

HAWAII'S PART C EARLY INTERVENTION PARENT CONCERN LOG

Program Name: _____

Quarter/Year: _____

Instructions: List all concerns received regarding Part C services and/or support. Describe how the concern was resolved (include dates) and if not, why not as well as the next steps to be taken by the parent.

Date Concern Received	Name of person with concern	Name of person who received the concern	Issue (Evaluation, Eligibility, Placement, Services)	Received (Letter, Call, E-mail, etc.)	Concern	Resolution/Next Steps
					<input type="checkbox"/> Family Rights Explained	Resolved: <input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Family Rights Explained	Resolved: <input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Family Rights Explained	Resolved: <input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Family Rights Explained	Resolved: <input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Family Rights Explained	Resolved: <input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Family Rights Explained	Resolved: <input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Family Rights Explained	Resolved: <input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Family Rights Explained	Resolved: <input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Family Rights Explained	Resolved: <input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Family Rights Explained	Resolved: <input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Family Rights Explained	Resolved: <input type="checkbox"/> Yes <input type="checkbox"/> No