

[Date]

[Parent/Guardian Name]

[Street Address]

[City, State, Zip Code]

Re: [Child's Full Name]

Date of Birth: [Child's Date of Birth]

Dear [Parent/Guardian Name],

Our records indicate that it is time for [Child's Name]'s periodic speech and language milestone screening. Periodic check-ins are important during early childhood to ensure that communication skills-including understanding, speaking, and social interaction-are developing as expected.

Early identification of delays allows for timely support, which can make a significant difference in a child's academic and social success.

Please contact our office at [Phone Number] or visit our online portal at [Website/URL] to schedule a brief screening appointment. If your child has recently been evaluated by a specialist or is already receiving services, please let us know so we can update our records.

We look forward to hearing from you and supporting your child's development.

Sincerely,

[Provider Name/Signature]

[Practice/Clinic Name]

[Contact Information]