Your Service, Address Phone Fax email

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referral Service: Address

Phone Fax Email

To Whom It May Concern:

On , we screened Age:

(child’s full name)

D.O.B.: , Parents’ names(s):

Phone: Email:

Address

Our results suggest challenges in the following areas (shown with family-friendly terms):

fine motor skills (*using hands and fingers*)

receptive language (*listening and understanding)*

expressive language and articulation (*talking and speech sounds)*

gross motor skills (*using arms and legs)*

self-help skills (*taking care of themselves)*

social-emotional-behavioral/mental health skills (*getting along with others, obeying, self-esteem)*

preacademic and academic skills (*school skills and readiness)*

cognitive development (*overall learning)*

chronic illness or other (*health)* conditions associated with developmental-behavioral problems (list):

**We would like your help to:**

enroll this child in:

Head Start/Early Head Start

Preschool

quality day care

enroll parents in a parent training program focused on positive parenting skills

contact this family to schedule an appointment

allow our office to schedule an appointment for this family

give parents information on things to do at home

address issues in parent and child well-being

arrange for social services to assist with

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administer more detailed measures of learning, development and behavior to determine eligibility for services in Early Intervention, including evaluation for:

Physical therapy

Occupational therapy

Speech-language therapy

*M-CHAT-R* Follow-up Interview

screen for hearing, vision, lead levels health other

receive information about this child’s health conditions, health risks/restrictions

subspecialty medical evaluation of



By signing below, parents give permission for your service to send us evaluation results and

(parents’ signature)

(date)

Our office prefers to be contacted by:

e-mail :

fax:

surface mail at (address above)

phone:

text message (cell phone #):

The best times to reach us are

Thank you,

Provider, degree Title

Attachment(s): (optional: Current Findings, Screening Test Results, Parents’ Comments, etc.)