

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

2025 Deaf-Blind Child Count Reporting Form



Please complete and return by February 3, 2026 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 deafblindness

Name First:

Last:

Date of Birth (MM/DD/YYYY):

/ /

Gender: Male ____ Female ____

Ethnicity (Select the ONE that best describes the individual's race/ethnicity):

Is the student Hispanic/Latino

0 No

1 Yes

Race

1 American Indian/or Alaska Native

5 White

7 Two or more races

2 Asian

6 Native Hawaiian/Pacific Islander

999 Unknown

3 Black or African American

5 White

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

1 Home: Birth/Adoptive Parents

9 Pediatric Nursing Home

2 Home: Extended Family

10 Community Residence (Includes group home/supported apartment)

3 Home: Foster Parents

555 Other: _____

4 State Residential Facility

999 Unknown/Missing

5 Private Residential Facility

Primary Language in the Home:

1 English

9 Other: _____

2 Spanish

999 Unknown/Missing

3 ASL

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

Primary Classification of Visual Impairment (Select the ONE that best describes the primary classification of the individual's visual impairment):

- | | |
|---|-------------------------------------|
| 1 Low Vision | 6 Diagnosed Progressive Loss |
| 2 Legally Blind (visual acuity of 20/200 or less, or field restriction of 20 degrees) | 7 Further Testing Needed |
| 3 Light Perception Only | 9 Documented Functional Vision Loss |
| 4 Totally Blind | |

Cerebral/Cortical Vision Impairment?

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

Corrective Lenses?

- | | | |
|-------|------|-----------|
| 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 loss):

- | | |
|-------------------------------------|--------------------------------------|
| 1 Mild (26-40 dB loss) | 5 Profound (91+ dB loss) |
| 2 Moderate (41-55 dB loss) | 6 Diagnosed Progressive Loss |
| 3 Moderately Severe (56-70 dB loss) | 7 Further Testing Needed |
| 4 Severe (71-90 dB loss) | 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
-------------------	-------	------	-----------

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

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	Related to Prematurity
302	Direct trauma to the eye and/or ear	307	Stroke		Complications of prematurity
303	Encephalitis	308	Tumors	501	Undiagnosed
304	Infections	309	Chemically induced		No determination of etiology
305	Meningitis	399	Other _____		

Complications of Prematurity

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

Other Health Impaired/Complex Health Care Needs

Intellectual/Cognitive Disabilities

Communication/Speech/Language Impairments

Emotional/Behavioral Disturbance

Other Impairments/Disabilities

Educational Supports

Additional Assistive Technology (other than corrective lenses or listening devices):

1 Yes

0 No

Unknown

Intervener Services or one-on-one that provides the following.

Intervener services provide access to information and communication and facilitate the development of social and emotional well-being for children who are deaf-blind. In educational environments, intervener services are provided by an individual, typically a paraeducator, who has received specialized training in deaf-blindness and the process of intervention. An intervener provides consistent one-to-one support to a student who is deaf-blind (age 3 through 21 or as mandated by state regulations) throughout the instructional day.

Working under the direction of a student's classroom teacher or other individual responsible for ensuring the implementation of a student's IEP, an intervener's primary roles are to:

- Provide consistent access to instruction and environmental information usually gained by typical students through vision and hearing, but unavailable or incomplete to an individual who is deaf-blind
- Facilitate concept development
- Provide access to and/or assist in the development and use of receptive and expressive communication skills
- Facilitate the development and maintenance of trusting, interactive relationships that promote social and emotional well-being
- Provide support to form relationships with others and increase social connections and participation in activities

1 Yes

0 No

Unknown

IDEA Service			
1 Part C	2 Part B	3 Not Receiving IDEA Part B or C	4 504 Plan
Part C Birth through 2			
Part C Category Code <i>(Please indicate the primary category code under which the individual was reported on the Part C, IDEA Child Count – Select only ONE.)</i>			
1 At-risk	2 Developmentally delayed	888 Not reported under Part C of IDEA	777 Not applicable
Early Intervention Setting (Birth Through 2)			
1 Home	2 Community-based setting	3 Other setting	
888 Not served under Part C of IDEA	777 Not applicable		
Special Education Status/Part C Exiting <i>(Please indicate the ONE code that best describes the individual's special education program status):</i>			
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		888 Not served under Part C	
5 Part B eligibility not determined		777 Not applicable	
Part B Children Ages 3-21			
Part B Category Code <i>(Please indicate the primary category code under which the individual was reported on the Part B, IDEA Child Count – Select only ONE.)</i>			
1 Intellectual Disability	6 Orthopedic Impairment	11 Autism	
2 Hearing Impairment <i>(includes deafness)</i>	7 Other Health Impairment	12 Traumatic Brain Injury	
3 Speech or Language Impairment	8 Specific learning Disability	13 Developmentally Delayed <i>(age 3 -9)</i>	
4 Visual Impairment <i>(includes blindness)</i>	9 Deaf-Blindness	14 Non-Categorical	
5 Emotional Disturbance	10 Multiple Disabilities	888 Not reported under Part B of IDEA	
Early Childhood Special Education Setting <i>(ages 3 – 5)</i>			
301 In a regular EC program 10+ hours/week with services		307 Attending a residential facility	
302 In a regular EC program 10+ hours/week –services elsewhere		309 Home, at public expense	
303 Services in regular EC program <10 hours		310 Home, NOT at public expense	
304 Other location regular EC program <10 hours		888 Not served under Part B	
305 Attending a separate class		999 Unknown/missing	
306 Attending a separate school			

School Aged Settings *(ages 6-21)*

- | | |
|--|--|
| 610 Attending the regular class at least 80% of the day | 616 Correctional Facilities |
| 611 Attending the regular class 40%-79% of the day | 617 Parentally place in private school |
| 612 Attending the regular class less than 40% of the day | 620 Home School/Remote Learning at public expense |
| 613 Attending a separate school | 621 Home School/Remote Learning, not at public expense |
| 614 Attending a residential facility | 888 Not served under Part B |
| 615 Homebound/Hospital | |

Special Education Status/Part B Exiting

- | | |
|-------------------------------------|---------------------------------|
| 0 Not exited – In Special Education | 4 Reached maximum age |
| 1 Transferred to regular education | 5 Deceased |
| 2 Graduated with regular diploma | 6 Moved, known to be continuing |
| 22 Graduated with alternate diploma | 8 Dropped out |
| 3 Received a certificate | |

Participation in Statewide Assessments

- | | |
|--|--------------------|
| 1 Regular grade-level state assessment | 6 Not yet required |
| 2 Regular grade-level state assessment with accommodations | 7 Parent opted out |
| 3 Alternative assessment/alternative standards | |

Deaf-Blind Project Exiting Status

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

School Information

Agency/School:

Street Address:

City:

State:

ZIP Code:

Telephone *(With Area Code)*:

Fax Number:

Teacher's Name:

Teacher's Email:

School District: