

**NATIONAL CHILD COUNT / CENSUS REPORTING FORM**  
**2016-2017 Registration of NEW Students with Deaf-Blindness**

Maryland State Department of Education  
Division of Special Education/Early Intervention Services  
*In collaboration with the*  
University of Maryland and *Connections Beyond Sight and Sound*

**Local School System/Agency:** \_\_\_\_\_

**Person Completing Form:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

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**Student Information**

Name: (Internal Use Only) \_\_\_\_\_

Date of Birth: \_\_/\_\_/\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_

Name of School/Program: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Position: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Parent/Guardian Information**

Local School System family resides in: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Check here if we should **not** add the family to our mailing database.

**Primary Identified Etiology**  
(Major Cause of Deaf-Blindness)

Indicate the **ONE** etiology code that **best describes** the primary etiology/cause of the individual's primary disability from one of the following areas. **CIRCLE ONLY ONE.**

<b>Column 8 - Primary Identified Etiology</b>	
<b>Hereditary/Chromosomal Syndromes and Disorders</b>	
101 Aicardi syndrome	130 Marshall syndrome
102 Alport syndrome	131 Maroteaux-Lamy syndrome (MPS VI)
103 Alstrom syndrome	132 Moebius syndrome
104 Apert syndrome (Acrocephalosyndactyly, Type 1)	133 Monosomy 10p
105 Bardet-Biedl syndrome (Laurence Moon-Biedl)	134 Morquio syndrome (MPS IV-B)
106 Batten disease	135 NF1 - Neurofibromatosis (von Recklinghausen disease)
107 CHARGE association	136 NF2 - Bilateral Acoustic Neurofibromatosis
108 Chromosome 18, Ring 18	137 Norrie disease
109 Cockayne syndrome	138 Optico-Cochleo-Dentate Degeneration
110 Cogan Syndrome	139 Pfeiffer syndrome
111 Cornelia de Lange	140 Prader-Willi
112 Cri du chat syndrome (Chromosome 5p- syndrome)	141 Pierre-Robin syndrome
113 Crigler-Najjar syndrome	142 Refsum syndrome
114 Crouzon syndrome (Craniofacial Dysostosis)	143 Scheie syndrome (MPS I-S)
115 Dandy Walker syndrome	144 Smith-Lemli-Opitz (SLO) syndrome
116 Down syndrome (Trisomy 21 syndrome)	145 Stickler syndrome
117 Goldenhar syndrome	146 Sturge-Weber syndrome
118 Hand-Schuller-Christian (Histiocytosis X)	147 Treacher Collins syndrome
119 Hallgren syndrome	148 Trisomy 13 (Trisomy 13-15, Patau syndrome)
120 Herpes-Zoster (or Hunt)	149 Trisomy 18 (Edwards syndrome)
121 Hunter Syndrome (MPS II)	150 Turner syndrome
122 Hurler syndrome (MPS I-H)	151 Usher I syndrome
123 Kearns-Sayre syndrome	152 Usher II syndrome
124 Klippel-Feil sequence	153 Usher III syndrome
125 Klippel-Trenaunay-Weber syndrome	154 Vogt-Koyanagi-Harada syndrome
126 Kniest Dysplasia	155 Waardenburg syndrome
127 Leber congenital amaurosis	156 Wildervanck syndrome
128 Leigh Disease	157 Wolf-Hirschhorn syndrome (Trisomy 4p)
129 Marfan syndrome	199 Other
<b>Pre-Natal/Congenital Complications</b>	<b>Post-Natal/Non-Congenital Complications</b>
201 Congenital Rubella	301 Asphyxia
202 Congenital Syphilis	302 Direct Trauma to the eye and/or ear
203 Congenital Toxoplasmosis	303 Encephalitis
204 Cytomegalovirus (CMV)	304 Infections
205 Fetal Alcohol syndrome	305 Meningitis
206 Hydrocephaly	306 Severe Head Injury
207 Maternal Drug Use	307 Stroke
208 Microcephaly	308 Tumors
209 Neonatal Herpes Simplex (HSV)	309 Chemically Induced
299 Other	399 Other
<b>Related to Prematurity</b>	<b>Undiagnosed</b>
401 Complications of Prematurity	501 No Determination of Etiology

