



MO DeafBlind 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:	0. Not Hispanic	Race:	1. American Indian or Alaskan Native	2. Asian	5. White	7. Two or more races
	1. Hispanic			3. Black/African American	6. Native Hawaiian/Pacific Islander	

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:

Auditory Neuropathy	Physical Impairments
Central Auditory Processing Disorder (CAPD)	Cognitive Impairments
Cochlear Implant	Behavior Disorder
Cortical Visual Impairment	Complex Health Care Needs
Corrective Lenses	Communication/Speech and Language
Assistive Listening Devices (i.e. hearing aids or FM system)	Additional Assistive Technology (other than corrective lenses or assistive listening devices)
Other:	Other:
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	6. Orthopedic Impairment	12. Traumatic Brain Injury
2. Hearing Impairment (includes deafness)	7. Other Health Impairment	13. Developmentally Delayed (ages 3 through 9)
3. Speech or Language Impairment	8. Specific Learning Disability	14. Non-Categorical
4. Visual Impairment (includes blindness)	9. Deaf-Blind	888. Not reported under Part B of IDEA
5. Emotional Disturbance	10. Multiple Disabilities	
	11. Autism	

4. Educational setting. Please choose the one which best describes which type of program the child attends.

<p>3-5 years of age</p> <ol style="list-style-type: none"> 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. 	<p>6-21 years of age</p> <ol style="list-style-type: none"> 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
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5. Participation in Statewide Assessments: Please indicate what assessment system the child participates in.

1. Regular grade-level State assessment.	6. Not required at age or grade level.
2. Regular grade-level State assessment with accommodations.	7. Parent opt-out.
3. Alternative Assessment aligned with grade level.	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: