Pacific and Grays Harbor Counties SMART Team

2109 Sumner Ave

Aberdeen, WA 98520

{DATE}

Parent Name

Address

City, State Zip

Your child, {Name}, was reviewed by Pacific and Grays Harbor Counties SMART Team on {Date}. The SMART Team has recommended an autism evaluation be completed by one of our Center of Excellence providers. A Center of Excellence is a primary care provider who has received specialized training in the diagnosis of autism.

An autism evaluation has been scheduled with {Provider Name} at {Facility Name}. This evaluation will take place over the course of two appointments, June 16 and 23, both at 3:00 pm. I have enclosed the intake packet for this provider. Please complete this and take it with you to your appointment.

{Facility Name}

Address

City, State, Zip

If you have additional questions regarding this appointment, please contact {Provider Name} at {Provider Phone Number}. If you have additional questions regarding the SMART Team process, please contact Stefani Joesten at (360)660-5024 or (360)532-8631.

Thank you for trusting us to partner with your family in this process. We wish you the best.

Sincerely,

Pacific and Grays Harbor Counties SMART Team

Enclosure: {Facility Name} Enrollment Packet