**Vision Documentation**

Circle the **ONE** number that **best describes** the individual's: a) **documented** degree of vision loss, with correction, *or* b) indicates that *further testing is needed* (this testing must be completed prior to the next child count submission date for continued inclusion in the count), *or* c) that the student has a *documented functional vision loss*.

1. Low Vision (visual acuity of 20/70-20/200 <b>in the better eye with correction</b> )	6. Diagnosed Progressive Loss
2. Legally blind (visual acuity of 20/200 or less <b>or</b> field restriction of 20 degrees or less <b>in the better eye with correction</b> )	7. Further Testing Needed
3. Light perception only	8. <i>Intentionally Blank</i>
4. Totally blind	9. Documented Functional Vision Loss
5. <i>Intentionally Blank</i>	

**Does the student have a Cortical Visual Impairment?** No \_\_\_ Yes \_\_\_ Unknown \_\_\_

**Hearing Documentation**

Circle **ONE** number that **best describes** the individual's: a) **documented** degree of hearing loss *or* b) indicates that *further testing is needed* (this testing must be completed prior to the next child count submission date for continued inclusion in the count), *or* indicates that the student has a *documented functional hearing loss*. Indications should be for the **better ear unaided** where appropriate.

1. Mild (26-40 dB 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)	8. <i>Intentionally Blank</i>
9. Documented Functional Hearing Loss (please explain below): ___ testing cannot be completed ___ testing inconclusive ___ functions as child with hearing loss as documented by (name of scale or dev'l checklist): _____ ___ other: _____	

**Does the student have a Central Auditory Processing Disorder?** No \_\_\_ Yes \_\_\_ Unknown \_\_\_

**Does the student have Auditory Neuropathy?** No \_\_\_ Yes \_\_\_ Unknown \_\_\_

**Does the student have a Cochlear Implant?** No \_\_\_ Yes \_\_\_ If yes, 1 or 2? \_\_\_

**Other Impairments or Conditions**

**Other Impairments:** Indicate impairments or conditions, in addition to the individual’s hearing and vision loss, which have a significant impact on the individual’s development or educational progress.

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

**Individual’s With Disabilities Education Act (IDEA)**

**Funding Category:**

Indicate category under which the individual was receiving services on December 1.

***CIRCLE ONLY ONE***

1. IDEA Part B (3-21 years of age)
2. IDEA Part C (Check below) ___ Birth-2 years of age ___ Extended IFSP (3-4 years of age)
3. Not Reported under Part B or Part C

**PART C Category Code**

Identify the primary category code used to report the child on the State Department of Education Child Count, under Part C of IDEA. **CIRCLE ONLY ONE.**

1. At-risk for Developmental Delays (including High-Probability Conditions and Atypical Development)
2. Developmentally Delayed
888. Not Reported under Part C of IDEA

**PART B Category Code**

Identify the primary category code used to report the child on the State Department of Education child count, under Part B of IDEA. **CIRCLE ONLY ONE.**

1. Intellectual Disability
2. Deafness or Hearing Impairment
3. Speech or Language Impairment
4. Visual Impairment (includes blindness)
5. Emotional Disability
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

**Educational Setting**

Indicate the **ONE** educational setting from the **appropriate age subcategories** that ***best describes*** the student’s educational setting.

