



Alabama Initiative for Children and  
Youth who are Deaf-Blind  
2019 Deaf-Blind Census Reporting  
Form

**STOP!!** Complete this form ONLY for individuals who have BOTH vision and hearing loss.

Do NOT USE for an individual with only vision loss.

DATA DUE BY January 31, 2020 FOR INCLUSION IN THE NATIONAL DEAF-BLIND CHILD COUNT SUMMARY

Please feel free to call Jennifer Oldenburg at 256 761-3241 if you have any questions!

**Part I: Information about an individual who has both hearing and vision loss:**

**Student Name:**

\_\_\_\_\_ First Name

\_\_\_\_\_ Last Name

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

Gender:  Male  Female

Date of Birth: \_\_\_\_\_

MM/DD/YYYY

Etiology: Primary \_\_\_\_\_ Secondary \_\_\_\_\_ Other \_\_\_\_\_ Other \_\_\_\_\_

(See attached List on page 3) Code

Code

Code

Code

**Race/Ethnicity (Select the ONE that best describes the individual's race/ethnicity):**

1. American Indian/or Alaska Native

5. White

2. Asian

6. Native Hawaiian/Pacific Islander

3. Black/African American

7. Two or more races:

4. Hispanic/Latino

Numbers: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

For Project Office use only :

Date Received : \_\_\_\_\_ Date Revised: \_\_\_\_\_

State Code \_\_\_\_\_ ID #: \_\_\_\_\_

Kid Code: \_\_\_\_\_ Child Code: \_\_\_\_\_

Status of this Individual's Report (Please check one):  DB  Complex Needs  Referral

**Parent/Guardian(s):**

\_\_\_\_\_

First Name

\_\_\_\_\_

Last Name

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

County of Residence: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Primary Language:  English  Spanish  Sign Language  Other \_\_\_\_\_

\_\_\_\_\_

First Name

\_\_\_\_\_

Last Name

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

County of Residence: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Primary Language:  English  Spanish  Sign Language  Other \_\_\_\_\_

**School Information – Primary Contact information**

Agency or School: \_\_\_\_\_ Secondary Ed Placement \_\_\_\_\_

Primary Ed Teacher \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax \_\_\_\_\_

Primary Special Education Teacher \_\_\_\_\_

E-mail \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Special Education Coordinator/Director \_\_\_\_\_

E-Mail \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

School District \_\_\_\_\_

Primary Agency/School Address: \_\_\_\_\_

\_\_\_\_\_ School City

\_\_\_\_\_ State

\_\_\_\_\_ Zip Code

E-mail \_\_\_\_\_ Phone: \_\_\_\_\_ Fax : \_\_\_\_\_

**Please Note:**

Each year, the U.S. Department of Education, Office of Special Education Programs (OSEP), requires Alabama to conduct an Annual Deaf-Blind Census. Formerly housed at the University of Alabama at Birmingham (UAB), the Alabama Institute for Deaf and Blind (AIDB), in partnership with UAB and several state agencies, now conducts the required annual statewide census for Alabama and reports per OSEP requirements.

We have been advised that the release of information for this Registry does not violate the Family Education and Privacy Act (FERPA) according to the U.S. Code of Federal Regulations Title 34 Part 99 Section 31.

The Census collects information about individuals from birth to 21 years of age who have a combination of vision and hearing losses. This data collection is for all infants, toddlers, and children (birth through age 21) who are:

- A. Deaf-Blind or at risk for dual sensory loss
- B. Enrolled in Early Intervention or special education programs
- C. Receive services as of December 1, 2018 Child Count

Reported individuals do not have to be completely deaf or completely blind to be included in this Census. Individuals included should have a mild, moderate or severe hearing loss AND a mild, moderate, or severe vision loss. Students should benefit from instruction specific to the presence dual vision and hearing loss.

National statistical projections indicate that several states—including Alabama— may have consistently under-reported students eligible for the Deaf-Blind Census. It is more important than ever to assure that all eligible students are reported. Not reporting or under-reporting eligible individuals jeopardize funding for technical assistance training, special education programs, and/or early intervention services for children and youth who are deaf-blind and any transition services.

We appreciate the efforts Alabama Special Education Coordinators/Directors have given to this ongoing project, and we applaud you for your conscientious efforts to ensure that all of Alabama's eligible students are counted in this Census. If there are questions, contact Jennifer Oldenburg at 256.761.3241 or

[Oldenburg.jennifer@aidb.org](mailto:Oldenburg.jennifer@aidb.org) THANK YOU!

