

# Children's Screening Referral Letter

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

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_

Dear Parent:

In our program, we periodically conduct assessments and observations to determine if each child's developmental skills are progressing as expected. This process is designed to deepen our understanding of each child's competencies, and of the caregiving and learning environments to help a child make the fullest use of his or her developmental potential.

A recent developmental assessment, indicates that there may be a cause for concern and further evaluation is necessary. This decision is based on the following concerns:

- behaviors (e.g., a child who is unusually aggressive or withdrawn)
- physical characteristics (e.g., a child with difficulties with coordination or skill development)
- social/emotional growth (e.g., child having severe separation anxiety or difficulty with social interaction)
- learning issues (e.g., a child showing a poor attention span or problem following directions)

Please complete the following form and return it to our office by \_\_\_\_\_, in order to have a professional screening completed. If you have any questions, feel free to contact me at \_\_\_\_\_.

Sincerely,

\_\_\_\_\_