**Refer to *Definitions*– Attachment 2.**

<b>Early Intervention Setting (Birth through 2; 3 – 4 for Extended IFSP)</b>
1. Home
2. Community-based settings
3. Other settings:

<b>Educational Setting (3-21)</b>	
<b>ECSE (3-5) Settings</b>	<b>School-aged (6-21) Settings</b>
1. Attending a regular early childhood program at least 10 hours per week and receiving the majority of special education and related services in that setting	9. Inside the regular education setting 80% of the school day or more
2. Attending a regular early childhood program 10 hours per week and receiving the majority of special education and related services in some other location.	10. Inside the regular education setting between 40% to 79% of the time
3. Attending a regular early childhood program less than 10 hours per week and receiving the majority of special education and related services in that setting.	11. Inside the regular education setting less than 40% of the day
4. Regular early childhood program less than 10 hours per week and receiving the majority of special education and related services in some other location.	12. Public/private separate school
5. Attending a private/public separate school	13. Public/private residential facility
6. Attending a private/public residential facility	14. Homebound/Hospital
7. Service provider location	15. Correctional facility
8. Home	16. Parentally placed in private school

**Participation in Statewide Assessments**

Indicate the **ONE** statement that ***best describes*** the student’s participation.

1. Regular grade-level state assessment
2. Regular grade-level state assessment with accommodations
3. Alternate assessments aligned with alternate grade/course achievement standards

**Assistive Devices**

***Does the student:***

***1. wear corrective lenses (glasses/contact lens)?*** No \_\_\_ Yes \_\_\_ Unknown \_\_\_

***2. wear hearing aids, use an FM system or other assistive listening device?***  
No \_\_\_ Yes \_\_\_ Unknown \_\_\_

***3. use any additional assistive technology (other than corrective lenses and assistive listening devices)?*** No \_\_\_ Yes \_\_\_ Unknown \_\_\_

**Part C Exiting Status (birth-age 2)**

For children served in *Part C early intervention* programs enter the single early intervention code relevant for the child on 12/1.

**Note: Preschoolers who turned three years of age during the reporting period and who have transitioned to Part B services may also be reported under Column 29 - Part B Exiting Status.**

**Refer to *Definitions in Attachment 2***

**CIRCLE ONLY ONE**

1. In a Part C early intervention program
2. Completion of IFSP prior to reaching maximum age for Part C
3. Eligible for IDEA, Part B
4. Not eligible for Part B, exit with referrals to other programs
5. Not eligible for Part B, exit with no referrals
6. Part B eligibility not determined
7. Deceased
8. Moved out of state
9. Withdrawal by parent (or guardian)
10. Attempts to contact the parent and/or child were unsuccessful
11. No longer meets the Deaf-Blind Project's criteria for services

**Part B Exiting**

For students in ECSE or school-aged special education, please indicate the code that best describes the student's status on Dec. 1<sup>st</sup>.

**Note: Preschoolers who turned three years of age during the reporting period and who have transitioned from Part C early intervention services may also be reported under Column 28 - Part C Exiting Status.**

**Refer to *Definitions in Attachment 2***

**CIRCLE ONLY ONE**

0. In ECSE or school-aged special education program
1. Returned to regular education
2. Graduated with regular diploma
3. Received a Certificate
4. Reached maximum age for Part B services
5. Deceased
6. Moved, known to be continuing
7. <i>Intentionally not used.</i>
8. Dropped out

**Living Setting**

Indicate the living setting at which the individual resides the majority of the year.

**CIRCLE ONLY ONE NUMBER.**

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

**Ethnicity of Student**

**CIRCLE ONLY ONE NUMBER.**

*See definitions in Attachment 2.*

**NOTE: NEW CATEGORIES FOR 2011 CENSUS**

1. American Indian or Alaska Native	5. White
2. Asian	6. Native Hawaiian or Other Pacific Islander
3. Black or African American	7. Two or More Races
4. Hispanic or Latino	

**Deaf-Blind Project Status**

**Refer to Definitions in Attachment 2**

**CIRCLE ONLY ONE**

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

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**RETURN COMPLETED FORM TO:**

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