

SAMPLE COVER LETTER

CHILD was formally evaluated on **DATE** at **SITE OF EXAM** by **PROVIDER**. **CHILD** demonstrated impairments in social interaction, social communication and atypical behavior consistent with an Autism Spectrum Disorder. **CHILD**'s behaviors and/or impairments are having an adverse impact on development and/or communication as documented on **DATE** by the presence of severe behaviors and/or functional impairments that interfere with **CHILD**'s ability to participate adequately in their home, school or community environments and/or the health and safety of **CHILD** or others are at significant safety risk. Please see the attached report/COE report/treatment plan and DSM-IV-TR checklist for details.

Applied behavioral analysis services are recommended given the adverse impact of **CHILD**'s behaviors and/or core impairments. **CHOOSE HERE** [Less intensive behavioral treatment or other therapy has been tried and not been successful, or it is not accessible, or there is no equally effective alternative available for reducing severe interfering or disruptive behaviors, increasing pro-social behaviors, or achieving desired behaviors]; and Applied Behavioral analysis services are reasonably expected to result in a measureable improvement in **CHILD**'s skills and behaviors.