# 2016 Census Reporting Form

Please complete and return to: Susan Bonner, Deafblind Project Director, 3815 Magnolia, St. Louis, Missouri 63110.

**STOP!!** Complete this form ONLY for individuals who have both a visual and auditory impairment. DO NOT USE for an individual with only a visual impairment.

<table>
<thead>
<tr>
<th>Today's Date:</th>
<th>MOSIS#:</th>
</tr>
</thead>
</table>

**Status of this Individual's Report (please check one):**
- [ ] New (individual being added to the Census)
- [ ] Information revised from last year's reporting
- [x] No revisions to last year's information

### Part I: Information about individual with deafblindness

**Name**
- **First:**
- **Last:**

**Date of Birth** (MM/DD/YYYY): / /

**Gender**: [ ] Male  [ ] Female

**Race/Ethnicity** *(select the ONE that best describes the individual's race/ethnicity)*:
- [ ] 1 American Indian or Alaskan Native
- [ ] 2 Asian
- [ ] 3 Black or African American
- [ ] 4 Hispanic/Latino
- [ ] 5 White
- [ ] 6 Native Hawaiian or other Pacific Islander
- [ ] 7 Two or more races

**Living Setting** *(Select the ONE setting that best describes where the individual resides the majority of the year.)*:
- [ ] 1 Home: Birth/Adoptive Parents
- [ ] 2 Home: Extended Family
- [ ] 3 Home: Foster Parents
- [ ] 4 State Residential
- [ ] 5 Private Residential
- [ ] 6 Group Home (less than six residents)
- [ ] 7 Group Home (six or more residents)
- [ ] 8 Apartment (with non-family person(s))
- [ ] 9 Pediatric Nursing Home
- [ ] 555 Other:

**Parent/Guardian Name 1**
- **First:**
- **Last:**

**Street Address:**

| City: | State: MO | ZIP Code: |

**Telephone (with Area Code):**

**County of Residence:**

**Parent/Guardian Name 2**
- **First:**
- **Last:**

**Street Address:**

| City: | State: MO | ZIP Code: |

**Telephone (with Area Code):**

**County of Residence:**

### Part II: Individual's Medical Background/Handicapping Conditions

**Primary Classification of Visual Impairment** *(select the ONE that best describes the primary classification of the individual's visual impairment)*:
- [ ] 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
- [ ] Further Testing Needed

**Cortical Vision Impairment?**  [ ] Yes  [ ] No

**Primary Classification of Auditory Impairment** *(select the ONE that best describes the primary classification of the individual's auditory impairment)*:
- [ ] 1 Mild
- [ ] 2 Moderate
- [ ] 3 Moderately Severe
- [ ] 4 Severe
- [ ] 5 Profound
- [ ] 6 Diagnosed Progressive Loss
- [ ] 7 Further Testing Needed
- [ ] 8 XXX
- [ ] 9 Documented Functional Hearing Loss
Central Auditory Processing Disorder (CAPD)? □ Yes □ No  
Cochlear Implant? □ Yes □ No  
Auditory Neuropathy? □ Yes □ No

**Other Impairments (indicate YES or NO for)**  
Physical Impairments □ Yes □ No  
Cognitive Impairments □ Yes □ No  
Behavioral Disorder □ Yes □ No  
Complex Health Care Needs □ Yes □ No  
Communication Speech/Lang □ Yes □ No  
Other: ______________________________________

**Etiology (please indicate the ONE etiology from the list below that best describes the primary etiology of the individual's primary disability. Please indicate "Other" if none of the listed etiologies are the primary disability):**

