

Date: [Insert Date]

To: [Recipient Name/Provider Name]

Facility: [Clinic/School/Hospital Name]

Address: [Street Address, City, State, Zip Code]

RE: Consultation Request for [Patient/Child Full Name]

Date of Birth: [Insert DOB]

Dear [Recipient Name],

I am writing to formally request a comprehensive developmental consultation for the above-named individual to evaluate for Autism Spectrum Disorder (ASD) and associated developmental delays.

The following observations and concerns have been noted:

- **Social Communication:** [e.g., lack of eye contact, delayed speech, difficulty interacting with peers]
- **Behavioral Patterns:** [e.g., repetitive movements, rigid adherence to routines, sensory sensitivities]
- **Developmental Milestones:** [e.g., regression in skills, delay in reaching motor or cognitive milestones]

I am requesting a multi-disciplinary assessment including, but not limited to:

- Diagnostic testing (such as ADOS-2 or ADI-R)
- Speech and Language evaluation
- Occupational Therapy evaluation
- Cognitive and behavioral screening

Please provide a detailed report of your findings, including a formal diagnosis if applicable, and recommendations for intervention services such as ABA, Speech Therapy, or IEP accommodations.

Thank you for your professional expertise and timely attention to this matter. I look forward to receiving your consultation report.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Relationship to Patient]

[Your Phone Number]