MO DeafBlind Census Reporting Form

CHILD MOSIS#:	
STATE ID#:	

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

1. First Name:		Last Name:			Middle Initial:	
2. Gender:	Male Female Other	3. Child's Date of Birth:	month	day	year	

4. Child's County of Residence:

5. Parent/Guardian Name:

Address:		City/Town:	Zip Code:
Phone:		Email:	

6. Primary Identified Etiology *(Enter one numeric code in the box from the list found on the instruction page.)*

7. Ethnicity:
- 0.Not Hispanic
- 1.Hispanic

Race:
- 1.American Indian or Alaskan Native
- 2.Asian
- 3.Black/African American
- 5.White
- 6. Native Hawaiian/ Pacific Islander
- 7. Two or more races

8. Primary language spoken in the home:
- 1.English
- 2.Spanish
- 3.Chinese
- 4. German
- 5. Serbo-Croatian
- 6. Arabic
- 7. French
- 8. American Sign Language (ASL)
- 9. Other:

9. Current living setting:
- 1.Home: Parents
- 2.Home: Extended Family
- 3.Home: Foster Parents
- 4. State Residential Facility
- 5. Private Residential Facility
- 9. Pediatric Nursing Home
- 10. Community Residence (Includes group home/supported apartment)
- 555. Other:

II. Information about Vision, Hearing, and Other Impairments

1. * Documented Vision Loss: *Select **ONE** that best describes the individual's vision loss:*
- 1.Low Vision
- 2.Legally Blind
- 3.Light Perception Only
- 4.Totally Blind
- 6.Diagnosed Progressive Loss
- 7.Further Testing Needed
- 9.Documented Functional Vision Loss

2. * Documented Hearing Loss: *Select **ONE** that best describes the individual's hearing loss:*
- 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
- 9.Documented Functional Hearing Loss

3. Does the child have any of the following (circle yes/no/unknown for each item):

- Yes/No/Unknown Auditory Neuropathy
- Yes/No/Unknown Central Auditory Processing Disorder (CAPD)
- Yes/No/Unknown Cochlear Implant
- Yes/No/Unknown Cortical Visual Impairment
- Yes/No/Unknown Corrective Lenses
- Yes/No/Unknown Assistive Listening Devices (i.e. hearing aids or FM system)
- Yes/No/Unknown Other:
- Yes/No/Unknown Other:
- Yes/No/Unknown Physical Impairments
- Yes/No/Unknown Cognitive Impairments
- Yes/No/Unknown Behavior Disorder
- Yes/No/Unknown Complex Health Care Needs
- Yes/No/Unknown Communication/Speech and Language
- Yes/No/Unknown Additional Assistive Technology (other than corrective lenses or assistive listening devices)
- Yes/No/Unknown Other:

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MoDBTAP Census Form

III. Reporting, Funding and Placement Information

Reporting Category. ***[Select one]***

IDEA Part C   IDEA Part B   504 Plan   Not reported under Part C or Part B

Part C

1. Part C Reporting Category. ***If the child is 0-2 years of age please enter the category under which the child was reported within the Early Intervention program (Department of Health). [Select one]***

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

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

Home   Community-Based Setting   Other [please specify]:

Part B

3. Part B Reporting Category. ***If the child is 3-21 years of age indicate the primary category code under which the individual was reported on Part B, IDEA Child Count. [Select one]***

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

4. Educational setting. ***Please choose the one which best describes which type of program the child attends.***

3-5 years of age

1. Services in regular early childhood program (10+ hours)
2. Other location regular early childhood program (10+ hours)
3. Services in regular early childhood program (<10 hours)
4. Other location regular early childhood program (<10 hours)
5. Attending a separate class.
6. Attending a separate school.
7. Attending a residential facility.
8. Home, at public expense.
9. Home, NOT at public expense.

6-21 years of age

10. Inside the regular class 80% or more of the day
11. Inside the regular class 40% to 79% of the day
12. Inside the regular class less than 40% of the day
13. Separate school
14. Residential Facility
15. Homebound/Hospital
16. Correctional Facility
17. Parentally placed in private school
18. Homeschool/Remote Learning at public expense
19. Homeschool/Remote Learning NOT at public expense

5.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.
3. Alternative Assessment aligned with grade level.

6.Not required at age or grade level.
7. Parent opt-out.
19. Not required to be reported by state.

6. School Information

Agency/School Name:					
Street Address:					
City:		State:		Zip Code:	
Telephone Number:		Fax Number:			
Teacher Name:		Teacher's Email:			

7. Is this individual receiving services from an Intervener/one-on-one paraprofessional?

Yes   No

8. Name of individual completing reporting form

Name:		Title/Relationship:	
Email:		Phone:	
Signature:		Date:	