

# Referral for Pediatric Speech Therapy

Date: [Insert Date]

To Whom It May Concern,

I am writing to refer [Child's Name], a [Child's Age]-year-old child, for an evaluation and treatment in pediatric speech therapy. [Child's Name] has been experiencing difficulties with [specific speech, language, or communication issues], which have affected [his/her/their] ability to [describe how it impacts daily activities or social interactions].

As [Child's Name]'s [Your Relationship - e.g., teacher, pediatrician, etc.], I have observed the following concerns:

- [Concern 1]
- [Concern 2]
- [Concern 3]

I believe that a comprehensive assessment by a qualified speech-language pathologist will provide valuable insights and recommendations for [Child's Name]. I appreciate your attention to this matter and look forward to your guidance on the next steps.

Thank you for your support.

Sincerely,

[Your Name]

[Your Title/Relationship]

[Your Contact Information]

[Your Institution/Organization, if applicable]