**2016 Deaf-Blind Child Count Reporting Form**

Please complete and return to:
*Ruth Ann King, WV Department of Education, Building 6 Room 717, 1900 Kanawha Boulevard E., Charleston, WV 26505*

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 or ONLY a hearing impairment. If you have questions about this, feel free to call Ruth Ann King at 304-558-2696 or email raking@k12.wv.us.

Today’s Date:

Status of this Individual’s Report (Please check on): __
- DB __ Complex Needs __Referral

### Part I: Information about individual with deaf-blindness

<table>
<thead>
<tr>
<th>Name First:</th>
<th>Last:</th>
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<table>
<thead>
<tr>
<th>Date of Birth (MM/DD/YYYY)</th>
<th>/</th>
<th>/</th>
<th>Gender:</th>
<th>Male</th>
<th>Female</th>
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</thead>
</table>

**Race/Ethnicity** (Select the ONE that best describes the individual’s race/ethnicity):
- O 1 American Indian/ or Alaska Native
- O 2 Asian
- O 3 Black of African American
- O 4 Hispanic/Latino
- O 5 White
- O 6 Native Hawaiian/Pacific Islander
- O 7 Two or more races

**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 2 Home: Extended Family
- O 3 Home: Foster Parents
- O 4 State Residential Facility
- O 5 Private Residential Facility
- O 6 Group Home (less than 6 residents)
- O 7 Group Home (6 or more residents)
- O 8 Apartment (with non-family members)
- O 555 Other:

<table>
<thead>
<tr>
<th>Parent/Guardian Name 1 First:</th>
<th>Last:</th>
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<tr>
<th>City:</th>
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<tr>
<th>Telephone (With Area Code):</th>
<th>County of Residence:</th>
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<th>Parent/Guardian Name 2 First:</th>
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### 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 2 Legally Blind (visual acuity of 20/200 or less)
- O 3 Light Perception Only
- O 4 Totally Blind
- O 6 Diagnosed Progressive Loss
- O 7 Further Testing Needed or field restriction of 20 degrees
- O 8 Documented Functional Vision Loss

<table>
<thead>
<tr>
<th>Cortical Vision Impairment?</th>
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<tbody>
<tr>
<td>O 1 Yes</td>
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</table>
Primary Classification of Hearing Impairment (Select the ONE that best describes the primary classification of the individual’s hearing impairment):

- O 1 Mild
- O 2 Moderate
- O 3 Moderately Severe
- O 4 Severe
- O 5 Profound
- O 6 Diagnosed Progressive Loss
- O 7 Further Testing Needed
- 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

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):

<table>
<thead>
<tr>
<th>Hereditary/Chromosomal Syndromes and Disorders</th>
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<tbody>
<tr>
<td>101 Aicardi syndrome</td>
</tr>
<tr>
<td>102 Alport syndrome</td>
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<tr>
<td>103 Alstom syndrome</td>
</tr>
<tr>
<td>104 Apert syndrome (Acrocephalosyndactyly, Type 1)</td>
</tr>
<tr>
<td>105 Bardet-Biedl syndrome (Laurence Moon-Biedl)</td>
</tr>
<tr>
<td>106 Batten disease</td>
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<tr>
<td>107 CHARGE Syndrome</td>
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<tr>
<td>108 Chromosome 18, Ring 18</td>
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<tr>
<td>109 Cockayne syndrome</td>
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<tr>
<td>110 Cogan Syndrome</td>
</tr>
<tr>
<td>111 Cornelia de Langle</td>
</tr>
<tr>
<td>112 Cri du chat syndrome (Chromosome 5p- syndrome)</td>
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<tr>
<td>113 Crigler-Najjar syndrome</td>
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<tr>
<td>114 Crouzon syndrome (Craniofacial Dysostosis)</td>
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<tr>
<td>115 Dandy Walker syndrome</td>
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<tr>
<td>116 Down syndrome (Trisomy 21 syndrome)</td>
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<tr>
<td>117 Goldenhar syndrome</td>
</tr>
<tr>
<td>118 Hand-Schuller-Christian (Histiocytosis X)</td>
</tr>
<tr>
<td>119 Hallgren syndrome</td>
</tr>
<tr>
<td>120 Herpes-Zoster (or Hunt)</td>
</tr>
<tr>
<td>121 Hunter Syndrome (MPS II)</td>
</tr>
<tr>
<td>122 Hurler syndrome (MPS I-H)</td>
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<tr>
<td>123 Kearns-Sayre syndrome</td>
</tr>
<tr>
<td>124 Klippel-Feil sequence</td>
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<tr>
<td>125 Klippel-Trenaunay-Weber syndrome</td>
</tr>
<tr>
<td>126 Kniest Dysplasia</td>
</tr>
<tr>
<td>127 Leber congenital amaurosis</td>
</tr>
<tr>
<td>128 Leigh Disease</td>
</tr>
<tr>
<td>129 Marfan syndrome</td>
</tr>
</tbody>
</table>
### Pre-Natal/Congenital Complications

