



Mandated Early Intervention Enrollment Status Reporting Form

Bold Print items MUST be completed.

Form with fields: Child's Last Name, First Name, Date of Birth, Gender, Mother's Last Name, Mother's First Name, Father's Last Name, First Name, Birth Hospital, Address Type, Address, City, State, Zip Code, Phone Type, Phone Number, Race (optional), Ethnicity (optional), Primary Language in the Home, Written Language.

EI INFORMATION:

Who Made the Referral? (check one)

- Diagnostic Center, Parent, Physician Name, EHDI, Other

Was the child found eligible? Yes No

If no, please explain:

Was the child enrolled? Yes No

If no, please explain:

EI Specialist, EI Program, Date of IFSP, Enrollment Date, EI Specialist Phone Number

The information below is not mandated to be reported, but will assist the Early Hearing Detection and Intervention Program in collecting information regarding infants being served by early intervention facilities. You must obtain parent permission, prior to sending information in this section.

AUDIOLOGICAL INTERVENTION

- The Hearing Loss is: unilateral, bilateral, conductive, sensorineural, mixed, Degree of Hearing Loss: mild, moderate, moderate-severe, severe, profound

Please return to EHDI Program, 800 NE Oregon St., Suite 805, Portland, OR 97232 or FAX to: (971) 673-0251.

If you need this information in an alternate format, please call (971) 673-0264.