MO Deaf-Blind 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

◯ 1.American Indian or Alaskan Native ◯ 2.Asian ◯ 3.Black/African American ◯ 4.Hispanic ◯ 5.White ◯ 6. Native Hawaiian/ Pacific Islander ◯ 7. Two or more races

8. **Primary language spoken in the home:**

◯ 1.English ◯ 4. German ◯ 7. French
◯ 2.Spanish ◯ 5. Serbo-Croatian ◯ 8. American Sign Language (ASL)
◯ 3.Chinese ◯ 6. Arabic ◯ 9. Other:

9. **Current living setting:**

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

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 ◯ 4.Totally Blind ◯ 7.Further Testing Needed
◯ 2.Legally Blind ◯ 6.Diagnosed Progressive Loss ◯ 9.Documented Functional Vision Loss
◯ 3.Light Perception Only

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

◯ 1.Mild (26-40 dB loss) ◯ 4.Severe (71-90 dB loss) ◯ 7.Further Testing Needed
◯ 2.Moderate (41-55 dB loss) ◯ 5.Profound (91+ dB loss) ◯ 9.Documented Functional Hearing Loss
◯ 3.Moderately Severe (56-70 dB loss) ◯ 6.Diagnosed Progressive Loss

3. Does the child have any of the following:

Unknown	Auditory Neuropathy	Unknown	Physical Impairments
Unknown	Central Auditory Processing Disorder (CAPD)	Unknown	Cognitive Impairments
Unknown	Cochlear Implant	Unknown	Behavior Disorder
Unknown	Cortical Visual Impairment	Unknown	Complex Health Care Needs
Unknown	Corrective Lenses	Unknown	Communication/Speech and Language
Unknown	Assistive Listening Devices (i.e. hearing aids or FM system)	Unknown	Additional Assistive Technology (other than corrective lenses or assistive listening devices)
Unknown	Other:		
Unknown	Other:	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:	