

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

# 2023 Deaf-Blind Child Count Reporting Form



Debbie Adams, 301 E. Main Street, Romney, WV 26757

If you have questions, please contact Debbie Adams at 304-822-4890 or [dadams@k12.wv.us](mailto:dadams@k12.wv.us)

**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 deafblindness

<b>Name</b> First: _____ Last: _____		
<b>Date of Birth</b> (MM/DD/YYYY)     /     /		<b>Gender:</b> Male ___ Female ___
<b>Race/Ethnicity</b> (Select the ONE that best describes the individual's race/ethnicity):		
1 American Indian/or Alaska Native	5 White	
2 Asian	6 Native Hawaiian/Pacific Islander	
3 Black of African American	7 Two or more races	
4 Hispanic/Latino		
<b>Living Setting</b> (Select the ONE setting that best describes where the individual resides the majority of the year):		
1 Home: Birth/Adoptive Parents	5 Private Residential Facility	9 Pediatric Nursing Home
2 Home: Extended Family	6 Group Home (less than 6 residents)	555 Other: _____
3 Home: Foster Parents	7 Group Home (6 or more residents)	
4 State Residential Facility	8 Apartment (with non-family members)	
<b>Parent/Guardian Name 1</b> First: _____ Last: _____		
Street Address: _____		
City: _____	State: _____	ZIP Code: _____
Telephone (With Area Code): _____		County of Residence: _____
Email Address: _____		
<b>Parent/Guardian Name 2</b> First: _____ Last: _____		
Street Address: _____		
City: _____	State: _____	ZIP Code: _____
Telephone (With Area Code): _____		County of Residence: _____
Email Address: _____		

## 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):

- |   |                                     |
|---|-------------------------------------|
| 1 Low Vision (visual acuity of 20/70 to 20/200)                                       | 5 Diagnosed Progressive Loss        |
| 2 Legally Blind (visual acuity of 20/200 or less, or field restriction of 20 degrees) | 6 Further Testing Needed            |
| 3 Light Perception Only   | 7 Documented Functional Vision Loss |
| 4 Totally Blind   |                                     |

**Cortical Vision Impairment?**

- |       |      |           |
|-------|------|-----------|
| 1 Yes | 0 No | 2 Unknown |
|-------|------|-----------|

**Primary Classification of Hearing Impairment** (Select the ONE that best describes the primary classification of the individual's hearing impairment):

- |                     |                                      |
|---------------------|--------------------------------------|
| 1 Mild              | 5 Profound                           |
| 2 Moderate          | 6 Diagnosed Progressive Loss         |
| 3 Moderately Severe | 7 Further Testing Needed             |
| 4 Severe            | 8 Documented Functional Hearing Loss |

- |  |       |      |           |
|--|-------|------|-----------|
| Central Auditory Processing Disorder (CAPD)? | 1 Yes | 0 No | 2 Unknown |
| Auditory Neuropathy?                         | 1 Yes | 0 No | 2 Unknown |
| Cochlear Implant?                            | 1 Yes | 0 No | 2 Unknown |

**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 these listed etiologies are the primary disability):

### Hereditary/Chromosomal Syndromes and Disorders

- |     |   |     |   |     |  |
|-----|---|-----|---|-----|--|
| 101 | Aicardi syndrome                                  | 120 | Herpes-Zoster (or Hunt)                                 | 139 | Pfeiffer syndrome                          |
| 102 | Alport syndrome                                   | 121 | Hunter Syndrome (MPS II)                                | 140 | Prader-Willi                               |
| 103 | Alstrom syndrome                                  | 122 | Hurler syndrome (MPS I-H)                               | 141 | Pierre-Robin syndrome                      |
| 104 | Apert syndrome<br>(Acrocephalosyndactyly, Type 1) | 123 | Kearns-Sayre syndrome                                   | 142 | Refsum syndrome                            |
| 105 | Bardet-Biedl syndrome<br>(Laurence Moon-Biedl)    | 124 | Klippel-Feil sequence                                   | 143 | Scheie syndrome (MPS I-S)                  |
| 106 | Batten disease                                    | 125 | Klippel-Trenaunay-Weber syndrome                        | 144 | Smith-Lemli-Opitz (SLO) syndrome           |
| 107 | CHARGE Syndrome                                   | 126 | Kniest Dysplasia  | 145 | Stickler syndrome                          |
| 108 | Chromosome 18, Ring 18                            | 127 | Leber congenital amaurosis                              | 146 | Sturge-Weber syndrome                      |
| 109 | Cockayne syndrome                                 | 128 | Leigh Disease   | 147 | Treacher Collins syndrome                  |
| 110 | Cogan Syndrome                                    | 129 | Marfan syndrome   | 148 | Trisomy 13 (Trisomy 13-15, Patau syndrome) |
| 111 | Cornelia de Lange                                 | 130 | Marshall syndrome                                       | 149 | Trisomy 18 (Edwards syndrome)              |
| 112 | Cri du chat syndrome<br>(Chromosome 5p- syndrome) | 131 | Maroteaux-Lamy syndrome (MPS VI)                        | 150 | Turner syndrome                            |
| 113 | Crigler-Najjar syndrome                           | 132 | Moebius syndrome  | 151 | Usher I syndrome                           |
| 114 | Crouzon syndrome (Craniofacial Dysostosis)        | 133 | Monosomy 10p  | 152 | Usher II syndrome                          |
| 115 | Dandy Walker syndrome                             | 134 | Morquio syndrome (MPS IV-B)                             | 153 | Usher III syndrome                         |
| 116 | Down syndrome (Trisomy 21 syndrome)               | 135 | NF1 - Neurofibromatosis<br>(von Recklinghausen disease) | 154 | Vogt-Koyanagi-Harada syndrome              |
| 117 | Goldenhar syndrome                                | 136 | NF2 - Bilateral Acoustic<br>Neurofibromatosis           | 155 | Waardenburg syndrome                       |
| 118 | Hand-Schuller-Christian (Histiocytosis X)         | 137 | Norrie disease  | 156 | Wildervanck syndrome                       |
| 119 | Hallgren syndrome                                 | 138 | Optico-Cochleo-Dentate<br>Degeneration                  | 157 | Wolf-Hirschhorn syndrome (Trisomy 4p)      |
|     |   |     |   | 199 | Other: _____                               |

**Pre-Natal/Congenital Complications**

201	Congenital Rubella	205	Fetal Alcohol syndrome	209	Neonatal Herpes Simplex (HSV)
202	Congenital Syphilis	206	Hydrocephaly	299	Other: _____
203	Congenital Toxoplasmosis	207	Maternal Drug Use		
204	Cytomegalovirus (CMV)	208	Microcephaly		

**Post-Natal/Non-Congenital Complications**

301	Asphyxia	306	Severe Head Injury	401	<b>Related to Prematurity</b>
302	Direct Trauma to the eye and/or ear	307	Stroke		Complications of Prematurity
303	Encephalitis	308	Tumors	501	<b>Undiagnosed</b>
304	Infections	309	Chemically Induced		No Determination of Etiology
305	Meningitis	399	Other _____		

**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.)

1 At-risk                      2 Developmentally Delayed                      888 Not Reported under Part C of IDEA

**Early Intervention Setting**

1 Home                      2 Community-based Setting                      3 Other Setting

**Special Education Status/Part C Exiting** (Please indicate the ONE code that best describes the individual's special education program status):

0 In a Part C early intervention program	5 Part B eligibility not determined
1 Completion of IFSP prior to reaching max age	6 Died
2 Eligible for IDEA, Part B	7 Moved out of state
3 Not eligible for Part B, referral to other program	8 Withdrawn by parent/guardian
4 Not eligible for Part B, exit w/no referral	9 Attempts to reach parent/guardian and/or child

**Early Intervention Setting**

1 Home                      2 Community-based Setting                      3 Other Setting

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**Part B****Living Setting** (Select the ONE setting that best describes where the individual resides the majority of the year):

- |  |                                |  |
|--|--------------------------------|--|
| 1 Intellectual Disability                | 7 Other Health Impairment      | 12 Developmentally Delayed (age 3 -9)  |
| 2 Hearing Impairment (includes deafness) | 8 Specific learning Disability | 13 Apartment (with non-family members) |
| 3 Speech or Language Impairment          | 9 Deaf-Blindness               | 14 Non-Categorical                     |
| 4 Visual Impairment (includes blindness) | 10 Multiple Disabilities       | 888 Not Reported under Part B of IDEA  |
| 5 Emotional Disturbance                  | 11 Autism                      |  |
| 6 Orthopedic Impairment                  | 12 Traumatic Brain Injury      |  |

**Early Childhood Special Education Setting** (ages 3 - 5)

- |  |                                    |
|--|------------------------------------|
| 1 In a regular EC program 10+ hours/week with services                 | 6 Attending a separate school      |
| 2 In a regular EC program 10+ hours/week –services elsewhere           | 7 Attending a residential facility |
| 3 In a regular EC program less than 10 hours/week with services        | 8 Service provider location        |
| 4 In a regular EC program less than 10 hours/week – services elsewhere | 9 Home                             |
| 5 Attending a separate class   |                                    |

**School Aged Settings** (ages 6-21)

- |   |                                      |
|---|--------------------------------------|
| 9 Attending the regular class at least 80% of the day   | 13 Attending a residential facility  |
| 10 Attending the regular class 40%-79% of the day       | 14 Homebound/Hospital                |
| 11 Attending the regular class less than 40% of the day | 15 Correctional Facilities           |
| 12 Attending a separate school                          | 8 Parentally place in private school |

**Special Education Status/Part B Exiting**

- |  |                                 |
|--|---------------------------------|
| 0 In ECSE or school-aged Special Education Program | 5 Died                          |
| 1 Transferred to regular education                 | 6 Moved, known to be continuing |
| 2 Graduated with regular diploma                   | 7 Intentionally not used        |
| 3 Received a certificate                           | 8 Dropped out                   |
| 4 Reached maximum age                              |                                 |

**Participation in Statewide Assessments**

- |   |  |
|---|--|
| 1 Regular grade-level state assessment                    | 4 Alternative assessment/alternative standards |
| 2 Regular grade-level state assessment w/ accommodations  | 5 Modified achievement standards               |
| 3 Alternative assessments aligned w/grade level standards | 6 Not yet required                             |

**Deaf-Blind Project Exiting Status**

- |  |  |
|--|--|
| 0 Eligible to receive services from the DB Project | 1 No longer eligible to receive services from DB Project |
|--|--|

<b>Assistive Technology</b>			
Corrective Lenses?	1 Yes	0 No	2 Unknown
Assistive Driving Devices?	1 Yes	0 No	2 Unknown
Additional Assistive Technology?	1 Yes	0 No	2 Unknown

<b>Intervener Services</b>			
Has a 1:1?	1 Yes	0 No	2 Unknown

<b>Part I: Information about individual with deafblindness</b>			
Agency/School:			
Street Address:			
City:	State:	ZIP Code:	
Telephone <i>(With Area Code)</i> :		Fax Number:	
Teacher's Name:			
Teacher's Email:			
School District:			