ADULTS — DYSGRAPHIA SCREENING CHECKLIST

Name: _____ Date: _____ Age: _____

Directions: Tick Yes or No for each item.

#	Yes	No	Screening Item
1	☐	☐	Handwriting is difficult to read or inconsistent.
2	☐	☐	Writing by hand is slow and effortful.
3	☐	☐	Avoids handwritten notes, preferring typing.
4	☐	☐	Has trouble organizing thoughts in written form despite speaking clearly.
5	☐	☐	Makes frequent spelling errors in handwritten work not explained by dyslexia.
6	☐	☐	Struggles to copy text accurately from a source.
7	☐	☐	Uses unusual grip or posture when writing; hand cramps or tires easily.
8	☐	☐	Inconsistent letter formation, spacing, or alignment on the page.
9	☐	☐	Finds note-taking in meetings or lectures difficult.
10	☐	☐	Written output is significantly poorer than verbal ability.
11	☐	☐	Difficulty with written spelling even when using spellcheck for typed text.
12	☐	☐	Avoids forms, handwritten applications, or signing documents when possible.
13	☐	☐	Finds self-expression via email or typed text easier than handwriting.
14	☐	☐	Has a history of handwriting problems since childhood.
15	☐	☐	Fine motor tasks (tying, fastening) are also challenging.