



Alabama Institute for Deaf and Blind



Alabama Initiative for Children and Youth who are Deaf-Blind 2018 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, 2018 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 (Circle One) Date of Birth: _____/_____/_____
Month/Day/Year

Etiology: Primary _____ Secondary _____ Other _____ Other _____
Code Code Code Code

(See attached List on page 3)

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

- 1 American Indian/or Alaska Native
- 2 Asian
- 3 Black/African American
- 4 Hispanic/Latino
- 5 White
- 6 Native Hawaiian/Pacific Islander
- 7 Two or more races (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):

1. _____
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 _____ (Circle one)

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 _____ (Circle one)

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 256.761.3314 or

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
- 102 Alport Syndrome
- 103 Alstrom Syndrome
- 104 Apert Syndrome (Acrocephalosyndactyly, Type 1)
- 105 Bardet-Biedl Syndrome (Laurence Moon-Biedl)
- 106 Batten Disease
- 107 CHARGE Syndrome
- 108 Chromosome 18, Ring 18
- 109 Cockayne Syndrome
- 110 Cogan Syndrome
- 111 Cornelia de Lange
- 112 Cri du chat Syndrome (Chromosome 5p- Syndrome)
- 113 Crigler-Najjar Syndrome
- 114 Crouzon Syndrome (Craniofacial Dysotosis)
- 115 Dandy Walker Syndrome
- 116 Down syndrome (Trisomy 21 Syndrome)
- 117 Goldenhar syndrome
- 118 Hand-Schuller-Christian (Histiocytosis X)
- 119 Hallgren syndrome
- 120 Herpes-Zoster (or Hunt)
- 121 Hunter Syndrome (MPS II)
- 122 Hurler syndrome (MPS I-H)
- 123 Kearns-Sayre Syndrome
- 124 Klippel-Feil Sequence
- 125 Klippel-Trenaunay-Weber Syndrome
- 126 Kniest Dysplasia
- 127 Leber Congenital Amaurosis
- 128 Leigh Disease
- 129 Marfan Syndrome

- 130 Marshall Syndrome
- 131 Maroteaux-Lamy Syndrome (MPS VI)
- 132 Moebius Syndrome
- 133 Monosomy 10p
- 134 Morquio Syndrome (MPS IV-B)
- 135 NF1 – Neurofibromatosis (von Recklinghausen disease)
- 136 NF2 – Bilateral Acoustic Neurofibromatosis
- 137 Norrie Disease
- 138 Optico-Cochleo-Dentate Degeneration
- 139 Pfeiffer Dyndrome
- 140 Prader-Willi
- 141 Pierre-Robin Syndrome
- 142 Refsum Syndrome
- 143 Scheie Syndrome (MPS I-S)
- 144 Smith-Lemli-Opitz (SLO) Syndrome
- 145 Stickler Syndrome
- 146 Sturge-Weber Syndrome
- 147 Treacher Collins Syndrome
- 148 Trisomy 13 (Trisomy 13-15, Patau Syndrome)
- 149 Trisomy 18 (Edwards Syndrome)
- 150 Turner Syndrome
- 151 Usher I Syndrome
- 152 Usher II Syndrome
- 153 Usher III Syndrome
- 154 Vogt-Koyanagi-Harada Syndrome
- 155 Waardenburg Syndrome
- 156 Wildervanck Syndrome
- 157 Wolf-Hirschhorn Syndrome (Trisomy 4p)
- 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):

- 1 Low Vision (visual acuity of 20/70 to 20/200>)
 - 2 Legally Blind (visual acuity of 20/200 or less, or field restriction of 20 degrees)
 - 3 Light Perception Only
 - 4 Totally Blind
 - 6 Diagnosed Progressive Loss
 - 7 Further Testing Needed (1 year only)
 - 9 Documented Functional Vision Loss
- Last Functional Vision Assessment:
Indicate Month/Year : _____/_____
- (Please attach documentation)

Corrective Lenses: No Yes Indicate Month/ Year- _____/_____

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 1 Yes No 2 Unknown
- 11 Fluctuating Hearing Loss 1 Yes No 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: 1 Yes No 2 Unknown _____
- Cognitive 1 Yes No 2 Unknown _____
- Behavioral 1 Yes No 2 Unknown _____
- Complex Health Needs 1 Yes No 2 Unknown _____
- Communication/Speech/Language 1 Yes No 2 Unknown _____
- Other Impairments or Conditions 1 Yes No 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="radio"/> 1 Mental Retardation/Intellectual Disability | <input type="radio"/> 9 Deaf-Blindness |
| <input type="radio"/> 2 Hearing Loss (includes deafness) | <input type="radio"/> 10 Multiple Disabilities |
| <input type="radio"/> 3 Speech or Language Impairment | <input type="radio"/> 11 Autism |
| <input type="radio"/> 4 Visual Loss (includes blindness) | <input type="radio"/> 12 Traumatic Brain Injury |
| <input type="radio"/> 5 Emotional Disturbance | <input type="radio"/> 13 Developmentally Delayed (age 3 through 9) |
| <input type="radio"/> 6 Orthopedic Impairment | <input type="radio"/> 14 Non-Categorical |
| <input type="radio"/> 7 Other Health Impairment | <input type="radio"/> 888 Not Reported under Part B of IDEA |
| <input type="radio"/> 8 Specific Learning Disability | |

