**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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