

Colorado Statewide Child Count For Children and Youth with Combined Vision and Hearing Loss (Deaf-Blindness)

Explanation of Certain Codes on the Child Count Information Form for Students Three to 21 Years

This information is to be used to assist an individual with completing the *Colorado Statewide Child Count for Students with Combined Vision and Hearing Loss (deaf-blind) Information Form*. Data fields included in this handout are items on the Child Count form that may require further definition. If you have any questions, please contact Tanni Anthony at (303) 866-6681 or Anthony_t@cde.state.co.us

ID Code: Please leave this blank as the coded number will be assigned for the project for purposes of protecting confidentiality of the student's information when it is submitted to NCDB.

Name of Form Contact Person: Our goal is to have one contact person per agency or administrative unit. Select the person that can either answer any questions about this Child Count Form or direct the questions to the appropriate person. This is often an agency's or the district's teacher of students with visual impairments.

Name of AU for Children Ages 3-21: Please indicate the name of the administrative unit where the student is enrolled as a public school student. If home schooled, put NA.

Name of Classroom Teacher: Please enter the primary classroom teacher of the student. This may be a special education teacher who provides direct or indirect services and who is familiar with the educational needs of the student. The contact may also be the general education teacher where the student receives the majority of their educational instruction.

Program or Grade: Only one program or grade response is needed for child. Is the student a preschooler, a K-12 grade student, or enrolled in a transition program?

Date Deaf-Blind Status Determined: Indicate the month, day, and year when the student was deemed eligible for state deaf-blind project services. All children should have a date in this field. If unsure of an exact date, the year is the most critical information to include. If year is known, but month and day is unknown, enter 6 for month and 15 for day (e.g., 06/15/2021) If month, day, and year are unknown use 1/1/1900 to fill in the date field.

SASID: The State Assigned Student Identification Number is recorded on a student's IEP. If a student is still in the Part C system, a SASID may not be assigned. If this is the case, please leave this line blank.

Ethnicity: There are two choices, yes or no based on the bulleted information below.

Hispanic/Latino:

Yes, includes all individuals who identify with one or more nationalities or ethnic groups originating in Mexico, Puerto Rico, Cuba, Central and South America, and other Spanish cultures, regardless of race.

No, If the student is not of Hispanic, Latino, or Spanish origin, answer "No, not Hispanic, Latino."

Race: Select the race category that most clearly reflects individuals' recognition of their community or the category with which they most identify. If more than one is indicated, select "Two or more." If the race is truly not known, pick 999 for unknown

Acceptable codes (enter only one):

CODE	LABEL
1	American Indian or Alaska Native
2	Asian
3	Black or African American
5	White
6	Native Hawaiian or Other Pacific Islander
7	Two or more
999	Unknown/Missing

Definitions for race categories are as follows:

1. **American Indian or Alaska Native** - Includes all individuals who identify with any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment. It includes people who identify as “American Indian” or “Alaska Native” and includes groups such as Navajo Nation, Blackfeet Tribe, Mayan, Aztec, Native Village of Barrow Inupiat Traditional Government, and Nome Eskimo Community.
 2. **Asian** - Includes all individuals who identify with one or more nationalities or ethnic groups originating in the Far East, Southeast Asia, or the Indian subcontinent.
 3. **Black or African American** - Includes all individuals who identify with one or more nationalities or ethnic groups originating in any of the black racial groups of Africa.
 5. **White** - Includes all individuals who identify with one or more nationalities or ethnic groups originating in Europe, the Middle East, or North Africa.
 6. **Native Hawaiian or Other Pacific Islander** - Includes all individuals who identify with one or more nationalities or ethnic groups originating in Hawaii, Guam, Samoa, or other Pacific Islands.
 7. Two or more races. Do not need to provide details of each race.
- 999.** Unknown or missing data

Primary Language Used in the Home: Please indicate the primary language used within the home. The intent is NOT to address the primary communication mode of the child. This information to know if a family needs material in another language other than English.

1 = English 2 = Spanish 3 = American Sign Language 9 = other (specify) _____

Parent or Legal Guardian Names: The intent is to determine the primary contact on behalf of each student. If the parents have different last names, please enter both full first and last names on the provided lines. We only provide space for one address on the form. If each parent has a different address, please list use the back of the form to add the second address. Also please work to identify the parent’s email address as we used this contact information for routine e-mailings of information.

Living Setting: Circle the living setting which the student resides most of the year. Circle ONE choice.

Living Setting Information

- 1. Home: With Parents
- 2. Home: Extended Family
- 3. Home: Foster Parents
- 4. State Residential Facility
- 5. Private Residential Facility
- 9. Pediatric Nursing Home
- 10. Community Residence (Includes group home /supported apartment)
- 555. Other (Specify)_____

IDEA / Funding Category for Current Service: Please pick ONE funding category

- IDEA Part B = 2 Not receiving services under IDEA Part B = 3
- 504 Plan = 4

Part B Category Code: this is the primary eligibility category label on the student's IEP: Select the ONE Part B Category Code from the list that identifies the primary eligibility category label on the student's IEP. This does not have to be deaf-blindness. It is the actual primary disability on the IEP. If the student is under the age of three and not in the public-school setting with an IEP, select 888.

- 1. Intellectual Disability
- 2. Hearing Impairment, Including Deafness
- 3. Speech or Language Impairment
- 4. Visual Impairment, Including Blindness
- 5. Serious Emotional Disability
- 6. Orthopedic Impairment
- 7. Other Health Impairment
- 8. Specific Learning Disability

- 9. Deaf-Blindness
- 10. Multiple Disabilities
- 11. Autism Spectrum Disorder
- 12. Traumatic Brain Injury
- 13. Developmental Delay (ages 3 through 8 yrs)
- 888. Not Reported under Part B of IDEA

Educational Setting: Check the **ONE** educational setting code from the appropriate age subcategories that describes the education setting. Find the section that describes the child's age and fill out only that section.

Choice 1: Educational Setting - Complete if Student Is Ages Three to Five Years. Check one box that best describes the child's current educational setting. This is for our preschool age children. This means the child's birthdate is between 12/1/2016 and 12/1/18. Select Pick 888 if the student is not served under Part B IDEA services.

- 301. Services in Regular Early Childhood Program (10+ hours)
- 302. Other Location Regular Early Childhood Program (10+ hours)
- 303. Services in Regular Early Childhood Program (<10 hours)
- 304. Other Location Regular Early Childhood Program (<10 hours)
- 305. Attending a Separate Class
- 306. Attending a Separate School
- 307. Attending a Residential Facility
- 309. Home, at public expense
- 310. Home, not at public expense
- 888. Not Served Under Part B

Definitions for Educational Settings of Student Currently Aged Three to Five Years

301: Services in Regular Early Childhood Program (at least 10 hours) - Attended a regular early childhood (EC) program at least 10 hours per week and received the majority of hours of special education and related services in the regular Early Childhood program.

302: Other Location Regular Early Childhood Program (at least 10 hours) - Attended a regular early childhood program at least 10 hours per week and received the majority of hours of special education and related services in some other location.

303: Services in Regular Early Childhood Program (less than 10 hours) - Attended a regular early childhood (EC) program less than 10 hours per week and received the majority of hours of special education and related services in the regular Early Childhood program.

304: Other Location Regular Early Childhood Program (less than 10 hours) - Attended a regular early childhood program less than 10 hours per week and received the majority of hours of special education and related services in some other location.

305: Separate Class - Specifically, a separate special education class. NOT in any regular early childhood program.

306: Separate School - Specifically, a separate special school. NOT in any regular early childhood program.

307: Residential Facility - Specifically, a residential facility. NOT in any regular early childhood program.

309: Home, at Public Expense – Include children receiving the majority of hours of special education and related services at home. These children are attending neither a regular early childhood program nor a special education program. They are receiving the majority of hours of special education and related services at home.

310: Home, Not at Public Expense - Include children whose parents have chosen NOT to receive special education and related services at the public expense. These children are attending neither a regular early childhood program nor a special education program.

888. N/A Not Served Under Part B - Children receiving early childhood educational services through 504 plan or otherwise not served under Part B.

