

Date: [Date]

Patient Name: [Patient Name]

Date of Birth: [DOB]

Provider Name: [Provider Name]

Dear [Parent/Guardian Name],

This letter outlines the developmental care plan discussed during our recent visit. Our goal is to support [Patient Name]'s growth and help them reach their full potential through targeted interventions.

1. Diagnosis/Areas of Concern

[List specific developmental delays, e.g., speech, motor skills, social-emotional]

2. Specialized Referrals

We have initiated referrals for the following services:

- **Speech Therapy:** [Status/Contact Info]
- **Occupational Therapy:** [Status/Contact Info]
- **Physical Therapy:** [Status/Contact Info]
- **Developmental Pediatrician:** [Status/Contact Info]

3. Home Activities and Strategies

To support progress at home, please focus on the following:

- [Activity 1]
- [Activity 2]
- [Activity 3]

4. Educational Support

[Include information regarding Early Intervention (Part C) or IEP/School District evaluations]

5. Next Steps and Follow-up

We will meet again on [Date/Time] to review progress and adjust the care plan as needed. Please bring any evaluation reports from specialists to this appointment.

If you have questions or need assistance with these referrals, please contact our office at [Phone Number].

Sincerely,

[Provider Signature]
[Clinic Name]