

Annual Federal Register of Students Who are DeafBlind

This form is used to identify person(s) who are DeafBlind (have both a vision AND hearing loss, often with additional disabilities), ages 0-21, across Oregon. Individuals can be registered regardless of their educational label.

The Federal Government requires each student who is DeafBlind to be registered annually. This information will be kept confidential by Oregon's Project for Children and Youth with Deafblindness. Only de-identified, demographic information will be included in the Federal Register. Data will be compiled and analyzed on a state and national level. If you have any questions, please email Lisa McConachie (Lmccnac@pps.net) or Darlene Daniels (ddaniels@pps.net).

We are asking for parental Release of Information (ROI) to share student information with the Oregon DeafBlind Project. Although it is not required to register person(s) on the DeafBlind Census, as it is part of the U.S. Department of Education (Reg. 99.31 (ca) (6)), practices in Oregon lead us to request the ROI. If you are unable to obtain a release of information from families, you can omit the name of the student and use initials only.

1. Child Information

Last Name: _____ First Name: _____ Date of Birth (mm/dd/yyyy): _____

Gender: Male Female Other

Ethnicity: Not Hispanic Hispanic/Latino

Race (check **ONE**):

1 American Indian or Alaskan Native

5 White

2 Asian

6 Native Hawaiian/Pacific Islander

3 Black or African American

7 Two or more races

2. Regional Program/School District Information

Regional Program _____ County: _____

School District: _____

School _____ Grade _____

TVI: _____

Teacher of Deaf/Hard of Hearing: _____

3. Best Contact Person Information

Last Name: _____ First Name: _____

Contact Title: _____ Regional/School: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

4. Parent/Guardian Information *(if parents have the same address, use only Parent 1)*

Parent 1

Name: _____

Address: _____

City: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Parent 2

Name: _____

Address: _____

City: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

5. Living Setting

In what type of setting does this person live? Check **ONLY ONE**, please:

- | | | |
|---|--|--|
| <input type="checkbox"/> 1 Home: Birth/Adoptive Parents | <input type="checkbox"/> 5 Private Residential Facility | <input type="checkbox"/> 555 Other (specify) _____ |
| <input type="checkbox"/> 2 Home: Extended Family | <input type="checkbox"/> 9 Pediatric Nursing Home | <input type="checkbox"/> 999 Unknown/Missing |
| <input type="checkbox"/> 3 Home: Foster Parents | <input type="checkbox"/> 10 Community Residence (includes group homes/supported apartment) | |
| <input type="checkbox"/> 4 State Residential Facility | | |

Primary Language in Home:

- | | | | | |
|------------------------------------|------------------------------------|--------------------------------|--|--|
| <input type="checkbox"/> 1 English | <input type="checkbox"/> 2 Spanish | <input type="checkbox"/> 3 ASL | <input type="checkbox"/> 9 Other _____ | <input type="checkbox"/> 999 Unknown/Missing |
|------------------------------------|------------------------------------|--------------------------------|--|--|

6. Educational Setting

In what setting are the educational services provided? Check **ONLY ONE**, please:

Early Intervention Setting (ages birth-2): 1 Home 2 Community-Based Settings 3 Other Settings

Early Childhood Special Education Setting (ages 3-5):

- | | |
|---|---|
| <input type="checkbox"/> 301 Services in a regular early childhood program (10+ hours) | <input type="checkbox"/> 307 Attending a Residential Facility |
| <input type="checkbox"/> 302 Other location regular early childhood program (10+ hours) | <input type="checkbox"/> 309 Home, at public expense |
| <input type="checkbox"/> 303 Services in regular early childhood program (<10 hours) | <input type="checkbox"/> 310 Home, not at public expense |
| <input type="checkbox"/> 304 Other location regular early childhood program (<10 hours) | <input type="checkbox"/> 888 N/A Not Served Under Part B |
| <input type="checkbox"/> 305 Attending a separate class | <input type="checkbox"/> 999 Unknown/Missing |
| <input type="checkbox"/> 306 Attending a Separate School | |

