**Sample Parent Summary Report/Dictation Template for Screening Tests**

(Practice Letterhead)

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

date date of birth child's name

Dear Parent(s),

During today's visit, we looked carefully at how your child is learning, developing and behaving. \_\_\_\_\_\_\_\_\_\_\_ seems to be doing well in:

 \_\_using hands and fingers to do things

 \_\_listening and understanding

 \_\_talking and speech

 \_\_using arms and legs

 \_\_learning to take care of himself/herself

 \_\_getting along with others and behaving

 \_\_learning preschool and school skills

We had concerns about how he/she is doing in these areas:

 \_\_using hands and fingers to do things

 \_\_listening and understanding

 \_\_talking and speech

 \_\_using arms and legs

 \_\_learning to take care of himself/herself

 \_\_getting along with others and behaving

 \_\_learning preschool and school skills

We would like to:

 \_\_give you information on things you can do at home.

 \_\_look at his/her learning, development and behavior more carefully

 \_\_screen his/her hearing, vision, and lead levels

 \_\_have \_\_\_\_\_\_\_\_\_\_\_\_\_ seen by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 for tests of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If there are difficulties, good help is available. Getting help early is wise.

\_\_We have made an appointment for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at (time) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 on (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at (service)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 located at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 and also at (time) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 at (service)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 located at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_We ask you to make appointments for \_\_\_\_\_\_\_\_\_\_\_\_\_\_ at (time) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 on (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at (service)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 located at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 and also at (time) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 at (service)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 located at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_This office would like to see you and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in \_\_\_ month(s), and we'll look again at his/her \_\_health, \_\_learning, and progress.

If questions come up before then, please contact me at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you,

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

Provider

**PEDS: HITOS DEL DESARROLLO DE LOS NIÑOS**

**Resumen del Informe para Padres**

Fecha \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fecha de Nacimiento \_\_\_\_\_\_\_\_\_\_\_\_\_

Nombre del Niño/a\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Estimados padres de familia,

Durante la visita de hoy a nuestra oficina, observamos cuidadosamente la manera en la que \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ está aprendiendo, desarrollándose y comportando. El/ella parece estar desarrollándose bien en las áreas indicadas a continuación:

 Usando manos y dedos para hacer cosas.

 Escuchando y entendiendo.

 Hablando y conversando.

 Usando brazos y piernas.

 Aprendiendo a cuidarse a sí mismo.

 Llevándose bien con otros y comportándose adecuadamente.

 (para niños mayores de 3 años de edad) Aprendiendo destrezas preescolares y escolares

Estamos preocupados acerca de cómo él/ella se está desempeñando en estas áreas:

 Usando manos y dedos para hacer cosas.

 Escuchando y entendiendo.

 Hablando y conversando.

 Usando brazos y piernas.

 Aprendiendo a cuidarse a sí mismo.

 Llevándose bien con otros y comportándose adecuadamente.

(para niños mayores de 3 años de edad) Aprendiendo destrezas preescolares y escolares

Nos gustaría:

 Darle información sobre cosas que puede hacer en casa.

 Ver de manera más cuidadosa su aprendizaje, desarrollo y conducta.

 Chequear sus niveles de plomo, audición y visión.

 Que \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ sea visto por \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ para ser evaluado/a en \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

A continuación encontrará información para contactar los servicios que recomendamos:

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

Si tiene alguna dificultad, tenemos buena ayuda disponible. Nos gustaría volver a ver a usted y \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ en \_\_\_\_\_\_\_\_\_\_\_\_\_ meses y volver a chequear su salud, aprendizaje y progreso.

Si surgen preguntas antes de esto, por favor llame a \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ al \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Muchas gracias,

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