

Oregon Deaf-Blind Student Registry Form

Please complete and return to: Renuka Sundaram, Project Director

Oregon Deaf-Blind Project, Western Oregon University
 Research & Resource Center with Deaf Communities
 345 N. Monmouth Avenue, Monmouth, Oregon 97361



STOP!! Complete this form ONLY for individuals who have both a visual and auditory impairment. DO NOT USE for an individual with only a visual impairment.

Today's Date:

Status of this Individual's Report (Please check on):

DB Complex Needs Referral

Part I: Information about individual with deaf-blindness

Name First: _____ Last: _____

Date of Birth (MM/DD/YYYY) ____ / ____ / ____ **Gender:** Male Female

Ethnicity (Is this student Hispanic/Latino?)

- 0 No, Not Hispanic/Latino
 1 Yes, Hispanic/Latino

Race (Select the ONE that best describes the individual's race):

- 1 American Indian/ or Alaska Native 5 White
 2 Asian 6 Native Hawaiian/Pacific Islander
 3 Black of African American 7 Two or more races

Living Setting (Select the ONE setting that best describes where the individual resides the majority of the year):

- 1 Home: Birth/Adoptive Parents 5 Private Residential Facility 555 Other
 2 Home: Extended Family 9 Pediatric Nursing Home
 3 Home: Foster Parents 10 Community Residence (includes group home/
 4 State Residential Facility supported apartment)

Parent/Guardian Name 1 First: _____ Last: _____

Address:

City: _____ State: _____ ZIP _____ Email _____

Telephone (With Area Code) _____ County of Residence: _____

Parent/Guardian Name 2 First: _____ Last: _____

Address:

City: _____ State: _____ ZIP _____ Email _____

Telephone (With Area Code) _____ County of Residence: _____

Part II: Individual's Medical Background/Disabilities

Primary Classification of Visual Impairment (Select the ONE that best describes the primary classification of the individual's visual impairment):

- 1 Low Vision (visual acuity of 20/70 to 20/200<)
 2 Legally Blind (visual acuity of 20/200 or less, or field restriction of 20 degrees)
 3 Light Perception Only
 4 Totally Blind
 6 Diagnosed Progressive Loss
 7 Further Testing Needed
 9 Documented Functional Vision Loss

Cortical Vision Impairment?

- Yes No Unknown

Primary Classification of Hearing Impairment (Select the ONE that best describes the primary classification of the individual's hearing impairment):

O 1 Mild	O 5 Profound
O 2 Moderate	O 6 Diagnosed Progressive Loss
O 3 Moderately Severe	O 7 Further Testing Needed
O 4 Severe	O 9 Documented Functional Hearing Loss
Central Auditory Processing Disorder (CAPD)?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Auditory Neuropathy?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Cochlear Implant?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Orthopedic/Physical Impairments	<input type="radio"/> Yes <input type="radio"/> No
Behavioral Disorders	<input type="radio"/> Yes <input type="radio"/> No
Communication Impairments	<input type="radio"/> Yes <input type="radio"/> No
Cognitive Impairments	<input type="radio"/> Yes <input type="radio"/> No
Complex Health Care Needs	<input type="radio"/> Yes <input type="radio"/> No
Other Impairment	<input type="radio"/> Yes <input type="radio"/> No
Etiology (please indicate the ONE etiology from the list below that best describes the primary etiology of the individual's primary disability. Please indicate "Other" if none of this listed etiologies are the primary disability):	
Hereditary/Chromosomal Syndromes and Disorders	
101 Aicardi syndrome 102 Alport syndrome 103 Alstrom syndrome 104 Apert syndrome (Acrocephalosyndactyly, Type 1) 105 Bardet-Biedl syndrome(Laurence Moon-Biedl) 106 Batten disease 107 CHARGE Syndrome 108 Chromosome 18, Ring 18 109 Cockayne syndrome 110 Cogan Syndrome 111 Cornelia de Lange 112 Cri du chat syndrome (Chromosome 5p-syndrome) 113 Crigler-Najjar syndrome 114 Crouzon syndrome (Craniofacial Dysotosis) 115 Dandy Walker syndrome 116 Down syndrome (Trisomy 21 syndrome) 117 Goldenhar syndrome 118 Hand-Schuller-Christian (Histiocytosis X) 119 Hallgren syndrome 120 Herpes-Zoster (or Hunt) 121 Hunter Syndrome (MPS II) 122 Hurler syndrome (MPS I-H) 123 Kearns-Sayre syndrome 124 Klippel-Feil sequence 125 Klippel-Trenaunay-Weber syndrome 126 Kniest Dysplasia 127 Leber congenital amaurosis 128 Leigh Disease 129 Marfan syndrome	130 Marshall syndrome 131 Maroteaux-Lamy syndrome (MPS VI) 132 Moebius syndrome 133 Monosomy 10p 134 Morquio syndrome (MPS IV-B) 135 NF1 - Neurofibromatosis (von Recklinghausen disease) 136 NF2 - Bilateral Acoustic Neurofibromatosis 137 Norrie disease 138 Optico-Cochleo-Dentate Degeneration 139 Pfeiffer syndrome 140 Prader-Willi 141 Pierre-Robin syndrome 142 Refsum syndrome 143 Scheie syndrome (MPS I-S) 144 Smith-Lemli-Opitz (SLO) syndrome 145 Stickler syndrome 146 Sturge-Weber syndrome 147 Treacher Collins syndrome 148 Trisomy 13 (Trisomy 13-15, Patau syndrome) 149 Trisomy 18 (Edwards syndrome) 150 Turner syndrome 151 Usher I syndrome 152 Usher II syndrome 153 Usher III syndrome 154 Vogt-Koyanagi-Harada syndrome 155 Waardenburg syndrome 156 Wildervanck syndrome 157 Wolf-Hirschhorn syndrome (Trisomy 4p) 199 Other
Pre-Natal/Congenital Complications	Post-Natal/Non-Congenital Complications
201 Congenital Rubella 202 Congenital Syphilis 203 Congenital Toxoplasmosis 204 Cytomegalovirus (CMV) 205 Fetal Alcohol syndrome 206 Hydrocephaly 207 Maternal Drug Use 208 Microcephaly	301 Asphyxia 302 Direct Trauma to the eye and/or ear 303 Encephalitis 304 Infections 305 Meningitis 306 Severe Head Injury 307 Stroke 308 Tumors

