CHILD COUNT FORM

I. Information About the Individual (Child/Young Adult)

1.First Name:		Last Name:		Middle Initial:			
2.Gender:	___ Male	___ Female	3.Child's Date of Birth:	_ _month	_ _ day	_ _ _ _ year	
4. Child's County of Residence:							
5. Parent/Guardian Name(s):							
Address:			City/Town:			Zip Code:	
Phone:		Email:					

6. Primary Identified Etiology *(Enter one numeric code in the box from the list below.)* ☐

HEREDITARY/CHROMOSAL SYNDROMES AND DISORDERS
101 Alcardi Syndrome
102 Alport Syndrome
103 Altrom Syndrome
104 Apert Syndrome (Acrocephalosyndactyly, Type I)
105 Bardet-Biedi Syndrome (Laurence Moon-Biedi)
106 Betten Disease
107 CHARGE Syndrome
108 Chromosome 18, ring 18
109 Cockayne Syndrome
110 Cogan Syndrome
111 Cornelia de Lange Syndrome
112 Cri du chat Syndrome (Chromosome 5p Syndrome)
113 Crigler-Najjar Syndrome
114 Crouzan Syndrome (Craniofacial Dysotosis)
115 Dandy Walker Syndrome
116 Down Syndrome (Trisomy 21 Syndrome)
117 Goldenhar Syndrome
118 Hand-Schuller-Christian
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-Fell Sequence
125 Klippel-Trenaunay-Weber Syndrome
126 Kniest Dysplasia
127 Leber Congenital Amaurosis
128 Leigh Disease
129 Marfan Syndrome

RELATED TO PREMATURITY
401 Complications to Prematurity

130 Marshall Syndrome
131 Maroteaux-Larry 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 Neurofibromastosis
137 Norrie Disease
138 Optico-Cochleo-Dentate Degeneration
139 Pfieffer Syndrome
140 Prader-Willi
141 Pierre-Robbin Syndrome
142 Refsum Syndrome
143 Scheie Syndrome (MPS I-S)
144 Smith-Lemli-Optiz (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 Syndrome, Type I
152 Usher Syndrome, Type II
153 Usher Syndrome, Type III
154 Vogt-Koyanagi-Harada Syndrome
155 Waardenburg Syndrome
156 Wildervanck Syndrome
157 Wolf-Hirschorn Syndrome (Trisomy 4p)
199 Other: _____
(Indicate the numeric code in the box above and specify in this space)

PRE-NATAL/CONGENITAL COMPLICATIONS
201 Congenital Rubella
202 Congenital Syphilis
203 Congenital Toxoplasmosis
204 Cytomeglovirus (CMV)
205 Fetal Alcohol Syndrome
206 Hydrocephaly
207 Maternal Drug Use
208 Microcephaly
209 Neonatal Herpes Simplex (HSV)
299 Other: _____
(Indicate the numeric code in the box above and specify in this space)

POST-NATAL/NON CONGENITAL COMPLICATIONS
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: _____
(Indicate the numeric code in the box above and specify in this space)

UNDIAGNOSED
501 No Determination of Etiology

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

II. Information about Vision, Hearing, and Other Impairments

1. Documented Vision Loss *Select **ONE** that best describes the individual's:*

A. Documented degree of vision loss with correction, or
B. Indicate that further testing is needed (testing must be complete prior to the next census submission) or
C. Indicate that the student has a documented functional vision loss.

☐	1.Low Vision (20/70-20/200)	☐	2.Legally Blind (20/200 or less)	☐	3.Light Perception Only
☐	4.Totally Blind	☐	6.Diagnosed Progressive Loss	☐	7.Further Testing Needed
☐	9.Documented Functional Vision Loss (explain)				

2. Documented HEARING LOSS *Select **ONE** that best describes the individual's:*

A. Documented degree of hearing loss with correction, or
B. Indicate that further testing is needed (testing must be complete prior to the next census submission) or
C. Indicate that the student has a documented functional hearing loss.

