



Appendix A

Director Response to the Parent/Guardian Concern Reporting Form

[To be completed by the APSEA Director of Programs]

Name of Child: _____ APSEA Staff Member: _____

Date of Birth: _____ Parent/Guardian: _____

Grade: _____ Contact Information: _____

Location of Concern: School Daycare/Preschool Home _____

Actions Taken:

Director's Name: _____ Director's Signature: _____

Date: _____

Send to the APSEA Superintendent.