**Etiology**

(Please indicate the ONE etiology from the list below (from Items 101 to 501) that best describes the primary etiology of the individual's primary disability. Please indicate "Other" (number 399) if an etiology that is not on this list best describes the primary etiology of the individual's primary disability.):

**Primary Etiology Code Number** \_\_\_\_\_

**Secondary Etiology (etiologies): Number(s)** \_\_\_\_\_

**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 1)	133 Monosomy 10p
105 Bardet-Biedl Syndrome (Laurence Moon-Biedl)	134 Morquio Syndrome (MPS IV-B)
106 Batten Disease	135 NF1 – Neurofibromatosis (von Recklinghausen disease)
107 CHARGE Syndrome	136 NF2 – Bilateral Acoustic Neurofibromatosis
108 Chromosome 18, Ring 18	137 Norrie Disease
109 Cockayne Syndrome	138 Optico-Cochleo-Dentate Degeneration
110 Cogan Syndrome	139 Pfeiffer Syndrome
111 Cornelia de Lange	140 Prader-Willi
112 Cri du chat Syndrome (Chromosome 5p- Syndrome)	141 Pierre-Robin Syndrome
113 Crigler-Najjar Syndrome	142 Refsum Syndrome
114 Crouzon Syndrome (Craniofacial Dysostosis)	143 Scheie Syndrome (MPS I-S)
115 Dandy Walker Syndrome	144 Smith-Lemli-Opitz (SLO) Syndrome
116 Down syndrome (Trisomy 21 Syndrome)	145 Stickler Syndrome
117 Goldenhar syndrome	146 Sturge-Weber Syndrome
118 Hand-Schuller-Christian (Histiocytosis X)	147 Treacher Collins Syndrome
119 Hallgren syndrome	148 Trisomy 13 (Trisomy 13-15, Patau Syndrome)
120 Herpes-Zoster (or Hunt)	149 Trisomy 18 (Edwards Syndrome)
121 Hunter Syndrome (MPS II)	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
202 Congenital Syphilis
203 Congenital Toxoplasmosis
204 Cytomegalovirus (CMV)
205 Fetal Alcohol Syndrome
206 Hydrocephaly
207 Maternal Drug Use
208 Microcephaly
209 Neonatal Herpes Simplex (HSV)
299 Other _____

**Post-Natal/Non-Congenital Complications**

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

**Related to Prematurity**

401 Complications of Prematurity
----------------------------------

**Undiagnosed**

501 No Determination of Etiology
----------------------------------

**Part II: Individual's Medical Background/Disabilities**

**Documented Vision Loss** (Select the ONE that best describes the primary classification of the individual's visual loss):

- |   |  |
|---|--|
| <input type="checkbox"/> 1. Low Vision (visual acuity of 20/70 to 20/200>)                                      | <input type="checkbox"/> 6. Diagnosed Progressive Loss           |
| <input type="checkbox"/> 2. Legally Blind (visual acuity of 20/200 or less, or field restriction of 20 degrees) | <input type="checkbox"/> 7. Further Testing Needed (1 year only) |
| <input type="checkbox"/> 3. Light Perception Only   | <input type="checkbox"/> 9. Documented Functional Vision Loss    |
| <input type="checkbox"/> 4. Totally Blind   | Last Functional Vision Assessment:<br>MM/YYYY _____              |

(Please attach documentation)

**Corrective Lenses:**     No     Yes    MM/YYYY \_\_\_\_\_

**Other:**

Cortical Vision Impairment?     1. Yes (Please Attach Report)     No     2. Unknown

**Documented Hearing Loss** (Select the ONE number that best describes the primary classification of the individual's current level of hearing loss.):

- 1. Mild
- 2. Moderate
- 3. Moderately Severe
- 4. Severe
- 5. Profound
- 6. Diagnosed Progressive Loss
- 7. Further Testing Needed
- 9. Documented Functional Hearing Loss (Please Describe) \_\_\_\_\_

**Select additional items below that apply:**

- |                              |                                 |                             |                                     |
|------------------------------|---------------------------------|-----------------------------|-------------------------------------|
| 10. Mixed Loss               | <input type="checkbox"/> 1. Yes | <input type="checkbox"/> No | <input type="checkbox"/> 2. Unknown |
| 11. Fluctuating Hearing Loss | <input type="checkbox"/> 1. Yes | <input type="checkbox"/> No | <input type="checkbox"/> 2. Unknown |

[Please attach Audiology Report(s)—Both Aided and Unaided with Speech Testing, if available ]

**Central Auditory Processing Disorder (CAPD)?**     1. Yes     No     2. Unknown

**Auditory Neuropathy?**     1. Yes     No     2. Unknown

**Cochlear Implant?**     1. Yes     No     2. Unknown

Please attach applicable report(s).

