

**INDIVIDUAL SCHOOL DATA REPORT
CHILD HEALTH AND DISABILITY PREVENTION PROGRAM**

SCHOOL _____

DATE _____

PERSON PREPARING REPORT _____

PHONE NUMBER _____

Total Number of Children Enrolled in First Grade at Time Report Prepared Columns 2,3,4,5&6 (1)	Number of Children With Report of Health Examination for School Entry (PM171 A) On File (2)	NUMBER OF CHILDREN WITH WAIVER BECAUSE:			Number of Children with Neither Documentation Nor Waiver of Examination On File (6)
		Parent Does Not Want the Examination (3)	Parent Unable to Obtain the Examination (4)	Reason Not Specified (5)	