

Table 1

suspected delay development children report table

※ Confidential document

Fields marked with ◎ are mandatory

| | | | | | | |
|---------------|---|---|------------------------------|---|------------------|--|
| Reporter | <input type="checkbox"/> Social welfare institution: <input type="checkbox"/> Baby care centers <input type="checkbox"/> Early intervention institutions <input type="checkbox"/> Social welfare organization <input type="checkbox"/> Educational institution (preschools or preschool special education) <input type="checkbox"/> medical care institutions: <input type="checkbox"/> Hospital or clinic <input type="checkbox"/> Public health center <input type="checkbox"/> Parent(s) <input type="checkbox"/> Family childcare service providers <input type="checkbox"/> Other: (Please specify) | | | | | |
| | ◎ Institution name | | ◎ Name of reporter | | ◎ Date of report | YYYY MM DD |
| | ◎ Phone number | (Telephone) (Mobile phone) | Email address | | Fax | |
| Child details | ◎ Name | ◎ National ID No. (residence permit No./passport No.) | | ◎ Date of birth YYYY MM DD | | Sex <input type="checkbox"/> M <input type="checkbox"/> F |
| | ◎ Registered address | County/City Village Lane Alley | | Township/City/District Road/Street No. Section Floor | | |
| | ◎ Home address | County/City Village Lane Alley | | Township/City/District Road/Street No. Section Floor | | |
| | Holder of disability identification | <input type="checkbox"/> No | <input type="checkbox"/> Yes | Date of issue : __YYYY__MM__DD; Type of disability: _____ Severity of disability: <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Profound | | |
| | the certificate of major illness and injury | <input type="checkbox"/> No | <input type="checkbox"/> Yes | Name of illness: _____ | | |
| | Types of suspected developmental delays | <input type="checkbox"/> Speech and language skills <input type="checkbox"/> Cognitive skills <input type="checkbox"/> Social-emotional <input type="checkbox"/> Gross motor skills <input type="checkbox"/> Fine motor skills <input type="checkbox"/> Activity of daily living <input type="checkbox"/> Other: _____ | | | | |

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|--|
| <input type="checkbox"/> Screening results attached (<input type="checkbox"/> Evaluation Reports of Children Development <input type="checkbox"/> Certificate of diagnosis <input type="checkbox"/> Developmental Screening Test <input type="checkbox"/> Other documents) |
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|-------------------------------------|---|
| Designated competent authority:____ | Municipal or county/city government _____ |
|-------------------------------------|---|

※ Paragraph 1, Article 32 of The Protection of Children and Youths Welfare and Rights Act states that “If social welfare, educational and medical institutes find any children who are suspected to be developmentally delayed, they shall report to the special municipal and county (city) authorized agencies. Special municipal or county (city) authorized agencies shall incorporate the data received in file management and provide and refer proper services as needed.”

