**Child Count Code Sheet**

**12-1-2017**

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| **Column 4 - Gender** | |
| *0. Male* | *1. Female* |

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| **Column 8** - **Primary Identified Etiology** | |
| **Hereditary/Chromosomal Syndromes and Disorders** | |
| *101 Aicardi syndrome*  *102 Alport syndrome*  *103 Alstrom syndrome*  *104 Apert syndrome (Acrocephalosyndactyly, Type 1)*  *105 Bardet-Biedl syndrome (Laurence Moon-Biedl)*  *106 Batten disease*  *107 CHARGE Syndrome*  *108 Chromosome 18, Ring 18*  *109 Cockayne syndrome*  *110 Cogan Syndrome*  *111 Cornelia de Lange*  *112 Cri du chat syndrome (Chromosome 5p- syndrome)*  *113 Crigler-Najjar syndrome*  *114 Crouzon syndrome (Craniofacial Dysotosis)*  *115 Dandy Walker syndrome*  *116 Down syndrome (Trisomy 21 syndrome)*  *117 Goldenhar syndrome*  *118 Hand-Schuller-Christian (Histiocytosis X)*  *119 Hallgren syndrome*  *120 Herpes-Zoster (or Hunt)*  *121 Hunter Syndrome (MPS II)*  *122 Hurler syndrome (MPS I-H)*  *123 Kearns-Sayre syndrome*  *124 Klippel-Feil sequence*  *125 Klippel-Trenaunay-Weber syndrome*  *126 Kniest Dysplasia*  *127 Leber congenital amaurosis*  *128 Leigh Disease*  *129 Marfan syndrome* | *130 Marshall syndrome*  *131 Maroteaux-Lamy syndrome (MPS VI)*  *132 Moebius syndrome*  *133 Monosomy 10p*  *134 Morquio syndrome (MPS IV-B)*  *135 NF1 - Neurofibromatosis (von Recklinghausen disease)*  *136 NF2 - Bilateral Acoustic Neurofibromatosis*  *137 Norrie disease*  *138 Optico-Cochleo-Dentate Degeneration*  *139 Pfieffer syndrome*  *140 Prader-Willi*  *141 Pierre-Robin syndrome*  *142 Refsum syndrome*  *143 Scheie syndrome (MPS I-S)*  *144 Smith-Lemli-Opitz (SLO) syndrome*  *145 Stickler syndrome*  *146 Sturge-Weber syndrome*  *147 Treacher Collins syndrome*  *148 Trisomy 13 (Trisomy 13-15, Patau syndrome)*  *149 Trisomy 18 (Edwards syndrome)*  *150 Turner syndrome*  *151 Usher I syndrome*  *152 Usher II syndrome*  *153 Usher III syndrome*  *154 Vogt-Koyanagi-Harada syndrome*  *155 Waardenburg syndrome*  *156 Wildervanck syndrome*  *157 Wolf-Hirschhorn syndrome (Trisomy 4p)*  *199 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| **Pre-Natal/Congenital Complications** | **Post-Natal/Non-Congenital Complications** |
| *201 Congenital Rubella*  *202 Congenital Syphilis*  *203 Congenital Toxoplasmosis*  *204 Cytomegalovirus (CMV)*  *205 Fetal Alcohol syndrome*  *206 Hydrocephaly*  *207 Maternal Drug Use*  *208 Microcephaly*  *209 Neonatal Herpes Simplex (HSV)*  *299 Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | *301 Asphyxia*  *302 Direct Trauma to the eye and/or ear*  *303 Encephalitis*  *304 Infections*  *305 Meningitis*  *306 Severe Head Injury*  *307 Stroke*  *308 Tumors*  *309 Chemically Induced*  *399 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| **Related to Prematurity** | **Undiagnosed** |
| *401 Complications of Prematurity* | *501 No Determination of Etiology* |

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| **Column 9 - Race/Ethnicity** | |
| 1. *American Indian or Alaska Native* 2. *Asian* 3. *Black or African American* 4. *Hispanic/Latino* | 1. *White* 2. *Native Hawaiian/Pacific Islander* 3. *Two or more races* |
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| **Column 10 – Documented Vision Loss** *(Items 5 and 8 are intentionally not used and they are unavailable as an option)* | |
| 1. *Low Vision* 2. *Legally Blind* 3. *Light Perception Only* 4. *Totally Blind* | 1. *Diagnosed Progressive Loss* 2. *Further Testing Needed (1 year only)* 3. *Documented Functional Vision Loss* |
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| **Column 11 -Cortical Vision Impairment** | | |
| *0. No* | *1. Yes* | *2. Unknown* |

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| **Column 12 -Documented Hearing Loss** *(Item 8 is intentionally not used and it is unavailable as an option)* | |
| 1. *Mild* 2. *Moderate* 3. *Moderately Severe* 4. *Severe* | 1. *Profound* 2. *Diagnosed Progressive Loss* 3. *Further Testing Needed (1 year only)* 4. *Documented Functional Hearing Loss* |
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| **Column 13 - Central Auditory Processing Disorder** | | |
| *0. No* | *1. Yes* | *2. Unknown* |

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| **Column 14 - Auditory Neuropathy** | | |
| *0. No* | *1. Yes* | *2. Unknown* |

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| **Column 15 - Cochlear Implant** | | |
| *0. No* | *1. Yes* | *2. Unknown* |

