



EN A Injury Prevention Institute/EN CARE

Changing behavior. Saving lives.

Quarterly Report Form

Your Name: _____

State: _____

Name of IP Program and Type of Facility	Date Presented	No. of Participants	Presenter(s)
<i>Example: TAKE CARE II Senior Retirement Center</i>	3/05/05	14	John Adams

Total Number of Participants: _____ Total Number of Presentations: _____

