

**Our Children First, Inc.**  
**Early Childhood Intervention Agency**

**JUSTIFICATION LETTER**

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Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Child's EI ID #: \_\_\_\_\_

Request for additional Evaluation:

\_\_\_ ST \_\_\_ OT \_\_\_ PT \_\_\_ Psych \_\_\_ SI \_\_\_ Nutrition \_\_\_ Audio \_\_\_ Other \_\_\_\_\_

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I. CURRENT FUNCTIONING: (Outcomes worked on and met. Child's response to services)

II. CONCERNS/REASON FOR REQUEST (Explain why request for an additional evaluation is mad . Use specific examples/Parents' Concerns)

III. RATIONALE FOR REQUEST (Why does a child need evaluation? Include the statement if parent agree with recommendations)

Therapist's Signature: \_\_\_\_\_ Discipline \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Discipline \_\_\_\_\_ Date \_\_\_\_\_