



Dear Parent,

Please fill out your child's full name and date of birth on the first page of the enclosed questionnaire.

Please ask your child's teacher(s) to complete the questionnaire as soon as possible. These questions are an important tool to help our clinicians evaluate your child. **We must get this information back before your child's appointment.**

Dear Teacher,

Please complete the enclosed questionnaire and return it to Developmental Behavioral Pediatrics within 2 weeks.

Your comments are a very valuable tool as our clinicians evaluate this child.

Thank you each for taking the time to complete this questionnaire.

Please return the questionnaire to the location indicated below.

Greenville/Upstate

Fax: (864) 241-9205

Email: chocdevdept@prismahealth.org

Developmental Behavioral Pediatrics
Scheduling Office
200 Patewood Drive, Suite A200
Greenville, SC 29615

Columbia/Midlands

Fax: 803-758-0142

Developmental Behavioral Pediatrics
9 Medical Park, Suite 210
Columbia, SC 29203

Sincerely,

Staff for Developmental/Behavioral Pediatrics