

NATIONAL CHILD COUNT / CENSUS REPORTING FORM
2017-2018 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: _____

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.**

Column 8 - Primary Identified 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 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 Dysostosis) 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 (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	Post-Natal/Non-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	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

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 <i>in the better eye with correction</i>)	6. Diagnosed Progressive Loss
2. Legally blind (visual acuity of 20/200 or less or field restriction of 20 degrees or less <i>in the better eye with correction</i>)	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.

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

Educational Setting (3-21)	
ECSE (3-5) Settings	School-aged (6-21) Settings
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. 1st.

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

RETURN COMPLETED FORM TO:

Phone: 240-367-0270
 Fax: 301-405-9995
 E-mail: donnaric@umd.edu

Donna Riccobono, Project Director
Connections Beyond Sight and Sound
 University of Maryland
 3214 Benjamin Building
 College Park, Maryland 20742