<table>
<thead>
<tr>
<th>Hereditary/Chromosomal Syndromes and Disorders</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>101 Aicardi syndrome</td>
<td>130 Marshall syndrome</td>
</tr>
<tr>
<td>102 Alport syndrome</td>
<td>131 Maroteaux-Lamy syndrome (MPS VI)</td>
</tr>
<tr>
<td>103 Alstrom syndrome</td>
<td>132 Moebius syndrome</td>
</tr>
<tr>
<td>104 Apert syndrome (Acrocephalosyndactyly, Type!)</td>
<td>133 Monosomy Tenp</td>
</tr>
<tr>
<td>105 Bardet-Biedl syndrome (Laurence Moon-Biedl)</td>
<td>134 Morquio syndrome (MPS IV-B)</td>
</tr>
<tr>
<td>106 Batten disease</td>
<td>135 NF One - Neurofibromatosis</td>
</tr>
<tr>
<td>107 CHARGE association</td>
<td>136 NF Two- Bilateral Acoustic</td>
</tr>
<tr>
<td>108 Chromosome eighteen, Ring eighteen</td>
<td>137 Norrie disease</td>
</tr>
<tr>
<td>109 Cockayne syndrome</td>
<td>138 Optico-Cochleo-Dentate Degeneration</td>
</tr>
<tr>
<td>110 Cogan syndrome</td>
<td>139 Pfeiffer syndrome</td>
</tr>
<tr>
<td>111 Cornelia de Lange</td>
<td>140 Prader-Willi</td>
</tr>
<tr>
<td>112 Cri du chat syndrome (Chromosoome 5p-Syndrome)</td>
<td>141 Pierre-Robin syndrome</td>
</tr>
<tr>
<td>113 Criqler-Najjar syndrome</td>
<td>142 Refsum syndrome</td>
</tr>
<tr>
<td>114 Crouzon syndrome (Craniofacial Dysotosis)</td>
<td>143 Scheie syndrome (MPS I-S)</td>
</tr>
<tr>
<td>115 Dandy Walker syndrome</td>
<td>144 Smith-Lemli-Optiz (SLO) syndrome</td>
</tr>
<tr>
<td>116 Down syndrome (Trisomy Twenty-one)</td>
<td>145 Stickler syndrome</td>
</tr>
<tr>
<td>117 Goldenhar syndrome</td>
<td>146 Sturge-Weber syndrome</td>
</tr>
<tr>
<td>118 Hand-Schuller-Christian (Histiocytosis)</td>
<td>147 Treacher Collins syndrome</td>
</tr>
<tr>
<td>119 Hallgren syndrome</td>
<td>148 Trisomy thirteen (Patau syndrome)</td>
</tr>
<tr>
<td>120 Herpes-Zoster (or Hunt)</td>
<td>149 Trisomy eighteen (Edwards syndrome)</td>
</tr>
<tr>
<td>121 Hunter syndrome (MPSII)</td>
<td>150 Turner syndrome</td>
</tr>
<tr>
<td>122 Hurler syndrome (MPS I-H)</td>
<td>151 Usher I syndrome</td>
</tr>
<tr>
<td>123 Kearns-Sayre syndrome</td>
<td>152 Usher II syndrome</td>
</tr>
<tr>
<td>124 Klippel-Feil sequence</td>
<td>153 Usher III syndrome</td>
</tr>
<tr>
<td>125 Klippel-Trenaunay-Weber syndrome</td>
<td>154 Vogt-Koyanagi-Harada syndrome</td>
</tr>
<tr>
<td>126 Kniest Dysplasia</td>
<td>155 Waardenburg syndrome</td>
</tr>
<tr>
<td>127 Leber congenital amaurosis</td>
<td>156 Wildervack syndrome</td>
</tr>
<tr>
<td>128 Leigh disease</td>
<td>157 Wolf-Hirschhorn syndrome (Trisomy 4p)</td>
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<tr>
<td>129 Marfan syndrome</td>
<td>158 Other</td>
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<thead>
<tr>
<th>Pre-Natal/Congenital Complications</th>
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<tbody>
<tr>
<td>201 Congenital Rubella Syndrome</td>
<td>205 Fetal Alcohol Syndrome</td>
</tr>
<tr>
<td>202 Congenital Syphilis</td>
<td>206 Hydrocephaly</td>
</tr>
<tr>
<td>203 Congenital Toxoplasmosis</td>
<td>207 Maternal Drug Use</td>
</tr>
<tr>
<td>204 Cytomegalovirus (CMV)</td>
<td>208 Microcephaly</td>
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<thead>
<tr>
<th>Post-Natal/Non-Congenital Complications</th>
<th></th>
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<tbody>
<tr>
<td>301 Asphyxia</td>
<td>304 Infections</td>
</tr>
<tr>
<td>302 Direct Trauma to the eye and/or ear</td>
<td>305 Meningitis</td>
</tr>
<tr>
<td>303 Encephalitis</td>
<td>306 Severe Head Injury</td>
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<tr>
<td></td>
<td>307 Stroke</td>
</tr>
<tr>
<td></td>
<td>308 Tumors</td>
</tr>
<tr>
<td></td>
<td>309 Chemically Induced</td>
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</tbody>
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<thead>
<tr>
<th>Related to Prematurity</th>
<th>Undiagnosed</th>
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<tbody>
<tr>
<td>401 Complications of Prematurity</td>
<td>501 No Determination of Etiology</td>
</tr>
</tbody>
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### Part III: IDEA

