

2017 California Deafblind Census

Return to: California Deafblind Services, SF State University
 Department of Special Education, 1600 Holloway Avenue
 San Francisco, CA 94132-4158 | (415) 405-7560

Check This Box
 If NO CHANGES

Personal Demographics: Information about the Individual who is Deafblind

Box below for staff use only.

Child's Name

First MI Last

Birth Date

Month Day Year

Gender

Male
 Female

created	<input type="text"/>	ID Code	<input type="text"/>
modified	<input type="text"/>	Kid Code	<input type="text"/>
CDBS SC	<input type="text"/>	Child Code	<input type="text"/>

Ethnicity

- American Indian or Alaska Native
- Asian
- Black/African American
- Hispanic/Latino
- White
- Native Hawaiian or Pacific Islander
- Two or more

Living Setting

- | | | |
|--------------------------------|---|--------------------------|
| 1 Home: Birth/Adoptive Parents | 5 Private Residential Facility | 9 Pediatric Nursing Home |
| 2 Home: Extended Family | 6 Group Home (less than six residents) | 555 Other (SPECIFY) |
| 3 Home: Foster Parents | 7 Group Home (six or more residents) | |
| 4 State Residential Facility | 8 Apartment (with non-family person(s)) | |

Primary Language

Arabic	Gujarati	Korean	Romanian	Tamil
Cambodian	Hmong	Mandarin	Russian	Telugu
Cantonese	Ibo	Non-verbal	Sign Language	Urdu
Chinese	Japanese	Punjabi	Spanish	Vietnamese
English	Khmer	Pashto	Tagalog	Other

County of Residence

County #

Guardian(s)

Address Phone City State Zip Code

Guardian 2

Address Phone City State Zip Code

ETIOLOGY specify ONE only, from one of the 5 subsections:

Hereditary/Chromosomal Syndromes and Disorders

- | | | |
|---|--|---|
| 101 Aicardi syndrome | 121 Hunter syndrome (MPSII) | 141 Pierre-Robin syndrome |
| 102 Alport syndrome | 122 Hurler syndrome (MPS I-H) | 142 Refsum syndrome |
| 103 Alstrom syndrome | 123 Kearns-Sayre syndrome | 143 Scheie syndrome (MPS I-S) |
| 104 Apert syndrome (Acrocephalosyndactyly) | 124 Klippel-Feil sequence | 144 Smith-Lemli-Optiz (SLO) syndrome |
| 105 Bardet-Biedl syndrome (Laurence Moon-Biedl) | 125 Klippel-Trenaunay-Weber syndrome | 145 Stickler syndrome |
| 106 Batten disease | 126 Kniest Dysplasia | 146 Sturge-Weber syndrome |
| 107 CHARGE syndrome | 127 Leber congenital amaurosis | 147 Treacher Collins syndrome |
| 108 Chromosome 18, Ring 18 | 128 Leigh disease | 148 Trisomy 13 (Patau syndrome) |
| 109 Cockayne syndrome | 129 Marfan syndrome | 149 Trisomy 18 (Edwards syndrome) |
| 110 Cogan syndrome | 130 Marshall syndrome | 150 Turner syndrome |
| 111 Cornelia de Lange | 131 Maroteaux-Lamy syndrome (MPS VI) | 151 Usher I syndrome |
| 112 Cri du chat syndrome (Chromosome 5p) | 132 Moebius syndrome | 152 Usher II syndrome |
| 113 Crigler-Najjar syndrome | 133 Monosomy 10p | 153 Usher III syndrome |
| 114 Crouzon syndrome (Craniofacial Dysostosis) | 134 Morquio syndrome (MPS IV-B) | 154 Vogt-Koyanagi-Harada syndrome |
| 115 Dandy Walker syndrome | 135 NF1 - Neurofibromatosis | 155 Waardenburg syndrome |
| 116 Down syndrome (Trisomy 21) | 136 NF2 - Bilateral Acoustic Neurofibromatosis | 156 Wildervanck syndrome |
| 117 Goldenhar syndrome | 137 Norrie disease | 157 Wolf-Hirschhorn syndrome (Trisomy 4p) |
| 118 Hand-Schuller-Christian (Histiocytosis X) | 138 Optico-Cochleo-Dentate Degeneration | 199 Other hereditary * |
| 119 Hallgren syndrome | 139 Pfeiffer syndrome | |
| 120 Herpes-Zoster (or Hunt) | 140 Prader-Willi | |