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

### Post-Natal/Non-Congenital Complications

- Asphyxia (301)
- Direct Trauma to the eye and/or ear (302)
- Encephalitis (303)
- Infections (304)
- Meningitis (305)
- Severe Head Injury (306)
- Stroke (307)
- Tumors (308)
- Chemically Induced (309)
- Other (399)

### Related to Prematurity

- Complications of Prematurity (401)

### Undiagnosed

- No Determination of Etiology (501)

### Part III: IDEA

#### 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.)

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

#### Early Intervention Setting

- Home (O 1)
- Community-based Setting (O 2)
- Other Setting (O 3)

#### Special Education Status/Part C Exiting

(Please indicate the ONE code that best describes the individual’s special education program status)

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

#### 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.)

- Intellectual Disability (O 1)
- Hearing Impairment (includes deafness) (O 2)
- Speech or Language Impairment (O 3)
- Visual Impairment (includes blindness) (O 4)
- Emotional Disturbance (O 5)
- Orthopedic Impairment (O 6)
- Other Health Impairment (O 7)
- Specific learning Disability (O 8)
- Deaf-Blindness (O 9)
- Multiple Disabilities (O 10)
- Autism (O 11)
- Traumatic Brain Injury (O 12)
- Developmentally Delayed (age 3 through 9) (O 13)
- Non-Categorical (O 14)
- Not Reported under Part B of IDEA (O 888)
### Early Childhood Special Education Setting (ages 3 – 5)
- O 1 In a regular EC program 10+ hours/week with services
- O 2 In a regular EC program 10+ hours/week – services elsewhere
- O 3 In a regular EC program less than 10 hours/week with services
- O 4+ In a regular EC program less than 10 hours/week – services elsewhere
- O 5 Attending a separate class
- O 6 Attending a separate school
- O 7 Attending a residential facility
- O 8 Service provider location
- O 9 Home

### School-Aged Settings (ages 6-21)
- O 8 Parentally place in private school
- O 9 Attending the regular class at least 80% of the day
- O 10 Attending the regular class 40%-79% of the day
- O 11 Attending the regular class less than 40% of the day
- O 12 Attending a separate school
- O 13 Attending a residential facility
- O 14 Homebound/Hospital
- O 15 Correctional Facilities

### Special Education Status/Part B Exiting
- O 0 In ECSE or school-aged Special Education Program
- O 1 Transferred to regular education
- O 2 Graduated with regular diploma
- O 3 Received a certificate
- O 4 Reached maximum age
- O 5 Died
- O 6 Moved, known to be continuing
- O 7 (intentionally not used)
- O 8 Dropped out

### Participation in Statewide Assessments
- O 1 Regular grade-level state assessment
- O 2 Regular grade-level state assessment w/ accommodations
- O 3 Alternative assessments aligned w/grade level standards
- O 4 Alternative assessment/alternative standards
- O 5 Modified achievement standards
- O 6 Not yet required

### 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
- Has a 1:1
  - O 1 Yes
  - O 0 No
  - O 2 Unknown

### School Information
- Agency/School/County: 
- Street Address: 
- City: 
- State: 
- ZIP Code: 
- Telephone Number: 
- Fax Number: 
- Teacher’s Name and Email: 
- Additional Team Member/Discipline/Email:
- Additional Team Member/Discipline/Email:
- Additional Team Member/Discipline/Email:
- Additional Team Member/Discipline/Email:

Please return this form and the appropriate Permission for Release Form (if already returned by the individual or parent/guardian, by April 7, 2017. Send to: Ruth Ann King, WV Department of Education, Building 6, Room 717, 1900 Kanawha Boulevard, E., Charleston, WV 25305.

If you have questions, please call Ruth Ann King at 304-558-2696 or email at raking@k12.wv.us