

Colorado Statewide Child Count For Children and Youth with Combined Vision and Hearing Loss (Deaf-Blindness)

Explanation of Certain Codes on the Child Count Information Form

This information is to be used to assist an individual with completing the *Colorado Statewide Child Count for Students with Combined Vision and Hearing Loss (deaf-blind) Information Form*. Data fields included in this handout are items on the Child Count form that may require further definition. If you have any questions, please contact Tanni Anthony at (303) 866-6681 or Anthony_t@cde.state.co.us

Name of Contact Person: Our goal is to have one contact person per district or administrative unit or agency. Select the person that can either answer any questions about this Child Count Form or direct the questions to the appropriate person.

Name of Classroom Teacher: Please enter the primary classroom teacher of the student. This may be a special education teacher who provides direct or indirect services and who is familiar with the educational needs of the student. The contact may also be the general education teacher where the student receives the majority of his or her educational instruction.

SASID: The State Assigned Student Identification Number is recorded on a student's IEP. If a student is still in the Part C system, a SASID may not be assigned. If this is the case, please leave this line blank.

Program or Grade: Only one program or grade response is needed for student. If a child is enrolled in a 0-2 program, a preschool program, or a transition, please simply check the appropriate line. If a child is a school age learner, please note his or her assigned grade in the Grade K-12 line.

CO Code: Please leave this blank as the coded number will be assigned for the project for purposes of protecting confidentiality of the student's information when it is submitted to the National Center on Deaf-Blindness.

Primary Language of the Home: Please indicate the primary language in the home of the child. This question is not intended to address the primary communication mode of the child. We collect these data to know if a family needs materials in another language other than English.

Race/Ethnicity: Please review the examples and descriptions thoroughly before selecting your response. ***Any child that has any portion of Hispanic / Latino ethnicity must be classified solely as "Hispanic / Latino."***

- *Example 1: A respondent self-identifies as Hispanic/Latino and as Asian. This respondent is reported only in the Hispanic/Latino category.*
- *Example 2: A respondent self-identifies as Hispanic/Latino and as Asian and Black or African American. This respondent is reported only in the Hispanic/Latino category.*
- *Example 3: A respondent self-identifies as non-Hispanic/Latino and as Native Hawaiian or Other Pacific Islander. This respondent is reported in the Native Hawaiian or Other Pacific Islander category.*

- *Example 4: A respondent self-identifies as non-Hispanic/Latino and as American Indian or Alaska Native and White. This respondent is reported in the two or more races category.*

Select ONE choice ONLY for the child's race/ethnicity.	
1. American Indian or Alaska Native	5. White
2. Asian	6. Native Hawaiian or Other Pacific Islander
3. Black or African American	7. Two or more races (no need to specify which races)
4. Hispanic / Latino	
1. American Indian or Alaska Native	A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment. <i>(Does not include persons of Hispanic/Latino ethnicity.)</i>
2. Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent. This includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. <i>(Does not include persons of Hispanic/Latino ethnicity.)</i>
3. Black or African American	A person having origins in any of the Black racial groups of Africa. <i>(Does not include persons of Hispanic/Latino ethnicity.)</i>
4. Hispanic/Latino	A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Refers to Hispanic and/or Latino. <i>Any child that has any portion of Hispanic / Latino ethnicity must be classified solely as "Hispanic / Latino."</i>
5. White	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. <i>(Does not include persons of Hispanic/Latino ethnicity.)</i>
6. Native Hawaiian or Other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or the Pacific Islands. <i>(Does not include persons of Hispanic/Latino ethnicity.)</i>
7. Two or more races	A person having origins in <u>two or more</u> of the race categories listed above. <i>(Does not include persons of Hispanic/Latino ethnicity.)</i> Do not circle two or more race/ethnicity responses, simply select number 7.

Parent or Legal Guardian Names: Our intent is to determine who the primary contact is on behalf of each child. If the parents have different last names, please enter both full first and last names on the provided lines.

We only provide space for one address on the form. If each parent has a different address, please list use the back of the form to add the second address.

Primary Identified Etiology:

Indicate the **ONE** etiology code from the list below that best describes the primary diagnosis for the student’s deaf-blindness. If there is an “other” description, please fill in the blank on the Child Count form with a brief description of the student’s etiology. **ONLY ONE CAN BE CIRCLED**

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 association 108 Chromosome 18, Ring 18 109 Cockayne syndrome 110 Cogan syndrome 111 Comelia 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 Prieffer 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	Undiagnosed
401 Complications of Prematurity	501 No Determination of Etiology

If the child’s primary cause of deaf-blindness is not listed above, please write the cause in the *Other Causes of Deaf-Blindness* on the line below the table.

