**Virginia Project for Children and Young Adults with Deaf-Blindness**

Partnership for People with Disabilities/ Virginia Commonwealth University

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Deaf-Blind Child Count: Instructions and Definitions

*The National Center on Deaf-Blindness (NCDB)* is federally required to conduct an annual child count of children and youth who are deaf-blind on December 1st of each year. Consistent with the priorities under which *The Center* and the state/multi-state deaf-blind projects are funded, this National Child Count is used to identify national and state technical assistance needs for children and youth who are deaf-blind, their families and the service providers and systems which serve them. Child Count information is also used to identify research needs, in developing personnel preparation programs, and in targeting national and state product development and dissemination activities.

\*If the **student** **is no longer in your school division**, please indicate which of the following best describes the reason:

* Moved, known to be continuing (please indicate new school division if known)
* Transferred to regular education
* Graduated with regular high school diploma
* Received a certificate
* Reached maximum age
* Dropped out
* Died

Date of Birth: Enter the month, day, and year of birth

**Gender:** Indicate the individual’s gender by coding as: Male or Female

**Race/Ethnicity** Enter the one race/ethnicity code from the list that best describes the individual. A child or student may only be reported in one race/ethnicity category.

**Home School Division:** Division in which student lives.

**Division Providing Services:** Division providing services to the student.

**Name of School:** Name of school student currently attends

**Parent/Guardian Information:** Optional

**Documented Vision Loss (Choose only ONE):** Please indicate the category that best describes the student’s vision loss:

* Low Vision (visual acuity of 20/70 to 20/200>)
* Legally Blind (visual acuity of 20/200 or less or a field restriction of 20 degrees)
* Light Perception Only
* Totally Blind
* Diagnosed Progressive Loss, or
* Further Testing Needed (this category may only be used for one year)
* Documented Functional Vision Loss

A Functional Vision Assessment is defined as *“a non-clinical assessment, carried out by a trained vision specialist using commonly accepted assessment tools, checklists and measures for making educated judgments about the functional use of vision.”*

**Cortical Vision Impairment:** Please indicate whether the child/student has cortical vision impairment

**Documented Hearing Loss (Choose only ONE):** Please indicate the category that best describes the student’s hearing loss:

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

A Functional Hearing Assessment is defined as *“a non-clinical assessment carried out by a trained hearing specialist using commonly accepted assessment tools, checklists and measures for making educated judgments about the functional use of hearing.”*

**Central Auditory Processing Disorder:** Please indicate whether the child/student has a central auditory processing disorder.

**Cochlear Implants:** Please indicate whether the child/student has a cochlear implant.

**Auditory Neuropathy** Please indicate whether the child/student has auditory neuropathy.

**Etiology:** Select the one etiology code from the list that best describes the primary etiology of the individual’s primary disability. Etiologies fall under one of four main sub headings:

* Hereditary/chromosomal syndromes and disorders
* Pre-natal/congenital complications
* Post-natal/non-congenital complications
* Related to prematurity

If “other” (e.g., 199, 299 or 399) is selected, please specify the etiology under Column 8 on the Child Count Supplemental Form.

**Other Impairments or Conditions:** Please indicate any additional impairment or condition, which has a significant impact on the individual’s developmental or educational progress.

**Primary Disability Category:** Enter the primary category code under which the student was reported on the State Department of Education, Part B, IDEA, Child Count, or indicate that the student was not reported.

The Part B Category Codes are:

1. Intellectual Disability
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. Deaf-Blindness
10. Multiple Disabilities
11. Autism
12. Traumatic Brain Injury
13. Developmentally Delayed-age 3 through 9

Also included for Child Count *reporting purposes* are:

1. Non-Categorical

888. Not Reported Under Part B of IDEA

**Participation in Statewide Assessments:** Please indicate how the student will participate in statewide assessments.

**Educational Setting:**

**Early intervention** settings for infants and children, from birth through age 2, are federally defined as:

* Home: Early intervention services are provided primarily in the principal residence of the child’s family or caregivers.
* 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 child care 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).
* 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.If “other” is selected, please specify under Column 25 on the Child Count Supplemental Form.

**Educational Setting (3-5 and 6-21):** Enter the setting code under which the individual was reported on the State Department of Education Part B, IDEA Child Count. Please note that settings are different for children in early childhood special education programs (3-5), than for school-aged students (6-21). *Again, please enter only one code.*

* Inside the regular class 80 percent or more of the day: Students who were inside the regular classroom for 80 percent or more of the school day. This may include children with disabilities placed in:
  + regular class with special education/related services provided within regular classes
  + regular class with special education/related services provided outside regular classes
  + regular class with special education services provided in resource rooms
* Inside regular class no more than 79% of day and no less than 40% percent of the day: Students were inside the regular classroom between 40 and 79% of the 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:
  + resource rooms with special education/related services provided within the resource room
  + resource rooms with part-time instruction in a regular class
* Inside regular class less than 40 percent of the day: Students who were inside the regular classroom less than 40 percent of the day. Do not include children who are reported as receiving education programs in public or private separate school or residential facilities. This category may include children placed in:
  + self-contained special classrooms with part-time instruction in a regular class
  + self-contained special classrooms with full-time special education instruction on a regular school campus
* Separate school. Students who received education programs in public or private separate day school facilities. This includes children with disabilities receiving special education and related services for greater than 50 percent of the school day in public or private separate schools. This may include children placed in:
  + - public and private day schools for students with disabilities
    - public and private day schools for students with disabilities for a portion of the school day (greater than 50 percent) and in regular school buildings for the remainder of the school day
    - public and private residential facilities if the student does not live at the facility
* Residential facility: *S*tudents 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 for greater than 50 percent of the school day in public or private residential facilities. This may include children placed in:
* public and private residential schools for students with disabilities
* public and private residential schools for students with disabilities for a portion of the school day (greater than 50 percent) 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.

* + Homebound/Hospital: Students who received education programs in homebound/hospital environment includes children with disabilities placed in and receiving special education and related services in: hospital programs; homebound programs

Do not include children with disabilities whose parents have opted to home school them and who receive special education at the public expense.

* + Correctional facilities: Students who received special education in correctional facilities. These data are intended to be a count of all children receiving special education in: short-term detention facilities (community-based or residential); correctional facilities
* Parentally placed in private schools: Students who have been enrolled by their parents or guardians in regular parochial or other private schools and whose basic education is paid through private resources and who receive special education and related services at public expense from a local educational agency or intermediate educational unit under a service plan. 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.

**Living Setting:** Indicate the living setting in which the individual resides the majority of the year. Living settigns include:

1. Home: Parents
2. Home: Extended family
3. Home: Foster Parents
4. State residential facility
5. Private residential facility
6. Group home (less than 6 residents)
7. Group home (6 or more residents)
8. Apartment (with non-family person(s))
9. Pediatric nursing home

555. Other

**Assistive Technology**: Please indicate if the student uses corrective lenses, assistive listening devices, or any additional assistive technology.

**Intervener:**

Please indicate if the student receives services from a trained intervener. Note that an "intervener" is defined in Virginia as *an individual with knowledge and skill in the mode of communication of a deaf-blind student and who can communicate to the deaf-blind student what is occurring in the student's educational setting*. In educational environments, intervener services are provided by an individual, typically a paraeducator, who has received specialized training in deaf-blindness and the process of intervention. An intervener provides consistent one-to-one support to a student who is deaf-blind (age 3 through 21) throughout the instructional day.

**Person filling out this form:** Please include contact information for the person we can contact if we need clarification about this form.

**Thank you for completing this form!**

**Your information will assist in program development and funding!**