

# 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](mailto: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 <input type="checkbox"/> Female <input type="checkbox"/>
<b>Ethnicity</b> (Select the ONE that best describes the individual's race/ethnicity):		
Is the student Hispanic/Latino		
0 No	1 Yes	
<b>Race</b>		
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	
<b>Living Setting</b> (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		
<b>Primary Language in the Home:</b>		
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
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### Corrective Lenses?

1 Yes	0 No	2 Unknown
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### 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 (Acrocephalosyndactyly, Type 1)	123	Kearns-Sayre syndrome	143	Scheie syndrome (MPS I-S)
105	Bardet-Biedl syndrome (Laurence Moon-Biedl)	124	Klippel-Feil sequence	144	Smith-Lemli-Opitz (SLO) syndrome
106	Batten disease	125	Klippel-Trenaunay-Weber syndrome	145	Stickler syndrome
107	CHARGE syndrome	126	Kniest dysplasia	146	Sturge-Weber syndrome
108	Chromosome 18, Ring 18	127	Leber congenital amaurosis	147	Treacher Collins syndrome
109	Cockayne syndrome	128	Leigh disease	148	Trisomy 13 (Trisomy 13-15, Patau syndrome)
110	Cogan syndrome	129	Marfan syndrome	149	Trisomy 18 (Edwards syndrome)
111	Cornelia de Lange	130	Marshall syndrome	150	Turner syndrome
112	Cri du chat syndrome (Chromosome 5p- syndrome)	131	Maroteaux-Lamy syndrome (MPS VI)	151	Usher I syndrome
113	Crigler-Najjar syndrome	132	Moebius syndrome	152	Usher II syndrome
114	Crouzon syndrome (Craniofacial Dysostosis)	133	Monosomy 10p	153	Usher III syndrome
115	Dandy Walker syndrome	134	Morquio syndrome (MPS IV-B)	154	Vogt-Koyanagi-Harada syndrome
116	Down syndrome (Trisomy 21 syndrome)	135	NF1 - Neurofibromatosis (von Recklinghausen disease)	155	Waardenburg syndrome
117	Goldenhar syndrome	136	NF2 - Bilateral acoustic neurofibromatosis	156	Wildervanck syndrome
118	Hand-Schuller-Christian (Histiocytosis X)	137	Norrie disease	157	Wolf-Hirschhorn syndrome (Trisomy 4p)
119	Hallgren syndrome	138	Optico-cochleo-dentate degeneration	199	Other: _____
		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	<b>Related to Prematurity</b>
302	Direct trauma to the eye and/or ear	307	Stroke		Complications of prematurity
303	Encephalitis	308	Tumors	501	<b>Undiagnosed</b>
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** (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

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** (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

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** (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

6 Orthopedic Impairment

11 Autism

2 Hearing Impairment (*includes deafness*)

7 Other Health Impairment

12 Traumatic Brain Injury

3 Speech or Language Impairment

8 Specific learning Disability

13 Developmentally Delayed (*age 3-9*)4 Visual Impairment (*includes blindness*)

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 (ages 3 - 5)**

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 &lt;10 hours

310 Home, NOT at public expense

304 Other location regular EC program &lt;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
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**School Information**

Agency/School:

Street Address:

City:

State:

ZIP Code:

Telephone (With Area Code):

Fax Number:

Teacher's Name:

Teacher's Email:

School District: