | | | | | | | | | | | | |