

Attachment H: Class Roster

Use this form to list the students in a class or group session. Assign the class a unique identification number and then use that number on Attachment D for each line/hour of instruction with this group. Complete one Class Roster for each group that will be listed on Attachment D.

Name of professional seeking certification: _____

School Name: _____

Class/Group ID Number: _____ # of Students in the Class/Group: _____

Child's Initials (1 child per line)	Description of Child's Hearing Status (unilateral vs. bilateral, type, degree)	Start Date / Date Joining Class	End Date / Date Leaving Class

Duplicate this form as necessary.