Case Manager:								
School: EIP								
School Year:								
Collection 1 - ENTER Part C	*All students who were new 7/1 to 6/30							
FIRST NAME, LAST NAME	DOB	Enter Date	Rating Outcome 1	Rating Outcome 2	Rating Outcome 3	Hearing Loss Y/N	<u>Notes:</u>	
Sample	1/15/12	8/12/14	3	4	4			

FIRST NAME, LAST NAME DOB Rating Outcome 1 Progress Y Or N Or N Or N Sample DOB Rating Outcome 2 Outcome 3 Progress Y Or N Or N Or N Or N DOB Rating Outcome 3 Progress Y Or N	
Sample 12/30/13 4 Y 4 Y 6 Y X No	
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ENTER PART B ONLY		Any child who entered as a Part B only child (not serviced under C)							
FIRST NAME, LAST NAME	<u>DOB</u>	Enter Date	Rating Outcome 1	Rating Outcome 2	Rating Outcome 3		hearing loss identifie d by MDH YES/ NO	<u>Notes:</u>	