

2017 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.

Today's Date: _____ MOSIS#: _____

Status of this Individual's Report (please check one):

- New (individual being added to the Census) No revisions to last year's information
 Information revised from last year's reporting

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 4 Hispanic/Latino 7 Two or more races
 2 Asian 5 White
 3 Black or African American 6 Native Hawaiian or other Pacific Islander

Living Setting (Select the ONE setting that best describes where the individual resides the majority of the year.):

- 1 Home: Birth/Adoptive Parents 5 Private Residential Facility 9 Pediatric Nursing Home
 2 Home: Extended Family 6 Group Home (less than six residents) 555 Other:
 3 Home: Foster Parents 7 Group Home (six or more residents)
 4 State Residential Facility 8 Apartment (with non-family person(s))

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 4 Totally Blind 9 Documented Functional Vision Loss
 2 Legally Blind 6 Diagnosed Progressive Loss
 3 Light Perception Only 7 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 4 Severe 7 Further Testing Needed
 2 Moderate 5 Profound 8 XXX
 3 Moderately Severe 6 Diagnosed Progressive Loss 9 Documented Functional Hearing Loss

Central Auditory Processing Disorder (CAPD)? Yes No

Cochlear Implant? Yes NoAuditory Neuropathy? Yes No**Other Impairments** (indicate YES or NO forPhysical Impairments Yes No Complex Health Care Needs Yes NoCognitive Impairments Yes No Communication Speech/Lang Yes NoBehavioral Disorder Yes No Other: _____ Yes No**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):

Hereditary/Chromosomal Syndromes and Disorders

- | | |
|---|--|
| <input type="radio"/> 101 Aicardi syndrome | <input type="radio"/> 130 Marshall syndrome |
| <input type="radio"/> 102 Alport syndrome | <input type="radio"/> 131 Maroteaux-Lamy syndrome (MPS VI) |
| <input type="radio"/> 103 Alstrom syndrome | <input type="radio"/> 132 Moebius syndrome |
| <input type="radio"/> 104 Apert syndrome (Acrocephalosyndactyly, Type!) | <input type="radio"/> 133 Monosomy Tenp |
| <input type="radio"/> 105 Bardet-Biedl syndrome (Laurence Moon-Biedl) | <input type="radio"/> 134 Morquio syndrome (MPS IV-B) |
| <input type="radio"/> 106 Batten disease | <input type="radio"/> 135 NF One - Neurofibromatosis |
| <input type="radio"/> 107 CHARGE association | <input type="radio"/> 136 NF Two- Bilateral Acoustic Neurofibromatosis |
| <input type="radio"/> 108 Chromosome eighteen, Ring eighteen | <input type="radio"/> 137 Norrie disease |
| <input type="radio"/> 109 Cockayne syndrome | <input type="radio"/> 138 Optico-Cochleo-Dentate Degeneration |
| <input type="radio"/> 110 Cogan syndrome | <input type="radio"/> 139 Pfeiffer syndrome |
| <input type="radio"/> 111 Cornelia de Lange | <input type="radio"/> 140 Prader-Willi |
| <input type="radio"/> 112 Cri du chat syndrome (Chromosome 5p-Syndrome) | <input type="radio"/> 141 Pierre-Robin syndrome |
| <input type="radio"/> 113 Crigler-Najjar syndrome | <input type="radio"/> 142 Refsum syndrome |
| <input type="radio"/> 114 Crouzon syndrome (Craniofacial Dysostosis) | <input type="radio"/> 143 Scheie syndrome (MPS I-S) |
| <input type="radio"/> 115 Dandy Walker syndrome | <input type="radio"/> 144 Smith-Lemli-Optiz (SLO) syndrome |
| <input type="radio"/> 116 Down syndrome (Trisomy Twenty-one) | <input type="radio"/> 145 Stickler syndrome |
| <input type="radio"/> 117 Goldenhar syndrome | <input type="radio"/> 146 Sturge-Weber syndrome |
| <input type="radio"/> 118 Hand-Schuller-Christian (Histiocytosis X) | <input type="radio"/> 147 Treacher Collins syndrome |
| <input type="radio"/> 119 Hallgren syndrome | <input type="radio"/> 148 Trisomy thirteen (Patau syndrome) |
| <input type="radio"/> 120 Herpes-Zoster (or Hunt) | <input type="radio"/> 149 Trisomy eighteen (Edwards syndrome) |
| <input type="radio"/> 121 Hunter syndrome (MPSII) | <input type="radio"/> 150 Turner syndrome |
| <input type="radio"/> 122 Hurler syndrome (MPS I-H) | <input type="radio"/> 151 Usher I syndrome |
| <input type="radio"/> 123 Kearns-Sayre syndrome | <input type="radio"/> 152 Usher II syndrome |
| <input type="radio"/> 124 Klippel-Feil sequence | <input type="radio"/> 153 Usher III syndrome |
| <input type="radio"/> 125 Klippel-Trenaunay-Weber syndrome | <input type="radio"/> 154 Vogt-Koyanagi-Harada syndrome |
| <input type="radio"/> 126 Kniest Dysplasia | <input type="radio"/> 155 Waardenburg syndrome |
| <input type="radio"/> 127 Leber congenital amaurosis | <input type="radio"/> 156 Wildervanck syndrome |
| <input type="radio"/> 128 Leigh disease | <input type="radio"/> 157 Wolf-Hirschhorn syndrome (Trisomy 4p) |
| <input type="radio"/> 129 Marfan syndrome | <input type="radio"/> 199 Other |

