

Parent/Guardian 1 (primary contact)

Name

Relationship to Child

Street Address

Street Address Line 2

City

State

Zip Code

Home Phone Number

Cell Phone Number

Email Address

Parent/Guardian 2

Name

Relationship to Child

Street Address (if different)

Street Address Line 2

City

State

Zip Code

Home Phone Number

Cell Phone Number

Email Address

Medical Information

Primary Classification of **Visual Impairment** (select ONE)

- Low Vision
- Light Perception Only
- Diagnosed Progressive Loss
- Documented Functional Vision Loss
- Legally Blind
- Totally Blind
- Further Testing Needed

	Yes	No	Unknown
Cortical Visual Impairment			

Vision Notes

Primary Classification of **Hearing Impairment** (select ONE)

- Mild
- Moderately Severe
- Profound
- Further Testing Needed
- Moderate
- Severe
- Diagnosed Progressive Loss
- Documented Functional Loss

	Yes	No	Unknown
Central Auditory Processing Disorder?			
Auditory Neuropathy			
Cochlear Implant(s)			

Hearing Notes

Additional Conditions

	Yes	No	Unknown
Orthopedic/Physical Impairment			
Cognitive Impairment			
Behavioral Disorder			
Complex Healthcare Needs			
Communication Impairment			
Other			

If Other (please specify):

Continue to next page

Etiology

Please select the etiology code, from the following list, that pertains to the child's primary disability

Etiology Code If "Other", please specify:

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 this 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 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	Post-Natal/Non-Congenital Complications
201 Congenital Rubella	301 Asphyxia
202 Congenital Syphilis	302 Direct Trauma to the eye and/or ear
203 Congenital Toxoplasmosis	303 Encephalitis
204 Cytomegalovirus (CMV)	304 Infections
205 Fetal Alcohol syndrome	305 Meningitis
206 Hydrocephaly	306 Severe Head Injury
207 Maternal Drug Use	307 Stroke
208 Microcephaly	308 Tumors
209 Neonatal Herpes Simplex (HSV)	309 Chemically Induced
299 Other _____	399 Other _____
Related to Prematurity	Undiagnosed
401 Complications of Prematurity	501 No Determination of Etiology

IDEA Part C Information: for ages birth to 3 years

Select the category under which the child was reported on the Part C of the IDEA child Count

At-risk

Developmentally Delayed

Not Reported under Part C of IDEA

Special Education Status/ Part C Exiting

In a Part C early intervention program

Completion of IFSP prior to reaching max age for Part C

Eligible for IDEA, Part B

Not eligible for Part B, referral to other program

Not eligible for Part B, exit with no referral

Part B eligibility not determined

Died

Moved out of state

Withdrawn by parent/guardian

Attempts to reach parent/guardian and/or child unsuccessful

IDEA Part B Information: for ages 3 to 22

Select the PRIMARY category under which the child was reported on the Part B of the IDEA child Count

Intellectually Disabled

Hearing Impairment (includes deafness)

Speech or Language Impairment

Visual Impairment (includes blindness)

Emotional Disturbance

Orthopedic Impairment

Other Health Impairment

Specific Learning Disability

Deaf-Blindness

Multiple Disabilities

Autism

Traumatic Brain Injury

Developmentally Delayed (age 3 through 9)

Non-Categorical

Not Reported under Part B of IDEA

Education Setting & Status

Early Childhood Special Education Setting (ages 3-5)

- Regular EC program 10+ hours/week with services
- Regular EC program 10+ hours/week- services elsewhere
- Regular EC program less than 10 hours/week with services
- Regular EC program less than 10 hours/week- services elsewhere
- Separate class
- Separate school
- Residential facility
- Service provider location
- Home

School Aged Settings (ages 6-21)

- Regular class at least 80% of the day
- Regular class 40%-79% of the day
- Regular class less than 40% of the day
- Separate school (includes SCSSDB day students)
- Residential facility (includes SCSSDB dorm students)
- Homebound/Hospital
- Correctional Facilities
- Parentally placed in a private school

Special Education Status/ Part B Exiting

- In ECSE or school-aged Special Education Program
- Transferred to regular education
- Graduated with regular diploma
- Received a certificate
- Reached maximum age
- Died
- Moved, known to be continuing
- Dropped out

Participation in Statewide Assessments

- Regular grade-level state assessments
- Regular grade-level state assessments w/ accommodations
- Alternative assessment
- Not required at age or grade level
- Parent Opt Out

Assistive Technology

	Yes	No	Unknown
Assistive Listening Device(s)			
Corrective Lenses			
Other Assistive Technology			

Is the child receiving services from an Intervener? (see explanation below)

Yes No

Unknown

Intervener Services: Intervener services provide access to information and communication and facilitate the development of social and emotional well-being for children who are deaf-blind. In educational environments, intervener services are provided by an individual, typically a paraeducator, who has received specialized training in deaf-blindness and the process of intervention. An intervener provides consistent one-to-one support to a student who is deaf-blind (age 3 through 21) throughout the instructional day.

Working under the guidance and direction of a student's classroom teacher or another individual responsible for ensuring the implementation of the student's IEP, an intervener's primary roles are to:

- provide consistent access to instruction and environmental information that is usually gained by typical students through vision and hearing, but that is unavailable or incomplete to an individual who is deaf-blind;
- provide access to and/or assist in the development and use of receptive and expressive communication skills;
- facilitate the development and maintenance of trusting, interactive relationships that promote social and emotional well-being; and,
- provide support to help a student form relationships with others and increase social connections and participation in activities.

Notes/Comments:

Person Completing this Form

Name and Position/Role

Date

Phone Number

E-mail

Has the parent been informed of this report? (see FERPA information below)

Yes

No

Pending

FERPA provides an exception to the parent consent rule for disclosing this information as the information is being collected at the request of a government agency, in this case, U.S. Department of Education (U.S. DOE), Office of Special Education Programs (OSEP). The SCIDB Project protects the information in a manner that does not permit personal identification of these individuals by anyone except those officials at U.S. DOE OSEP, and the information will be destroyed when no longer needed. However, it is always best practice to notify the parent that this information is being submitted, and to obtain proper consents where required by your district or service-providing agency.

How would you like follow up to occur?

Please contact me directly

Please contact the parent/guardian directly

Please contact the Service Coordinator/Teacher

Please contact the school district



The South Carolina Interagency Deaf-Blind Project is an interagency collaboration.



SOUTH CAROLINA
STATE DEPARTMENT
OF EDUCATION



The Project collects the South Carolina data for the National Deaf-Blind Child Count under funding from federal grant H327T130082, Project Officer, Louise Tripoli



Please print and send form to:

**SCSDB Division of Outreach Services
Deaf-Blind Project
101 Executive Center Drive
Saluda Building, Suite 120
Columbia, SC 29210**

or

Fax: 803-896-9849

For questions or assistance, please contact Project Director, Robert Hill at 864-577-7770 or deafblind@scsdb.org