1. New Families that have Started Services in the Zone
2. Quarterly Updates
3. 6-Month EI Reports (Team Reviews or Annuals)
4. Families or Providers that need Support (5 – 8 Minutes):

|  |  |  |  |  |  |
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| **Name** | **UNIQUE #** | **DOB** | **PSP Initials** | **DX** | **Units** |
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1. Eligibility Evaluation Summary and Provider Placement
2. Transitioning Children (EXIT Impressions)

Training from Team Members (10-15 Minutes max)

**Team Members**

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