Choice 2: Educational Setting - Complete if the Student Is Ages Six to 21 Years. Check one box that best describes the child’s current educational setting. This means the child’s birthdate is after 12/1/2015. Select Pick 888 if the student is under the age of six years old.

- 610. Inside the regular class 80% or more of day
- 611. Inside the regular class 40% to 79% of day
- 612. Inside the regular class less than 40% of day
- 613. Separate school
- 614. Residential facility
- 615. Homebound/Hospital
- 616. Correctional facility

- 617. Parentally placed in private schools
- 620. Home school/remote learning, at public expense
- 621. Home school/remote learning, NOT at public expense
- 888. N/A Not Served Under Part B

Definitions of Educational Setting for a Student who is Currently Aged Six to 21 Years

610: Inside regular class 80% or more of day - These are children who received special education and related services outside the regular classroom for less than 21% of the school day. This may include children placed in (a) Regular class with special education/related services provided within regular class. (b) Regular class with special education/related services outside regular classes. or (c) Regular class with special education services provided in resource rooms

611: Inside regular class no more than 79% of day and no less than 40% of the day These are children who received special education and related services outside the regular classroom for at least 21% but no more than 60% of the school day. Do not include children who are reported as receiving education programs in public or private separate school or residential facilities. This may include children placed in: (a) resource rooms with special education/related services provided within the resource room or (b) resource rooms with part-time instruction in a regular class.

612: Inside regular class less than 40% of the day – These are children who received special education and related services outside the regular classroom for more than 60% of the school day. Do not include children who are reported as receiving education programs in public or private separate school or residential facilities. This may include (a) children placed in self-contained special classrooms with part-time instruction in a regular class or (b) self-contained special classrooms with full-time special education instruction on a regular school campus.

613: Separate School – These are children who received education programs in public or private separate day school facilities. This includes children with disabilities receiving special education and related services, at public expense, for greater than 50% of the school day in public or private separate schools. This may include (a) children placed in public and private day schools for students with disabilities, (b) public and private day schools for students with disabilities for a portion of the school day (greater than 50%) and in regular school buildings for the remainder of the school day, or (c) public and private residential facilities if the student does not live at the facility.

614: Residential Facility – These are children who received education programs and lived in public or private residential facilities during the school week. This includes children with disabilities receiving special education and related services, at public expense, for greater than 50% of the school day in public or private residential facilities. This may include children placed in (a) public and private residential schools for students with disabilities or (b) public and private residential schools for students with disabilities for a portion of the school day (greater than 50%), and in separate day schools or regular school buildings for the remainder of the school day. Do not include students who received education programs at the facility, but do not live there.

615: Homebound/Hospital – These are children who received programs in homebound/hospital environments. This includes children receiving special education and related services in hospital programs or homebound programs. Do not include children whose parents have opted to home-school them and who receive special education at the public expense

616: Correctional Facilities – These are children who received special education in correctional facilities. These data are intended to be an unduplicated count of all children receiving special education in short-term detention facilities (community-based or residential) or correctional facilities.

617: Parentally-placed in Private Schools – These are children who are enrolled by their parents or guardians in regular parochial or other private schools and whose basic education is paid through private resources and who received special education and related services at public expense from a local educational agency or intermediate educational unit under a services plan. Children enrolled in private school by a parent, but who are still receiving special education services through the LEA, may have a services plan rather than an IEP. These children should be included. Include children whose parents chose to home-school them, but who

receive special education and related services at the public expense. Do not include children who are placed in private schools by the LEA.

620: Home School/Remote Learning, at Public Expense – Include children whose parents chose to home-school them, who receive special education and related services at the public expense. These are children who received special education and related services outside the regular classroom 100% of the school day, every day. Include those receiving remote/online learning in the home.

621: Home School/Remote Learning, NOT at Public Expense – Include children whose parents chose to home-school them, but who DO NOT receive special education and related services at the public expense. These are children who received special education and related services outside the regular classroom 100% of the school day, every day. Include those receiving remote/online learning in the home.