Pre-Natal/Congenital Complications

- Congenital Rubella
- Congenital Syphilis
- Congenital Toxoplasmosis
- Cytomegalovirus (CMV)
- Fetal Alcohol syndrome
- Hydrocephaly
- Maternal drug use
- Microcephaly
- Neonatal Herpes Simplex (HSV)
- Other pre-natal *

Post-Natal/Non-Congenital Complications

- Asphyxia
- Direct Trauma to the eye/ear
- Encephalitis
- Infections
- Meningitis
- Severe head injury
- Stroke
- Tumors
- Chemically induced
- Other post-natal *

* If Other, please specify:

Related to Prematurity

- Complications of prematurity

Undiagnosed

- No Determination of etiology

Documented Vision Loss

- Low Vision (20/70 to 20/200)
- Legally Blind (20/200) or Field Restricted
- Light Perception Only
- Totally Blind
- Diagnosed Progressive Loss
- Further Testing Needed
- Documented Functional Vision Loss

Cortical Vision Impairment (CVI)

- No
- Yes
- Unknown

Corrective Lenses

- No
- Yes
- Unknown

Documented Hearing Loss

- Mild (26-40dB loss)
- Moderate (41-55dB loss)
- Moderately Severe (56-70dB loss)
- Severe (71-90dB loss)
- Profound (91+ loss)
- Diagnosed Progressive Loss
- Further Testing Needed
- Documented Functional Hearing Loss

Central Auditory Processing disorder

- | | | | |
|----|-----|---|---------|
| No | Yes | 2 | Unknown |
|----|-----|---|---------|

Cochlear implant

- | | | | |
|----|-----|---|---------|
| No | Yes | 2 | Unknown |
|----|-----|---|---------|

Auditory Neuropathy

- | | | | |
|----|-----|---|---------|
| No | Yes | 2 | Unknown |
|----|-----|---|---------|

Assistive Listening Devices

- | | | | |
|----|-----|---|---------|
| No | Yes | 2 | Unknown |
|----|-----|---|---------|

Additional Assistive Technology

- | | | | |
|----|-----|---|---------|
| No | Yes | 2 | Unknown |
|----|-----|---|---------|

Other Impairments or Conditions

Orthopedic/Physical	Cognitive	Behavioral	Complex Health Care	Communication, Speech or Language	Other Impairments*	* If Other, specify:
0 No 1 Yes	0 No 1 Yes	0 No 1 Yes	0 No 1 Yes	0 No 1 Yes	0 No 1 Yes	

Intervener and One-on-One Services:

Does the student receive One-on-One Support?

- | | | |
|----|-----|--------|
| No | Yes | Unknai |
|----|-----|--------|

Is this support from someone with the title or function of an Intervener?

- | | | |
|----|-----|---------|
| No | Yes | Unknown |
|----|-----|---------|

Intervener services provide access to information and communication and facilitate the development of social and emotional well-being for children who are deafblind. In educational environments, intervener services are provided by an individual, typically a paraeducator, who has received specialized training in deafblindness and the process of intervention. An intervener provides consistent one-to-one support to a student who is deafblind (age 3 through 21) throughout the instructional day.

