2023 California Deafblind Census

Return to: California Deafblind Services, SF State University
Department of Special Education, 1600 Holloway Avenue
San Francisco, CA 94132-4158 | (415) 405-7560

Check box if there are NO CHANGES from last year ---> ☐

Name First | MI | Last

Birth Date Month Day Year

Gender
- Male
- Female
- Other/Non-Binary

Box below for staff use only.
created | modified
ID Code | Kid Code | Child Code

County of Residence County #

Guardian(s) **City**

Guardian 2 city if other address **City** **State**

Ethnicity: Please answer BOTH Hispanic origin & Race for each

Hispanic/Latino: Includes all individuals who identify with one or more nationalities or ethnic groups originating in Mexico, Puerto Rico, Cuba, Central and South America, and other Spanish cultures, regardless of race. If a person is not of Hispanic, Latino, or Spanish origin, answer "*No, not Hispanic, Latino*". **Race:** The general racial category that most clearly reflects individuals' recognition of their community or with which the individual most identifies

Pt 1: Is this student Hispanic/Latino? ○0 No, not Hispanic/Latino ○1 Yes, Hispanic/Latino

Pt 2 Race: If more than 1, select #7 "Two or More"

- ○1 American Indian or Alaska Native
- ○2 Asian
- ○3 Black or African American
- ○5 White
- ○6 Native Hawaiian or Other Pacific Islander
- ○7 Two or more
- ○999 Unknown/Missing

Living Setting
- ○1 Home: Birth/Adoptive Parents
- ○2 Home: Extended Family
- ○3 Home: Foster Parents
- ○4 State Residential Facility
- ○5 Private Residential Facility
- ○9 Pediatric Nursing Home
- ○10 Community residence (Includes group home/supported apt)
- ○555 Other *

If "other", please specify:

Primary Language

○1 English	○9 Cambodian	○9 Hmong	○9 Korean	○9 Pashto	○9 Tamil	○9 Other*
○2 Spanish	○9 Cantonese	○9 Ibo	○9 Mandarin	○9 Romanian	○9 Telugu	○999 Unknown
○3 Sign Language	○9 Chinese	○9 Japanese	○9 Non-verbal	○9 Russian	○9 Urdu	
○9 Arabic	○9 Gujarati	○9 Khmer	○9 Punjabi	○9 Tagalog	○9 Vietnamese	

ETIOLOGY

specify ONE only, from one of the 5 subsections:

Hereditary/Chromosomal Syndromes and Disorders

- ☐101 Aicardi syndrome
- ☐102 Alport syndrome
- ☐103 Alstrom syndrome
- ☐104 Apert syndrome (Acrocephalosyndactyly)
- ☐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)
- ☐113 Crigler-Najjar syndrome
- ☐114 Crouzon syndrome (Craniofacial Dysotosis)
- ☐115 Dandy Walker syndrome
- ☐116 Down syndrome (Trisomy 21)
- ☐117 Goldenhar syndrome
- ☐118 Hand-Schuller-Christian (Histiocytosis X)
- ☐119 Hallgren syndrome
- ☐120 Herpes-Zoster (or Hunt)
- ☐121 Hunter syndrome (MPSII)
- ☐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
- ☐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-Optiz (SLO) syndrome
- ☐145 Stickler syndrome
- ☐146 Sturge-Weber syndrome
- ☐147 Treacher Collins syndrome
- ☐148 Trisomy 13 (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 hereditary *

Pre-Natal/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 pre-natal *

Post-Natal/Non-Congenital Complications

- ☐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 post-natal *

Related to Prematurity

- ☐401 Complications of prematurity

Undiagnosed ☐501 No Determination of etiology

*** If Other (from all above sections), please specify:**

Documented Vision Loss

- ○1 Low Vision (20/70 to 20/200)
- ○2 Legally Blind (20/200) or Field Restricted
- ○3 Light Perception Only
- ○4 Totally Blind
- ○6 Diagnosed Progressive Loss
- ○7 Further Testing Needed
- ○9 Documented Functional Vision Loss

Cortical Vision Impairment (CVI)
- ○0 No
- ○1 Yes
- ○2 Unknown

Corrective Lenses
- ○0 No
- ○1 Yes
- ○2 Unknown

Documented Hearing Loss

- ○1 Mild (26-40dB loss)
- ○2 Moderate (41-55dB loss)
- ○3 Moderately Severe (56-70dB loss)
- ○4 Severe (71-90dB loss)
- ○5 Profound (91+ loss)
- ○6 Diagnosed Progressive Loss
- ○7 Further Testing Needed
- ○9 Documented Functional Hearing Loss

Central Auditory Processing disorder	○No	○Yes	○2	Unknown
Cochlear implant	○No	○Yes	○2	Unknown
Auditory Neuropathy	○No	○Yes	○2	Unknown
Assistive Listening Devices	○No	○Yes	○2	Unknown
Additional Assistive Technology	○No	○Yes	○2	Unknown

Other Impairments or Conditions

Orthopedic / Physical	Cognitive	Behavioral	Complex Health Care	Communication, Speech or Language	Other Impairments*	* If Other, specify:
○0 No ○1 Yes	○0 No ○1 Yes	○0 No ○1 Yes	○0 No ○1 Yes	○0 No ○1 Yes	○0 No ○1 Yes	

Intervener and One-on-One Services:

Does the student receive One-on-One Support from someone with the funtion or title of an Intervener? ○0 = No ○1 = Yes ○2 = Unknown ○888 =N/A

Intervener services provide access to information and communication and facilitate the development of social and emotional well-being for children who are deafblind. In educational environments, intervener services are provided by an individual, typically a paraeducator, who has received specialized training in deafblindness and the process of intervention. An intervener provides consistent one-to-one support to a student who is deafblind (age 3 through 21) throughout the instructional day.