Pre-Natal/Congenital Complications

- | | | |
|---|--|---|
| <input type="radio"/> 201 Congenital Rubella Syndrome | <input type="radio"/> 205 Fetal Alcohol Syndrome | <input type="radio"/> 209 Neonatal Herpes Simples (HSV) |
| <input type="radio"/> 202 Congenital Syphilis | <input type="radio"/> 206 Hydrocephaly | <input type="radio"/> 299 Other |
| <input type="radio"/> 203 Congenital Toxoplasmosis | <input type="radio"/> 207 Maternal Drug Use | |
| <input type="radio"/> 204 Cytomegalovirus (CMV) | <input type="radio"/> 208 Microcephaly | |

Post-Natal/Non-Congenital Complications

- | | | | |
|---|--|--|---------------------------------|
| <input type="radio"/> 301 Asphyxia | <input type="radio"/> 304 Infections | <input type="radio"/> 307 Stroke | <input type="radio"/> 399 Other |
| <input type="radio"/> 302 Direct Trauma to the eye and/or ear | <input type="radio"/> 305 Meningitis | <input type="radio"/> 308 Tumors | |
| <input type="radio"/> 303 Encephalitis | <input type="radio"/> 306 Severe Head Injury | <input type="radio"/> 309 Chemically Induced | |

Related to Prematurity

 401 Complications of Prematurity

Undiagnosed

 501 No Determination of Etiology**Part III: IDEA****Funding Category** (please indicate the funding category under which the individual was receiving services on **December 1, 2017**):

- | | |
|--|---|
| <input type="radio"/> 1 IDEA Part B (three through twenty-one years) | <input type="radio"/> 3 Not reported under Part B or Part C |
| <input type="radio"/> 2 IDEA Part C (birth through two years) | |

-----Part C-----

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

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

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-----

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

- | | |
|--|---|
| <input type="radio"/> 0 In ECSE or school-aged Special Education Program | <input type="radio"/> 5 Died |
| <input type="radio"/> 1 Transferred to regular education | <input type="radio"/> 6 Moved, Known to be Continuing |
| <input type="radio"/> 2 Graduated with regular diploma | <input type="radio"/> 7 (intentionally not used) |
| <input type="radio"/> 3 Received a certificate | <input type="radio"/> 8 Dropped out |
| <input type="radio"/> 4 Reached Maximum Age | |

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.):

- | | |
|--|--|
| <input type="radio"/> 1 Mental Retardation | <input type="radio"/> 9 Deaf-blindness |
| <input type="radio"/> 2 Hearing Impairment (includes deafness) | <input type="radio"/> 10 Multiple Disabilities |
| <input type="radio"/> 3 Speech or Language Impairment | <input type="radio"/> 11 Autism |
| <input type="radio"/> 4 Visual Impairment (includes blindness) | <input type="radio"/> 12 Traumatic Brain Injury |
| <input type="radio"/> 5 Emotional Disturbance | <input type="radio"/> 13 Developmentally Delayed-age 3-9 |
| <input type="radio"/> 6 Orthopedic Impairment | <input type="radio"/> 14 Non-Categorical |
| <input type="radio"/> 7 Other Health Impairment | <input type="radio"/> 15 Not Reported under Part B of IDEA |
| <input type="radio"/> 8 Specific Learning Disability | |

Deaf-Blind Project Exiting Status:

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

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

- 1 Attending a regular EC program at least 80% of the time
 2 Attending a regular EC program 40% to 79% of the time
 3 Attending a regular EC 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

School aged (6-21) Settings

- 9 Inside the regular class 80% or more of the day
 10 Inside the regular class 40% to 79% of 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 schools/Homeschooled

Assistive Technology

- Corrective Lenses* Yes No Unknown
Assistive Listening Devices Yes No Unknown
Additional Assistive Technology Yes No Unknown

Intervener (One-on-One Paraprofessional)

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

School InformationAgency/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, 2018 to:

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