

Texas Deafblind Census 2008-2009

Complete one for each student

New
 Update
 No Changes
 Delete

Last Name _____ First Name _____
 Parents Name _____
 Address _____
 City _____ State _____ Zip Code _____

School District Name

Region _____ **SS Number (PEIMS only if no SS)** _____

Male
 Female

Date of Birth
 ____ / ____ / ____
 MM DD YYYY

Race/Ethnicity

1 American Indian or Alaskan Native
 2 Asian or Pacific Islander
 3 Black (not Hispanic)
 4 Hispanic
 5 White (not Hispanic)
 Other... _____

Parental Consent No Yes Parent Phone Number _____

The district has obtained specific consent from the parents/guardians of this student for the Texas Education Agency and its contractors responsible for the Texas Deafblind Census to release personally identifiable educational and statistical data from the annual census to specific agencies. This consent must be documented in the district on the TEA Form, Consent for the Release of Confidential Information-Student with Deafblindness, available at:
www.tea.state.tx.us/special.ed/forms/viforms.html

Primary Identified Etiology Please choose only one code - (Specify "Other" below)

Hereditary/Chromosomal Syndromes and Disorders

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

Pre-Natal/Congenital Complications

- 201 Congenital Rubella Syndrome
- 202 Congenital Syphilis
- 203 Congenital Toxoplasmosis
- 204 Cytomegalovirus (CMV)
- 205 Fetal Alcohol Syndrome
- 206 Hydrocephaly
- 207 Maternal Drug Use
- 208 Microcephaly
- 209 Neonatal Herpes Simples (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
- 399 Other

Other Etiology Specified:

Related to Prematurity

- 401 Complications of Prematurity

Undiagnosed

- 501 No Determination of Etiology

VISUAL IMPAIRMENT

Corrective Lenses Yes No

Cortical Vision Impairment? Yes No

Vision Loss in One Eye Only Yes No

Documented Vision Loss (Select ONE)

1 Low Vision (better than 20/200)

2 Legally Blind (20/200 or worse or field 20 degrees or less)

3 Light Perception Only

4 Totally Blind

6 Diagnosed Progressive Loss

7 Further Testing Needed

9 Documented Functional Vision Loss

HEARING IMPAIRMENT

Central Auditory Processing Disorder (CAPD) Yes No

Hearing Aids &/or Assistive Listening Devices Yes No

Cochlear Implant Yes No

Auditory Neuropathy Yes No

Hearing Loss in One Ear Only Yes No

Documented Hearing Loss (Select ONE)

1 Mild (up to 40 dB)

2 Moderate (41-55 dB)

3 Moderately Severe (56-70 dB)

4 Severe (71-90 dB)

5 Profound (91+ dB)

6 Diagnosed Progressive Loss

7 Further Testing Needed

9 Documented Functional Hearing Loss

OTHER IMPAIRMENTS Indicate all documented impairments, in addition to the individual's hearing and visual impairments, that have a significant impact on the individual's developmental or educational progress.

Physical Impairments Yes No Complex Health Care Needs Yes No

Cognitive Impairments Yes No Communication Speech/ Yes No

Behavioral Disorder Yes No Language

Other Impairments: Yes No Specify:

Additional Assistive Technology Yes No

IDEA FUNDING/CODE

1 IDEA Part B (3-21) 2 IDEA Part C (0 - 2) - Reported by ECI 3 Not reported under Part B or Part C

-----Part C (Birth through 2 years of age)-----

Instructional Status For definitions see: www.tsbvi.edu/Outreach/deafblind/census/instructional-status-definitions.html

0 In a Part C early intervention program 6 Deceased

1 Completion of IFSP prior to reaching max age for Pt C 7 Moved out of state

2 Eligible for IDEA, Part B 8 Withdrawal by parent/guardian

3 Not eligible for Pt B, referral to other program 9 Attempts to reach parent and/or child unsuccessful

4 Not eligible for Pt B, exit w/no referrals

5 Part B eligibility not determined

Part C Category Code as reported by ECI (Select Only One):