Educational Setting

Early Intervention Setting (Birth through 2)

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

Early Childhood Special Education Setting (ages 3 – 5)

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

School Aged Settings (ages 6-21)

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

Statewide Assessments

Participation in Statewide Assessments

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

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

- | | |
|--|---|
| 0 0 In a Part C Early Intervention Program | 0 5 Part B eligibility not determined |
| 0 1 Completion of ISFP prior to reaching maximum age for Part C | 0 6 Deceased |
| 0 2 Eligible for IDEA, Part B | 0 7 Moved out of state |
| 0 3 Not Eligible for Part B, exit with referrals to other programs | 0 8 Withdrawal by parent |
| 0 4 Not eligible for Part B, exit with no referrals | 0 9 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)

- | | |
|--|---|
| 0 0 In a Part C Early Intervention Program | 0 5 Part B eligibility not determined |
| 0 1 Completion of ISFP prior to reaching maximum age for Part C | 0 6 Deceased |
| 0 2 Eligible for IDEA, Part B | 0 7 Moved out of state |
| 0 3 Not Eligible for Part B, exit with referrals to other programs | 0 8 Withdrawal by parent |
| 0 4 Not eligible for Part B, exit with no referral | 0 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)

- | | |
|--|-----------------------------------|
| 0 0 In ECSE or school-aged Special Education Program | 0 5 Deceased |
| 0 1 Transferred to regular education | 0 6 Moved, known to be continuing |
| 0 2 Graduated with regular diploma | 0 7 (intentionally not used) |
| 0 3 Received a certificate | 0 8 Dropped out |
| 0 4 Reached maximum age | |

Deaf-Blind Project Exiting Status

- | | |
|--|--|
| 0 0 Eligible to receive services from the DB Project | 0 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):

- | | |
|--|---|
| 0 1 Home: Birth/Adoptive Parents | 0 7 Group Home (6 or more residents) |
| 0 2 Home: Extended Family | 0 8 Apartment (with non-family members) |
| 0 3 Home: Foster Parents | 0 9 Pediatric Nursing Home |
| 0 4 State Residential Facility | 0 555 Other: _____ |
| 0 5 Private Residential Facility | |
| 0 6 Group Home (less than 6 residents) | |

Assistive Technology

Corrective Lenses	<input type="radio"/> 0 No	<input type="radio"/> 1 Yes _____	<input type="radio"/> 2 Unknown
Assistive Listening Devices/ Hearing Aids	<input type="radio"/> 0 No	<input type="radio"/> 1 Yes _____ Name/Type	<input type="radio"/> 2 Unknown
Additional Assistive Technology	<input type="radio"/> 0 No	<input type="radio"/> 1 Yes _____ Name/Type	<input type="radio"/> 2 Unknown
Intervenor	<input type="radio"/> 0 No	<input type="radio"/> 1 Yes _____ Type of Certification	<input type="radio"/> 2 Unknown
Interpreter	<input type="radio"/> 0 No	<input type="radio"/> 1 Yes _____ Primary communication method _____ Type of Interpreter Certification	<input type="radio"/> 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
 Email: Oldenburg.jennifer@aidb.org
 Website: www.aidb.org

Please contact DB Outreach Jennifer Oldenburg, 256.761.3241 or 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 2018

Complete for each student who qualified for the 2017 Deaf-Blind Registry and exited your program before December 1, 2017.

Student Name _____ Date of Birth _____

School District Exited _____ Exit Date _____

Part C Exiting Status /Birth through 2

- 0 0 In a Part C Early Intervention
- 0 1 Completion of ISFP prior to reaching maximum age for Part C
- 0 2 Eligible for IDEA, Part B
- 0 3 Not eligible for Part B, exit with referrals to other programs
- 0 4 Not eligible for Part B, exit with no referrals
- 0 5 Part B eligibility not determined
- 0 6 Deceased
- 0 7 Moved out of state
- 0 8 Withdrawal by parent
- 0 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 - 2018

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 2018

My district had no students eligible for the Deaf-Blind Registry as of December 1, 2018.

School District _____

Submitted By _____ Date _____

Please mail, e-mail your packet by January 31st for inclusion in the 2018 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
Email: Oldenburg.jennifer@aidb.org
Website: www.aidb.org