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IDEA Funding / Educational Placement: Must Correlate to the Child's Age

DOB:

Funding Category →	1 IDEA Part B (ages 3-21)	2 IDEA Part C (ages birth-2)	3 Not reported under Parts B or C
	Part B Category <i>specify ONE only</i> 1 Intellectual Disabilities 2 Hearing Impairment (includes deafness) 3 Speech or Language Impairment 4 Visual Impairment (includes blindness) 5 Emotional Disturbance 6 Orthopedic Impairment 7 Other Health Impairment 8 Specific Learning Disability 9 Deafblindness 10 Multiple Disabilities 11 Autism 12 Traumatic Brain Injury 13 Developmentally Delayed – age 3 through 9 14 Non-Categorical 999 Unknown	Part C Category 1 At-risk for Developmental Delays 2 Developmentally Delayed 3 Intellectual Disabilities 4 Hearing Impairment (includes deafness) 5 Speech or Language Impairment 6 Visual Impairment (includes blindness) 7 Emotional Disturbance 8 Orthopedic Impairment 9 Other Health Impairment 10 Specific Learning Disability 11 Deafblindness 12 Multiple Disabilities 13 Autism 14 Traumatic Brain Injury 888 Unknown	
		Part C Exiting Status <i>specify ONE only</i> 0 In a Part C early intervention program 1 Completion of IFSP prior to reaching max age for Pt C 2 Eligible for IDEA, Part B 3 Not eligible for Pt B, referral to other program 4 Not eligible for Pt B, exit w/no referrals 5 Part B eligibility not determined 6 Deceased 7 Moved out of state 8 Withdrawal by parent/guardian 9 Attempts to reach parent and/or child unsuccessful	
		Early Intervention Setting 1 Home 2 Community-based settings 3 Other Settings * If Other, please specify:	
ages 3 - 5	Educational Setting (ages 3-21) <i>specify ONE only</i> 1 Attending a regular EC program at least 80% of the time 2 Attending a regular EC program 40% to 79% of the time 3 Attending a regular EC program less than 40% of the time 4 Attending a separate class 5 Attending a separate school 6 Attending a residential facility 7 Service provider location 8 Home		
ages 6 - 21	9 Inside the regular class 80% or more of the day 10 Inside the regular class 40% to 79% of day 11 Inside the regular class less than 40% of the day 12 Separate School 13 Residential facility 14 Homebound/Hospital 15 Correctional facilities 16 Parentally placed in private schools		
	Part B Exiting Status <i>specify ONE only (Student is no longer in district)</i> 0 In ECSE or school-aged Special Education Program 1 Transferred to regular education 2 Graduated with regular diploma 3 Received a certificate 4 Reached Maximum Age 5 Died 6 Moved, Known to be Continuing* 8 Dropped out *Known info. on students who have moved:		
	Participation in Statewide Assessments <i>specify most recent one only</i> 1 Regular grade-level State assessment 2 Regular grade-level State assessment w/accommodations 3 Alternate assessment 4 (intentionally not used) 5 (intentionally not used) 6 Not required at age or grade level 7 Parent Opt Out		
	Deafblind Project <i>FOR STAFF USE ONLY. PLEASE LEAVE BLANK.</i> 0 Eligible to Receive services from DB Project 1 No longer eligible to receive services from State DB Project		
		Placement: School or Site where services are received <input type="text"/> School/Site Name <input type="text"/> Street Address <input type="text"/> City Zip Code <input type="text"/> <input type="text"/> Phone Fax <input type="text"/> <input type="text"/> Teacher Teacher Phone <input type="text"/> <input type="text"/> Teacher Email <input type="text"/> Co. # District # School # <input type="text"/> <input type="text"/> <input type="text"/> District/LEA Name <input type="text"/> District Type <input type="text"/> School Type <input type="text"/>	

Best Service Provider Contact for the Child OR Person Completing Form to Contact

.....
 Contact Name – or Person Completing Form

.....
 Phone 1

.....
 Fax

.....
 Title/Position

.....
 Phone 2

.....
 Organization/Agency

.....
 e-mail address

.....
 Street Address

.....
 Signature – (Please also print name if different from Contact Name)

.....
 City

.....
 Zip Code

.....
 Date