

# National Deaf-Blind Census: Individual Entry Form

- New  Male  
 Update  
 No change  Female

**FORM TO BE COMPLETED BY THE STUDENT'S TEACHER OR TEAM MEMBER**

\_\_\_\_\_  
 Student's Last Name                      Student's First Name                      School District

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\_\_\_\_\_  
 Address

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\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
 City                                      State                                      Zip Code

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\_\_\_\_\_                                      \_\_\_\_\_  
 Parent(s)/Guardian                                      Phone

No longer in district. Moved to: \_\_\_\_\_

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SSID# \_\_\_\_\_  
(10 digit student ID#)

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Date of Birth: \_\_\_\_\_  
/                      /  
 Month      Day      Year

<b>PRIMARY IDENTIFIED ETIOLOGY:</b> <input style="width: 40px; height: 20px;" type="checkbox"/> <b>Select ONE from the list below that best describes the etiology of the individual's primary disability.</b>	
<b>Hereditary/Chromosomal Syndromes and Disorders</b>	
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 association 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	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 (Patau syndrome, Trisomy 13-15) 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 _____
<b>Pre-Natal/Congenital Complications</b>	<b>Post-Natal/Non-Congenital Complications</b>
201 Congenital Rubella Syndrome 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 _____	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 _____
<b>Related to Prematurity</b>	<b>Undiagnosed</b>
401 Complications of Prematurity	501 No Determination of Etiology

**RACE ETHNICITY: CHECK ONE BOX ONLY**

1. American Indian or Alaska Native     3. Black or African American     5. White     7. Two or more races  
 2. Asian     4. Hispanic/Latino     6. Native Hawaiian or Pacific Islander

**VISUAL IMPAIRMENT: PRIMARY CLASSIFICATION OF VISUAL IMPAIRMENT**

**CHECK ONE BOX ONLY**

1. Low Vision (visual acuity of 20/70 to 20/200 or more *in the better eye with correction.*)  
 2. Legally Blind (visual acuity of 20/200 or less *or* field restriction of 20 degrees or less *in the better eye with correction.*)  
 3. Light Perception Only  
 4. Totally Blind  
 6. Diagnosed Progressive Loss  
 7. Further Testing Needed to Determine Visual Impairment  
 9. Documented Functional Vision Loss

**CHECK IF APPLICABLE**

**Cortical Vision Impairment**

1. Yes  
 0. No  
 2. Unknown

**HEARING IMPAIRMENT: PRIMARY CLASSIFICATION OF HEARING IMPAIRMENT**

**CHECK ONE BOX ONLY**

1. Mild (26-40 dB 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 to Determine Hearing Impairment  
 9. Documented Functional Hearing Loss

**CHECK EITHER "NO," "YES," OR "UNKNOWN"**

**Central Auditory Processing Disorder**

1. Yes     0. No     2. Unknown

**Auditory Neuropathy**

1. Yes     0. No     2. Unknown

**Cochlear Implant**

1. Yes     0. No     2. Unknown

**Other Impairments:** Indicate impairments, in addition to the individual's hearing and visual impairments, that have a significant impact on the individual's development or educational progress.

**CHECK ALL CATEGORIES AS EITHER "NO" OR "YES"**

1. Orthopedic/Physical Impairments     1. Yes     0. No  
2. Cognitive Impairments     1. Yes     0. No  
3. Behavioral Disorders     1. Yes     0. No  
4. Complex Health Care Needs     1. Yes     0. No  
5. Communication, Speech and/or Language     1. Yes     0. No  
6. Other Impairment(s)     1. Yes     0. No    (Specify) \_\_\_\_\_

**PART C (BIRTH THROUGH 2 YRS.) CATEGORY CODES: CHECK ONE BOX ONLY**

1. At-risk for developmental delays (as defined by the state's Part C Lead Agency)     888. Not Reported under Part C of IDEA  
 2. Developmentally Delayed

**PART B (3 THROUGH 21 YRS.) CATEGORY CODES\*: CHECK ONE BOX ONLY**

1. Intellectual Disability     9. Deaf-Blindness  
 2. Hearing Impaired/Deaf     10. Multiple Disabilities  
 3. Speech or Language Impairment     11. Autism  
 4. Visually Impaired/Blind     12. Traumatic Brain Injury  
 5. Emotional/Behavioral     13. Developmentally Delayed (age 3 to 9)  
 6. Orthopedic Impairment     14. Non-Categorical  
 7. Other Health Impairment     888. Not Reported under Part B of IDEA  
 8. Specific Learning Disability

\*As child was reported on December 1 Child Count

**EDUCATIONAL SETTING: CHECK ONE BOX ONLY**

**Birth through Age 2**

1. Home     2. Community-based settings     3. Other settings (specify): \_\_\_\_\_

**Ages 3 - 5**

- |  |   |
|--|---|
| <input type="radio"/> 1. Attending a regular early childhood program at least 80% of the time  | <input type="radio"/> 5. Attending a separate school      |
| <input type="radio"/> 2. Attending a regular early childhood program 40% to 79% of the time    | <input type="radio"/> 6. Attending a residential facility |
| <input type="radio"/> 3. Attending a regular early childhood program less than 40% of the time | <input type="radio"/> 7. Service provider location        |
| <input type="radio"/> 4. Attending a separate class  | <input type="radio"/> 8. Home                             |

