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

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) 503-4647 or Anthony_t@cde.state.co.us

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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 child is enrolled as a public school student

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 the child educational instruction.

Program or Grade: Only one program or grade response is needed for student. If a child is enrolled in a 0-2 program, a preschool program, or a transition, please simply check the appropriate line. If a child is a school age learner, please note the child's assigned grade in the Grade K-12 line.

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

☐ IDEA Part C = 1 ☐ IDEA Part B = 2 ☐ Not receiving services under IDEA Part C or B = 3

☐ 504 Plan = 4

Part C Category Code – Pick ONE Category

☐ Under the age of three - At Risk = 1

☐ Under the age of three - Developmental Delayed = 2 (there is a noted delay with the child's dev.)

☐ Not receiving Part C Services / older than 3 years = 888

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 child 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: Early Intervention Setting - Complete if Child is Under the Age of Three Years: Select one field that best describes the early intervention setting of the child if they are under the age of three. This means the child's birthdate is after 12/1/2018. Select 888 if the child is three years or older.

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

Early Intervention Setting for Infants and Toddlers

1. **Home -** Early intervention services are provided primarily in the principal residence of the child's family or caregivers.
2. **Community-based settings -** Early intervention services are provided primarily in a setting where children without disabilities typically are found. These settings include but are not limited to childcare centers (including family day care), preschools, regular nursery schools, early childhood center, libraries, grocery stores, parks, restaurants, and community centers (e.g., YMCA, Boys and Girls Clubs)/
3. **Other settings -** Early intervention services are provided primarily in a setting that is not home or community-based. These settings include but are not limited to services provided in a hospital, residential facility, clinic, and EI center/class for children with disabilities.

888. NA / Not served under Part C

Choice 2: Educational Setting - Complete if Child 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 child is not three to five years of age.

☐ 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. N/A Not Served Under Part B

Definitions for Educational Settings of Child 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 3: Educational Setting - Complete if the Child 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 child is under the age of six years old.

☐ 610. Inside the regular class 80% or more of day	☐ 617. Parentally placed in private schools
☐ 611. Inside the regular class 40% to 79% of day	☐ 620. Home school/remote learning, at public expense
☐ 612. Inside the regular class less than 40% of day	☐ 621. Home school/remote learning, NOT at public expense
☐ 613. Separate school	☐ 888. N/A Not Served Under Part B
☐ 614. Residential facility	
☐ 615. Homebound/Hospital	
☐ 616. Correctional facility	

Definitions of Educational Setting for a Child 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 – These children are not receiving Part B special education or related services at the public expense.

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 child 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 (infants/ toddlers, 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 child 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 child is this grade band does not have a READ Plan. Yes, means the child does have a READ Plan in K-3 or in grades 4-12. NA means the child is an infant/toddler, preschooler, or enrolled in a transition program.

☐ No, the child does not have a READ Plan = 0 ☐ Yes, the child has a READ Plan in grades K-12 = 1

☐ NA, the child is an infant/toddler, preschooler, or in a transition program (beyond grade 12)

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	130 Marshall syndrome
102 Alport syndrome	131 Maroteaux-Lamy syndrome (MPS VI)
103 Alstrom syndrome	132 Moebius syndrome
104 Apert syndrome (Acrocephalosyndactyly, Type 1)	133 Monosomy 10p
105 Bardet-Biedl syndrome (Laurence Moon-Biedl)	134 Morquio syndrome (MPS IV-B)
106 Batten disease	135 NF1-Neurofibromatosis(von Recklinghausen disease)
107 CHARGE association	136 NF2-Bilateral Acoustic Neurofibromatosis
108 Chromosome 18, Ring 18	137 Norrie disease
109 Cockayne syndrome	138 Optico-Cochleo-Dentate Degeneration
110 Cogan syndrome	139 Pfieffer syndrome
111 Cornelia de Lange	140 Prader-Willi
112 Cri du chat syndrome(Chromosome 5p-syndrome)	141 Pierre-Robin syndrome
113 Crigler-Najjar syndrome	142 Refsum syndrome
114 Crouzon syndrome(Craniofacial Dysotosis)	143 Scheie syndrome (MPS I-S)
115 Dandy Walker syndrome	144 Smith-Lemli-Opitz (SLO) syndrome
116 Down syndrome(Trisomy 21 syndrome)	145 Stickler syndrome
117 Goldenhar syndrome	146 Sturge-Weber syndrome
118 Hand-Schuller-Christian(Histiocytosis X)	147 Treacher Collins syndrome
119 Hallgren syndrome	148 Trisomy 13 (Trisomy 13-15, Patau syndrome)
120 Herpes-Zoster(or Hunt)	149 Trisomy 18 (Edwards syndrome)
121 Hunter syndrome (MPS II)	150 Turner syndrome
122 Hurler syndrome (MPS I-H)	151 Usher I syndrome
123 Kearns-Sayre syndrome	152 Usher II syndrome
124 Klippel-Feil sequence	153 Usher III syndrome
125 Klippel-Trenaunay-Weber syndrome	154 Vogt-Koyanagi-Harada syndrome
126 Kniest Dysplasia	155 Waardenburg syndrome
127 Leber's congenital amaurosis	156 Wildervanck syndrome
128 Leigh Disease	157 Wolf-Hirschhorn syndrome (Trisomy 4p)
129 Marfan syndrome	199 Other_____
Pre-Natal/Congenital Complications	**Post-Natal/Non-Congenital Complications**
201 Congenital Rubella	301 Asphyxia
202 Congenital Syphilis	302 Direct Trauma to the eye and/or ear
203 Congenital Toxoplasmosis	303 Encephalitis
204 Cytomegalovirus (CMV)	304 Infections
205 Fetal Alcohol syndrome	305 Meningitis
206 Hydrocephaly	306 Severe Head Injury
207 Maternal Drug Use	307 Stroke
208 Microcephaly	308 Tumors
209 Neonatal Herpes Simplex (HSV)	309 Chemically Induced
299 Other_____	399 Other_____
Related to Prematurity	**Undiagnosed**
401 Complications of Prematurity	501 No Determination of Etiology

