

2022

Deaf-Blind Child Count Reporting Form – for submission 2023

Please complete and return by February 13th to:

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

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):

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

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

- 1 Home: Birth/Adoptive Parents
- 2 Home: Extended Family
- 3 Home: Foster Parents
- 4 State Residential Facility 5 Private Residential Facility
- 9 Pediatric Nursing Home
- 10 Community Residence – Includes group home/supported apartment

Primary Language in the Home

- 1 English
- 2 Spanish
- 3 ASL
- 9 Other (Specify) _____

Parent/Guardian Name 1 First: _____ Last: _____

Street Address:

City: _____ State: _____ ZIP Code _____

Telephone (With Area Code)	County of Residence:														
Email Address:															
Parent/Guardian Name 2 First:	Last:														
Street Address:															
City:	State:	ZIP Code													
Telephone (With Area Code)	County of Residence:														
Email Address:															
Parent Signature															
Part II: Individual's Medical Background/Disabilities															
<p>Primary Classification of Visual Impairment (Select the ONE that best describes the primary classification of the individual's visual impairment):</p> <p><input type="radio"/> 1 Low Vision (visual acuity of 20/70 to 20/200>)</p> <p><input type="radio"/> 2 Legally Blind (visual acuity of 20/200 or less, or field restriction of 20 degrees)</p> <p><input type="radio"/> 3 Light Perception Only</p> <p><input type="radio"/> 4 Totally Blind</p> <p><input type="radio"/> 6 Diagnosed Progressive Loss</p> <p><input type="radio"/> 7 Further Testing Needed</p> <p><input type="radio"/> 9 Documented Functional Vision Loss</p>															
<p>Cortical Vision Impairment?</p> <p><input type="radio"/> 1 Yes <input type="radio"/> 0 No <input type="radio"/> 2 Unknown</p>															
<p>Primary Classification of Hearing Impairment (Select the ONE that best describes the primary classification of the individual's hearing impairment):</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="radio"/> 1 Mild (26-40 dB loss) <input type="radio"/> 2 Moderate (45-55 dB loss) <input type="radio"/> 3 Moderately Severe (56-70 dB loss) <input type="radio"/> 4 Severe (71-90 dB loss) </td> <td style="width: 50%; vertical-align: top;"> <input type="radio"/> 5 Profound (91+ dB loss) <input type="radio"/> 6 Diagnosed Progressive Loss <input type="radio"/> 7 Further Testing Needed <input type="radio"/> 9 Documented Functional Hearing Loss </td> </tr> </table>				<input type="radio"/> 1 Mild (26-40 dB loss) <input type="radio"/> 2 Moderate (45-55 dB loss) <input type="radio"/> 3 Moderately Severe (56-70 dB loss) <input type="radio"/> 4 Severe (71-90 dB loss)	<input type="radio"/> 5 Profound (91+ dB loss) <input type="radio"/> 6 Diagnosed Progressive Loss <input type="radio"/> 7 Further Testing Needed <input type="radio"/> 9 Documented Functional Hearing Loss										
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<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Central Auditory Processing Disorder (CAPD)?</td> <td style="width: 16.5%;"><input type="radio"/> 1 Yes</td> <td style="width: 16.5%;"><input type="radio"/> 0 No</td> <td style="width: 33.5%;"><input type="radio"/> 2 Unknown</td> </tr> <tr> <td>Auditory Neuropathy?</td> <td><input type="radio"/> 1 Yes</td> <td><input type="radio"/> 0 No</td> <td><input type="radio"/> 2 Unknown</td> </tr> <tr> <td>Cochlear Implant?</td> <td><input type="radio"/> 1 Yes</td> <td><input type="radio"/> 0 No</td> <td><input type="radio"/> 2 Unknown</td> </tr> </table>				Central Auditory Processing Disorder (CAPD)?	<input type="radio"/> 1 Yes	<input type="radio"/> 0 No	<input type="radio"/> 2 Unknown	Auditory Neuropathy?	<input type="radio"/> 1 Yes	<input type="radio"/> 0 No	<input type="radio"/> 2 Unknown	Cochlear Implant?	<input type="radio"/> 1 Yes	<input type="radio"/> 0 No	<input type="radio"/> 2 Unknown
Central Auditory Processing Disorder (CAPD)?	<input type="radio"/> 1 Yes	<input type="radio"/> 0 No	<input type="radio"/> 2 Unknown												
Auditory Neuropathy?	<input type="radio"/> 1 Yes	<input type="radio"/> 0 No	<input type="radio"/> 2 Unknown												
Cochlear Implant?	<input type="radio"/> 1 Yes	<input type="radio"/> 0 No	<input type="radio"/> 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

