

2020 Deaf-Blind Child Count Reporting Form – for submission 2021

Please complete and return to:

Mary Anne Clendenin, 1900 Kanawha Blvd. E. Bldg. 6, Rm. 700 Charleston, WV 26505

If you have questions please contact Mary Anne Clendenin, 304-822-6660, mclenden@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):☐ 1 American Indian/ or Alaska Native☐ 5 White☐ 2 Asian☐ 6 Native Hawaiian/Pacific Islander☐ 3 Black or 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): ☐ 0☐ 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>)☐ 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

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):☐ 1 Mild☐ 5 Profound☐ 2 Moderate☐ 6 Diagnosed Progressive Loss☐ 3 Moderately Severe☐ 7 Further Testing Needed☐ 4 Severe☐ 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 disease)
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	Post-Natal/Non-Congenital Complications
201 Congenital Rubella	301 Asphyxia
202 Congenital Syphilis	302 Direct Trauma to the eye and/or ear
203 Congenital Toxoplasmosis	303 Encephalitis
204 Cytomegalovirus (CMV)	304 Infections
205 Fetal Alcohol syndrome	305 Meningitis
206 Hydrocephaly	306 Severe Head Injury
207 Maternal Drug Use	307 Stroke
208 Microcephaly	308 Tumors
209 Neonatal Herpes Simplex (HSV)	309 Chemically Induced
299 Other _____	399 Other _____
Related to Prematurity	Undiagnosed
401 Complications of Prematurity	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.)

O 1 At-risk

O 2 Developmentally Delayed

O 888 Not Reported under Part C of IDEA

Early Intervention Setting

O 1 Home

O 2 Community-based Setting

O 3 Other Setting

Special Education Status/Part C Exiting (Please indicate the ONE code that best describes the individual's special education program status)

O 0 In a Part C early intervention program

O 6 Died

O 1 Completion of IFSP prior to reaching max age
For Part C

O 7 Moved out of state

O 2 Eligible for IDEA, Part B

O 8 Withdrawn by parent/guardian

O 3 Not eligible for Part B, referral to other program

O 9 Attempts to reach parent/guardian and/or child
unsuccessful O 5 Part B eligibility notO 4 Not eligible for Part B, exit w/no referral
determined**Early Intervention Setting**

O 1 Home

O 2 Community-based Setting

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unsuccessful O 5 Part B eligibility notO 4 Not eligible for Part B, exit w/no referral
determined**----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.)

O 1 Intellectual Disability

O 9 Deaf-Blindness

O 2 Hearing Impairment (includes deafness)

O 10 Multiple Disabilities

O 3 Speech or Language Impairment

O 11 Autism

O 4 Visual Impairment (includes blindness)

O 12 Traumatic Brain Injury

O 5 Emotional Disturbance

O 13 Developmentally Delayed (age 3 through 9)

O 6 Orthopedic Impairment

O 14 Non-Categorical

O 7 Other Health Impairment

O 888 Not Reported under Part B of IDEA

O 8 Specific learning Disability

Early Childhood Special Education Setting (ages 3 – 5)

O 1 In a regular EC program 10+ hours/week with services

O 5 Attending a separate class

O 2 In a regular EC program 10+ hours/week –services elsewhere

O 6 Attending a separate school

O 3 In a regular EC program less than 10 hours/week with services

O 7 Attending a residential facility

O 3 In a regular EC program less than 10 hours/week – services elsewhere

O 8 Service provider location

O 9 Home

School Aged Settings (ages 6-21)

- | | |
|---|--|
| <input type="radio"/> 9 Attending the regular class at least 80% of the day | <input type="radio"/> 13 Attending a residential facility |
| <input type="radio"/> 10 Attending the regular class 40%-79% of the day | <input type="radio"/> 14 Homebound/Hospital |
| <input type="radio"/> 11 Attending the regular class less than 40% of the day | <input type="radio"/> 15 Correctional Facilities |
| <input type="radio"/> 12 Attending a separate school | <input type="radio"/> 8 Parentally place in private school |

Special Education Status/Part B Exiting

- | | |
|--|---|
| <input type="radio"/> 0 In ECSE or school-aged Special Education Program | <input type="radio"/> 5 Died |
| <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"/> 7 (intentionally not used) |
| <input type="radio"/> 3 Received a certificate | <input type="radio"/> 8 Dropped out |
| <input type="radio"/> 4 Reached maximum age | |

Participation in Statewide Assessments

- | | |
|---|--|
| <input type="radio"/> 1 Regular grade-level state assessment | <input type="radio"/> 4 Alternative assessment/alternative standards |
| <input type="radio"/> 2 Regular grade-level state assessment w/ accommodations | <input type="radio"/> 5 Modified achievement standards |
| <input type="radio"/> 3 Alternative assessments aligned w/grade level 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:

Street Address:

City:

State:

ZIP Code:

Telephone Number

Fax Number:

Teacher's Name

Teacher's Email

School District

Please return this form by April 7, 2021.