Information about the Student's Visual Impairment

Functional Vision Assessment: Please give the month and the year of the *most recent* Functional Vision Assessment. This information should be gathered from your administrative unit's or agency's teacher of students with visual impairments (TVI). Report the first and last name of the person who completed the most current Functional Vision Assessment.

Learning Media Assessment Plan: A Learning Media Assessment Plan must be embedded or attached in the IEP of all school age students (3 to 21 years) with visual impairment, including blindness or deaf-blindness. This plan details the learning and literacy mode(s) of the student. It is completed by a teacher of students with visual impairments (TVI). Please indicate yes or no as to whether this item is on file with the student's IEP.

Indicate the **ONE** code that *best describes* the primary classification of the learner's visual impairment.

Primary Classification of Visual Impairment (Circle the Correct Number)
<ol style="list-style-type: none">1. Low Vision (acuity of 20/70 to 20/200 in the better eye with correction.)2. Legally Blind (acuity of 20/200 or less or field loss to 20 degrees or less in the better eye with correction.)3. Light Perception Only4. Totally Blind6. Diagnosed Progressive Loss7. Further Testing Needed to Determine Visual Impairment (this can be selected for one year only) <p>If you have checked number 7 in the previous year and the child still does not have a primary classification of visual impairment, this learner must be taken off the Colorado Deaf-Blind Child Count and will not be eligible for free technical assistance from the project.</p> <p><i>Note: Numbers 5, 8, and 9 from the federal form have been deleted since they do not apply in CO</i></p>

Cortical/cerebral visual impairment (CVI): If a medical specialist has made a diagnosis of CVI, please answer yes. If not, please answer no. If the child has a diagnosis of CVI, use your best judgment to describe visual functioning under the Primary Classification of Visual Impairment. It is likely to be 1. Low Vision or 2. Legal Blindness.

Information about the Student's Hearing Impairment

Functional Hearing Assessment: Please give the month and the year of the *most recent* assessment. This information is most likely to be gathered from your administrative unit's or agency's teacher of students who are deaf. Please report the first and last name of the person who completed the Functional Hearing Assessment.

Communication Plan: A Communication Plan must be embedded or attached in the IEP of all school age students (3 to 21 years) with hearing impairment, including deafness or deaf-blindness. This plan details the communication mode(s) of the student. Please indicate yes or no as to whether this plan is on file with the student's IEP.

Indicate the **ONE** code that *best describes* the primary classification of the individual's hearing impairment. If there are different ranges of hearing loss in both ears, select the most pronounced loss.

Primary Classification of Hearing Impairment

1. Mild (26-40 dB loss)
2. Moderate (41-55 dB loss)
3. Moderately Severe (56-70 dB loss)
4. Severe (71-90 dB loss)
5. Profound (91+ dB loss)
6. Diagnosed Progressive Loss
7. Further Testing Needed to Determine Hearing Impairment (this can be checked for one year only)

If you have checked number 7 in the previous year and the child still does not have a primary classification of hearing impairment, this learner must be taken off the Colorado Deaf-Blind Child Count and will not be eligible for free technical assistance from the project.

Note: Numbers 8 and 9 from the federal form have been deleted since they do not apply in Colorado

Central Auditory Processing Disorder: If this has been diagnosed per appropriate school testing, please indicate yes. If not, please indicate no. Reserve the unknown category, if it is truly unknown.

Auditory Neuropathy: If this has been diagnosed per appropriate clinical / medical testing, please indicate yes. If not, please indicate no. Reserve the unknown category, if it is truly unknown.

Cochlear Implant: Indicate yes or no as to whether the child has a cochlear implant.

Other Disabilities or Health Impairments: Indicate impairments, in addition to the student’s hearing and visual impairments, that have a significant impact on the student’s developmental or educational progress

- | | | |
|---|---------------|----------------|
| • Orthopedic Impairment | (0) No | (1) Yes |
| • Intellectual Disability | (0) No | (1) Yes |
| • Serious Emotional Disability | (0) No | (1) Yes |
| • Other Health Impaired | (0) No | (1) Yes |
| • Speech or Language Impairment | (0) No | (1) Yes |
| • Other Disabilities: Specify: (name “other”) _____ | (0) No | (1) Yes |

IDEA / Funding Category for Current Service

Part C Category Code

Student is receiving Part C Services Yes = 2 _____ Not receiving Part C Services = 888 _____

If the student is birth through age two and in an early intervention program, check YES.

If the student is age three years or older as of this December 1, check NO.

