MO DeafBlind Census Reporting Form

Instructions for Completion

Thank you for completing this registration form for the "OSEP National Census of Children and Youth who are DeafBlind" under IDEA. All fields are required for submission.

I. Information about the Individual (Child/Young Adult):
   1. Please provide the student's legal first name, last name and middle initial.
   2. Select child's gender.
   3. Provide child's date of birth.
   4. Provide child's county of residence.
   5. Provide at least one name of a parent or guardian for the child. Include address, phone number, and email address for at least one parent/guardian.
   6. Provide the child's primary etiology code from the chart below.

HEREDITARY/CHROMOSAL SYNDROMES AND DISORDERS	HEREDITARY/CHROMOSAL SYNDROMES AND DISORDERS, CONT.
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 Syndrome 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. Pfieffer syndrome 140. Prader-Willi syndrome 141. Pierre-Robin syndrome 142. Refsum syndrome 3 Doc C-1 143. 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 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-Hirschhorn syndrome (Trisomy 4p) 199. Other (indicate code 199 and provide specific etiology in the box on the form) **PRE-NATAL/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 (indicate code 299 and provide specific etiology in the box on the form) **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 code 399 and provide specific etiology in the box on the form) **RELATED TO PREMATURITY** 401. Complications to Prematurity **UNDIAGNOSED** 501. No determination of Etiology

7. Specify if the child is hispanic or not hispanic, and then mark the child's race.

II. Information about Vision, Hearing, and Other Impairments
    1. Select the list item that best describes the child's vision loss.
    2. Select the list item that best describes the child's hearing loss.
    3. Select yes, no, or unknown for each of the additional disabilities, impairments, or additional devices/technology.

III. Reporting, Funding and Placement Information

Reporting Category: Select the appropriate reporting category for the student, and then fill out the corresponding section. If the student is on a 504 Plan or not reported under Part C or Part B, skip to question 5.

1. Select the child's Part C reporting category.
2. Specify where the child receives Part C services. If other, please describe.
3. Select the child's Part B reporting category.
4. Specify where the child receives Part B services. Make sure you select an appropriate setting based on the student's age.
5. Indicate what assessment system the child participates in.
6. Please provide complete information about the school at which the student is served.
7. Indicate if the child receives intervener services. For more information about intervener services, please review the "Frequently Asked Census Questions" document.
8. Provide your contact information, in case questions arise.

If you have questions, please reach out to Dena Molen at the below contact information.

Please mail or email the completed form, along with the "Parent/Guardian Release of Information" form, to:

Dena Molen, School Support Specialist
Missouri DeafBlind Technical Assistance Project
3815 Magnolia Avenue
Saint Louis, MO 63110
Email: dena.molen@msb.dese.mo.gov
Phone: 314-633-1553

The contents of this document were developed under a grant from the U.S. Department of Education, #H326T230013, Project Officer Eric Caruso. However, these contents do not necessarily represent the policy of the U.S. Department of Education, and endorsement by the Federal Government should not be assumed.