



## 2013 Deaf-Blind Child Count Reporting Form

Please complete and return to: **ATTN: Jennifer Tarnay**  
**Hawai'i & Pacific Deaf-Blind Project**  
**Center on Disability Studies**  
**1410 Lower Campus Road, 171F**  
**Honolulu, Hawai'i 96822**  
**Fax: 808.956.7878**

**STOP!! Complete this form ONLY for individuals who have BOTH a visual and auditory impairment. DO NOT USE for an individual with only a visual impairment.**

Today's Date:

Status of this Individual's Report (Please check one):

- Deaf-Blind     Severe & Complex Needs     Referral

### Part I: Information about individual with deaf-blindness

**Kidcode:**

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

- |   |   |
|---|---|
| <input type="checkbox"/> 1 American Indian or Alaska Native | <input type="checkbox"/> 5 White                            |
| <input type="checkbox"/> 2 Asian                            | <input type="checkbox"/> 6 Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> 3 Black of African American        | please indicate what island: _____                          |
| <input type="checkbox"/> 4 Hispanic/Latino                  | <input type="checkbox"/> 7 Two or more races                |

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

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

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

**Primary Classification of Visual Impairment** (Select the ONE that best describes the primary classification of the individual's visual impairment):

- |   |  |
|---|--|
| <input type="checkbox"/> 1 Low Vision                   | <input type="checkbox"/> 6 Diagnosed Progressive Loss        |
| <input type="checkbox"/> 2 Legally Blind                | <input type="checkbox"/> 7 Further Testing Needed            |
| <input type="checkbox"/> 3 Light Perception <i>Only</i> | <input type="checkbox"/> 9 Documented Functional Vision Loss |
| <input type="checkbox"/> 4 Totally Blind                |  |

Cortical Vision Impairment?

- 1 Yes     0 No     2 Unknown

**Primary Classification of Hearing Impairment** (Select the ONE that best describes the primary classification of the individual's hearing impairment):

- |  |   |
|--|---|
| <input type="checkbox"/> 1 Mild              | <input type="checkbox"/> 5 Profound                           |
| <input type="checkbox"/> 2 Moderate          | <input type="checkbox"/> 6 Diagnosed Progressive Loss         |
| <input type="checkbox"/> 3 Moderately Severe | <input type="checkbox"/> 7 Further Testing Needed             |
| <input type="checkbox"/> 4 Severe            | <input type="checkbox"/> 9 Documented Functional Hearing Loss |

Central Auditory Processing Disorder (CAPD)?  1 Yes     0 No     2 Unknown

Auditory Neuropathy?  1 Yes     0 No     2 Unknown

Cochlear Implant?  1 Yes     0 No     2 Unknown

**Etiology** (please list the ONE etiology that best describes the primary CAUSE of the individual's primary disability. Please indicate "Unknown" if you do not know the exact cause of the primary disability): \_\_\_\_\_

**Part III: IDEA****-----Part C-----***please complete this portion if the child is receiveing DOH 0-3 services***Part C Category Code** (Please indicate the category which the individual was eligible for the Part C/Early Intervention services. Select only ONE.)

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

**Early Intervention Setting**

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

**Special Education Status/Part C Exiting** (Please indicate the ONE code that best describes the individual's special education program status)

- 
- 0 In a Part C early intervention program
- 
- 6 Died
- 
- 
- 1 Completion of IFSP prior to reaching max age for part C
- 
- 7 Moved out of state
- 
- 
- 2 Eligible for IDEA, Part B
- 
- 8 Withdrawn by parent/guardian
- 
- 
- 3 Not eligible for Part B, referral to other program
- 
- 9 Attempts to reach parent/guardian and/or child unsuccessful
- 
- 
- 4 Not eligible for Part B, exit w/no referral
- 
- 
- 5 Part B eligibility not determined

**Early Intervention Setting**

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

**-----Part B-----***please complete this portion if the child is receiving DOE SPED services***Part B Category Code** (Please indicate the category which the individual is eligible for Special Education services)

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

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

- 
- 1 Attending a regular EC program at least 80% of the time
- 
- 5 Attending a separate school
- 
- 
- 2 Attending a regular EC program 40%-79% of the time
- 
- 6 Attending a residential facility
- 
- 
- 3 Attending a regular EC program less than 40% of the time
- 
- 7 Service provider location
- 
- 
- 4 Attending a separate class
- 
- 8 Home

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

- 
- 9 Attending the regular class at least 80% of the day
- 
- 13 Attending a residential facility
- 
- 
- 10 Attending the regular class 40%-79% of the day
- 
- 14 Homebound/Hospital
- 
- 
- 11 Attending the regular class less than 40% of the day
- 
- 15 Correctional Facilities
- 
- 
- 12 Attending a separate school
- 
- 8 Parentally place in private school

**Special Education Status/Part B Exiting**

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

**Participation in Statewide Assessments**

- 
- 1 Regular grade-level state assessment
- 
- 4 Alternative assessment/alternative standards
- 
- 
- 2 Regular grade-level state assessment w/ accommodations
- 
- 5 Modified achievement standards
- 
- 
- 3 Alternative assessments aligned w/grade level standards
- 
- 6 Not yet required

**Assistive Technology**

Glasses	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 0 No	<input type="checkbox"/> 2 Unknown
Hearing Aids/FM System	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 0 No	<input type="checkbox"/> 2 Unknown
Additional Assistive Technology	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 0 No	<input type="checkbox"/> 2 Unknown

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If you have questions, please call Mellanie Lee at 808.753.0981 or Jennifer Tarnay at 808.753.2351

*Mahalo for completing this form, which will assist in program development and funding.*