Circle the ONE Part B Category Code: You can only choose **ONE** code and this should be on the learner’s IEP as the primary disability label.

Part B – Category Code 0 this is the primary label on the student’s IEP. Choose ONE.

1. Intellectual Disability	10. Multiple Disabilities
2. Hearing Impairment, including Deafness	11. Autism Spectrum Disorder
3. Speech or Language Impairment	12. Traumatic Brain Injury
4. Visual Impairment, including Blindness	15. Developmental Delay – ages 3-8 years
5. Serious Emotional Disability	
6. Orthopedic Impairment	888. Not Reported Under Part B of IDEA
7. Other Health Impairment	
8. Specific Learning Disability	<i>Numbers 13 and 14 from the federal forms have been deleted since they do not apply in Colorado.</i>
9. Deaf-Blindness	

Definitions of Educational Setting by Age Group: Indicate the **ONE** educational setting code from the **appropriate age subcategories** that **best describes** the individual’s education setting.

Fill out only **ONE** section based on the age of the child as of **December 1 of this year**. See detailed descriptions of educational settings per age group below this table.

Educational Setting	
For Children Ages Birth through Age 2	For Children Ages Three to Five years
1. Home 2. Community-based settings 3. Other settings (please name setting below)	1. Attending a regular early childhood program at least 80% of the time 2. Attending a regular early childhood program 40- 79% of the time 3. Attending a regular early childhood program less than 40% of the time 4. Attending a separate class 5. Attending a separate school 6. Attending a residential facility 7. Service provider location 8. Home
For Children Ages Six through 21 Years (as of this December 1)	
9. Inside the general education classroom 80% or more of day 10. Inside the general education classroom 40% to 79% of the day 11. Inside the general education classroom than 40% of the day 12. Separate school 13. Residential facility 14. Homebound / Hospital 15. Correctional facilities 16. Parentally placed in private schools 888. Not reported under Part B (i.e. home school)	

Early intervention settings for infants and children, from birth through age two, are defined federally as:

1. Home: Early intervention services are provided primarily in the principal residence of the child’s

family or caregivers.

2. Community-based settings: Early intervention services are provided primarily in a setting where children without disabilities typically are found. These settings include but are not limited to child care centers (including family day care), preschools, regular nursery schools, early childhood center, libraries, grocery stores, parks, restaurants, and community centers (e.g., YMCA, Boys and Girls Clubs).
3. Other settings: Early intervention services are provided primarily in a setting that is not home or community-based. These settings include, but are not limited to, services provided in a hospital, residential facility, clinic, and early intervention center/class for children with disabilities. If “other” is selected, please write in the type of intervention setting.

Early childhood special education program settings (aged 3 through 5) are federally defined as follows:

1. Regular early childhood program at least 80% of the time: Children who attended an early childhood program and were in the early childhood program for at least 80% of time.
2. Regular early childhood program 40% to 79% of the time: Children who attended an early childhood program and were in the early childhood program for no more than 79% but no less than 40% of time.
3. Regular early childhood program less than 40 % of the time: Children who attended an early childhood program and were in the early childhood program for less than 40% of time
4. Separate class: Children in a class with less than 50% nondisabled children. Do not include children who also attended a regular early childhood program.
5. Separate school: Children who received education programs in public or private day schools designed specifically for children with disabilities.
6. Residential facility: Children who received education programs in publicly or privately operated residential schools or residential medical facilities on an inpatient basis.
7. Service provider location: Children who received all of their special education and related services from a service provider, and who did not attend an early childhood program or a special education program provided in a separate class, separate school, or residential facility.

For example, speech instruction provided in:

- private clinicians’ offices
- clinicians’ offices located in school buildings
- hospital facilities on an outpatient basis
- libraries and other public locations

Do not include children who also received special education at home. Children who received special education both in a service provider location and at home should be reported in the home category.

8. Home: Children who received special education and related services in the principal residence of the child's family or caregivers, and who did not attend an early childhood program or a special education program provided in a separate class, separate school, or residential facility. Include children who receive special education both at home and in a service provider location.

School-aged (aged 6 through 21) special education program settings are federally describes as follows:

9. Inside the general education classroom 80% or more of the day: Students who were inside the general education class for 80% or more of the school day. This may include children with disabilities placed in the:

- general education classroom with special education/related services provided within the general education classroom
 - general education classroom with special education/related services provided outside general education
 - general education classroom with special education services provided in resource rooms
10. Inside general education classroom no more than 79% of day and no less than 40% percent of the day: Students were inside the general education classroom between 40% and 79% of the day. Do not include children who are reported as receiving education programs in public or private separate school or residential facilities. This may include children placed in:
- resource rooms with special education/related services provided within the resource room
 - resource rooms with part-time instruction in a regular class
11. Inside general education classroom less than 40% of the day: Students who were inside the general education classroom less than 40% of the day. Do not include children who are reported as receiving education programs in public or private separate school or residential facilities. This category may include children placed in:
- self-contained special classrooms with part-time instruction in a general education classroom
 - self-contained special classrooms with full-time special education instruction on a regular school campus
12. Separate school. Students who received education programs in public or private separate day school facilities. This includes children with disabilities receiving special education and related services for greater than 50% of the school day in public or private separate schools. This may include children placed in:
- i. public and private day schools for students with disabilities
 - ii. public and private day schools for students with disabilities for a portion of the school day (greater than 50%) and in regular school buildings for the remainder of the school day
 - iii. public and private residential facilities if the student does not live at the facility
13. Residential facility: Students who received education programs and lived in public or private residential facilities during the school week. This includes children with disabilities receiving special education and related services for greater than 50% of the school day in public or private residential facilities. This may include children placed in:
- i. public and private residential schools for students with disabilities
 - ii. public and private residential schools for students with disabilities for a portion of the school day (greater than 50%) and in separate day schools or regular school buildings for the remainder of the school day

Do not include students who received education programs at the facility, but do not live there.

14. Homebound/Hospital: Students who received education programs in homebound/hospital environment includes children with disabilities placed in and receiving special education and related services in:
- hospital programs
 - homebound programs

Do not include children with disabilities whose parents have opted to home school them and who receive special education at the public expense.

15. Correctional facilities: Students who received special education in correctional facilities. These data are intended to be a count of all children receiving special education in:
- short-term detention facilities (community-based or residential)
 - correctional facilities

16. Parentally placed in private schools: Students who have been enrolled by their parents or guardians in regular parochial or other private schools and whose basic education is paid through private resources and who receive special education and related services at public expense from a local educational agency or intermediate educational unit under a service plan. Include children whose parents chose to home school them, but who receive special education and related services at the public expense. Do not include children who are placed in private schools by the LEA.

888. Not reported Under Part B: Students who are not receiving (Part B) public school special education services and / or are home schooled.

The Student's Participation in Statewide Assessments: Circle the number representing the student's participation in the state's assessment activities. All students must take general or alternate state assessments for grades 3-12. **Circle only ONE response.**

1. Regular grade-level State Assessment (CMAS Science/Social Studies at 4th, 5th, 7th, 8th, and 11th and CMAS ELA/Math at 3rd-8th grades or the PSAT /SAT at 9th/10th/11th grade)
2. Regular grade-level State Assessment (CMAS Science/Social Studies at 4th, 5th, 7th, 8th, and 11th and CMAS ELA/Math 3rd-8th grades or the PSAT/SAT at 9th/10th/11th grade) with accommodations
3. Alternate assessment (CoAlt Science/Social Studies at 4th, 5th, 7th, 8th, and 11th and CoAlt DLM ELA/Math at 3rd-11th grades (CoAlt DLM ELA and Math serve as the corresponding alternate to the CMAS ELA and Math and PSAT/SAT).
6. Not required at age or grade level (infants, toddlers, preschoolers, K-2, 12th grades)

Note: Numbers 4 and 5 from the federal form are not applicable with Colorado state assessments.

The Child's Status as having a READ Plan: All children in kindergarten or 1-3 grades must be screened for their reading status. Some learners will be determined to have a Significant Reading Deficiency and must have a READ Plan to address significant reading concerns. If the child is in K – 3rd Grade, does he or she have a READ Plan for a Significant Reading Deficiency that has been determined by the educational team? If no – select 0, if yes – select 1, and if the child is in a different grade than K-3 – select 2.

If the child is in Kindergarten – 3rd Grade, does he or she have a READ Plan for a Significant Reading Deficiency?

