

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

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):☐ 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**Living Setting** (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)

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):☐ 1 Low Vision (visual acuity of 20/70 to 20/200>)☐ 2 Legally Blind (visual acuity of 20/200 or less)☐ 3 Light Perception Only☐ 4 Totally Blind☐ 6 Diagnosed Progressive Loss☐ 7 Further Testing Needed or field restriction of 20 degrees)☐ 8 Documented Functional Vision Loss

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="radio"/> 1 Mild | <input type="radio"/> 5 Profound |
| <input type="radio"/> 2 Moderate | <input type="radio"/> 6 Diagnosed Progressive Loss |
| <input type="radio"/> 3 Moderately Severe | <input type="radio"/> 7 Further Testing Needed |
| <input type="radio"/> 4 Severe | <input type="radio"/> 9 Documented Functional Hearing Loss |

- | | | | |
|--|-----------------------------|----------------------------|---------------------------------|
| 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

- | | |
|--|--|
| 101 Aicardi syndrome | 130 Marshall syndrome |
| 102 Alport syndrome | 131 Maroteaux-Lamy syndrome (MPS VI) |
| 103 Alstrom syndrome | 132 Moebius syndrome |
| 104 Apert syndrome (Acrocephalosyndactyly, Type 1) | 133 Monosomy 10p |
| 105 Bardet-Biedl syndrome (Laurence Moon-Biedl) | 134 Morquio syndrome (MPS IV-B) |
| 106 Batten disease | 135 NF1 - Neurofibromatosis (von Recklinghausen) |
| 107 CHARGE Syndrome | 136 NF2 - Bilateral Acoustic Neurofibromatosis |
| 108 Chromosome 18, Ring 18 | 137 Norrie disease |
| 109 Cockayne syndrome | 138 Optico-Cochleo-Dentate Degeneration |
| 110 Cogan Syndrome | 139 Pfeiffer syndrome |
| 111 Cornelia de Lange | 140 Prader-Willi |
| 112 Cri du chat syndrome (Chromosome 5p- syndrome) | 141 Pierre-Robin syndrome |
| 113 Crigler-Najjar syndrome | 142 Refsum syndrome |
| 114 Crouzon syndrome (Craniofacial Dysostosis) | 143 Scheie syndrome (MPS I-S) |
| 115 Dandy Walker syndrome | 144 Smith-Lemli-Opitz (SLO) syndrome |
| 116 Down syndrome (Trisomy 21 syndrome) | 145 Stickler syndrome |
| 117 Goldenhar syndrome | 146 Sturge-Weber syndrome |
| 118 Hand-Schuller-Christian (Histiocytosis X) | 147 Treacher Collins syndrome |
| 119 Hallgren syndrome | 148 Trisomy 13 (Trisomy 13-15, Patau syndrome) |
| 120 Herpes-Zoster (or Hunt) | 149 Trisomy 18 (Edwards syndrome) |
| 121 Hunter Syndrome (MPS II) | 150 Turner syndrome |
| 122 Hurler syndrome (MPS I-H) | 151 Usher I syndrome |
| 123 Kearns-Sayre syndrome | 152 Usher II syndrome |
| 124 Klippel-Feil sequence | 153 Usher III syndrome |
| 125 Klippel-Trenaunay-Weber syndrome | 154 Vogt-Koyanagi-Harada syndrome |
| 126 Kniest Dysplasia | 155 Waardenburg syndrome |
| 127 Leber congenital amaurosis | 156 Wildervanck syndrome |
| 128 Leigh Disease | 157 Wolf-Hirschhorn syndrome (Trisomy 4p) |
| 129 Marfan syndrome | 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.) <input type="radio"/> 1 At-risk <input type="radio"/> 2 Developmentally Delayed <input type="radio"/> 888 Not Reported under Part C of IDEA	

Early Intervention Setting <input type="radio"/> 1 Home <input type="radio"/> 2 Community-based Setting <input type="radio"/> 3 Other Setting	
Special Education Status/Part C Exiting (Please indicate the ONE code that best describes the individual's special education program status) <input type="radio"/> 0 In a Part C early intervention program <input type="radio"/> 1 Completion of IFSP prior to reaching max age For Part C <input type="radio"/> 2 Eligible for IDEA, Part B <input type="radio"/> 3 Not eligible for Part B, referral to other program <input type="radio"/> 4 Not eligible for Part B, exit w/no referral <input type="radio"/> 5 Part B eligibility not determined <input type="radio"/> 6 Died <input type="radio"/> 7 Moved out of state <input type="radio"/> 8 Withdrawn by parent/guardian <input type="radio"/> 9 Attempts to reach parent/guardian and/or child unsuccessful	
-----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.) <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"/> 5 Attending a separate class <input type="radio"/> 6 Attending a separate school <input type="radio"/> 7 Attending a residential facility <input type="radio"/> 8 Service provider location <input type="radio"/> 9 Home	
<input type="radio"/> 1 In a regular EC program 10+ hours/week with services <input type="radio"/> 2 In a regular EC program 10+ hours/week –services elsewhere <input type="radio"/> 3 In a regular EC program less than 10 hours/week with services <input type="radio"/> 4+ In a regular EC program less than 10 hours/week – services elsewhere			
School-Aged Settings (ages 6-21)		<input type="radio"/> 12 Attending a separate school <input type="radio"/> 13 Attending a residential facility <input type="radio"/> 14 Homebound/Hospital <input type="radio"/> 15 Correctional Facilities	
<input type="radio"/> 8 Parentally place in private school <input type="radio"/> 9 Attending the regular class at least 80% of the day <input type="radio"/> 10 Attending the regular class 40%-79% of the day <input type="radio"/> 11 Attending the regular class less than 40% of the day			
Special Education Status/Part B Exiting			
<input type="radio"/> 0 In ECSE or school-aged Special Education Program <input type="radio"/> 1 Transferred to regular education <input type="radio"/> 2 Graduated with regular diploma <input type="radio"/> 3 Received a certificate <input type="radio"/> 4 Reached maximum age		<input type="radio"/> 5 Died <input type="radio"/> 6 Moved, known to be continuing <input type="radio"/> 7 (intentionally not used) <input type="radio"/> 8 Dropped out	
Participation in Statewide Assessments			
<input type="radio"/> 1 Regular grade-level state assessment <input type="radio"/> 2 Regular grade-level state assessment w/ accommodations <input type="radio"/> 3 Alternative assessments aligned w/grade level standards		<input type="radio"/> 4 Alternative assessment/alternative standards <input type="radio"/> 5 Modified achievement standards <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/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			