

San Diego Regional Center

4355 Ruffin Road

San Diego, CA 92123

To Whom It May Concern:

I am the primary care pediatrician for \_\_\_\_\_ and have cared for this child since \_\_\_\_\_ . I last saw this patient on \_\_\_\_\_ . This child has multiple behaviors that are concerning for autism. \_\_\_\_\_ exhibits:

- Language/communication delays:
- Repetitive behaviors:
- Poor social function:
- Other:

I would like to request that San Diego Regional Center evaluate this child for possible eligibility for services under autism or other developmental disability.

I have attached relevant \_\_\_\_\_ to assist with this process.

Sincerely,