

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 pressing the submit by email button to: 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

Status of this Individual's Report (please select one):

Status of Report	If #4-Deleted---Reason
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If student is being deleted from Deaf-Blind Census, you may stop at this point and go to page 5 to print and submit the form.

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
Occupational Therapist	E-mail 3
Speech Therapist	E-mail 4
Orientation/Mobility Specialist	E-mail 5
Physical Therapist	E-mail 6
Other	E-mail 7

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

Ethnicity Code

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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Parent/Guardian Name 1			
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
Parent/Guardian Name 2			
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
Comments			

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

Hearing Loss Range:		
Documented Hearing Loss		
Central Auditory Processing Disorder	Cochlear Implant	Auditory Neuropathy
Hearing Loss Comments		
<input type="text"/>		

Other 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)

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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Etiology Comments

Participation in Statewide Assessments		
Statewide Assessments		
Assistive Technology (Select 0 for No, 1 for Yes, and 2 for Unknown)		
Corrective Lenses	Assistive Listening Devices	Additional Assistive Technology
Technology Comments		

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	
Part C Comments	

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 <u>OR</u> from an individual with the function of an intervener working under a different title.	
Part B Status	
Part B Comments	

Communication

Expressive Communication	Receptive Communication
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Please list any specific device or communication system used by the student.

Communication Specific

Number of Words, Symbols Objects

Number of expressive vocabulary	Number of receptive vocabulary
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Behavior

Behavior	
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Behavior Specific (If you checked other, please specify the behavior.)

Transition--please indicate if the student has a transition plan, if the team needs help with a transition plan, or if the student is not at an age where transition plan is necessary.

Describe Transition Plan

Literacy

Literacy Instruction	
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Please list any Assistive Technology used for literacy: Intellitools, switches, adapted books, etc.

Literacy Specific

Information needed on Individual Completing this Form

Name	Role
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E-mail	<input type="checkbox"/> Please check if you will be point of contact next year?
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Do you need a copy of this form?

This form cannot be saved unless you have Adobe Professional software so please print a copy for your records. To submit by e-mail click button below. If you cannot e-mail, then print, scan/fax to 864-577-7568, or mail to: DB Project, South Carolina School for the Deaf and the Blind, 355 Cedar Springs Road, Spartanburg, SC 29302-4699. Thank you!

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

Deaf/Blind Project Status (Part C)	<input type="text"/>
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Deaf/Blind Project Status (Part B)	<input type="text"/>
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Date Added to Census (mm/dd/yyyy)	<input type="text"/>	Kid Code	<input type="text"/>
Date Revised (mm/dd/yyyy)	<input type="text"/>	ID Number	<input type="text"/>
Date Deleted (mm/dd/yyyy)	<input type="text"/>		