

# Referral for Fluency and Stuttering Evaluation

Date: [Insert Date]

To Whom It May Concern,

I am writing to refer [Patient's Name], a [insert age] year-old [male/female], for a fluency and stuttering evaluation. [He/She/They] has been experiencing noticeable difficulties with speech fluency, which I believe warrants a comprehensive assessment.

Throughout [his/her/their] speech development, [Patient's Name] has demonstrated [describe specific symptoms, e.g., frequent repetition of sounds or syllables, prolongations of words, etc.]. These issues have been affecting [his/her/their] communication in social settings and academic performance.

Given the nature of these concerns, I recommend that [Patient's Name] be evaluated by a qualified speech-language pathologist who specializes in fluency disorders.

Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you require any further information.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Title/Position]

[Your Institution/Organization]

[Your Contact Information]