- | | |
|---|--|
| <p>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</p> | <p>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 _____</p> |
|---|--|

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

Other Disabilities: Indicate all other documented impairments or disabilities that have a substantial impact on the child's disabilities or educational progress

- Orthopedic/Physical Impairments
- Intellectual/Cognitive Disabilities
- Emotional/Behavioral Disturbance
- Other Health Impaired/Complex Health Care Needs
- Communication/Speech/Language Impairments
- Other Impairments/Disabilities

----Part C---- Birth through 2

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

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 Deceased
 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
 5 Part B eligibility not determined

----Part B---- Children Ages 3-21

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.)

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

Early Childhood Special Education Setting (ages 3 – 5)

- | | |
|--|--|
| <input type="radio"/> 301 In a regular EC program 10+ hours/week with services | <input type="radio"/> 305 Attending a separate class |
| <input type="radio"/> 302 In a regular EC program 10+ hours/week –services elsewhere | <input type="radio"/> 306 Attending a separate school |
| <input type="radio"/> 303 Services in Regular EC Program <10 hours | <input type="radio"/> 307 Attending a residential facility |
| <input type="radio"/> 304 Other Location Regular EC Program <10 hours | <input type="radio"/> 309 Home, at public expense |
| | <input type="radio"/> 310 Home, NOT at public expense |

School Aged Settings (ages 6-21)

- | | |
|--|--|
| <input type="radio"/> 610 Attending the regular class at least 80% of the day | <input type="radio"/> 615 Homebound/Hospital |
| <input type="radio"/> 611 Attending the regular class 40%-79% of the day | <input type="radio"/> 616 Correctional Facilities |
| <input type="radio"/> 612 Attending the regular class less than 40% of the day | <input type="radio"/> 617 Parentally place in private school |
| <input type="radio"/> 613 Attending a separate school | <input type="radio"/> 620 Home School/Remote Learning at public expense |
| <input type="radio"/> 614 Attending a residential facility | <input type="radio"/> 621 Home School/Remote Learning, Not at public expense |

Special Education Status/Part B Exiting

- | | |
|--|---|
| <input type="radio"/> 0 In ECSE or school-aged Special Education Program | <input type="radio"/> 5 Deceased |
| <input type="radio"/> 1 Transferred to regular education | <input type="radio"/> 6 Moved, known to be continuing |
| <input type="radio"/> 2 Graduated with regular diploma | <input type="radio"/> 8 Dropped out |
| <input type="radio"/> 22 Graduated with regular diploma | |
| <input type="radio"/> 3 Received a certificate | |
| <input type="radio"/> 4 Reached maximum age | |

Participation in Statewide Assessments

- | | |
|--|--|
| <input type="radio"/> 1 Regular grade-level state assessment | <input type="radio"/> 3 Alternative assessment/alternative standards |
| <input type="radio"/> 2 Regular grade-level state assessment w/ accommodations | <input type="radio"/> 6 Not yet required |

Deaf-Blind Project Exiting Status

- | | |
|--|--|
| <input type="radio"/> 0 Eligible to receive services from the DB Project | <input type="radio"/> 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 | <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