

# REFERRAL LETTER

Today's Date: \_\_\_\_\_

Dear Child Development Specialist: (psychologist, neurologist, early intervention agency other \_\_\_\_\_)

On \_\_\_\_\_, we saw \_\_\_\_\_, age \_\_\_\_\_, D.O.B. \_\_\_\_\_  
parents' name(s) \_\_\_\_\_ address \_\_\_\_\_

and looked carefully at his/her development with \_\_\_\_\_

(lists of measures), which are valid screening tools recommended by the American

Academy of Pediatrics. We had concerns about how \_\_\_\_\_ is doing in these areas:

\_\_\_\_\_ fine motor skills

\_\_\_\_\_ receptive language

\_\_\_\_\_ expressive language and articulation

\_\_\_\_\_ gross motor skills

\_\_\_\_\_ self-help skills

\_\_\_\_\_ social-emotional behavioral skills

\_\_\_\_\_ preacademic and academic skills

\_\_\_\_\_ other concerns (autism, ADHD, etc)

We have responded by:

Information given to parents: \_\_\_\_\_

Referral(s) to : \_\_\_\_\_

For:(evaluation, diagnostic clarification, recommendations for treatment or other services) \_\_\_\_\_

Please provide our office with the results of your evaluation. Yes \_\_\_\_\_ No \_\_\_\_\_

Other information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you,