

Today's Date

# South Carolina Deaf-Blind Census Form



To register a child with The South Carolina Deaf-Blind Census please complete this form, print a copy for your records and submit form by email to: [deafblind@scsdb.org](mailto:deafblind@scsdb.org). If you have any questions, please call (864) 577-7770. Thank you for completing this form. It will assist project staff in developing appropriate services for children, families, and providers.

The following child has BOTH a visual impairment AND a hearing impairment.

Child First Name		Child Last Name		
Birthdate Month	Birthdate Day	Birthdate Year	Gender	Age

### School Information

Agency or School		
School Address		
School City	School State	School Zip
School Number (enter numbers w/area code)	School Fax (enter numbers w/area code)	
School District		
Teacher	Teacher Phone (enter numbers w/area code)	
Teacher Role	Teacher E-mail	
What other related service providers are actively involved with this child?		
Visually Impaired Teacher	E-mail 1	
Hearing Impaired Teacher	E-mail 2	

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

Ethnicity Code	
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### Living Setting (select the ONE setting that best describes where the individual resides the majority of the year):

Living Setting	Primary Language Spoken
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### Impairments (Select 0 for No, 1 for Yes, or 2 for Unknown)

Physical Impairments	Cognitive Impairments	Behavioral Disorder
Complex Health Care Needs	Communication Disorder	Other (Specify)

<b>Parent/Guardian Name 1</b>			
Guardian First Name	<input type="text"/>	Guardian Last Name	
Guardian Address		Guardian E-mail	
Relationship to Student	<input type="text"/>	Guardian Number (enter numbers w/area code)	
Guardian City	Guardian State	Guardian Zip	County

<b>Parent/Guardian Name 2</b>			
Guardian 2 First Name		Guardian 2 Last Name	
Guardian 2 Address		Guardian 2 E-mail	
Guardian 2 Relationship	<input type="text"/>		Guardian 2 Number
Guardian 2 City	Guardian 2 State	Guardian 2 Zip	Guardian 2 County

<b>Vision Range:</b>	
Documented Vision Loss	
Cortical Vision Impairment	<input type="text"/>

<b>Hearing Loss Range:</b>		
Documented Hearing Loss		
Central Auditory Processing Disorder	Cochlear Implant	Auditory Neuropathy

<b>Participation in Statewide Assessments</b>	
Statewide Assessments	<input type="text"/>

<b>Assistive Technology</b> (Select 0 for No, 1 for Yes, and 2 for Unknown)		
Corrective Lenses	Assistive Listening Devices	Additional Assistive Technology

<b>Communication</b>	
Expressive Communication	Receptive Communication

<b>Behavior</b>	
Behavior	<input type="text"/>
Behavior Specific (If you checked other, please specify the behavior.)	

**Etiology** (Please indicate the **ONE** etiology from the list below that best describes the primary etiology of the individual's primary disability. Please indicate "Other" if none of the listed etiologies are the primary disability.)

Etiology code	If you selected 199, 299, or 399, please specify here:
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**Hereditary/Chromosomal Syndromes and Disorders**

101 Aicardi syndrome 102 Alport syndrome 103 Alstrom syndrome 104 Apert syndrome (Acrocephalosyndactyly, Type1) 105 Bardet-Biedl syndrome (Laurence Moon-Biedl) 106 Batten disease 107 CHARGE association 108 Chromosome eighteen, Ring eighteen 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 syndroms (Trisomy Twenty-one) 117 Goldenhar syndrome 118 Hand-Schuller-Christian (Histiocytosis X) 119 Hallgren syndrome 120 Herpes-Zoster (or Hunt) 121 Hurler syndrome (MPS II) 122 Hurler syndrome (MPS I-H) 123 Kearns-Sayre syndrome 124 Klippell-Feil sequence 125 Klippel-Trenaunay-Weber syndrome 126 Kniest Dysplasia 127 Leber congenital amaurosis 128 Leigh disease 129 Marfan syndrome	130 Marshall syndrome 131 Maroteaux-Lamy syndroms (MPS VI) 132 Moebius syndrome 133 Monosomy 10p 134 Morquio syndrome (MPS IV-B) 135 NF 1-Neurofibromatosis (von Recklinghausen disease) 136 NF 2-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-Optiz (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
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**Pre-Natal/Congenital Complications**

**Post-Natal/Non-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 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
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**Related to Prematurity**

**Undiagnosed**

401 Complications of Prematurity	501 No Determination of Etiology
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**Early Intervention Program**

**(Part C)**

**If the child was under the age of 3 on 12/01/14 complete this section.** (Please indicate the ONE code that best describes the individual's special education program status.)

**Part C Category Code** (Please indicate the primary disability label on IFSP.)

Category Code

Early Intervention Setting

Part C Status

**School Age Program**

**(Part B)**

**If the student is age 3 or older by 12/01/14 complete this section.** (Please indicate the ONE code that best describes the individual's special education program status.)

**Part B Category Code** (Please indicate the primary disability label on IEP.)

Part B Category Code

Early Childhood Special Education Setting (ages 3-5)

School aged Settings (ages 6-21)

Indicate if child/student in ECSE or school-aged special education receives Intervener Services. Note: A yes answer indicates an individual with the title and function of an intervener OR from an individual with the function of an intervener working under a different title.

Part B Status

**Information needed on Individual Completing this Form**

Name

Role

E-mail

Please check if you will be point of contact next year?

**For Official Use Only--Do Not Delete or Edit This Information**

Deaf/Blind Project Status (Part C)

Deaf/Blind Project Status (Part B)

Date Added to Census (mm/dd/yyyy)

Kid Code