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

2020 Deaf-Blind Child Count Reporting Form

Name/Position of Individual Completing Form:

Today's Date: Best Contact Phone:

Best Contact Email:

Part I: Information about individual with deaf-blindness

Name First: Last:

Date of Birth (MM/DD/YYYY) **Gender:** ☐ Male ☐ Female

Race/Ethnicity (Select the category that best describes the individual's race AND answer the ethnicity question):

☐ 1 American Indian/ or Alaska Native
☐ 2 Asian
☐ 3 Black of African American
☐ 5 White
☐ 6 Native Hawaiian/Pacific Islander
☐ 7 Two or more races

Does this child/family identify as Hispanic/Latino? ☐ Yes / No ☐

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

☐ 1 Home: Birth/Adoptive Parents
☐ 2 Home: Extended Family
☐ 3 Home: Foster Parents
☐ 4 State Residential Facility
☐ 5 Private Residential Facility
☐ 9 Pediatric Nursing Home
☐ 10 Community residence (includes group home/supported living apartment

Other:

Parent/Guardian Name First: Last:

City: ZIP Code: Email:

Telephone (With Area Code) County of Residence:

Part II: Individual's Medical Background/Disabilities

Primary Classification of Visual Impairment (Select the ONE ACUITY LEVEL 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, or field restriction of 20 degrees)
☐ 3 Light Perception Only
☐ 4 Totally Blind
☐ 6 Diagnosed Progressive Loss
☐ 7 Further Testing Needed
☐ 9 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):

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

Orthopedic/Physical Impairments	☐ 1 Yes	☐ 0 No	Cognitive Impairments	☐ 1 Yes	☐ 0 No
Behavioral Disorders	☐ 1 Yes	☐ 0 No	Complex Health Care	☐ 1 Yes	☐ 0 No
Communication Impairments	☐ 1 Yes	☐ 0 No	Other	☐ 1 Yes	☐ 0 No

Etiology: Please **REPORT** the number and name of **ONE etiology** from the list below that best describes the **primary etiology** of the individual's **primary disability**. (Each category includes"Other" with a fill-in text box.)

Etiology:

Hereditary/Chromosomal Syndromes and Disorders

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

Hereditary/Chromosomal Syndromes and Disorders

130 Marshall syndrome
131 Maroteaux-Lamy syndrome (MPS VI)
132 Moebius syndrome
133 Monosomy 10p
134 Morquio syndrome (MPS IV-B)
135 NF1 - Neurofibromatosis (von Recklinghausen disease)
136 NF2 - Bilateral Acoustic Neurofibromatosis
137 Norrie disease
138 Optico-Cochleo-Dentate Degeneration
139 Pfieffer syndrome
140 Prader-Willi
141 Pierre-Robin syndrome
142 Refsum syndrome
143 Scheie syndrome (MPS I-S)
144 Smith-Lemli-Opitz (SLO) syndrome
145 Stickler syndrome
146 Sturge-Weber syndrome
147 Treacher Collins syndrome
148 Trisomy 13 (Trisomy 13-15, Patau syndrome)
149 Trisomy 18 (Edwards syndrome)
150 Turner syndrome
151 Usher I syndrome
152 Usher II syndrome
153 Usher III syndrome
154 Vogt-Koyanagi-Harada syndrome
155 Waardenburg syndrome
156 Wildervanck syndrome
157 Wolf-Hirschhorn syndrome (Trisomy 4p)
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: Please provide information on the individual's Part C *OR* Part B status

-----Part C (Birth through age 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

Early Intervention Setting

☐1 Home ☐2 Community-based Setting ☐3 Other Setting

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

-----Part B (Ages 3 through 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
☐2 Hearing Impairment (includes deafness)
☐3 Speech or Language Impairment
☐4 Visual Impairment (includes blindness)
☐5 Emotional Disturbance
☐6 Orthopedic Impairment
☐7 Other Health Impairment
☐8 Specific learning Disability
☐9 Deaf-Blindness
☐10 Multiple Disabilities
☐11 Autism
☐12 Traumatic Brain Injury
☐13 Developmentally Delayed (age 3 through 9)
☐14 Non-Categorical
☐888 Not Reported under Part B of IDEA

Early Childhood Special Education Setting (ages 3 – 5)

☐1 In a regular EC program 10^{+} hours/week with ESE services there
☐2 In a regular EC program 10^{+} hours/week – ESE services elsewhere
☐3 In a regular EC program less than 10 hours/week with services there
☐4 In a regular EC program less than 10 hours/week – services elsewhere
☐5 Attending a separate class
☐6 Attending a separate school
☐7 Attending a residential facility
☐9 Home

School Aged Settings (ages 6-21)

☐10 Attending the regular class at least 80% of the day
☐11 Attending the regular class 40%-79% of the day
☐12 Attending the regular class less than 40% of the day
☐13 Attending a separate school
☐15 Homebound/Hospital
☐16 Correctional Facilities
☐ 17 Parentally place in private school
☐ **Remote Learning through public school district**

Special Education Status/Part B Exiting

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

Participation in Statewide Assessments

☐1 Regular grade-level state assessment O *4 Not Used*
☐2 Regular grade-level state assessment w/accommodations O *5 Not Used*
☐3 Alternative assessment ☐ 6 Not required at age or grade level ☐ Parent Opt Out

Assistive Technology

Corrective Lenses	☐1 Yes	☐0 No	☐2 Unknown
Assistive Listening Devices	☐1 Yes	☐0 No	☐2 Unknown
Additional Assistive Technology	☐1 Yes	☐0 No	☐2 Unknown

Intervener Services: 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) throughout the instructional day.

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

- provide consistent access to instruction and environmental information that is usually gained by typical students through vision and hearing, but that is unavailable or incomplete to an individual who is deaf-blind;
- 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; and,
- provide support to help a student form relationships with others and increase social connections and participation in activities.

Receiving Intervener Services	☐1 Yes	☐0 No	☐2 Unknown

School Information

Agency/School:	
Street Address:	
City:	ZIP Code:
Telephone Number	Fax Number:
Classroom Teacher's Name:	
Teacher's Email	
School District	

Please return this form **by fax to 352 – 273 – 8539**

Or by mail to :

Shelly Voelker, Ed.D.
FAVI Deaf-Blind Collaborative
University of Florida
10724 Highway 441 South
Micanopy, FL 32667

If you have questions, **please call Shelly at 352 - 275 - 9505**

Thank you for completing this form!