888. N/A, Not Served Under Part B – Children receiving services through 504 plan or otherwise not served under Part B.

Participation in Statewide Assessments: Colorado state / College Board assessment cover the range of 3rd to 11th grade. Check one box best representing the student’s participation in the state’s assessment activities. Note a new item - #7 – that should be selected if a parent opts the learner out of state / Collee Board assessment. If a student is not the appropriate age/ grade level, select 888.

- 1. Regular grade-level State Assessment (CMAS at 3rd- 8th grades, PSAT at 9th and 10th, SAT at 11th grade)
- 2. Regular grade-level State Assessment (CMAS) with accommodations
- 3. Alternate assessment (CoALT at 3rd- 11th grades)
- 6. Not required at age or grade level (preschoolers, K-2, 12 grades, transition program)
- 7. Parent Opt-Out *Note: # 4, #5, and #19 are not applicable with CO state assessments.*

Evidence of a READ Plan: All Colorado public-school children in kindergarten – 3rd grade must participate in the READ Act. This item is about whether the student in this grade band was found to have a Significant Reading Deficiency and has a READ Plan. Please note that a READ Plan can extend beyond the 3rd grade. No means the student in this grade band does not have a READ Plan. Yes, means the student does have a READ Plan in K-3 or in grades 4-12. NA means the student is a preschooler or enrolled in a transition program.

- No - the student does not have a READ Plan = 0 Yes - the student has a READ Plan in grades K-12 = 1
- NA - the student is a preschooler or in a transition program (beyond grade 12) = 2

Primary Identified Etiology: Circle the **ONE** etiology code from the list below that best describes the primary diagnosis for the student’s deaf-blindness. Specify “other” etiologies in the line beneath the chart. We understand the students can have more than one diagnosis, do your best to pick the one that most closely ties to the reason behind the combined vision and hearing loss of the child.

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 association 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’s 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 syndrome 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	Post-Natal/Non-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 _____	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 _____
Related to Prematurity	Undiagnosed
401 Complications of Prematurity	501 No Determination of Etiology

If the student’s primary cause of deaf-blindness is not listed above, please write the cause in the *Other Causes of Deaf-Blindness* in the section at the very bottom of the table on the form.

Part B Status or Exiting: For students in early childhood/special education (preschool) or school-aged special education (3-21 years) indicate the code that best describes the student’s status on December 1st, 2021. If the student is still in a Part B special education program, circle 0. If student has exited from Part B special education services, please indicate the number that best describes the exit reason. Note -there is no #7 choice. Check only one response.

- 0. In special education program
- 1. Transferred to regular education
- 2. Graduated with regular high school diploma
- 3. Received a certificate
- 4. Reached maximum age
- 5. Deceased
- 6. Moved, known to be continuing
- 8. Dropped out
- 22. Graduated with alternate high school diploma
- 888. Not applicable - Student not served by Part B

Exiting Status Categories for School-Age Children Are Defined As Follows:

- 0. Not Exited - In special education program** – This includes students in an early childhood (ages 3 - 5) or school-aged (ages 6 - 21) special education program.
- 1. Transferred to regular education** – These students were served in special education at the start of the reporting period, but at some point, during that 12-month period, returned to general (regular) education. These students no longer have an IEP and are receiving all their educational services from a general (regular) education program. If the parent of a student with a disability revokes consent for special education and related services, the student would be reported in this category. (See 34 CFR §300.300(b)(4)) Children who left school to be home schooled and are no longer receiving special education should be reported under this category.
- 2. Graduated with regular high school diploma** – These students exited an educational program through receipt of a high school diploma identical to that for which students without disabilities are eligible. These students met the same standards for graduation as those for students without disabilities. As defined in 34 CFR 300.102(a)(3)(iv), “the term *regular high school diploma* does not include an alternative degree that is not fully aligned with the state’s academic standards, such as a certificate or GED.”
- 3. Received a certificate** – Students who exited an educational program and received a certificate of completion, modified diploma, or some similar document. This includes students who received a high school diploma but did not meet the same standards for graduation as those for students without disabilities.
- 4. Reached maximum age** – Students who exited special education because of reaching the maximum age for receipt of special education services, including those students with disabilities who reached the maximum age and did not receive a diploma. Maximum age for services varies by state.
- 5. Student Died** – Students who died during the reporting period.

