

## HAWAII'S PART C EARLY INTERVENTION PARENT CONCERN LOG

Program Name: \_\_\_\_\_

Month/Year: \_\_\_\_\_

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

Date Concern Received	Name	Received	Issue	Resolution/Next Steps
<input type="checkbox"/> New	Person w/ Concern:  Who received concern:	<input type="checkbox"/> Letter <input type="checkbox"/> E-Mail <input type="checkbox"/> Call <input type="checkbox"/> In Person	<input type="checkbox"/> Evaluation <input type="checkbox"/> Eligibility <input type="checkbox"/> Location <input type="checkbox"/> Services	<input type="checkbox"/> Family Rights Explained      Resolved: <input type="checkbox"/> Yes, Date: _____ <input type="checkbox"/> No
<input type="checkbox"/> New	Person w/ Concern:  Who received concern:	<input type="checkbox"/> Letter <input type="checkbox"/> E-Mail <input type="checkbox"/> Call <input type="checkbox"/> In Person	<input type="checkbox"/> Evaluation <input type="checkbox"/> Eligibility <input type="checkbox"/> Location <input type="checkbox"/> Services	<input type="checkbox"/> Family Rights Explained      Resolved: <input type="checkbox"/> Yes, Date: _____ <input type="checkbox"/> No
<input type="checkbox"/> New	Person w/ Concern:  Who received concern:	<input type="checkbox"/> Letter <input type="checkbox"/> E-Mail <input type="checkbox"/> Call <input type="checkbox"/> In Person	<input type="checkbox"/> Evaluation <input type="checkbox"/> Eligibility <input type="checkbox"/> Location <input type="checkbox"/> Services	<input type="checkbox"/> Family Rights Explained      Resolved: <input type="checkbox"/> Yes, Date: _____ <input type="checkbox"/> No
<input type="checkbox"/> New	Person w/ Concern:  Who received concern:	<input type="checkbox"/> Letter <input type="checkbox"/> E-Mail <input type="checkbox"/> Call <input type="checkbox"/> In Person	<input type="checkbox"/> Evaluation <input type="checkbox"/> Eligibility <input type="checkbox"/> Location <input type="checkbox"/> Services	<input type="checkbox"/> Family Rights Explained      Resolved: <input type="checkbox"/> Yes, Date: _____ <input type="checkbox"/> No