

Date: [Insert Date]

To: [Parent/Guardian Name]

Address: [Insert Address]

RE: Multidisciplinary Developmental Assessment Report

Patient Name: [Child's Full Name]

Date of Birth: [DOB]

Date of Evaluation: [Date]

1. Referral Reason

[Insert name of referring physician/agency] referred [Child's Name] for a multidisciplinary evaluation due to concerns regarding [list concerns, e.g., speech delay, motor skills, social behavior].

2. Evaluation Team

- Pediatrician/Developmental Pediatrician: [Name]
- Speech-Language Pathologist: [Name]
- Occupational Therapist: [Name]
- Physical Therapist: [Name]
- Psychologist/Social Worker: [Name]

3. Clinical Observations & Assessment Results

Cognitive/Adaptive Skills: [Insert summary of findings]

Communication (Expressive/Receptive): [Insert summary of findings]

Gross/Fine Motor Skills: [Insert summary of findings]

Social-Emotional/Behavioral: [Insert summary of findings]

4. Diagnostic Summary

Based on standardized testing and clinical observation, [Child's Name] meets the criteria for [Diagnosis, e.g., Global Developmental Delay, Specific Language Impairment, etc.].

5. Recommendations

1. [Recommendation 1, e.g., Speech Therapy 2x weekly]
2. [Recommendation 2, e.g., Occupational Therapy evaluation]
3. [Recommendation 3, e.g., Enrollment in Early Intervention/IEP process]

4. [Recommendation 4, e.g., Follow-up with Audiology]

A full detailed report is attached for your records. We will schedule a follow-up meeting on [Date] to discuss these findings further.

Sincerely,

[Signature]

[Name of Lead Clinician]

[Title]

[Facility/Clinic Name]