Description of the Representative Sample Selection

(This sample was selected according to Appendix J of the State Operations Manual.)

Facility Name	Vendor No.	Date

Percentage occurrence at each functioning level

Mild	Moderate	Severe	Profound	ABL 1	ABL 2	ABL 3	ABL 4

Number of Individuals in the Sample ..... _____

Describe additions or substitutions to the sample and give the reason for the addition or substitution: