

Deaf-Blind Child Count Reporting Form

Please return by **FAX** or **Postal MAIL** to: Shelly Voelker, FAVI Deaf-Blind Collaborative, University of Florida
PO Box 100234, 1600 SW Archer Rd, Gainesville, FL 32610

Phone: 352-273-7534 Fax: 352-273-8539

PLEASE complete this form for individuals ages birth through 21 who have BOTH vision AND hearing loss (diagnosed OR SUSPECTED).

This includes individuals with or without additional disabilities.

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):

- | | |
|--|---|
| <input type="checkbox"/> 1 American Indian/ or Alaska Native | <input type="checkbox"/> 5 White |
| <input type="checkbox"/> 2 Asian | <input type="checkbox"/> 6 Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> 3 Black of African American | <input type="checkbox"/> 7 Two or more races |
| <input type="checkbox"/> 4 Hispanic/Latino | |

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

- | | | |
|---|--|---|
| <input type="checkbox"/> 1 Home: Birth/Adoptive Parents | <input type="checkbox"/> 5 Private Residential Facility | <input type="checkbox"/> 9 Pediatric Nursing Home |
| <input type="checkbox"/> 2 Home: Extended Family | <input type="checkbox"/> 6 Group Home (less than 6 residents) | <input type="checkbox"/> 555 Other: |
| <input type="checkbox"/> 3 Home: Foster Parents | <input type="checkbox"/> 7 Group Home (6 or more residents) | |
| <input type="checkbox"/> 4 State Residential Facility | <input type="checkbox"/> 8 Apartment (with non-family members) | |

Street Address:

City: _____ State: _____ ZIP Code _____

Telephone (With Area Code) _____ County of Residence: _____

Parent/Guardian Name 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):

- | | |
|--|--|
| <input type="checkbox"/> 1 Low Vision (visual acuity of 20/70 to 20/200>) | <input type="checkbox"/> 6 Diagnosed Progressive Loss |
| <input type="checkbox"/> 2 Legally Blind (visual acuity of 20/200 or less, or field restriction of 20 degrees) | <input type="checkbox"/> 7 Further Testing Needed |
| <input type="checkbox"/> 3 Light Perception Only | <input type="checkbox"/> 9 Documented Functional Vision Loss |
| <input type="checkbox"/> 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):

- | | |
|--|---|
| <input type="checkbox"/> 1 Mild | <input type="checkbox"/> 5 Profound |
| <input type="checkbox"/> 2 Moderate | <input type="checkbox"/> 6 Diagnosed Progressive Loss |
| <input type="checkbox"/> 3 Moderately Severe | <input type="checkbox"/> 7 Further Testing Needed |
| <input type="checkbox"/> 4 Severe | <input type="checkbox"/> 9 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 this listed etiologies are the primary disability):

Hereditary/Chromosomal Syndromes and Disorders

- | | |
|--|--|
| <ul style="list-style-type: none"> 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 Dysostosis) 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 | <ul style="list-style-type: none"> 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 Pfeiffer 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.)

- 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 6 Died
 1 Completion of IFSP prior to reaching max age 7 Moved out of state
 For Part C
 2 Eligible for IDEA, Part B 8 Withdrawn by parent/guardian
 3 Not eligible for Part B, referral to other program 9 Attempts to reach parent/guardian and/or child
 4 Not eligible for Part B, exit w/no referral unsuccessful
 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.)

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

Early Childhood Special Education Setting (ages 3 – 5)

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

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

Assistive Technology

Corrective Lenses	<input type="radio"/> 1 Yes	<input type="radio"/> 0 No	<input type="radio"/> 2 Unknown
Assistive Listening Devices	<input type="radio"/> 1 Yes	<input type="radio"/> 0 No	<input type="radio"/> 2 Unknown
Additional Assistive Technology	<input type="radio"/> 1 Yes	<input type="radio"/> 0 No	<input type="radio"/> 2 Unknown

Intervener Services

Has a 1:1 intervener	<input type="radio"/> 1 Yes	<input type="radio"/> 0 No	<input type="radio"/> 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 by _____

To: **Shelly Voelker**, FAVI Deaf-Blind Collaborative, University of Florida
 PO Box 100234, 1600 SW Archer Rd, Gainesville, FL 32610
Fax: 352-273-8539

If you have questions, please call **Shelly Voelker** at **352-273-7534** or **800-667-4052**
 Or call **Pam Kissoondyal** at **352-273-7529** or **800-667-4052**