For Deaf-Blind Project Office use only: ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Kidcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **2016 Deaf-Blind Child Count Reporting Form**  Please complete and return to: | |
| **STOP!! Complete this form ONLY for individuals who have both a visual and**  **auditory impairment. DO NOT USE for an individual with only a visual impairment.** | |
| Today’s Date: | |
| Status of this Individual’s Report (Please check on):  \_\_ DB \_\_ Complex Needs \_\_Referral | |
| **Part I: Information about individual with deaf-blindness** | |
| **Name** First: Last: | |
| **Date of Birth** (MM/DD/YYYY) / / **Gender:** \_\_ Male \_\_ Female | |
| **Race/Ethnicity** (Select the ONE that best describes the individual’s race/ethnicity):  O 1 American Indian/ or Alaska Native O 5 White  O 2 Asian O 6 Native Hawaiian/Pacific Islander  O 3 Black of African American O 7 Two or more races  O 4 Hispanic/Latino | |
| **Living Setting** (Select the ONE setting that best describes where the individual resides the majority of the year):  O 1 Home: Birth/Adoptive Parents O 5 Private Residential Facility O 9 Pediatric Nursing Home  O 2 Home: Extended Family O 6 Group Home (less than 6 residents) O 555 Other:  O 3 Home: Foster Parents O 7 Group Home (6 or more residents)  O 4 State Residential Facility O 8 Apartment (with non-family members) | |
| Parent/Guardian Name 1 First: Last: | |
| City: State: ZIP Code | |
| Telephone (With Area Code) County of Residence: | |
| Parent/Guardian Name 2 First: Last: | |
| City: State: ZIP Code | |
| Telephone (With Area Code) County of Residence: | |
| **Part II: Individual’s Medical Background/Disabilities** | |
| **Primary Classification of Visual Impairment** (Select the ONE that best describes the primary classification of the individual’s visual impairment):  O 1 Low Vision (visual acuity of 20/70 to 20/200>) O 6 Diagnosed Progressive Loss  O 2 Legally Blind (visual acuity of 20/200 or less, O 7 Further Testing Needed  or field restriction of 20 degrees)  O 3 Light Perception Only O 9 Documented Functional Vision Loss  O 4 Totally Blind | |
| Cortical Vision Impairment?  O 1 Yes O 0 No O 2 Unknown | |
| **Primary Classification of Hearing Impairment** (Select the ONE that best describes the primary classification of the individual’s hearing impairment):  O 1 Mild O 5 Profound  O 2 Moderate O 6 Diagnosed Progressive Loss  O 3 Moderately Severe O 7 Further Testing Needed  O 4 Severe O 9 Documented Functional Hearing Loss | |
| Central Auditory Processing Disorder (CAPD)? O 1 Yes O 0 No O 2 Unknown  Auditory Neuropathy? O 1 Yes O 0 No O 2 Unknown  Cochlear Implant? O 1 Yes O 0 No O 2 Unknown | |
| Orthopedic/Physical Impairments O 1 Yes O 0 No Cognitive Impairments O 1 Yes O 0 No  Behavioral Disorders O 1 Yes O 0 No Complex Health Care Needs O 1 Yes O 0 No  Communication Impairments O 1 Yes O 0 No Other O 1 Yes O 0 No | |
| **Etiology** (please indicate the ONE etiology from the list below that best describes the primary etiology of the individual’s primary disability. Please indicate “Other” if none of this listed etiologies are the primary disability): | |
| **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**  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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Post-Natal/Non-Congenital Complications**  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**  401 Complications of Prematurity | **Undiagnosed**  501 No Determination of Etiology |
| **Part III: IDEA** | |
| **-----Part C-----** | |
| **Part C Category Code** (Please indicate the primary category code under which the individual was reported on the Part C, IDEA Child Count – Select only ONE.)  O 1 At-risk O 2 Developmentally Delayed O 888 Not Reported under Part C of IDEA | |
| **Early Intervention Setting**  O 1 Home O 2 Community-based Setting O 3 Other Setting | |
| **Special Education Status/Part C Exiting** (Please indicate the ONE code that best describes the individual’s special education program status  O 0 In a Part C early intervention program O 6 Died  O 1 Completion of IFSP prior to reaching max age O 7 Moved out of state  For Part C  O 2 Eligible for IDEA, Part B O 8 Withdrawn by parent/guardian  O 3 Not eligible for Part B, referral to other program O 9 Attempts to reach parent/guardian and/or child  O 4 Not eligible for Part B, exit w/no referral unsuccessful  O 5 Part B eligibility not determined | |
