**Justification Letter for Additional Evaluations**

|  |  |
| --- | --- |
| Child’s Name (First) | Last: |
| EI Number: | Provider’s Name: |
| Date of submission: | Request for Evaluation |

**1. Current Functioning:**

**What is child able to do:**

**2. What is child unable to do:**

**3. Concerns/Reasons for Request:**

(explain the request for additional evaluation) ***\*Give specific examples.***

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Name/Title of Completing Justification Signature Date