

Please call 612.638.1531 with any questions regarding this census form.  
Minnesota DeafBlind Project Federal Census

<b>DOB:</b>	<b>County:</b>	<b>School District:</b>
____ <b>Male</b>	____ <b>Female</b>	<b>Today's date:</b>

<b>Primary Identified Etiology (Choose only one)</b>	
<b>Hereditary/Chromosomal Syndromes and Disorders</b>	
101 Aicardi syndrome 102 Alport syndrome 103 Alstrom syndrome 104 Apert syndrome 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 Dysostosis) 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 _____
<b>Pre-Natal/Congenital Complications</b>	<b>Post-Natal/Non-Congenital Complications</b>
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 _____
<b>Related to Prematurity</b>	<b>Undiagnosed</b>
401 Complications of Prematurity	501 No Determination of Etiology

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<b>Race/Ethnicity (choose only one)</b>	
1. American Indian or Alaska Native	5. White
2. Asian	6. Native Hawaiian/Pacific Islander
3. Black or African American	7. Two or more races
4. Hispanic/Latino	

<b>Primary Classification of Visual Impairment (choose only one)</b> (numbers 5 and 8 intentionally not used)	
1. Low Vision	6. Diagnosed Progressive Loss
2. Legally Blind	7. Further Testing Needed (1 year only)
3. Light Perception Only	9. Documented Functional Vision Loss
4. Totally Blind	

<b>Does the Student have <u>Cortical Visual Impairment (CVI)</u>?</b>		
0. No	1. Yes	2. Unknown

<b>Primary Classification of Hearing Impairment</b> (number 8 intentionally not used)	
1. Mild	5. Profound
2. Moderate	6. Diagnosed Progressive Loss
3. Moderately Severe	7. Further Testing Needed (1 year only)
4. Severe	9. Documented Functional Hearing Loss

<b>Does the Student have <u>Central Auditory Processing Disorder (CAPD)</u>?</b>		
0. No	1. Yes	2. Unknown

<b>Does the Student have <u>Auditory Neuropathy</u>?</b>		
0. No	1. Yes	2. Unknown

<b>Does the Student have a <u>Cochlear Implant</u>?</b>		
0. No	1. Yes	2. Unknown

<b>Does the Student have <u>Corrective Lenses</u>?</b>		
0. No	1. Yes	2. Unknown

<b>Does the Student have <u>Assistive Listening Devices</u>?</b>		
0. No	1. Yes	2. Unknown

<b>Does the Student have <u>Additional Assistive Technology</u>?</b>		
0. No	1. Yes	2. Unknown

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<b>Part C Early Intervention Setting (Birth through age 2)</b>	
1. Home	2. Community-based settings
3. Other settings	
<b>Part C Category Code (Birth through age 2) (choose only one)</b>	
1. At-risk for developmental delays (as defined by the state's Part C Lead Agency)	Also included for Child Count reporting purposes are: 888. Not Reported Under Part C
2. Developmentally Delayed	
<b>Part C Exiting Status (Birth through age 2) (choose only one)</b>	
0. In a Part C early intervention program	5. Part B eligibility not determined
1. Completion of IFSP prior to reaching maximum age for Part C	6. Deceased
2. Eligible for IDEA, Part B	7. Moved out of state
3. Not eligible for Part B, exit with referrals to other programs	8. Withdrawal by parent (or guardian)
4. Not eligible for Part B, exit with no referrals	9. Attempts to contact the parent and/or child were unsuccessful

<b>Part B Educational Setting (age 3 through age 21) (choose only one)</b>	
<b>ECSE (3-5) Settings</b> <ol style="list-style-type: none"> <li>1. Attending a regular early childhood program at least 80% of the time</li> <li>2. Attending a regular early childhood program 40% to 79% of the time</li> <li>3. Attending a regular early childhood program less than 40 % of the time</li> <li>4. Attending a separate class</li> <li>5. Attending a separate school</li> <li>6. Attending a residential facility</li> <li>7. Service provider location</li> <li>8. Home</li> </ol>	<b>School aged (6-21) settings</b> <ol style="list-style-type: none"> <li>9. Inside the regular class 80% or more of day</li> <li>10. Inside the regular class 40% to 79% of day</li> <li>11. Inside the regular class less than 40% of day</li> <li>12. Separate school</li> <li>13. Residential facility</li> <li>14. Homebound/Hospital</li> <li>15. Correctional facilities</li> <li>16. Parentally placed in private school</li> </ol>

<b>Part B Category Code (age 3 through age 21) (choose only one)</b>	
<ol style="list-style-type: none"> <li>1. Intellectual Disability</li> <li>2. Hearing Impairment (includes deafness)</li> <li>3. Speech or Language Impairment</li> <li>4. Visual Impairment (includes blindness)</li> <li>5. Emotional Disturbance</li> <li>6. Orthopedic Impairment</li> <li>7. Other Health Impairment</li> <li>8. Specific Learning Disability</li> </ol>	<ol style="list-style-type: none"> <li>9. DeafBlind</li> <li>10. Multiple Disabilities</li> <li>11. Autism</li> <li>12. Traumatic Brain Injury</li> <li>13. Developmentally Delayed-age 3 through 9</li> </ol> <p>Also included for Child Count reporting purposes are:</p> <ol style="list-style-type: none"> <li>14. Non-Categorical</li> <li>888. Not Reported under Part B of IDEA</li> </ol>

**Part B Exiting (age 3 through age 21) (choose only one)**

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. Alternate assessments based on alternate achievement standards
2. Regular grade-level state assessment with accommodations	5. Modified achievement standards
3. Alternate assessments aligned with grade-level achievement standards	6. Not yet required

**Living Setting**

1. Home: With parents	6. Group home (less than 6 residents)
2. Home: Extended family	7. Group home (6 or more residents)
3. Home: Foster parents	8. Apartment (with non-family members)
4. State residential facility	9. Pediatric nursing home
5. Private residential facility	555. Other (Specify) _____

**Does the Student have Other Impairments or Conditions-Orthopedic/Physical?**

0. No	1. Yes
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**Does the Student have Other Impairments or Conditions-Cognitive?**

0. No	1. Yes
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**Does the Student have Other Impairments or Conditions-Behavioral?**

0. No	1. Yes
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**Does the Student have Other Impairments or Conditions-Complex Health Care Needs?**

0. No	1. Yes
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**Does the Student have Other Impairments or Conditions-Communication, Speech/Language?**

0. No	1. Yes
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**Does the Student have an Intervener?**

0. No	1. Yes
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