

“NONE TO REPORT”
to be used for the
2015 Missouri Deafblind Census Report

Please complete and return this form **if you do not have any individuals with deafblindness** (ages birth through 21 years) **to report**. **NOTE:** *Please carefully review definition of deafblindness in attached procedures to complete the 2015 Missouri Deafblind Census Form.*

Source of this information:

LEA or SEA **Agency:** _____

County and District Codes (6 digit number of LEA) _____ / _____

LEA or SEA Agency Address:

(Street address)

(City) (State) (ZIP Code)

Person completing this form:

Name: _____

Title/Position: _____ Email: _____

Daytime telephone number (including Area Code): _____

(Signature of person completing form) (Date completed)

Please return this form by February 1, 2016, to:

Susan Bonner, Project Coordinator
Missouri Deafblind Technical Assistance Project
Missouri School for the Blind
3815 Magnolia Avenue
St Louis, Missouri 63110-4099

Form may be faxed to Susan Bonner at (314) 773- 3762. If you have any questions, please call Susan Bonner at (314) 633-1553 or Anna Werner, Outreach Administrative Assistant, at (314) 633-3961.

Thank you for completing this form, which will assist in program development and funding.

December 1, 2015 Count