**Other Impairments or Conditions**

**(Please Describe)**

- |                                 |                                 |                             |   |
|---------------------------------|---------------------------------|-----------------------------|---|
| Orthopedic /Physical:           | <input type="checkbox"/> 1. Yes | <input type="checkbox"/> No | <input type="checkbox"/> 2. Unknown _____ |
| Cognitive                       | <input type="checkbox"/> 1. Yes | <input type="checkbox"/> No | <input type="checkbox"/> 2. Unknown _____ |
| Behavioral                      | <input type="checkbox"/> 1. Yes | <input type="checkbox"/> No | <input type="checkbox"/> 2. Unknown _____ |
| Complex Health Needs            | <input type="checkbox"/> 1. Yes | <input type="checkbox"/> No | <input type="checkbox"/> 2. Unknown _____ |
| Communication/Speech/Language   | <input type="checkbox"/> 1. Yes | <input type="checkbox"/> No | <input type="checkbox"/> 2. Unknown _____ |
| Other Impairments or Conditions | <input type="checkbox"/> 1. Yes | <input type="checkbox"/> No | <input type="checkbox"/> 2. Unknown _____ |

**Part III: IDEA****Category Code**

**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.)

1. At-risk for developmental delays (as defined by the State's Part C Lead Agency)
2. Developmentally Delayed
888. Not Reported under Part C

**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.)

- |  |  |
|--|--|
| <input type="checkbox"/> 1. Mental Retardation/Intellectual Disability | <input type="checkbox"/> 8. Specific Learning Disability               |
| <input type="checkbox"/> 2. Hearing Loss (includes deafness)           | <input type="checkbox"/> 9. Deaf-Blindness                             |
| <input type="checkbox"/> 3. Speech or Language Impairment              | <input type="checkbox"/> 10. Multiple Disabilities                     |
| <input type="checkbox"/> 4. Visual Loss (includes blindness)           | <input type="checkbox"/> 11. Autism                                    |
| <input type="checkbox"/> 5. Emotional Disturbance                      | <input type="checkbox"/> 12. Traumatic Brain Injury                    |
| <input type="checkbox"/> 6. Orthopedic Impairment                      | <input type="checkbox"/> 13. Developmentally Delayed (age 3 through 9) |
| <input type="checkbox"/> 7. Other Health Impairment                    | <input type="checkbox"/> 14. Non-Categorical                           |
|  | <input type="checkbox"/> 888. Not Reported under Part B of IDEA        |

**Early Intervention Setting (Birth through 2)**

- |   |  |
|---|--|
| <input type="checkbox"/> 1. Home  | <input type="checkbox"/> 105. Daycare/Childcare                                  |
| <input type="checkbox"/> 2. Community-based Setting   | <input type="checkbox"/> 106. Hospital Inpatient                                 |
| <input type="checkbox"/> 3. Other Setting: _____  | <input type="checkbox"/> 107. Not Receiving Early Intervention Services          |
| <input type="checkbox"/> 101. Program designed for children with Developmental Delays or Disabilities | <input type="checkbox"/> 108. Program designed for typically developing children |
| <input type="checkbox"/> 102. Combination of Center and Home  | <input type="checkbox"/> 109. Residential Facility                               |
| <input type="checkbox"/> 104. Service Provider Location   | <input type="checkbox"/> 555. Other  |

**Early Childhood Special Education Setting (ages 3 – 5)**

- |  |  |
|--|--|
| <input type="checkbox"/> 1. Attending a regular EC program at least 80% of the time  | <input type="checkbox"/> 4. Attending a separate class       |
| <input type="checkbox"/> 2. Attending a regular EC program 40%-79% of the time       | <input type="checkbox"/> 5. Attending a separate school      |
| <input type="checkbox"/> 3. Attending a regular EC program less than 40% of the time | <input type="checkbox"/> 6. Attending a residential facility |
|  | <input type="checkbox"/> 7. Service provider location        |
|  | <input type="checkbox"/> 8. Home                             |