School-Aged Settings (ages 6-21 and 22-26):

- | | |
|--|---|
| <input type="checkbox"/> 610 Inside the regular class 80% or more of day | <input type="checkbox"/> 616 Correctional facilities |
| <input type="checkbox"/> 611 Inside the regular class 40% to 79% of day | <input type="checkbox"/> 617 Parentally placed in private schools |
| <input type="checkbox"/> 612 Inside the regular class less than 40% of day | <input type="checkbox"/> 620 Home school/remote learning, at public expense |
| <input type="checkbox"/> 613 Separate school | <input type="checkbox"/> 621 Home school/remote learning, NOT at public expense |
| <input type="checkbox"/> 614 Residential facility | <input type="checkbox"/> 888 N/A Not Served Under Part B |
| <input type="checkbox"/> 615 Homebound/Hospital | <input type="checkbox"/> 999 Unknown/Missing |

7. Intervener Services

Does this person have an intervener/communication partner? Yes No Unknown Not Applicable

If the person has an intervener/communication partner, do they have national credential?

Yes No Unknown Not Applicable

Intervener Comments:

Intervener/ communication partner services provide access to information and communication and facilitate the development of social and emotional well-being for person(s) who are DeafBlind. In educational environments, intervener/communication services are provided by an individual, typically a paraeducator, who has received specialized training in DeafBlindness and the process of intervention. An intervener/communication provider provides consistent one-to-one support to a student who is DeafBlind (age 3 through 21) throughout the instructional day. Note: There is a national credential for interveners.

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

- provide consistent access to instruction and environmental information that is usually gained by typical people through vision and hearing, but that is unavailable or incomplete to a person who is DeafBlind;
- 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 person form relationship with others and increase social connections and participation in activities.

Please contact the Oregon DeafBlind Project for more information on interveners.

8. Major Cause of DeafBlindness

What is the major cause of DeafBlindness? Listed below are a set of categories which represent the most prevalent causes of DeafBlindness. Please identify the MAIN cause for the specific person reported on this form using **ONLY ONE** selection for this page. When selecting OTHER, please specify or describe disability.