**Ages 6 – 21**

- |   |   |
|---|---|
| <input type="radio"/> 9. Inside the regular class 80% or more of day        | <input type="radio"/> 13. Residential facility  |
| <input type="radio"/> 10. Inside the regular class 40% to 79% of the day    | <input type="radio"/> 14. Homebound/Hospital  |
| <input type="radio"/> 11. Inside the regular class less than 40% of the day | <input type="radio"/> 15. Correctional facilities                                       |
| <input type="radio"/> 12. Separate School                                   | <input type="radio"/> 16. Parentally placed in private schools, including home schooled |

**PARTICIPATION IN STATEWIDE ASSESSMENTS: CHECK ONE BOX ONLY ~ TAKEN FROM THE LAST STATEWIDE ASSESSMENT**

- |   |   |
|---|---|
| <input type="radio"/> 1. Regular grade-level state assessment                                 | <input type="radio"/> 4. Not Used         |
| <input type="radio"/> 2. Regular grade-level state assessment with accommodations             | <input type="radio"/> 5. Not Used         |
| <input type="radio"/> 3. Alternate assessments aligned with grade-level achievement standards | <input type="radio"/> 6. Not yet required |
|   | <input type="radio"/> 7. Parent Opt Out   |

**PART C (BIRTH THROUGH 2 YRS.) EXITING: CHECK ONE BOX ONLY**

**NOTE: CHILDREN WHO HAVE TURNED AGE 3 AND TRANSITIONED FROM PART C TO PART B DURING THE REPORTING PERIOD MAY BE REPORTED UNDER BOTH PART C AND PART B.**

- |   |  |
|---|--|
| <input type="radio"/> 0. In a Part C early intervention program                             | <input type="radio"/> 5. Part B eligibility not determined                         |
| <input type="radio"/> 1. Completion of IFSP <i>prior to reaching maximum age</i> for Part C | <input type="radio"/> 6. Deceased  |
| <input type="radio"/> 2. Eligible for IDEA, Part B  | <input type="radio"/> 7. Moved out of state  |
| <input type="radio"/> 3. Not eligible for Part B, exit with referrals to other programs     | <input type="radio"/> 8. Withdrawal by parent (or guardian)                        |
| <input type="radio"/> 4. Not eligible for Part B, exit with no referrals                    | <input type="radio"/> 9. Attempts to contact parent and/or child were unsuccessful |

**PART B (3 YRS. THROUGH 21 YRS.) EXITING: CHECK ONE BOX ONLY**

**NOTE: CHILDREN WHO HAVE TURNED AGE 3 AND TRANSITIONED FROM PART C TO PART B DURING THE REPORTING PERIOD MAY BE REPORTED UNDER BOTH PART C AND PART B.**

- |   |  |
|---|--|
| <input type="radio"/> 0. In ECSE or school-aged special education program | <input type="radio"/> 4. Reached maximum age   |
| <input type="radio"/> 1. Transferred to regular education                 | <input type="radio"/> 5. Deceased  |
| <input type="radio"/> 2. Graduated with regular diploma                   | <input type="radio"/> 6. Moved, known to be continuing.<br>School district moved to: _____ |
| <input type="radio"/> 3. Received a certificate                           | <input type="radio"/> 8. Dropped out   |

**DEAF-BLIND PROJECT EXITING STATUS: CHECK ONE BOX ONLY**

1. Eligible to receive services from the deaf-blind project     2. No longer eligible to receive services from the deaf-blind project

**LIVING SETTING: CHECK ONE BOX ONLY**

- |   |  |
|---|--|
| <input type="radio"/> 1. Home: Birth/Adoptive Parents | <input type="radio"/> 6. Group Home (less than 6 residents)    |
| <input type="radio"/> 2. Home: Extended Family        | <input type="radio"/> 7. Group Home (6 or more residents)      |
| <input type="radio"/> 3. Home: Foster Parents         | <input type="radio"/> 8. Apartment (with non-family person(s)) |
| <input type="radio"/> 4. State Residential Facility   | <input type="radio"/> 9. Pediatric Nursing Home                |
| <input type="radio"/> 5. Private Residential Facility | <input type="radio"/> 555. Other (Specify) _____               |

**ASSISTIVE DEVICES: CHECK EITHER "NO," "YES," OR "UNKNOWN"**

**Glasses or contact lenses used:**

1. Yes     0. No     2. Unknown

**Additional assistive technology other than corrective lenses or assistive listening devices:**

1. Yes     0. No     2. Unknown

**Hearing aids, FM system or other listening device used:**

1. Yes     0. No     2. Unknown

Student's Name: \_\_\_\_\_ Date Completed: \_\_\_\_\_

**Intervener Services: Check either "NO," "YES," or "UNKNOWN"**

Intervener\*:      0. No     1. Yes     2. Unknown

\*Intervener services are provided by an individual, typically a paraeducator, who has received specialized training in deaf-blindness and the process intervention.

**Person Completing Form: (Please fill out #1 and #2 below.)**

1. Your Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

District: \_\_\_\_\_ ESD: \_\_\_\_\_

Home School District (if different from serving district): \_\_\_\_\_

2. Teacher's Name: \_\_\_\_\_ Title: \_\_\_\_\_

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Teacher's Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

District: \_\_\_\_\_ ESD: \_\_\_\_\_

Home School District (if different from serving district): \_\_\_\_\_

Revised 01/15/2016

**RETURN FORM TO:**

WA State Services for Children with Deaf-Blindness  
Puget Sound ESD/WSDS  
800 Oakesdale Avenue SW  
Renton, WA 98057-5221  
Phone: (800) 572-7000 (in-state); (425) 917-7827

- OR -

FAX to: (425) 917-7838  
EMAIL to: [wds@psed.org](mailto:wds@psed.org)