- 6. **Moved, known to be continuing** – Students who moved out of the catchment area or otherwise transferred to another district and are known to be continuing in another educational program. There need not be evidence that the student is continuing in special education, only that he or she is continuing in an education program. This includes students in residential drug/alcohol rehabilitation centers, jails, or charter schools if those facilities operate as separate districts, excluding normal matriculation.
- 7. **Dropped out** – These students were enrolled at the start of the reporting period but were not enrolled at the end of the reporting period and did not exit special education through any of the other means. This includes dropouts, runaways, GED recipients (in cases where students are required to drop out of the secondary educational program to pursue the GED certificate), expulsions, status unknown, students who moved but are not known to be continuing in another educational program, and other exiters from special education.
- 22. **Graduated with alternate diploma** – This is allowed in certain states. Only use this category if it is allowed in your state.
- 888. Not applicable

Information about the Student’s Blindness/ Visual Impairment:

Functional Vision Assessment: Please give the month and the year of the most recent Functional Vision Assessment. This information should be gathered from your administrative unit’s or agency’s teacher of students with visual impairments (TVI). Report the first and last name of the TVI who completed the most current Functional Vision Assessment.

Learning Media Assessment Plan: A Learning Media Assessment Plan must be embedded or attached in the IEP of all school age students (3 to 21 years) with visual impairment, including blindness or deaf-blindness. This plan details the learning and literacy mode(s) of the student. It is completed by a teacher of students with visual impairments (TVI). Please indicate yes or no as to whether this item is on file with the student’s IEP.

Indicate the **ONE** code that best describes the primary classification of the learner’s blindness/visual impairment.

Primary Classification of Visual Impairment (Circle the Correct Number)

- 1. Low Vision (acuity of 20/70 to 20/200 in the better eye with correction.)
- 2. Legally Blind (acuity of 20/200 or less or field loss to 20 degrees or less in the better eye with correction.)
- 3. Light Perception Only
- 4. Totally Blind
- 6. Diagnosed Progressive Loss
- 7. Further Testing Needed to Determine Visual Impairment (this can be selected for one year only)

If you have checked number 7 in the previous year and the student still does not have a primary classification of visual impairment, this learner must be taken off the Colorado Deaf-Blind Child Count and will not be eligible for free technical assistance from the project.

Note: Numbers 5, 8, and 9 from the federal form have been deleted since they do not apply in CO

Cortical/cerebral visual impairment (CVI): If a medical specialist has made a diagnosis of CVI, please answer yes. If not, please answer no. If the student has a diagnosis of CVI, use your best judgment to describe visual functioning under the Primary Classification of Visual Impairment. It is likely to be 1. Low Vision or 2. Legal Blindness.

Wearing Corrective Lenses: This should be a simple yes or no. If you are not sure, please confirm with the parents.

Does the student have a diagnosis of CVI?	<input type="checkbox"/> No = 0	<input type="checkbox"/> Yes = 1
Does the student wear corrective lenses	<input type="checkbox"/> No = 0	<input type="checkbox"/> Yes = 1

Information about the Student’s Hearing Impairment

Functional Hearing Assessment: Please give the month and the year of the most recent assessment. This information is most likely to be gathered from your administrative unit’s or agency’s teacher of students who are deaf. Please report the first and last name of the person who completed the Functional Hearing Assessment.

Communication Plan: A Communication Plan must be embedded or attached in the IEP of all school age students (3 to 21 years) with hearing impairment, including deafness or deaf-blindness. This plan details the communication mode(s) of the student. Please indicate yes or no as to whether this plan is on file with the student’s IEP.

Indicate the **ONE** code that best describes the primary classification of the individual’s hearing impairment. If there are different ranges of hearing loss in both ears, select the most pronounced loss.