**School Aged Settings (ages 6-21)**

- |   |   |
|---|---|
| <input type="checkbox"/> 9. Attending the regular class at least 80% of the day   | <input type="checkbox"/> 12. Attending a Separate School        |
| <input type="checkbox"/> 10. Attending the regular class 40%-79% of the day       | <input type="checkbox"/> 13. Attending a Residential Facility   |
| <input type="checkbox"/> 11. Attending the regular class less than 40% of the day | <input type="checkbox"/> 14. Homebound/Hospital                 |
|   | <input type="checkbox"/> 15. Correctional Facilities            |
|   | <input type="checkbox"/> 8. Parentally Placed in Private School |

**Statewide Assessments****Participation in Statewide Assessments**

- |  |   |
|--|---|
| <input type="checkbox"/> 1. Regular grade-level state assessment                   | <input checked="" type="checkbox"/> 4. Alternative assessment/alternative standards |
| <input type="checkbox"/> 2. Regular grade-level state assessment w/ accommodations | <input type="checkbox"/> 5. Modified achievement standards                          |
| <input type="checkbox"/> 3. Alternate assessments aligned w/grade level standards  | <input type="checkbox"/> 6. Not yet   |

**Exiting Status****Part C Exiting Status /Birth through 2**

- |  |   |
|--|---|
| <input type="checkbox"/> 0. In a Part C Early Intervention Program                         | <input type="checkbox"/> 5. Part B eligibility not determined                             |
| <input type="checkbox"/> 1. Completion of ISFP prior to reaching maximum age for Part C    | <input type="checkbox"/> 6. Deceased  |
| <input type="checkbox"/> 2. Eligible for IDEA, Part B                                      | <input type="checkbox"/> 7. Moved out of state  |
| <input type="checkbox"/> 3. Not Eligible for Part B, exit with referrals to other programs | <input type="checkbox"/> 8. Withdrawal by parent  |
| <input type="checkbox"/> 4. Not eligible for Part B, exit with no referrals                | <input type="checkbox"/> 8. Attempts to contact the parent and/or child were unsuccessful |

**Part C Exiting Status /Special Education**

(Please indicate the ONE code that best describes the individual's special education program status)

- |  |   |
|--|---|
| <input type="checkbox"/> 0. In a Part C Early Intervention Program                         | <input type="checkbox"/> 5. Part B eligibility not determined                             |
| <input type="checkbox"/> 1. Completion of ISFP prior to reaching maximum age for Part C    | <input type="checkbox"/> 6. Deceased  |
| <input type="checkbox"/> 2. Eligible for IDEA, Part B                                      | <input type="checkbox"/> 7. Moved out of state  |
| <input type="checkbox"/> 3. Not Eligible for Part B, exit with referrals to other programs | <input type="checkbox"/> 8. Withdrawal by parent  |
| <input type="checkbox"/> 4. Not eligible for Part B, exit with no referral                 | <input type="checkbox"/> 9. Attempts to contact the parent and/or child were unsuccessful |

**Part B Exiting Status (Special Education)**

(Please indicate the ONE code that best describes the individual's special education status)

- |  |  |
|--|--|
| <input type="checkbox"/> 0. In ECSE or school-aged Special Education Program | <input type="checkbox"/> 4. Reached maximum age                                    |
| <input type="checkbox"/> 1. Transferred to regular education                 | <input type="checkbox"/> 5. Deceased   |
| <input type="checkbox"/> 2. Graduated with regular diploma                   | <input type="checkbox"/> 6. Moved, known to be continuing (intentionally not used) |
| <input type="checkbox"/> 3. Received a certificate                           | <input type="checkbox"/> 8. Dropped out  |

**Deaf-Blind Project Exiting Status**

0. Eligible to receive services from the DB Project
1. No longer eligible to receive services from DB Project

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

- |  |   |
|--|---|
| <input type="checkbox"/> 0. Home: Birth/Adoptive Parents | <input type="checkbox"/> 5. Group Home (less than 6 residents)  |
| <input type="checkbox"/> 1. Home: Extended Family        | <input type="checkbox"/> 6. Group Home (6 or more residents)    |
| <input type="checkbox"/> 2. Home: Foster Parents         | <input type="checkbox"/> 7. Apartment (with non-family members) |
| <input type="checkbox"/> 3. State Residential Facility   | <input type="checkbox"/> 8. Pediatric Nursing Home              |
| <input type="checkbox"/> 4. Private Residential Facility | <input type="checkbox"/> 555. Other: _____                      |

