

Office Use Only: Name Code: _____ Code Number: _____

New Update No Change

Child Count Form
Nebraska Deaf-Blind Project
NDE, SPED

301 Centennial Mall South
Lincoln, NE 68509

PH: 402-471-4310 or teresa.coonts@nebraska.gov

Website: www.nedbp.org

updated 10-19

Student First Name:

Student Middle Initial:

Gender
 Male
 Female

Student Last Name:

DOB: / /

Parent First Name:

Parent Last Name:

Address:

City:

State:

Zip Code:

Telephone:

Email:

Race/Ethnicity: check one only

- American Indian or Alaska Native
- Asian
- Hispanic/Latino
- White
- Black or African American
- Native Hawaiian or Other Pacific Islander
- Two or more races (does not include persons of Hispanic/Latino ethnicity)

Etiology Select ONE from the list below

Hereditary/Chromosomal Syndromes and Disorders

- Aicardi syndrome
- Alport syndrome
- Alstrom syndrome
- Apert Syndrome (Acrocephalosyndactyly Type 1)
- Bardet-Biedl syndrome (Laurence Moon-Biedl)
- Batten disease
- CHARGE association
- Chromosome 18, Ring 18
- Cockayne syndrome
- Cogan syndrome
- Cornelia de Lange
- Cri du chat syndrome (Chromosome 5p-syndrome)
- Crigler-Najjar syndrome
- Crouzon syndrome (Craniofacial Dysostosis)
- Dandy Walker syndrome
- Down syndrome (Trisomy 21 syndrome)
- Goldenhar syndrome
- Hand-Schuller-Christian (Histiocytosis X0)
- Hallgren syndrome
- Herpes-Zoster (or Hunt)
- Hunter syndrome (MPS II)
- Hurler syndrome (MPS I-H)
- Kearns-Sayre syndrome
- Kippel-Feil sequence
- Kippel-Trenaunay-Weber syndrome
- Kniest Dysplasia
- Leber congenital amaurosis
- Leigh Disease
- Marfan syndrome
- Marshall syndrome
- Maroteaux-Lamy syndrome (MPS-VI)
- Moebius syndrome
- Monosomy 10p
- Morquio syndrome (MPS IV-B)
- NF1-Neurofibromatosis (von Recklinghausen disease)
- NF2-Bilateral Acoustic Neurofibromatosis
- Norrie Disease
- Optico-Cochleo-Dentate Degeneration
- Pfeiffer syndrome
- Prader-Willi
- Pierre-Robin syndrome
- Refsum syndrome
- Scheie syndrome (MPS I-S)
- Smith-Lemli-Opitz (SLO) syndrome
- Stickler syndrome
- Sturge-Weber syndrome
- Treacher Collins syndrome
- Trisomy 13 (Trisomy 13-15, Patau syndrome)
- Trisomy 18 (Edwards syndrome)
- Turner syndrome
- Usher I syndrome
- Usher II syndrome
- Usher III syndrome
- Vogt-Koyanagi-Harada syndrome
- Waardenburg syndrome
- Wildervanck syndrome
- Wolf-Hirschhorn syndrome (Trisomy 4p)
- Other

(specify in space provided)

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

(specify in space provided)

Post-Natal/Non-Congenital Complications

- Asphyxia
- Direct Trauma to the eye and/or ear
- Encephalitis
- Infections
- Meningitis
- Severe Head Injury
- Tumors
- Stroke
- Chemically Induced
- Other

(specify in space provided)

Related to Prematurity

- Complications of Prematurity

Undiagnosed

- No Determination of Etiology

Visual Loss:

- 1. Low Vision (Visual acuity of 20/70 to 20/200 in better eye with corrections)
- 2. Legally Blind (Visual acuity of 20/200 or less or field restriction of 20 degrees or less in better eye with correction)
- 3. Light Perception Only
- 4. Totally Blind
- 5. Diagnosed Progressive Loss
- 6. Further Testing Needed
- 7. Documented Functional Vision Loss

Does the Individual have a Cortical Visual Impairment? NO YES UNKNOWN

Hearing Loss:

- 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
- 8. Documented Functional Hearing Loss