| **-----Part B-----** | |
| **Part B Category Code** (Please indicate the primary category code under which the individual was reported on the Part B, IDEA Child Count – Select only ONE.)  O 1 Intellectual Disability O 9 Deaf-Blindness  O 2 Hearing Impairment (includes deafness) O 10 Multiple Disabilities  O 3 Speech or Language Impairment O 11 Autism  O 4 Visual Impairment (includes blindness) O 12 Traumatic Brain Injury  O 5 Emotional Disturbance O 13 Developmentally Delayed (age 3 through 9)  O 6 Orthopedic Impairment O 14 Non-Categorical  O 7 Other Health Impairment O 888 Not Reported under Part B of IDEA  O 8 Specific learning Disability | |
| **Early Childhood Special Education Setting (ages 3 – 5)** O 5 Attending a separate class  O 1 In a regular EC program 10+ hours/week with services O 6 Attending a separate school  O 2 In a regular EC program 10+ hours/week –services elsewhere O 7 Attending a residential facility  O 3 In a regular EC program less than 10 hours/week with services O 8 Service provider location  O 4 In a regular EC program less than 10 hours/week – services elsewhere O 9 Home | |
| **School Aged Settings (ages 6-21)**  O 9 Attending the regular class at least 80% of the day O 13 Attending a residential facility  O 10 Attending the regular class 40%-79% of the day O 14 Homebound/Hospital  O 11 Attending the regular class less than 40% of the day O 15 Correctional Facilities  O 12 Attending a separate school O 8 Parentally place in private school | |
| **Special Education Status/Part B Exiting**  O 0 In ECSE or school-aged Special Education Program O 5 Died  O 1 Transferred to regular education O 6 Moved, known to be continuing  O 2 Graduated with regular diploma O 7 (intentionally not used)  O 3 Received a certificate O 8 Dropped out  O 4 Reached maximum age | |
| **Participation in Statewide Assessments**  O 1 Regular grade-level state assessment O *4 Not Used*  O 2 Regular grade-level state assessment w/accommodations O *5 Not Used*  O 3 Alternative assessment O 6 Not required at age or grade level | |
| **Deaf-Blind Project Exiting Status**  O 0 Eligible to receive services from the DB Project O 1 No longer eligible to receive services from DB Project | |
| **Assistive Technology** | |
| Corrective Lenses O 1 Yes O 0 No O 2 Unknown  Assistive Listening Devices O 1 Yes O 0 No O 2 Unknown  Additional Assistive Technology O 1 Yes O 0 No O 2 Unknown | |
| **Intervener Services:** Intervener services provide access to information and communication and facilitate the development of social and emotional well-being for children who are deaf-blind. In educational environments, intervener services are provided by an individual, typically a paraeducator, who has received specialized training in deaf-blindness and the process of intervention. An intervener provides consistent one-to-one support to a student who is deaf-blind (age 3 through 21) throughout the instructional day.  Working under the guidance and direction of a student’s classroom teacher or another individual responsible for ensuring the implementation of the student’s IEP, an intervener’s primary roles are to:   * provide consistent access to instruction and environmental information that is usually gained by typical students through vision and hearing, but that is unavailable or incomplete to an individual who is deaf-blind; * provide access to and/or assist in the development and use of receptive and expressive communication skills; * facilitate the development and maintenance of trusting, interactive relationships that promote social and emotional well-being; and, * provide support to help a student form relationships with others and increase social connections and participation in activities. | |
| Receiving Intervener Services O 1 Yes O 0 No O 2 Unknown | |
| **School Information** | |
| Agency/School: | |
| Street Address: | |
| City: State: ZIP Code: | |
| Telephone Number Fax Number: | |
| Teacher’s Name | |
| Teacher’s Email | |
| School District | |
| Please return this form and the appropriate Permission for Release Form (if already returned by the individual or parent/guardian, by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  To:  If you have questions, please call \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Thank you for developing this form | |