

## Early Hearing Detection and Intervention Meeting Personal Action Plan

Record how you will use information that you learned in today's plenary, workshop and poster sessions.

Name: \_\_\_\_\_ State/Territory: \_\_\_\_\_

Session	I will enhance my state's EHDI system with information that I learned by:

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Please give the duplicate copy of your plan to your state's EHDI coordinator or turn it in at the Registration Desk.