



## 2023 California Deafblind Census Guide to Completing the Form

California Deafblind Services  
San Francisco State University  
Department of Special Education  
1600 Holloway Avenue  
San Francisco, CA 94132-4158  
www.cadbs.org

### Instructions on reviewing/revising a pre-printed census form or completing a new one:

1. Read the Census FAQ Sheet.
2. Revise or fill in the text boxes under each section.
3. Correct or choose **only one** radio button for **every** section.
4. If there are no changes from last year on a pre-printed form you have received: you don't have to do anything, but if you wish, you may send the form back with "*no change*" written on it or email back this confirmation of no changes.
5. Mail or fax the forms by March 15, 2023 to the Census Coordinator at the address below.

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### Census form information

- > **The front page captures biographical data, and the back page captures educational data. On the back, please make sure your answers correspond to the current age of the child.**
- > **Some numbered radio buttons are intentionally omitted.**
- > **Primary Language:** that which is used in the home.
- > **Living Setting:** where the individual resides the majority of the year.
- > **Guardian 2:** please complete **only** if different from primary Guardian(s).
- > **Definition of "documented functional vision loss":** as determined by a Functional Vision Assessment (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.)
- > **Definition of "documented functional hearing loss":** as determined by a Functional Hearing Assessment (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.)
- > **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

1. **American Indian or Alaskan Native** - having origins in any of the original peoples of North, South or Central American and who maintain tribal affiliation or community attachment.
2. **Asian** - having origins in any of the nationalities or peoples of the Far East, Southeast Asia, or the Indian subcontinent.
3. **Black/African American** - a person having origins in any of the Black racial groups of Africa.
4. **White** - origins in any of the original peoples of Europe, the Middle East or North Africa.
5. **Native Hawaiian/Other Pacific Islander** - origins in the original peoples of Hawaii, Guam, Samoa, or the Pacific Islands.
6. **Two or More Ethnicities** - origins in two or more of the categories.

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Please return completed form **via fax (415) 338-2845** or by **mail:** California Deafblind Services CDBS- San Francisco State University - Department of Special Education 1600 Holloway Avenue - San Francisco, CA 94132-4158

**Questions? Contact Brian Devereux at [devereux@sfsu.edu](mailto:devereux@sfsu.edu)**