

Oregon Deaf-Blind Student Registry Form



Please complete and return to: Carlie Rhoads, Project Director

Oregon Deaf-Blind Project, Western Oregon University
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

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

- | | |
|-------------------------------------|------------------------------------|
| 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 |
| 4 Hispanic/Latino | |

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 | 9 Pediatric Nursing Home |
| 2 Home: Extended Family | 6 Group Home (less than 6 residents) | 555 Other: |
| 3 Home: Foster Parents | 7 Group Home (6 or more residents) | |
| 4 State Residential Facility | 8 Apartment (with non-family members) | |

Parent/Guardian Name 1 First: _____ Last: _____

Address:

City: _____ State: _____ ZIP Code _____

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

Parent/Guardian Name 2 First: _____ Last: _____

Address:

City: _____ State: _____ ZIP Code _____

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

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):

- | | |
|------------|------------------------------|
| 1 Mild | 5 Profound |
| 2 Moderate | 6 Diagnosed Progressive Loss |

3 Moderately Severe 4 Severe	7 Further Testing Needed 9 Documented Functional Hearing Loss				
Central Auditory Processing Disorder (CAPD)?	Yes	No	Unknown		
Auditory Neuropathy?	Yes	No	Unknown		
Cochlear Implant?	Yes	No	Unknown		
Orthopedic/Physical Impairments	Yes	No	Cognitive Impairments	Yes	No
Behavioral Disorders	Yes	No	Complex Health Care Needs	Yes	No
Communication Impairments	Yes	No	Other Impairment	Yes	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 209 Neonatal Herpes Simplex (HSV) 299 Other _____			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 309 Chemically Induced 399 Other _____		

Related to Prematurity 401 Complications of Prematurity	Undiagnosed 501 No Determination of Etiology	
Part III: IDEA		
-----Part C-----		
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.)		
1 At-risk	2 Developmentally Delayed	888 Not Reported under Part C of IDEA
Early Intervention Setting 1 Home 2 Community-based Setting 3 Other Setting		
Special Education Status/Part C Exiting (Please indicate the ONE code that best describes the individual’s special education program status)		
0 In a Part C early intervention program	6 Died	
1 Completion of IFSP prior to reaching max age For Part C	7 Moved out of state	
2 Eligible for IDEA, Part B	8 Withdrawn by parent/guardian	
3 Not eligible for Part B, referral to other program	9 Attempts to reach parent/guardian and/or child unsuccessful	
4 Not eligible for Part B, exit w/no referral		
5 Part B eligibility not determined		
-----Part B-----		
Part B Category Code (Please indicate the primary category code under which the individual was reported on the Part B, IDEA 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)		
1 Attending a regular early childhood program at least 80% of the time	5 Attending a separate school	
2 Attending a regular early childhood program 40% to 79% of the time	6 Attending a residential facility	
3 Attending a regular early childhood program less than 40% of the time	7 Service provider location	
4 Attending a separate class	8 Home	
School Aged Settings (ages 6-21)		
9 Inside the regular class 80% or more of the day	13 Residential facility	
10 Inside the regular class 40% to 79% of the day	14 Homebound/Hospital	
11 Inside the regular class less than 40% of the day	15 Correctional Facilities	
12 Separate school	16 Parentally place in private school	
Special Education Status/Part B Exiting		
0 In ECSE or school-aged Special Education Program	5 Died	
1 Transferred to regular education	6 Moved, known to be continuing	
2 Graduated with regular diploma	7 (intentionally not used)	
3 Received a certificate	8 Dropped out	
4 Reached maximum age		
Participation in Statewide Assessments		
1 Regular grade-level state assessment	4 (intentionally not used)	7 Parent Opt Out
2 Regular grade-level state assessment w/accommodations	5 (intentionally not used)	
3 Alternative assessment	6 Not required at age or grade level	

Deaf-Blind Project Exiting Status			
Eligible to receive services from the DB Project		No longer eligible to receive services from DB Project	
Assistive Technology			
Corrective Lenses	Yes	No	Unknown
Assistive Listening Devices	Yes	No	Unknown
Additional Assistive Technology	Yes	No	Unknown
<p>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 through 21) throughout the instructional day.</p> <p>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:</p> <ul style="list-style-type: none"> • provide consistent access to instruction and environmental information that is usually 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
School Information			
Agency/School:			
Street Address:			
City:	State:	ZIP Code:	
Telephone Number		Fax Number:	
Teacher's Name			
Teacher's Email			
School District			
<p>Please return this form and the appropriate Permission for Release Form (if already returned by the individual or parent/guardian, by _____)</p> <p>To: Carlie Rhoads, Project Director Oregon Deaf-Blind Project, Western Oregon University 345 N. Monmouth Avenue Monmouth, Oregon 97361</p> <p>If you have questions, please call Carlie Rhoads at 503-838-8328 or Email: rhoadsc@wou.edu</p>			