Does the Individual have a central auditory processing disorder? NO YES UNKNOWN

Does the Individual have Auditory Neuropathy? NO YES UNKNOWN

Does the individual wear a Cochlear Implant? NO YES UNKNOWN

Other Impairments:

Indicate impairments, in addition to the individual's hearing and visual impairments, that have a significant impact on the individual's developmental or educational progress

- | | | | |
|------------------------|--|--|--|
| Physical Impairment: | <input type="checkbox"/> No <input type="checkbox"/> Yes | Complex Health Care Needs: | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Cognitive Impairments: | <input type="checkbox"/> No <input type="checkbox"/> Yes | Communication, Speech
And/or Language | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Behavioral: | <input type="checkbox"/> No <input type="checkbox"/> Yes | Other Impairments or
Conditions | <input type="checkbox"/> No <input type="checkbox"/> Yes |

IDEA Part C Category Code: (this is infant and toddlers birth through age 2)

- At risk for developmentally delayed
- Developmentally Delayed
- Other _____
- Not Reported under Part C of IDEA

Part B Category Code:

- Intellectual Disability
- Hearing Impaired (includes deafness)
- Speech or Language Impairment
- Visual Impairment (includes blindness)
- Emotional Disturbance
- Orthopedic Impairment
- Other Health Impairment
- Specific Learning Disability
- Deaf-Blindness
- Autism
- Multiple Disabilities
- Traumatic Brain Injury
- Developmentally Delayed- age 3 through 9
- Non-Categorical
- Not Reported under Part B of IDEA (age 3 and over)

Early Intervention Setting (Birth through age 2):

- Home
- Community-based settings
- Other settings

Office Use Only: Name Code: _____ Code Number: _____

Educational Setting: (Ages 3-21)

ECSE (3-5) Settings:

- Attending a regular early childhood program at least 80% of the time
- Attending a regular early childhood program 40% to 79% of the time
- Attending a regular early childhood program less than 40% of the time
- Attending a separate class
- Attending a separate school
- Attending a residential facility
- Service provider location
- Home

School Aged (6 – 21) Settings:

- Inside the regular class 80% or more of day
- Inside the regular class 40% to 79% of day
- Inside the regular class less than 40% of day
- Separate school
- Residential facility
- Homebound/Hospital
- Correctional facilities
- Parentally placed in nonpublic schools (private)

Participation in Statewide Assessments:

- Regular grade-level assessment
- Regular grade-level assessment with accommodations
- Alternate assessments
- Not yet required at age or grade level

Special Education Status (Exiting Part C):

- In a Part C early intervention program
- Completion of IFSP prior to reaching maximum age for Part C
- Eligible for IDEA, Part B
- Not eligible for Part B, exit with referrals to other programs
- Not eligible for Part B, exit with no referrals
- Deceased
- Moved out of state
- Withdrawal by parent (or guardian)
- Part B eligibilty not determined

Special Education Status (Exiting Part B):

- In ECSE or school-aged special education program
- Transferred to regular education
- Graduation with regular diploma
- Received a certificate
- Reached maximum age
- Moved, known to be continuing
- Dropped Out
- Died

Living Setting:

- Home: With Parents
- Home: Extended Family
- Home: Foster parents
- State Residential Facility
- Private Residential Facility
- Group Home (less than 6 residents)
- Group Home (6 or more residents)
- Apartment (with non-family person(s))
- Pediatric Nursing Home
- Other _____

~~(Check one for each area):~~

Corrective Lens:

- Yes
- No
- Unknown

Assistive Listening Devices:

- Yes
- No
- Unknown

Additional Assistive Technology:

- Yes
- No
- Unknown

Intervener Services:

- Yes
- No
- Unknown

Contact Person:

Name: _____

Title: _____

School District: _____

Address: _____

City: _____ Zipcode: _____

District wants information regarding the Helen Keller Regional Consultant for purpose of future planning and sharing with parent:

____ YES _____ NO

Date Completed: ____/____/____

Telephone: _____

Email: _____

Return Form To:

Teresa Coonts, Director
Nebraska Deaf-Blind Project
301 Centennial Mall South
Lincoln, NE 68509
Teresa.coonts@nebraska.gov