

[Date]

To the Parent or Guardian of [Child's Name],  
[Address]  
[City, State, Zip Code]

**Subject: Annual School-Age Developmental Assessment**

Dear [Parent/Guardian Name],

Our records indicate that it is time for [Child's Name]'s annual school-age developmental assessment. These yearly check-ins are essential to monitor your child's physical, cognitive, and social-emotional growth.

During this appointment, we will review:

- Physical growth and motor skills
- Learning and academic progress
- Social and emotional development
- Vision and hearing screenings

Please contact our office at [Phone Number] or visit our online portal at [Website URL] to schedule this appointment. We recommend scheduling within the next [Number] days to ensure your preferred time slot.

If your child has recently completed an assessment at another clinic, or if you have any questions, please let us know so we can update our records.

We look forward to seeing you and supporting your child's healthy development.

Sincerely,

[Provider Name/Clinic Name]  
[Contact Information]