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| **Column 16 - Other Impairments or Conditions-Orthopedic/Physical** | |
| *0. No* | *1. Yes* |

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| **Column 17- Other Impairments or Conditions-Cognitive** | |
| *0. No* | *1. Yes* |

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| **Column 18- Other Impairments or Conditions-Behavioral** | |
| *0. No* | *1. Yes* |

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| **Column 19- Other Impairments or Conditions-Complex Health Care Needs** | |
| *0. No* | *1. Yes* |

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| **Column 20- Other Impairments or Conditions-Communication, Speech/Language** | |
| *0. No* | *1. Yes* |

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| **Column 21- Other Impairments or Conditions** | |
| *0. No* | *1. Yes* |

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| **Column 22** |
| ***Column 22 is intentionally not used. (Previously this column was titled “Funding Category”.)*** |

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| **Column 23 - Part C Category Code** | |
| 1. *At-risk for developmental delays (as defined by the state’s Part C Lead Agency)* 2. *Developmentally Delayed* | *Also included for Child Count reporting purposes are:*  *888. Not Reported Under Part C* |

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| **Column 24 - Part B Category Code** | |
| 1. *Intellectual Disability* 2. *Hearing Impairment (includes deafness)* 3. *Speech or Language Impairment* 4. *Visual Impairment (includes blindness)* 5. *Emotional Disturbance* 6. *Orthopedic Impairment* 7. *Other Health Impairment* 8. *Specific Learning Disability* | 1. *Deaf-blindness* 2. *Multiple Disabilities* 3. *Autism* 4. *Traumatic Brain Injury* 5. *Developmentally Delayed-age 3 through 9*   *Also included for Child Count reporting purposes are:*   1. *Non-Categorical* 2. *Not Reported under Part B of IDEA* |

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| **Column 25 - Early Intervention Setting (Birth through 2)** | | |
| *1. Home* | *2. Community-based settings* | *3. Other settings* |

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| **Column 26 - Educational Setting (3-21)** | |
| ***ECSE (3-5) Settings***   1. *In a regular EC program 10+ hours/week with services* 2. *In a regular EC program 10+ hours/week –services elsewhere* 3. *In a regular EC program less than 10 hours/week with services* 4. *In a regular EC program less than 10 hours/week – services elsewhere* 5. *Attending a separate class* 6. *Attending a separate school* 7. *Attending a residential facility* 8. *Service provider location* 9. *Home* | ***School aged (6-21) settings***   1. *Inside the regular class 80% or more of day* 2. *Inside the regular class 40% to 79% of day* 3. *Inside the regular class less than 40% of day* 4. *Separate school* 5. *Residential facility* 6. *Homebound/Hospital* 7. *Correctional facilities* 8. *Parentally placed in private schools* |

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| **Column 27 – Participation in Statewide Assessments** | |
| 1. *Regular grade-level state assessment* 2. *Regular grade-level state assessment with accommodations* 3. *Alternate assessments* | 1. *Not Used* 2. *Not Used* 3. *Not required current age/grade level* 4. *Parent Opt Out* |

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| **Column 28 - Part C Exiting Status (Birth through 2)** | |
| 1. *In a Part C early intervention program* 2. *Completion of IFSP prior to reaching maximum age for Part C* 3. *Eligible for IDEA, Part B* 4. *Not eligible for Part B, exit with referrals to other programs* 5. *Not eligible for Part B, exit with no referrals* | 1. *Part B eligibility not determined* 2. *Deceased* 3. *Moved out of state* 4. *Withdrawal by parent (or guardian)* 5. *Attempts to contact the parent and/or child were unsuccessful* |

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| **Column 29 - Part B Exiting** | |
| 1. *In ECSE or school-aged special education program* 2. *Transferred to regular education* 3. *Graduated with regular diploma* 4. *Received a certificate* 5. *Reached maximum age* | 1. *Died* 2. *Moved, known to be continuing* 3. ***(intentionally not used)*** 4. *Dropped out* |

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| **Column 30 – Deaf-Blind Project Exiting Status** |  |
| 1. *Eligible to receive services from the deaf-blind project* | 1. *No longer eligible to receive services from the state deaf-blind project* |

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| **Column 31 - Living Setting** | |
| 1. *Home: With parents* 2. *Home: Extended family* 3. *Home: Foster parents* 4. *State residential facility* 5. *Private residential facility* | *6. Group home (less than 6 residents)*  *7. Group home (6 or more residents)*  *8. Apartment (with non-family person(s))*  *9. Pediatric nursing home*  *555. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |

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| **Column 32 - Corrective Lenses** | | |
| *0. No* | *1. Yes* | *2. Unknown* |

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| **Column 33 - Assistive Listening Devices** | | |
| *0. No* | *1. Yes* | *2. Unknown* |

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| **Column 34 - Additional Assistive Technology** | | |
| *0. No* | *1. Yes* | *2. Unknown* |

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| **Column 35 – Intervener Services** | | |
| *0. No* | *1. Yes* | *2. Unknown* |

**Submittal Instructions**

**All data are due by *May 1st* for inclusion in the National Deaf-Blind Child Count Summary unless extension is requested and granted.**

Please call or email Mark Schalock or Robbin Bull for any additional information or clarifications related to the Child Count reporting process, or with any NCDB FMP database questions.

*Please e-mail a copy of your completed report to Mark Schalock.*

Robbin Bull Mark Schalock

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