

Date: [Insert Date]

Recipient Name: [Insert Parent/Guardian or Referring Physician Name]

Address: [Insert Address]

City, State, Zip: [Insert City, State, Zip]

RE: Patient Name: [Insert Child's Name] | **DOB:** [Insert Date of Birth]

Dear [Insert Name],

This letter serves as a follow-up to the developmental consultation held on [Insert Date of Appointment] regarding [Child's Name].

Clinical Observations:

During our assessment, we reviewed [Child's Name]'s progress in the following areas:

- Gross and Fine Motor Skills
- Speech and Language Development
- Cognitive and Social-Emotional Functioning
- Adaptive/Self-Help Skills

Current Findings:

[Insert brief summary of improvements or persistent delays since the last visit].

Recommended Action Plan:

Based on our evaluation, the following steps are recommended:

- [Insert Therapy Recommendation, e.g., Speech, Occupational, or Physical Therapy]
- [Insert Specialist Referrals, e.g., Audiology, Neurology]
- [Insert Educational Recommendations, e.g., IEP or 504 Plan evaluation]
- [Insert Home Exercise Programs or Behavioral Strategies]

Follow-Up Appointment:

We would like to see [Child's Name] again in [Insert Number] months to monitor further progress and adjust the treatment plan as necessary.

Please do not hesitate to contact our office at [Insert Phone Number] if you have any questions or require further assistance with these recommendations.

Sincerely,

[Physician Signature]

[Physician Name, Title]

[Clinic/Practice Name]