

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)

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/

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☐ 5 White☐ 2 Asian☐ 6 Native Hawaiian/Pacific Islander☐ 3 Black of African American☐ 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☐ 5 Private Residential Facility

Other:

☐ 2 Home: Extended Family☐ 9 Pediatric Nursing Home☐ 3 Home: Foster Parents☐ 10 Community residence (includes☐ 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):☐ 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 BlindCortical 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)☐ 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

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:

<p>Hereditary/Chromosomal Syndromes and Disorders</p> <p>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</p>	<p>Hereditary/Chromosomal Syndromes and Disorders</p> <p>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 _____</p>
<p>Pre-Natal/Congenital Complications</p> <p>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 _____</p>	<p>Post-Natal/Non-Congenital Complications</p> <p>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 _____</p>
<p>Related to Prematurity</p> <p>401 Complications of Prematurity</p>	<p>Undiagnosed</p> <p>501 No Determination of Etiology</p>

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.)			
<input type="radio"/> 1 At-risk		<input type="radio"/> 2 Developmentally Delayed	
		<input type="radio"/> 888 Not Reported under Part C of IDEA	
Early Intervention Setting			
<input type="radio"/> 1 Home		<input type="radio"/> 2 Community-based Setting	
		<input type="radio"/> 3 Other Setting	
Special Education Status/Part C Exiting (Please indicate the ONE code that best describes the individual's special education program status)			
<input type="radio"/> 0 In a Part C early intervention program		<input type="radio"/> 6 Died	
<input type="radio"/> 1 Completion of IFSP prior to reaching max age For Part C		<input type="radio"/> 7 Moved out of state	
<input type="radio"/> 2 Eligible for IDEA, Part B		<input type="radio"/> 8 Withdrawn by parent/guardian	
<input type="radio"/> 3 Not eligible for Part B, referral to other program		<input type="radio"/> 9 Attempts to reach parent/guardian and/or child unsuccessful	
<input type="radio"/> 4 Not eligible for Part B, exit w/no referral			
<input type="radio"/> 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.)			
<input type="radio"/> 1 Intellectual Disability		<input type="radio"/> 9 Deaf-Blindness	
<input type="radio"/> 2 Hearing Impairment (includes deafness)		<input type="radio"/> 11 Autism	
<input type="radio"/> 3 Speech or Language Impairment		<input type="radio"/> 12 Traumatic Brain Injury	
<input type="radio"/> 4 Visual Impairment (includes blindness)		<input type="radio"/> 13 Developmentally Delayed (age 3 through 9)	
<input type="radio"/> 5 Emotional Disturbance		<input type="radio"/> 14 Non-Categorical	
<input type="radio"/> 6 Orthopedic Impairment		<input type="radio"/> 888 Not Reported under Part B of IDEA	
<input type="radio"/> 7 Other Health Impairment			
<input type="radio"/> 8 Specific learning Disability			
Early Childhood Special Education Setting (ages 3 – 5)			
<input type="radio"/> 1 In a regular EC program 10+ hours/week with ESE services there		<input type="radio"/> 5 Attending a separate class	
<input type="radio"/> 2 In a regular EC program 10+ hours/week – ESE services elsewhere		<input type="radio"/> 6 Attending a separate school	
<input type="radio"/> 3 In a regular EC program less than 10 hours/week with services there		<input type="radio"/> 7 Attending a residential facility	
<input type="radio"/> 4 In a regular EC program less than 10 hours/week – services elsewhere		<input type="radio"/> 9 Home	
School Aged Settings (ages 6-21)			
<input type="radio"/> 10 Attending the regular class at least 80% of the day		<input type="radio"/> 15 Homebound/Hospital	
<input type="radio"/> 11 Attending the regular class 40%-79% of the day		<input type="radio"/> 16 Correctional Facilities	
<input type="radio"/> 12 Attending the regular class less than 40% of the day		<input type="radio"/> 17 Parentally place in private school	
<input type="radio"/> 13 Attending a separate school		Remote Learning through public school district	
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 Not Used	
<input type="radio"/> 2 Regular grade-level state assessment w/accommodations		<input type="radio"/> 5 Not Used	
<input type="radio"/> 3 Alternative assessment		<input type="radio"/> 6 Not required at age or grade level	
		<input type="radio"/> Parent Opt Out	
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: 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!