**Assistive Technology**

<b>Corrective Lenses</b>	<input type="checkbox"/> 0. No	<input type="checkbox"/> 1. Yes _____	<input type="checkbox"/> 2. Unknown
<b>Assistive Listening Devices/Hearing Aids</b>	<input type="checkbox"/> 0. No	<input type="checkbox"/> 1. Yes _____ Name/Type	<input type="checkbox"/> 2. Unknown
<b>Additional Assistive Technology</b>	<input type="checkbox"/> 0. No	<input type="checkbox"/> 1. Yes _____ Name/Type	<input type="checkbox"/> 2. Unknown
<b>Intervenor</b>	<input type="checkbox"/> 0. No	<input type="checkbox"/> 1. Yes _____ Type of Certification	<input type="checkbox"/> 2. Unknown
<b>Interpreter</b>	<input type="checkbox"/> 0. No	<input type="checkbox"/> 1. Yes _____ Primary communication method _____ Type of Interpreter Certification	<input type="checkbox"/> 2. Unknown

Notes/Comments/How May We Serve You?

**Thank You for Your Time and Effort!**

The data you have provided will make a difference for the children of our state with dual sensory loss!

Person completing this form \_\_\_\_\_ Date of completion \_\_\_\_\_

Please email, fax or mail this packet to:  
 Jennifer Oldenburg  
 Alabama Initiative for Children and Youth who are DeafBlind Outreach –  
 P.O. Box 698  
 Talladega, AL 35161  
 Phone: 256.761.3241  
 Fax: 256.761.3860  
 Email: [Oldenburg.jennifer@aidb.org](mailto:Oldenburg.jennifer@aidb.org)  
 Website: [www.aidb.org](http://www.aidb.org)

Please contact DB Outreach Jennifer Oldenburg, 256.761.3241 or [Oldenburg.jennifer@aidb.org](mailto:Oldenburg.jennifer@aidb.org), with questions regarding the Alabama Initiative for Children and Youth who are Deaf-Blind!

# Alabama Initiative for Children and Youth who are Deaf-Blind Registry Exit Summary 2019

Complete for each student who qualified for the 2018 Deaf-Blind Registry and exited your program before December 1, 2019.

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

School District Exited \_\_\_\_\_ Exit Date \_\_\_\_\_

## Part C Exiting Status /Birth through 2

- 0. In a Part C Early Intervention
- 1. Completion of ISFP prior to reaching maximum age for Part C
- 2. Eligible for IDEA, Part B
- 3. Not eligible for Part B, exit with referrals to other programs
- 4. Not eligible for Part B, exit with no referrals
- 5. Part B eligibility not determined
- 6. Deceased
- 7. Moved out of state
- 8. Withdrawal by parent
- 9. Attempts to contact the parent and/or child were unsuccessful



## Alabama Initiative for Children and Youth who are Deaf-Blind Registry Exit Summary Form - 2019

### Part B Exiting Status (Special Education)

(Please indicate the ONE code that best describes the individual's special education status)

- 0. In ECSE or school-aged Special Education Program
- 1. Transferred to regular education
- 2. Graduated with regular diploma
- 3. Received a certificate

### Part C Exiting Status /Special Education

(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 ISFP prior to reaching maximum age for Part C
- 2. Eligible for IDEA, Part B
- 3. Not Eligible for Part B, exit with referrals to other programs
- 4. Not eligible for Part B, exit with no referral
- 5. Part B eligibility not determined
- 4. Reached maximum age
- 5. Deceased
- 6. Moved, known to be continuing
- 7. (intentionally not used)
- 8. Dropped out

### Deaf-Blind Project Exiting Status

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

# Alabama Initiative for Children and Youth who are Deaf-Blind Registry Cover Sheet 2019

My district had no students eligible for the Deaf-Blind Registry as of December 1, 2019.

School District \_\_\_\_\_

Submitted By \_\_\_\_\_ Date \_\_\_\_\_

Please mail, e-mail your packet by January 31, 2020 for inclusion in the 2019 census data to:

Jennifer Oldenburg  
Alabama Initiative for Children and Youth who are DeafBlind  
Outreach  
P.O. Box 698  
Talladega, AL 35161  
Phone: 256.761.3241  
Fax: 256.761.3860  
Email: [Oldenburg.jennifer@aidb.org](mailto:Oldenburg.jennifer@aidb.org)  
Website: [www.aidb.org](http://www.aidb.org)