209 Neonatal Herpes Simplex (HSV) 299 Other _____	309 Chemically Induced 399 Other _____
Related to Prematurity 401 Complications of Prematurity	Undiagnosed 501 No Determination of Etiology
Part III: IDEA Services	
Is the individual receiving Part C Part B Not receiving B or C 504 Plan	
Part C Category Code (Please indicate the primary category code under which the individual was reported on the Part C, IDEA Child Count – Select only ONE.) O 1 At-risk O 2 Developmentally Delayed O 888 Not Reported under Part C of IDEA	
Early Intervention Setting O 1 Home O 2 Community-based Setting O 3 Other Setting 888 N/A Not served under Part C of IDEA	
Special Education Status/Part C Exiting (Please indicate the ONE code that best describes the individual's special education program status O 0 Not Exited - In a Part C early intervention program O 5 Part B eligibility not determined O 1 Completion of IFSP prior to reaching max age O 6 Died For Part C O 7 Moved out of state O 2 Eligible for IDEA, Part B O 8 Withdrawn by parent/guardian O 3 Not eligible for Part B, referral to other program O 9 Attempts to reach parent/guardian and/or child unsuccessful O 4 Not eligible for Part B, exit w/no referrals 888 N/A Not served under Part C	
-----Part B-----	
Part B Category Code (Please indicate the primary disability as identified in the IEP, or reported for the IDEA Part B Child Count – Select only ONE.) 1 Intellectual Disability 9 Deaf-Blindness 2 Hearing Impairment (includes deafness) 10 Multiple Disabilities 3 Speech or Language Impairment 11 Autism 4 Visual Impairment (includes blindness) 12 Traumatic Brain Injury 5 Emotional Disturbance 13 Developmentally Delayed (age 3 through 9) 6 Orthopedic Impairment 14 Non-Categorical 7 Other Health Impairment 888 Not Reported under Part B of IDEA 8 Specific learning Disability	
Early Childhood Special Education Setting (ages 3 – 5) 301 Services in a regular EC program 10+ hours/week 306 Attending a separate school 302 Other Location in a regular EC program 10+ hours/week 307 Attending a residential facility 303 Services in a regular EC program less than 10 hours/week 309 Home, at public expense 304 Other Location in a regular EC program less than 10 hours/week 310 Home, NOT at public expense 305 Attending a separate class 888 N/A Not served under Part B	
School Aged Settings (ages 6-21) 610 Inside regular class 80% or more of the day 616 Correctional Facilities 611 Inside regular class 40%-79% of the day 617 Parentally place in private school 612 Inside regular class less than 40% of the day 620 Home School/remote learning, at public expense 613 Separate school 621 Home School/remote learning, NOT at public expense 614 Residential facility 888 N/A Not served under Part B 615 Homebound/Hospital	
Special Education Status/Part B Exiting 0 NOT exited in Special Education Program 1 Exited Part B - Transferred to regular education 4 Exited Part B - Reached maximum age 2 Exited Part B - Graduated with Regular HS diploma 5 Died 22 Exited Part B - Graduated with Alternate diploma 6 NOT Exited - Moved, known to be continuing 3 Exited Part B - Received a certificate 8 Exited Part B - Dropped out	

Participation in Statewide Assessments

1 Regular grade-level state assessment	6 Not required at age or grade level
2 Regular grade-level state assessment w/accommodations	7 Parent Opt Out
3 Alternative assessment	19 Not required to be reported by state

Deaf-Blind Project Exiting Status

Eligible to receive services from the DB Project	No longer eligible to receive services from DB Project
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Assistive Technology

Corrective Lenses	Yes	No	Unknown
Assistive Listening Devices	Yes	No	Unknown
Additional Assistive Technology	Yes	No	Unknown

Intervener Services: Intervener services provide access to information and communication and facilitate the development of social and emotional well-being for children who are deaf-blind. 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 3-21) throughout the instructional day.

Working under the guidance and direction of a student's classroom teacher or another individual responsible for ensuring the implementation of the student's IEP, an intervener's primary roles are to:

- provide consistent access to instruction and environmental information that is gained by typical students through vision and hearing, but that is unavailable or incomplete to an individual who is deaf-blind
- provide access to and/or assist in the development and use of receptive and expressive communication skills;
- facilitate the development and maintenance of trusting, interactive relationships that promote social and emotional well-being; and
- provide support to help a student form relationships with others and increase social connections and participation in activities.

Receiving Intervener Services	1 Yes	0 No	2 Unknown
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School Information

Agency/School:

Street Address:

City:

State:

ZIP Code:

Telephone Number

Fax Number:

Teacher's Name

Teacher's Email

School District

Please return this form and the appropriate Permission for Release Form (if already returned by the individual or parent/guardian, by _____

To: Renuka Sundaram, Project Director
 Oregon Deaf-Blind Project, Western Oregon University
 Research & Resource Center with Deaf Communities
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If you have questions, please call Renu at 949-245-1135 or Email: sundaramr@mail.wou.edu