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.

Part C Status or Exiting: For children in early intervention (under the age of three years) indicate the code that best describes the learner's status on December 1st, 2021. If the child is still in a Part C special education program, circle 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	☐ 7. Moved Out of State
☐ 1. Completion of IFSP before age 2	☐ 8. Withdrawal by a parent (or guardian)
☐ 2. Eligible for IDEA Part B Services	☐ 9. Attempts to contact the parent were unsuccessful
☐ 3. Not Eligible for Part B, exit to another program	☐ 888. Not Applicable – Child not served under Part C (the child is three years or older)
☐ 4. Not eligible, exit with no referrals	
☐ 5. Part B eligibility not determined	
☐ 6. Child Died	

Early intervention exiting status for infants and children, from birth through age 2, are defined as:

0. **Not exited - In a Part C early intervention program** - Includes infants and toddlers (birth through age 2) with a current IFSP who are served by a state or local Part C early intervention program.

1. **Completion of IFSP prior to reaching maximum age for Part C** - Children who have not reached maximum age for Part C, have completed their IFSP and no longer require services under IDEA, Part C.

2. **Eligible for IDEA, Part B** - Children served in Part C who exited Part C and were determined to be eligible for Part B during reporting period. Includes children who receive Part B services along with Head Start.

3. **Not eligible for Part B, exit with referrals to other programs -** Children who reached maximum age for Part C, were determined not eligible for Part B, and were referred to other programs, which may include preschool learning centers, Head Start (but not receiving Part B services), and childcare centers, and/or were referred for other services, which may include health and nutrition services, such as WIC.

4. **Not eligible for Part B, exit with no referrals -** Children who reached maximum age for Part C and were determined not eligible for Part B services, but were not referred to other programs.

5. **Part B eligibility not determined -** Children for whom Part B eligibility has not been made. Includes children who were referred for Part B evaluation, but for whom the eligibility determination has not yet been made or reported and children for whom parents did not consent to transition planning. Includes any child *who reached maximum age* for Part C and who has not been counted in categories 2 - 4 above.

6. **Child Died -** Child who died during the reporting period, even if their death occurred at the age of exit.

7. **Moved out of state -** Children who moved out of state during the reporting period. Do not report a child who moved within state (i.e., from one program to another) if services are known to be continuing.

8. **Withdrawal by parent (or guardian) -** Children whose parents declined all services after an IFSP was in place, as well as children whose parents declined to consent to IFSP services and provided written or verbal indication of withdrawal from services.

9. **Attempts to contact the parent and/or child were unsuccessful -** Children who have not reached the maximum age of service under Part C, who had an active IFSP, and for whom Part C personnel have been unable to contact or locate the family or child after repeated, documented attempts. This category includes any child who did not complete an IFSP and exited Part C before reaching maximum age and who has not been counted in categories 6 through 8 above.

888. N/A Not served under Part C - Children who aged out of Part C and now have a Part B Disability Code or are not receiving IDEA services should have a N/A code.

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 child 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 - Child not served by Part B (child under age three ye

Exiting status categories 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. Child 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

GED – In states where students may receive a GED without dropping out of school, these students may be reported as having received a certificate. These are students who were jointly enrolled in secondary education and a GED program. In all other cases, GED recipients should be reported as dropped out

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 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.

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 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?	☐ No = 0	☐ Yes = 1
Does the child wear corrective lenses	☐ No = 0	☐ 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)	

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.

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

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 impairment, or a voice impairment that adversely affects a child's educational performance.

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

<u>Information about Equipment / Technology / Support from an Intervener</u>

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!!