

Date: [Insert Date]

To the Parents/Guardians of: [Infant Name]

Date of Birth: [Insert DOB]

Subject: Six-Month Milestone Assessment Report

Dear [Parent/Guardian Name],

This letter summarizes the findings from the six-month developmental assessment for [Infant Name]. At this stage, we monitor physical, social, and cognitive growth to ensure your child is meeting key developmental markers.

Assessment Summary:

Physical Development: [Infant Name] is currently [sitting with support/sitting independently/rolling over]. Head control is [firm/improving], and weight gain is tracking within the [Percentile] percentile.

Motor Skills: The infant is demonstrating the ability to reach for objects, transfer items from one hand to another, and [bring hands/feet to mouth].

Communication & Social: We observed [babbling/vocalizing joy or displeasure]. The infant responds to their name and displays recognition of familiar faces.

Feeding & Nutrition: Discussion regarding the introduction of solid foods and transition in feeding patterns was conducted. Current status: [Details].

Next Steps and Recommendations:

- Continue supervised "tummy time" to strengthen core muscles.
- Encourage interactive play with age-appropriate toys.
- Schedule the nine-month follow-up appointment.

If you have any specific concerns regarding your child's vision, hearing, or movement, please contact our office at [Phone Number].

Sincerely,

[Doctor/Provider Name]

[Clinic/Facility Name]