Office Use Only: Name Code:_____ Code Number:_____ New☐ Update☐ No Change ☐

Child Count Form

Nebraska Project for Children and Youth With Deaf-Blindness

NDE @ ESU#3
6949 South 110th St.
Omaha, NE 68128
PH: 402-595-1810; FAX: 402-595-2727
Website: www.nedbp.org

updated 11-17

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 (Cranipfacia Dysolosis)
- ❍ Dandy Walker syndrome
- ❍ Down syndrome (Trisomy 21 syndorme)
- ❍ 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
- ❍ Pfieffer 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/CongenitalComplications

- ❍ 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

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Visual Loss:

- ◘ 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: □ No □ Yes

Complex Health Care Needs: □ No □ Yes

Cognitive Impairments: □ No □ Yes

Communication, Speech And/or Language □ No □ Yes

Behavioral: □ No □ Yes

Other Impairments or Conditions □ No □ Yes

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

- □ At risk
- □ Developmentally Delayed
- □ Other _____

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

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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 aligned with standards
□ 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
□ No longer receives Sp. Ed., but still receiving State DB Project Services

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:	**Assistive Listening Devices:**	**Additional Assistive Technology:**	**Intervener Services:**
□ Yes	□ Yes	□ Yes	□ Yes
□ No	□ No	□ No	□ No
□ Unknown	□ Unknown	□ Unknown	□ Unknown

Contact Person:

Name:_____
Title: _____

School District: _____

Address:_____

City: _____ Zipcode: _____

Date Completed: ___/___/___
Telephone: _____
Email: _____

Return Form To:

Nebraska Deaf-Blind Project
6949 South 110th St.
Omaha, NE 68128
FAX: 402-595-1810