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

※ Confidential  
document

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.