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Check box if there are NO CHANGES from last year ---> ☐

IDEA Funding / Educational Placement: Must Correlate to the Child's Age

DOB:

Funding Category → ◯ 1 IDEA Part B (ages 3-21) ◯ 2 IDEA Part C (ages birth - 2) ◯ 3 Not reported under Parts B or C

Part B Category *specify ONE only*

- ☐ 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 Developmental Delay
- ☐ 14 Non-Categorical
- ☐ 888 Not Reported under Part B of IDEA
- ☐ 999 Unknown

Educational Setting (ages 3-21) *specify ONE only*

ages 3 - 5

- ☐ 301 Services in Regular Early Childhood Program (10+ hours)
- ☐ 302 Other Location Regular Early Childhood Program (10+ hours)
- ☐ 303 Services in Regular Early Childhood Program (<10 hours)
- ☐ 304 Other Location Regular Early Childhood Program (<10 hours)
- ☐ 305 Attending a Separate Class
- ☐ 306 Attending a Separate School
- ☐ 307 Attending a Residential Facility
- ☐ 309 Home, at public expense
- ☐ 310 Home, not at public expense
- ☐ 888 N/A Not Served Under Part B
- ☐ 999 Unknown/Missing

ages 6 - 21

- ☐ 610 Inside the regular class 80% or more of day
- ☐ 611 Inside the regular class 40% to 79% of day
- ☐ 612 Inside the regular class less than 40% of day
- ☐ 613 Separate school
- ☐ 614 Residential facility
- ☐ 615 Homebound/Hospital
- ☐ 616 Correctional facilities
- ☐ 617 Parentally placed in private schools
- ☐ 620 Home school/remote learning, at public expense
- ☐ 621 Home school/remote learning, NOT at public expense
- ☐ 888 N/A Not Served Under Part B
- ☐ 999 Unknown/Missing

Part B Exiting Status *specify ONE only*

- ◯ 0 Not exited — In Special Education Program
- ◯ 1 Transferred to regular education
- ◯ 2 Graduated with regular diploma
- ◯ 22 Graduated with alternate diploma
- ◯ 3 Received a certificate
- ◯ 4 Reached Maximum Age
- ◯ 5 Died
- ◯ 6 Moved, Known to be Continuing*
- ◯ 8 Dropped out

***Known info. on students who have moved:**

Participation in Statewide Assessments: specify most recent one only

- ☐ 1 Regular grade-level State assessment
- ☐ 2 Regular grade-level State assessment w/accommodations
- ☐ 3 Alternate assessments aligned with grade-level achievement standards
- ☐ 6 Not required at age or grade level
- ☐ 7 Parent Opt-Out

Deaf-Blind Project *FOR STAFF USE ONLY. PLEASE LEAVE BLANK.*

Currently eligible to receive services from the deaf-blind project? 0=YES, 1=NO

Part C Category — (Ages Birth to 2 yrs) *specify ONE only*

- ◯ 1 At-risk for Developmental Delays (as defined by the state's Part C Lead Agency)
- ◯ 2 Developmentally Delayed
- ◯ 888 N/A Not reported under Part C of IDEA

Part C Exiting Status *specify ONE only*

- ◯ 0 = Not Exited - Currently in Part C early intervention program
- ◯ 1 = Completion of IFSP prior to reaching maximum age for Part C
- ◯ 2 = Eligible for IDEA, Part B
- ◯ 3 = Not eligible for Part B, exit with referrals to other programs
- ◯ 4 = Not eligible for Part B, exit with no referrals
- ◯ 5 = Part B eligibility not determined
- ◯ 6 = Deceased
- ◯ 7 = Moved out of state
- ◯ 8 = Withdrawal by parent (or guardian)
- ◯ 9 = Attempts to contact the parent and/or child were unsuccessful
- ◯ 888 = NA Not Part C

Early Intervention Setting

- ◯ 1 Home
- ◯ 2 Community-based
- ◯ 3 Other *
- ◯ 888 NA / Not under Part C

*** If "Other", please specify:**

Placement: School or Site where services are received

School/Site Name

Street Address

City | Zip Code

Phone | Fax

Teacher | Teacher Phone

Teacher Email

Co. # | District # | School #

District/LEA Name

District Type

School Type

Best Service Provider Contact for the Child OR Person Completing Form to Contact

Contact Name | Phone 1 | Fax

Title/Position | Phone 2

Organization/Agency | e-mail address

Street Address | Signature - (Please also print name if different from Contact Name)

City | Zip Code | Date