



**Washington Hearing Society
Hearing Aid Specialist Training Program
Student Concern Form**

Date: _____

Student's Name: _____ Supervisor's Name: _____

Concern: (Please describe the specific details of your concern)

How long has this been a concern?

What steps have you taken to address your concern with your supervisor?

Did your supervisor make any recommendations or suggestions about how to resolve the concern?

How do you think the concern should be resolved?

X _____
Student's Signature

