

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):

- | | |
|-----------------------------------------------------------|----------------------------------------------------------|
| <input type="radio"/> 1 American Indian/ or Alaska Native | <input type="radio"/> 5 White |
| <input type="radio"/> 2 Asian | <input type="radio"/> 6 Native Hawaiian/Pacific Islander |
| <input type="radio"/> 3 Black of African American | <input type="radio"/> 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):

- | | | |
|------------------------------------------------------|--------------------------------------------------------|--------------|
| <input type="radio"/> 1 Home: Birth/Adoptive Parents | <input type="radio"/> 5 Private Residential Facility | Other: _____ |
| <input type="radio"/> 2 Home: Extended Family | <input type="radio"/> 9 Pediatric Nursing Home | |
| <input type="radio"/> 3 Home: Foster Parents | <input type="radio"/> 10 Community residence (includes | |
| <input type="radio"/> 4 State Residential Facility | group home/supported living apartment | |

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):

- | | |
|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| <input type="radio"/> 1 Low Vision (visual acuity of 20/70 to 20/200) | <input type="radio"/> 6 Diagnosed Progressive Loss |
| <input type="radio"/> 2 Legally Blind (visual acuity of 20/200 or less, or field restriction of 20 degrees) | <input type="radio"/> 7 Further Testing Needed |
| <input type="radio"/> 3 Light Perception Only | <input type="radio"/> 9 Documented Functional Vision Loss |
| <input type="radio"/> 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):

- | | |
|-----------------------------------------------------------|------------------------------------------------------------|
| <input type="radio"/> 1 Mild (26-40dB loss) | <input type="radio"/> 5 Profound (91+ dB loss) |
| <input type="radio"/> 2 Moderate (41-55 dB loss) | <input type="radio"/> 6 Diagnosed Progressive Loss |
| <input type="radio"/> 3 Moderately Severe (56-70 dB loss) | <input type="radio"/> 7 Further Testing Needed |
| <input type="radio"/> 4 Severe (71-90 dB loss) | <input type="radio"/> 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 Pfeiffer 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.)			
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 4 Not eligible for Part B, exit w/no referral			
O 5 Part B eligibility not determined			
-----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.)			
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 ESE services there		O 5 Attending a separate class	
O 2 In a regular EC program 10+ hours/week – ESE services elsewhere		O 6 Attending a separate school	
O 3 In a regular EC program less than 10 hours/week with services there		O 7 Attending a residential facility	
O 4 In a regular EC program less than 10 hours/week – services elsewhere		O 9 Home	
School Aged Settings (ages 6-21)			
O 10 Attending the regular class at least 80% of the day		15 Homebound/Hospital	
O 11 Attending the regular class 40%-79% of the day		O 16 Correctional Facilities	
O 12 Attending the regular class less than 40% of the day		O 17 Parentally place in private school	
O 13 Attending a separate school		Remote Learning through public school district	
Special Education Status/Part B Exiting			
O 0 In ECSE or school-aged Special Education Program		O 5 Died	
O 1 Transferred to regular education		O 6 Moved, known to be continuing	
O 2 Graduated with regular diploma		O 7 (intentionally not used)	
O 3 Received a certificate		O 8 Dropped out	
O 4 Reached maximum age			
Participation in Statewide Assessments			
O 1 Regular grade-level state assessment		O 4 Not Used	
O 2 Regular grade-level state assessment w/accommodations		O 5 Not Used	
O 3 Alternative assessment		O 6 Not required at age or grade level	
		O Parent Opt Out	
Assistive Technology			
Corrective Lenses	O 1 Yes	O 0 No	O 2 Unknown
Assistive Listening Devices	O 1 Yes	O 0 No	O 2 Unknown
Additional Assistive Technology	O 1 Yes	O 0 No	O 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:

State:

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!