

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

 Address

 City State Zip Code

 Parent(s)/Guardian Phone

No longer in district. Moved to: _____

SSID# _____
 (10 digit student ID#)

Date of Birth: _____
 / / /
 Month Day Year

PRIMARY IDENTIFIED ETIOLOGY: <input style="width: 40px; height: 20px;" type="checkbox"/> Select ONE from the list below that best describes the etiology of the individual's primary disability.	
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 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 _____
Pre-Natal/Congenital Complications	Post-Natal/Non-Congenital Complications
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 _____
Related to Prematurity	Undiagnosed
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

1. Attending a regular early childhood program at least 80% of the time 5. Attending a separate school
 2. Attending a regular early childhood program 40% to 79% of the time 6. Attending a residential facility
 3. Attending a regular early childhood program less than 40% of the time 7. Service provider location
 4. Attending a separate class 8. Home

Ages 6 – 21

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

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

1. Regular grade-level state assessment 4. Not Used
 2. Regular grade-level state assessment with accommodations 5. Not Used
 3. Alternate assessments aligned with grade-level achievement standards 6. Not yet required
 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.

0. In a Part C early intervention program 5. Part B eligibility not determined
 1. Completion of IFSP *prior to reaching maximum age* for Part C 6. Deceased
 2. Eligible for IDEA, Part B 7. Moved out of state
 3. Not eligible for Part B, exit with referrals to other programs 8. Withdrawal by parent (or guardian)
 4. Not eligible for Part B, exit with no referrals 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.

0. In ECSE or school-aged special education program 4. Reached maximum age
 1. Transferred to regular education 5. Deceased
 2. Graduated with regular diploma 6. Moved, known to be continuing.
 3. Received a certificate School district moved to: _____
 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

1. Home: Birth/Adoptive Parents 6. Group Home (less than 6 residents)
 2. Home: Extended Family 7. Group Home (6 or more residents)
 3. Home: Foster Parents 8. Apartment (with non-family person(s))
 4. State Residential Facility 9. Pediatric Nursing Home
 5. Private Residential Facility 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:**Hearing aids, FM system or other listening device used:**

1. Yes 0. No 2. Unknown

1. Yes 0. No 2. Unknown

Student's Name: _____ Date Completed: _____

Intervener Services: Check either "NO," "YES," or "UNKNOWN"
Intervener*: 0. No <input type="radio"/> 1. Yes <input type="radio"/> 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:

Washington State School for the Blind (WSSB)
c/o WA Deafblind Project
2214 E 13th St, Vancouver WA 98661
Phone: (360) 947-3297

- OR -

FAX to: (833) 903-0338
EMAIL to: khanh.huhtala@wssb.wa.gov