

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 Children Birth to Age 2

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 Program or Agency for Children Ages Birth - 2: Please indicate the name of the each of the programs / agencies where the child is enrolled and receiving services. We have provided space for 3 agencies. If more are needed, please use the additional agency form. If home schooled, put NA.

Date Deaf-Blind Status Determined: Indicate the month, day, and year when the child 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 child 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 child. 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 child 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 Category for Current Service: Check One

- IDEA Part C = 1 Not receiving Part B or C services= 3 504 Plan = 4

Part C Category Code: Check One: If is younger than 3, select 1 or 2. If Child Is Three or Older, Choose 888

- Under the age of three - At Risk = 1
 Under the age of three - Developmental Delayed = 2
 Not receiving Part C Services / older than 3 years = 888

Early Intervention Setting - Complete if Child is Under the Age of Three Years

1. Home 2. Community-Based 3. Other Settings 888. N/A Not served under Part C

Transition from Part C to B: This information will be used to assist with the transition to the new setting once the child turns 3.

Complete if Child will turn Three (3) within the next year.

Date student will transition to Part B: (DD/MM/YYYY) _____

Name of School District will child transition to: _____

Part C Status or Exiting:

For children in early intervention (under the age of three years) indicate the code that best describes the child's status on December 1st, 2021. If the child is still in a Part C special education program, check 0. If child has exited from Part C special education services, please indicate the number that best describes the exit reason. Check only one response.

0. Not Exited, In Part C early intervention program
 1. Completion of Individual Family Service Plan before age 2
 2. Eligible for IDEA Part B Services
 3. Not Eligible for Part B, exit to another program
 4. Not eligible, exit with no referrals
 5. Part B eligibility not determined
 6. Child died
 7. Moved Out of State
 8. Withdrawal by a parent (or guardian)
 9. Attempts to contact the parent were unsuccessful
 888. Not Applicable – Child not served under Part C (the child is three years or older)

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. If the child’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.

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 Dysostosis) 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

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.

Indicate the **ONE** code that best describes the primary classification of the child's blindness or 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)	
<p>If you have checked number 7 in the previous year and the child 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.</p> <p><i>Note: Numbers 5, 8, and 9 from the federal form have been deleted since they do not apply in CO</i></p>	

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 child 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 child have a diagnosis of CVI?	<input type="checkbox"/> No = 0	<input type="checkbox"/> Yes = 1
Does the child 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.

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 child 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 child 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 child 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 child 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 child receive services from an Intervener No = 0 Yes = 1 Not Applicable = 888

If the child 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 child.

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!!**