Heredity/Chromosomal Syndromes and Disorders

- | | |
|---|--|
| <input type="checkbox"/> 101 Aicardi Syndrome | <input type="checkbox"/> 133 Monosomy 10p |
| <input type="checkbox"/> 102 Alport Syndrome | <input type="checkbox"/> 134 Morquio Syndrome (MPS IV-B) |
| <input type="checkbox"/> 103 Alstrom Syndrome | <input type="checkbox"/> 135 NF1 – Neurofibromatosis
(von-Recklinghausen Disease) |
| <input type="checkbox"/> 104 Apert syndrome (Acrocephalosyndactyly, Type 1) | <input type="checkbox"/> 136 NF2 – Bilateral Acoustic Neurofibromatosis |
| <input type="checkbox"/> 105 Bardet-Biedl Syndrome (Laurence Moon-Biedl) | <input type="checkbox"/> 137 Norrie Disease |
| <input type="checkbox"/> 106 Batten Disease | <input type="checkbox"/> 138 Optico-Cochleo-Dentate Degeneration |
| <input type="checkbox"/> 107 CHARGE Syndrome | <input type="checkbox"/> 139 Pfeiffer Syndrome |
| <input type="checkbox"/> 108 Chromosome 18, Ring 18 | <input type="checkbox"/> 140 Prader-Willi |
| <input type="checkbox"/> 109 Cockayne Syndrome | <input type="checkbox"/> 141 Pierre-Robin Syndrome |
| <input type="checkbox"/> 110 Cogan Syndrome | <input type="checkbox"/> 142 Refsum Syndrome |
| <input type="checkbox"/> 111 Cornelia de Lange | <input type="checkbox"/> 143 Scheie Syndrome (MPS I-S) |
| <input type="checkbox"/> 112 Cri du Chat Syndrome (Chromosome 5p- Syndrome) | <input type="checkbox"/> 144 Smith-Lemli-Opitz (SLO) Syndrome |
| <input type="checkbox"/> 113 Crigler-Najjar Syndrome | <input type="checkbox"/> 145 Stickler Syndrome |
| <input type="checkbox"/> 114 Crouzon Syndrome (Craniofacial Dysostosis) | <input type="checkbox"/> 146 Sturge-Weber Syndrome |
| <input type="checkbox"/> 115 Dandy Walker Syndrome | <input type="checkbox"/> 147 Treacher Collins Syndrome |
| <input type="checkbox"/> 116 Down Syndrome (Trisomy 21 Syndrome) | <input type="checkbox"/> 148 Trisomy 13 (Trisomy 13-15, Patau Syndrome) |
| <input type="checkbox"/> 117 Goldenhar Syndrome | <input type="checkbox"/> 149 Trisomy 18 (Edwards Syndrome) |
| <input type="checkbox"/> 118 Hand-Schuller-Christian (Histiocytosis X) | <input type="checkbox"/> 150 Turner Syndrome |
| <input type="checkbox"/> 119 Hallgren Syndrome | <input type="checkbox"/> 151 Usher I Syndrome |
| <input type="checkbox"/> 120 Herpes-Zoster (or Hunt) | <input type="checkbox"/> 152 Usher II Syndrome |
| <input type="checkbox"/> 121 Hunter Syndrome (MPS II) | <input type="checkbox"/> 153 Usher III Syndrome |
| <input type="checkbox"/> 122 Hurler Syndrome (MPS I-H) | <input type="checkbox"/> 154 Vogt-Koyanagi-Harada Syndrome |
| <input type="checkbox"/> 123 Kearns-Sayre Syndrome | <input type="checkbox"/> 155 Waardenburg Syndrome |
| <input type="checkbox"/> 124 Klippel-Feil Sequence | <input type="checkbox"/> 156 Wildervanck Syndrome |
| <input type="checkbox"/> 125 Klippel-Trenaunay-Weber Syndrome | <input type="checkbox"/> 157 Wolf-Hirschhorn Syndrome (Trisomy 4p) |
| <input type="checkbox"/> 126 Kniest Dysplasia | <input type="checkbox"/> 199 Other (please specify) |
| <input type="checkbox"/> 127 Leber Congenital Amaurosis | |
| <input type="checkbox"/> 128 Leigh Disease | |
| <input type="checkbox"/> 129 Marfan Syndrome | |
| <input type="checkbox"/> 130 Marshall Syndrome | |
| <input type="checkbox"/> 131 Maroteaux-Lamy Syndrome (MPS VI) | |
| <input type="checkbox"/> 132 Moebius Syndrome | |

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 _____

Related to Prematurity

- 401 Complications of Prematurity

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
- 399 Other _____

Undiagnosed

- 501 No Determination of Etiology

Diagnostic/Medical Comments:

9. Degree of Vision Loss

Numbers 5 and 8 are intentionally left off list. What is the degree of vision loss (with correction)? Check **ONLY ONE**, please:

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

Does this person have a Cortical Vision Impairment? Yes No Unknown

Vision Comments:

10. Degree of Hearing Loss

Number 8 intentionally left off list. What is the degree of hearing loss (with correction)? Check **ONLY ONE**, please:

- | | |
|--|---|
| <input type="checkbox"/> 1 Mild (26-40 dB loss) | <input type="checkbox"/> 5 Profound (91+ dB loss) |
| <input type="checkbox"/> 2 Moderate (41-55 dB loss) | <input type="checkbox"/> 6 Diagnosed Progressive Loss |
| <input type="checkbox"/> 3 Moderately Severe (56-70 dB loss) | <input type="checkbox"/> 7 Further Testing Needed |
| <input type="checkbox"/> 4 Severe (71-90 dB loss) | <input type="checkbox"/> 9 Documented Functional Hearing Loss |

Does this person have a:

Central Auditory Processing Disorder? Yes No Unknown

Auditory Neuropathy? Yes No Unknown

Cochlear Implant? Yes No Unknown

Hearing Comments:

