

Request for Autism Spectrum Assessment Referral

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

To: [Doctor's Name]

[Doctor's Address]

[City, State, Zip Code]

Dear [Doctor's Name],

I am writing to formally request a referral for an autism spectrum assessment for my [son/daughter], [Child's Name], who is [Child's Age] years old. We have noticed some behaviors that may indicate the presence of autism spectrum disorder, including [briefly describe observed behaviors or concerns].

Given these observations, I believe that a comprehensive assessment by a qualified specialist would be beneficial to identify any potential developmental concerns and to understand how we can best support [Child's Name].

I appreciate your attention to this matter and look forward to your response regarding the referral process.

Thank you for your consideration.

Sincerely,

[Your Name]