Primary Classification of Hearing Impairment	
1. Mild (26-40 dB loss)	2. Moderate (41-55 dB loss)
3. Moderately Severe (56-70 dB loss)	4. Severe (71-90 dB loss)
5. Profound (91+ dB loss)	6. Diagnosed Progressive Loss
7. Further Testing Needed to Determine Hearing Impairment (this can be checked for one year only)	
<p>If you have checked number 7 in the previous year and the student still does not have a primary classification of hearing impairment, this learner must be taken off the Colorado Deaf-Blind Child Count and will not be eligible for free technical assistance from the project.</p> <p><i>Note: Numbers 8 and 9 from the federal form have been deleted since they do not apply in Colorado</i></p>	

Central Auditory Processing Disorder: If CAPD has been diagnosed per appropriate school testing, please indicate yes. If not, please indicate no.

Auditory Neuropathy: If auditory neuropathy has been diagnosed per appropriate clinical / medical testing, please indicate yes. If not, please indicate no.

Cochlear Implant: Indicate yes or no as to whether the student has a cochlear implant(s). Please indicate the dates of the right and/or left side.

Assistive Listening Devices: Indicate yes or not as to whether the student uses any assistive listening devices such as hearing aids or FM systems.

Other Disability Conditions: Indicate impairments, in addition to the student’s hearing and visual impairments, that have a significant impact on the student’s developmental or educational progress. These data may be on the learner’s education plan / documented through assessments etc.

- Orthopedic Impairment (e.g., cerebral palsy) (0) No (1) Yes
- Intellectual Disability (0) No (1) Yes
- Serious Emotional Disability (mental health/behavior) (0) No (1) Yes
- Other Health Impaired (0) No (1) Yes
- Speech or Language Impairment / Communication Needs (0) No (1) Yes
- Other Impairments / Disabilities that do not fit into another category: Specify: (name “other”) (0) No (1) Yes

Orthopedic Impairments: A severe orthopedic impairment that adversely affects a child's educational performance. The term includes impairments caused by a congenital anomaly, impairments caused by disease (e.g., poliomyelitis, bone tuberculosis), and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns that cause contractures).

Intellectual Disabilities: Generally, refers to significantly sub average general intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period, which adversely affects a child's educational performance.

Serious Emotional Disability: Generally, refers to a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree, which adversely affects a child's educational performance: (1) an inability to learn, which cannot be explained by intellectual, sensory, or health factors; (2) an inability to build or maintain satisfactory interpersonal relationships with peers and teachers; (3) inappropriate behavior or feelings under normal circumstances; (4) a general pervasive mood of unhappiness or depression; or (5) a tendency to develop physical symptoms or fears associated with personal or school problems.

Other Health Impaired/Complex Health Care Needs: Generally, described as having limited strength, vitality, or alertness, due to chronic or acute health problems such as a heart condition, tuberculosis, rheumatic fever, nephritis, asthma, sickle cell anemia, hemophilia, epilepsy, lead poisoning, leukemia, or diabetes, which adversely affects a child's educational performance. Includes Complex Health Care Needs as defined: Students who require ongoing health care and who are dependent on medical technology such as ventilators for breathing and tubes for feeding (Lehr, 2020).

Communication/Speech/Language Impairments: Generally, refers to a communication disorder such as stuttering, impaired articulation, a language or a voice impairment that adversely affects educational performance.

Other Impairments/Disabilities: Impairments/disabilities that do not fit in another category.

Information about Equipment / Technology / Support from an Intervener

Uses Additional Assistive Technology: Indicate yes, if the student uses any additional assistive technology other than corrective lenses or assistive listening devices. If not, please indicate no. We have removed the unknown category as this should be known.

Does the student receive services from an Intervener No = 0 Yes = 1 Not Applicable = 888

If the student has an Intervener, is the intervener:

- Credentialed Certified Not credentialed or certified
 In process / In training

Please clearly print the name of the intervener if there is one working with the student.

Deaf-Blind Project Status: Check which number applies to the status of the child. If still considered to be a learner with deaf-blind needs, check 0. If no longer considered to be deaf-blind, please check #1.

0. Eligible to receive services from the State Deaf-blind Project (student is deaf-blind)
 1. No longer eligible to receive services from the State Deaf-Blind Project (no longer deaf-blind)

**THANK YOU SO VERY MUCH – YOUR CAREFUL REPORTING OF THIS INFORMATION
IS VERY IMPORTANT AND APPRECIATED!!**