#### Funding Category
(please indicate the funding category under which the individual was receiving services on December 1, 2016):

- **0** 1 IDEA Part B (three through twenty-one)
- **0** 2 IDEA Part C (birth through two)
- **3** Not reported under Part B or Part C

#### Special Education Status/Part C Exiting
(please indicate the ONE code that best describes the individual’s special education program status):

- **0** In a Part C early intervention program
- **1** Completion of IFSP prior to reaching max age for Pt C
- **2** Eligible for IDEA, Part
- **3** Not eligible for Pt B, referral to other
- **4** Not eligible for Pt B, exit w/no
- **5** Part B eligibility not determined
- **6** Deceased
- **7** Moved out of state
- **8** Withdrawal by parent/guardian
- **9** Attempts to reach parent and/or child unsuccessful

#### Part C Category Code
(please indicate the primary category code under which the individual was reported on the Part C, IDEA Child Count - select only ONE. See attached GUIDELINE for additional information, if needed.):

- **1** At-risk for developmental delays as defined by the State’s Plan
- **2** Developmentally Delayed
- **888** Not Reported under Part C of IDEA

#### Part B Category Code
(please indicate the primary category code under which the individual was reported on the Part B, IDEA Child Count - select only ONE. See attached GUIDELINE for additional information, if needed.):

- **1** Mental Retardation
- **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
- **9** Deaf-blindness
- **10** Multiple Disabilities
- **11** Autism
- **12** Traumatic Brain
- **13** Developmentally Delayed-age 3-9
- **14** Non-Categorical
- **15** Not Reported under Part B of IDEA

### Deaf-Blind Project Exiting Status:

- **0** Eligible to receive services from DB
- **1** No longer eligible to receive services from State DB

### Participation in Statewide Assessments

- **1** Regular grade-level State assessment
- **2** Regular grade-level State assessment w/accommodations
- **3** Alternate assessments
- **6** Not required at age or grade level
### Educational Setting
(indicate the ONE educational setting code from the appropriate age subcategory that best describes the individual's educational setting. Please specify “Other” if none of the provided codes apply):

#### Early Intervention Setting
Birth through 2 years of age (if the individual is in this category, please check the ONE box indicating the service(s) setting).

- 0 1. Home
- 0 2. Community-based setting
- 0 3. Other setting

#### ECSE (3-5) Settings

<table>
<thead>
<tr>
<th></th>
<th>1 Attending a regular EC program at least 80% of the time</th>
<th>2 Attending a regular EC program 40% to 79% of the time</th>
<th>3 Attending a regular EC program less than 40% of the time</th>
<th>4 Attending a separate class</th>
<th>5 Attending a separate school</th>
<th>6 Attending a residential</th>
<th>7 Service provider</th>
<th>8 Home</th>
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#### School aged (6-21) Settings

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<tr>
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<th>9 Inside the regular class 80% or more of the day</th>
<th>10 Inside the regular class 40% to 79% of day</th>
<th>11 Inside the regular class less than 40% of the day</th>
<th>12 Separate School</th>
<th>13 Residential facility</th>
<th>14 Homebound/Hospital</th>
<th>15 Correctional</th>
<th>16 Parentally placed in private schools/Homeschooled</th>
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### Assistive Technology

- Corrective Lenses
  - Options: Yes, No, Unknown
- Assistive Listening Devices
  - Options: Yes, No, Unknown
- Additional Assistive Technology
  - Options: Yes, No, Unknown

### Intervener (One-on-One Paraprofessional)

- Does the student receive one-on-one paraprofessional support?
  - Options: Yes, No, Unknown

### School Information

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

Please return this form and the appropriate Permission for Release Form (if already returned by the individual or parent/guardian, by February 1, 2017 to:

Susan Bonner, Deafblind Project Director
Missouri Deafblind Technical Assistance Project
3815 Magnolia
St. Louis, Missouri 63110
susan.bonner@msb.dese.mo.gov