1 At-risk

2 Developmentally Delayed

888 Not Reported under Part C of IDEA

IDEA FUNDING/CODE Continued...**-----Part B (3-21 years of age)-----****Instructional Status** For definitions see:
www.tsbvi.edu/Outreach/deafblind/census/instructional-status-definitions.html

- | | |
|--|---|
| <input type="radio"/> 0 In ECSE or school-aged Special Education Program | <input type="radio"/> 5 Died |
| <input type="radio"/> 1 Transferred to regular education | <input type="radio"/> 6 Moved, Known to be Continuing |
| <input type="radio"/> 2 Graduated with regular diploma | <input type="radio"/> 7 (intentionally not used) |
| <input type="radio"/> 3 Received a certificate | <input type="radio"/> 8 Dropped out |
| <input type="radio"/> 4 Reached Maximum Age | |

Part B Category Code as reported first on PIEMS (Select Only One):

- | | |
|--|--|
| <input type="radio"/> 1 Mental Retardation | <input type="radio"/> 9 Deafblindness |
| <input type="radio"/> 2 Hearing Impairment (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 Impairment (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"/> 15 Not Reported under Part B of IDEA |
| <input type="radio"/> 8 Specific Learning Disability | |

INSTRUCTIONAL SETTING**Select the Most Appropriate Current Option** For definitions see:
www.tsbvi.edu/Outreach/deafblind/census/definition-settings.html**Early Intervention Settings (Birth through 2 years of age)**

- 1 Home
- 2 Community-based settings
- 3 Other settings

Early Childhood Education Settings (Age 3-5 years)

- | | |
|--|--|
| <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% to 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 (Age 6-21 years)

- | | |
|--|--|
| <input type="radio"/> 9 Inside the regular class 80% or more of the day | <input type="radio"/> 13 Residential facility |
| <input type="radio"/> 10 Inside the regular class 40% to 79% of day | <input type="radio"/> 14 Homebound/Hospital |
| <input type="radio"/> 11 Inside the regular class less than 40% of the day | <input type="radio"/> 15 Correctional facility |
| <input type="radio"/> 12 Separate school | <input type="radio"/> 16 Parentally placed in private school |

Does child receive services or attend programs through RDSPD? Yes No**Does child have a designated intervener?** Yes No**(Intervener -- A paraprofessional who has training in specialized skills related to deafblindness and who works one-on-one with this child.)****LAST STATEWIDE ASSESSMENT(S) TAKEN**

- 1 TAKS
- 2 TAKS-A
- 3 TAKS-ALT
- 4 line omitted
- 5 TAKS-M
- 6 Not required at age or grade level

LIVING SETTING

<input type="radio"/> 1 Home: Birth/Adoptive parents	<input type="radio"/> 5 Private residential facility	<input type="radio"/> 9 Pediatric nursing home
<input type="radio"/> 2 Home: Extended family	<input type="radio"/> 6 Group home (less than six residents)	<input type="radio"/> 555 Other:
<input type="radio"/> 3 Home: Foster parents	<input type="radio"/> 7 Group home (six or more residents)	
<input type="radio"/> 4 State residential facility	<input type="radio"/> 8 Apartment (with non-family person(s))	

School Information

Agency/School: _____
Street Address: _____
City: _____ State: _____ ZIP Code: _____
Telephone Number: _____
Attending School District/LEA: _____

Teacher's Name: _____
Teacher's Email: _____

Best Service Provider Contact Information

Service Provider Name: _____
Service/Role: _____
Agency/School: _____
Service Provider Email: _____
Service Provider Phone: _____

Please return this form to the Deafblind Specialist at your Regional Education Service Center.

If you have questions, please contact the Deafblind Specialist at your Regional Education Service Center.

Thank you for completing this form which will assist in program development and funding.