# MO Deaf-Blind Census Reporting Form

## Instructions for Completion

Thank you for completing this registration form for the "OSEP National Census of Children and Youth who are Deaf-Blind" under IDEA. All fields are required for submission.

I. Information about the Individual (Child/Young Adult):
   1. Please provide the student's legal first name, last name and middle initial.
   2. Select child's gender.
   3. Provide child's date of birth.
   4. Provide child's county of residence.
   5. Provide at least one name of a parent or guardian for the child. Include address, phone number, and email address for at least one parent/guardian.
   6. Provide the child's primary etiology code from the chart below.

| HEREDITARY/CHROMOSAL SYNDROMES AND DISORDERS | HEREDITARY/CHROMOSAL SYNDROMES AND DISORDERS, CONT. |
|---|---|
| 101. Aicardi syndrome<br>102. Alport syndrome<br>103. Alstrom syndrome<br>104. Apert syndrome (Acrocephalosyndactyly, Type 1)<br>105. Bardet-Biedl syndrome (Laurence Moon-Biedl)<br>106. Batten disease<br>107. CHARGE Syndrome<br>108. Chromosome 18, Ring 18<br>109. Cockayne syndrome<br>110. Cogan Syndrome<br>111. Cornelia de Lange<br>112. Cri du chat syndrome (Chromosome 5p- syndrome)<br>113. Crigler-Najjar syndrome<br>114. Crouzon syndrome (Craniofacial Dysotosis)<br>115. Dandy Walker syndrome<br>116. Down syndrome (Trisomy 21 syndrome)<br>117. Goldenhar syndrome<br>118. Hand-Schuller-Christian (Histiocytosis X)<br>119. Hallgren syndrome<br>120. Herpes-Zoster (or Hunt)<br>121. Hunter Syndrome (MPS II)<br>122. Hurler syndrome (MPS I-H)<br>123. Kearns-Sayre syndrome<br>124. Klippel-Feil sequence<br>125. Klippel-Trenaunay-Weber syndrome<br>126. Kniest Dysplasia<br>127. Leber congenital amaurosis<br>128. Leigh Disease<br>129. Marfan syndrome<br>130. Marshall syndrome<br>131. Maroteaux-Lamy syndrome (MPS VI)<br>132. Moebius syndrome<br>133. Monosomy 10p<br>134. Morquio syndrome (MPS IV-B)<br>135. NF1 - Neurofibromatosis (von Recklinghausen disease)<br>136. NF2 - Bilateral Acoustic Neurofibromatosis<br>137. Norrie disease<br>138. Optico-Cochleo-Dentate Degeneration<br>139. Pfieffer syndrome<br>140. Prader-Willi syndrome<br>141. Pierre-Robin syndrome<br>142. Refsum syndrome 3 Doc C-1<br>143. Scheie syndrome (MPS I-S)<br>144. Smith-Lemli-Opitz (SLO) syndrome<br>145. Stickler syndrome | 146. Sturge-Weber syndrome<br>147. Treacher Collins syndrome<br>148. Trisomy 13 (Trisomy 13-15, Patau syndrome)<br>149. Trisomy 18 (Edwards syndrome)<br>150. Turner syndrome<br>151. Usher Syndrome, Type I<br>152. Usher Syndrome, Type II<br>153. Usher Syndrome, Type III<br>154. Vogt-Koyanagi-Harada syndrome<br>155. Waardenburg syndrome<br>156. Wildervanck syndrome<br>157. Wolf-Hirschhorn syndrome (Trisomy 4p)<br>199. Other (indicate code 199 and provide specific etiology in the box on the form)<br><br>**PRE-NATAL/CONGENITAL COMPLICATIONS**<br>201. Congenital Rubella<br>202. Congenital Syphilis<br>203. Congenital Toxoplasmosis<br>204. Cytomegalovirus (CMV)<br>205. Fetal Alcohol syndrome<br>206. Hydrocephaly<br>207. Maternal Drug Use<br>208. Microcephaly<br>209. Neonatal Herpes Simplex (HSV)<br>299. Other (indicate code 299 and provide specific etiology in the box on the form)<br><br>**POST-NATAL/NON CONGENITAL COMPLICATIONS**<br>301. Asphyxia<br>302. Direct Trauma to the eye and/or ear<br>303. Encephalitis<br>304. Infections<br>305. Meningitis<br>306. Severe Head Injury<br>307. Stroke<br>308. Tumors<br>309. Chemically Induced<br>399. Other (indicate code 399 and provide specific etiology in the box on the form)<br><br>**RELATED TO PREMATURITY**<br>401. Complications to Prematurity<br><br>**UNDIAGNOSED**<br>501. No determination of Etiology |

7. Specify if the child is hispanic or not hispanic, and then mark the child's race.

II. Information about Vision, Hearing, and Other Impairments
    1. Select the list item that best describes the child's vision loss.
    2. Select the list item that best describes the child's hearing loss.
    3. Select yes, no, or unknown for each of the additional disabilities, impairments, or additional devices/technology.

III. Reporting, Funding and Placement Information

Reporting Category: Select the appropriate reporting category for the student, and then fill out the corresponding section. If the student is on a 504 Plan or not reported under Part C or Part B, skip to question 5.

1. Select the child's Part C reporting category.
2. Specify where the child receives Part C services. If other, please describe.
3. Select the child's Part B reporting category.
4. Specify where the child receives Part B services. Make sure you select an appropriate setting based on the student's age.
5. Indicate what assessment system the child participates in.
6. Please provide complete information about the school at which the student is served.
7. Indicate if the child receives intervener services. For more information about intervener services, please review the "Frequently Asked Census Questions" document.
8. Provide your contact information, in case questions arise.

If you have questions, please reach out to Mandy Clayton at the below contact information.

Please mail or email the completed form, along with the "Parent/Guardian Release of Information" form, to:

Mandy Clayton, School Support Specialist
Missouri Deaf-Blind Technical Assistance Project
3815 Magnolia Avenue
Saint Louis, MO 63110
Email: mandy.clayton@msb.dese.mo.gov
Phone: 314-633-1553

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