

[Date]

To the Parents/Guardians of [Child's Name],

[Address]

[City, State, Zip Code]

Dear [Parent/Guardian Name],

Thank you for bringing [Child's Name] for their eighteen-month well-child visit on [Date of Visit]. As part of this check-up, we completed a routine developmental screening called the M-CHAT-R (Modified Checklist for Autism in Toddlers, Revised).

The results of this screening indicate that [Child's Name] is [select one: meeting expected milestones / showing some areas where additional support or evaluation may be needed].

Screening Summary:

- **Result:** [Pass / Follow-up Recommended]
- **Observations:** [Brief note on specific strengths or concerns]

Early screening is a standard part of pediatric care to ensure every child receives the support they need during these critical stages of development. Please note that this screening is not a diagnosis, but a tool to help us monitor your child's progress.

Next Steps:

[Insert specific instructions, e.g., No further action needed at this time / Referral to a specialist / Schedule a follow-up consultation]

If you have any questions or have noticed specific behaviors that you would like to discuss further, please contact our office at [Phone Number].

Sincerely,

[Provider Name]

[Clinic/Practice Name]