☐	1.Mild (26-40 dB loss)	☐	2.Moderate (41-55 dB loss)	☐	3.Moderately Severe (56-70 dB)
☐	4.Severe (71-90 dB loss)	☐	5.Profound (91+ dB loss)	☐	6.Diagnosed Progressive Loss
☐	7.Further Testing Needed	☐	9.Documented Functional Hearing Loss (explain)		

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3. Does the child have any of the following:	Yes	No	Unknown	4. Indicate all other documented impairments, in addition to vision and hearing impairments:	Yes	No	Unknown
Auditory Neuropathy				Physical Impairments			
Central Auditory Processing Disorder (CAPD)				Cognitive Impairments			
Cochlear Implant				Behavior Disorder			
Cortical Visual Impairment				Complex Health Care Needs			
Other:				Speech and Language			
Other:				Other:			

III. Reporting, Funding and Placement Information

1. Part C Reporting Category. (Child with IFSP) ***Identify the primary category code used to report the child on the State Department of Education Child Count, under Part C of IDEA. [Select one]***

	At-risk for developmental delay		Developmentally Delayed		Not reported under Part C

2. Part B Reporting Category Code. (Child with IEP) ***Identify the primary category code used to report the child on the State Department of Education Child Count, under Part B of IDEA. [Select one]***

	1.Intellectual Disability		6.Orthopedic Impairment		11.Autism
	2.Hearing Impairment (includes deafness)		7.Other Health Impairment		12.Traumatic Brain Injury
	3.Speech or Language Impairment		8.Specific Learning Disability		13. Developmentally Delayed
	4.Visual Impairment (includes blindness)		9.Deaf-Blindness		(ages 3 through 9)
	5.Emotional Disturbance		10. Multiple Disabilities		888 Not reported under Part B of IDEA

3. Early Intervention Setting (0-2). ***Please specify where the child receives services.***

	1.Home		2.Community-Based Setting		Other [please specify]:

4. Educational setting 3-5 years of age. ***Please choose the one which best describes which type of program the child attends.***

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

5. Educational setting 6-21 years of age. ***Please choose the one which best describes the type of program the child attends.***

	9.Inside the regular class 80% or more of the day		10.Inside the regular class 40% to 79% of the day
	11.Inside the regular class less than 40% of the day		12.Separate school
	13.Residential Facility		14.Homebound/Hospital
	15.Correctional Facilities		16.Parentally placed in private school

6.Participation in Statewide Assessments: ***Please indicate what assessment system the child participates in.***

	1.Regular grade-level State assessment.
	2.Regular grade-level State assessment with accommodations.
	4.Alternate assessments based on alternate achievement standards.
	6.Not required at age or grade level.

7. Special Education Status/Part C (0-2) Exiting. ***Please indicate the ONE code that best describes the individual's special education program status.***

	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 referral to other program
	5.Not eligible for Part B, exit without referrals.		6.Part B eligibility not determined
	7.Deceased		8.Moved out of state
	9.Withdrawal by parent/guardian		10.Could not contact parent

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8. Special Education Status/Part B Exiting. ***Please indicate the ONE code that best describes the individual's special education program status on December first of the current year.***

	0.In early childhood or school-age special education		1.Transferred to regular education
	2.Graduated with regular high school diploma		3.Received a certificate
	4.Reached maximum age for Part B services		5.Deceased
	6.Moved, Known to be Continuing		8.Dropped Out

9. Current living status:		1. Home: 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)		9. Pediatric nursing home	555. Other

10. Primary language spoken in the home:

11. Does this individual use any of the following adaptive equipment?	0. Yes	1. No	2. Unknown
Corrective Lenses			
Assistive Listening Devices (i.e. hearing aids or FM system)			
Additional Assistive Technology (other than corrective lenses or assistive listening devices)			

12. School Information

Agency/School Name:					
Street Address:					
City:		State:		Zip Code:	
Child's Grade Level:		Contact Person:			
Position:		Email:			

13. Does the child receive intervener services? (See intervener.org for definition of this role)			
	Yes		No
14. Is the family interested in being added to our mailing database and contacted by the Connections team?			
	Yes		No

Please return the completed form to:

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

Phone: 240-367-0270
Email: donnaric@umd.edu

If you have any questions or need assistance in completing this form please email Donna Riccobono at donnaric@umd.edu or Jennifer Willis at jcwillis@umd.edu