For Deafblind Project Office use only: ID# _____ *Kidcode* _____

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.

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
○ 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

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 Funtional Hearing Loss

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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	Complex Health Care Needs	☐ Yes	☐ No
Cognitive Impairments	☐ Yes	☐ No	Communication Speech/Lang	☐ Yes	☐ No
Behavioral 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

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

Pre-Natal/Congenital Complications

○ 201 Congenital Rubella Syndrome	○ 205 Fetal Alcohol Syndrome	○ 209 Neonatal Herpes Simples (HSV)
○ 202 Congenital Syphilis	○ 206 Hydrocephaly	○ 299 Other
○ 203 Congenital Toxoplasmosis	○ 207 Maternal Drug Use	
○ 204 Cytomegalovirus (CMV)	○ 208 Microcephaly	

Post-Natal/Non-Congenital Complications

○ 301 Asphyxia	○ 304 Infections	○ 307 Stroke	○ 399 Other
○ 302 Direct Trauma to the eye and/or ear	○ 305 Meningitis	○ 308 Tumors	
○ 303 Encephalitis	○ 306 Severe Head Injury	○ 309 Chemically Induced	

Related to Prematurity

☐ 401 Complications of Prematurity

Undiagnosed

☐ 501 No Determination of Etiology

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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**):

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

-----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-----

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

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

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

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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 chech 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	○ 5 Attending a separate school
○ 2 Attending a regular EC program 40% to 79% of the time	○ 6 Attending a residential
○ 3 Attending a regular EC program less than 40% of the time	○ 7 Service provider
○ 4 Attending a separate class	○ 8 Home

School aged (6-21) Settings

○ 9 Inside the regular class 80% or more of the day	○ 13 Residential facility
○ 10 Inside the regular class 40% to 79% of day	○ 14 Homebound/Hospital
○ 11 Inside the regular class less than 40% of the day	○ 15 Correctional
○ 12 Separate School	○ 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 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