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Form of Response to the Report of Child With
Suspected Developmental Delay

※ Confidential
document
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Reporter: _____ Date of report: _____
Name of the child: _____
Processing status: Report received
 Service provided
 Service provider: _____ Contact person: _____
 Phone number: _____
 Service rejected by the parent(s); follow-up shall be conducted
 Report denied for the following reason: _____
 Other: _____
Designated competent authority: _____ Municipal or county/city government
Responding agency: _____ Responding person: _____ Phone number: _____
Email address: _____ Date: _____

※ The competent agency shall inform the reporter of the case's processing status according to Article 2 of the Regulations.