11. Other Disabilities

Please indicate whether or not additional disabilities have a significant impact on the person's developmental or educational progress. Check '**YES**' or '**NO**' for each:

- | | | | |
|---|------------------------------|-----------------------------|----------------------------------|
| Physical/Orthopedic Impairment | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Cognitive Impairment | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Behavioral Disorders | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Complex Health Care Needs | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Communication/Speech/Language Impairments | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Other | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |

12. Assistive Devices

Please indicate whether the person uses the following:

- | | | | |
|---------------------------------|------------------------------|-----------------------------|----------------------------------|
| Corrective Lenses | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Assistive Listening Devices | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Additional Assistive Technology | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |

13. IDEA Services

- | | | | |
|--|--|---|-------------------------------------|
| <input type="checkbox"/> 1 IDEA Part C | <input type="checkbox"/> 2 IDEA Part B | <input type="checkbox"/> Not reported under Part B or C | <input type="checkbox"/> 4 504 Plan |
|--|--|---|-------------------------------------|

14. Part C Category Codes * (Birth through 2)

Under what category was the person reported for the December 1, child count? **Check ONLY ONE**, please:

- 1 At-risk for developmental delays
- 2 Developmentally Delayed
- 888 Not Reported under Part C of IDEA

15. Part C Exiting Status * (Birth through 2)

Check **ONLY ONE**, please:

- 0 **Not Exited** - In a Part C early intervention program
- 1 Completion of IFSP prior to reaching max age for Part C
- 2 Eligible for IDEA, Part B
- 3 Not eligible for Part B, exit w/ referrals
- 4 Not eligible for Part B, exit no referrals
- 5 Part B eligibility not determined
- 6 Deceased
- 7 Moved out of state
- 8 Withdrawal by parent/guardian
- 9 Attempts to contact family were unsuccessful
- 888 NA Not Part C

16. Part B Category Codes * (All children over the age of 5)

Under what category was the person reported for the December 1, child count? Check **ONLY ONE**, please:

- 1 Intellectual Disability
- 2 Hearing Impaired (including deafness)
- 3 Speech or Language Impairment
- 4 Visual Impaired (including blindness)
- 5 Emotional Disturbance
- 6 Orthopedic Impairment
- 7 Other Health Impairment
- 8 Specific Learning Disability
- 9 DeafBlindness
- 10 Multiple Disabilities
- 11 Autism
- 12 Traumatic Brain Injury
- 13 Developmentally Delayed (age 3-9)
- 14 Non-categorical
- 888 Not reported under Part B of IDEA

17. Part B Exiting Status * (All children over the age of 5)

Number 7 intentionally left off list. Check **ONLY ONE**, please:

- 0 In ESCE or school-aged special education program
- 1 Transferred to regular education
- 2 Graduated with regular high school diploma
- 22 Graduated with alternative diploma
- 3 Received a certificate
- 4 Reached maximum age
- 5 Deceased
- 6 Moved, known to be continuing
- 8 Dropped Out
- 888 NA Not served by Part B

18. Will this person graduate/leave school this year?

Check **ONLY ONE**, please:

- 0 No
 - 1 Yes
- If YES, then:
- Diploma, expected date: _____
 - Certificate, expected date: _____

19. Participation in Statewide Assessments

- 1 Regular grade-level state assessment
- 2 Regular grade-level state assessment w/ accommodations
- 3 Alternative assessment
- 6 Not required at current age or grade level
- 7 Parent Opt Out
- 19 Not required to be reported by State

20. DeafBlind Project Exiting Status (People registered on the census are eligible until they graduate/leave school).

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

Data Notes: _____

21. Person Completing This Form:

Name: _____ Date: ____

_____ Relationship(s)/Title(s) to person:

22. Additional Comments:

Fax Form: 503-916-5576
Email Form: DDaniels@pps.net
Mail Form: Oregon DeafBlind Project
Columbia Regional Inclusive Services
833 NE 74th Ave.
Portland, OR 97213