No = 0 _____ Yes = 1 _____ Not Applicable (child is a different grade than K-3) = 2 _____

Part C Status or Exiting: This section is **ONLY** for children ages birth through two years. Please indicate the code that best describes the student's status on December 1. If the student is still in a Part C Early Intervention Program, circle 0. If they have exited from a Part C Early Intervention Program, please indicate the number that best describes the exit reason. **Circle only one response for each child still in a Part C (0-3) Program.**

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| <ul style="list-style-type: none"> 0. In a Part C Early Intervention Program (still receiving Part C services) 1. Completion of IFSP prior to reaching maximum age for Part C 2. Eligible for IDEA, Part B (transitioned into a school preschool program with an IEP) 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 |
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Early intervention exiting status for infants and children, from birth through age 2, are defined as:

- 0 In a Part C early intervention program: This includes infants and toddlers (birth through age 2) with a current IFSP and who are served by a state or local part early intervention program.
- 1 Completion of IFSP *prior to reaching maximum age* for Part C: Children who have *not reached maximum age* for Part C, have completed their IFSP, and no longer require services under IDEA, Part C.
- 2 Eligible for IDEA, Part B: Children served in Part C who exited Part C and were determined to be eligible for Part B during the reporting period. This includes children who receive Part B services in conjunction with Head Start.
- 3 Not eligible for Part B, exit with referrals to other programs: Children *who reached maximum age* for Part C, were determined not eligible for Part B, and were referred to other programs, which may include preschool learning centers, Head Start (but not receiving Part B services), and child care centers, and/or were referred for other services, which may include health and nutrition services, such as WIC.
- 4 Not eligible for Part B, exit with no referrals: Children *who reached maximum age* for Part C and were determined not eligible for Part B services, but were not referred to other programs.
- 5 Part B eligibility not determined: Children for whom Part B eligibility has not been made. This category includes children who were referred for Part B evaluation, but for whom the eligibility determination has not yet been made or reported and children for whom parents did not consent to transition planning. This category includes any child *who reached maximum age* for Part C, and who has not been counted in categories 2 through 4 above.
- 6 Deceased: Children who died during the reporting period, even if their death occurred at the age of exit.
- 7 Moved out of state: Children who moved out of State during the reporting period. Do not report a child who moved within State (i.e., from one program to another) if services are known to be continuing.
- 8 Withdrawal by parent (or guardian): Children whose parents declined all services after an IFSP was in place, as well as children whose parents declined to consent to IFSP services and provided written or verbal indication of withdrawal from services.
- 9 Attempts to contact the parent and/or child were unsuccessful: Children who have not reached the maximum age of service under Part C, who had an active IFSP, and for whom Part C personnel have been unable to contact or locate the family or child after repeated, documented

attempts. This category includes any child who did not complete an IFSP and exited Part C before reaching maximum age and who has not been counted in categories 6 through 8 above.

Part B Status or Exiting: For students in early childhood/special education (preschool) or school-aged special education (3-21 years) indicate the code that best describes the student's status on December 1. If the student is still in a Part B special education program, circle 0. If they have exited from Part B special education services, please indicate the number that best describes the exit reason. **Circle only ONE response for each student in a Part B (3-21) program.**

0. In Early Childhood Special Education or school-aged special education program
1. Transferred to general education (no longer has an IEP)
2. Graduated with a regular diploma
3. Received a certificate
4. Reached maximum age
5. Deceased
6. Moved, known to be continuing
8. Dropped out

Note: Number 7 from the federal form has been deleted since it does not apply in Colorado

Definitions of Part B Exiting Information:

- 0 In Early Childhood/Special Education or school-aged special education program: This includes students in an early childhood special education (ages 3 - 5) or school-aged special education (ages 6 - 21) program.
- 1 Transferred to regular education: (Note: this category was previously labeled "No longer receives special education.") Students who were served in special education at the start of the reporting period, but at some time in that 12-month period, returned to regular education. These students no longer have an IEP and are receiving all of their educational services from a regular education program.
- 2 Graduated with regular high school diploma: Students who exited an educational program through receipt of a high school diploma identical to that for which students without disabilities are eligible. These are students who met the same standards for graduation as those students without disabilities.
- 3 Received a certificate: Students who exited an educational program and received a certificate of completion, modified diploma, or some similar document. This includes students who received a high school diploma, but did not meet the same standards for graduation as those for students without disabilities.
- 4 Reached maximum age: Students who exited special education because of reaching the maximum age for receipt of special education services, including those students with disabilities who reached the maximum age and did not receive a diploma. Maximum age for services varies by state.
- 5 Deceased: Students who have died.
- 6 Moved, known to be continuing: Students who moved out of the catchment area or otherwise transferred to another district and are *KNOWN* to be continuing in another educational program. There need not be evidence that the student is continuing in special education, only that he or she is continuing in an education program. This includes students in residential drug/alcohol rehabilitation centers, correctional facilities or charter schools if those facilities operate as separate districts, excluding normal matriculation.

- 8 **Dropped out:** Students who were enrolled at the start of the reporting period, were not enrolled at the end of the reporting period, and did not exit special education through any other basis described some point in the preceding 12 months, are not currently enrolled, and did not exit through any of the other options described. This includes dropouts, runaways, GED recipients, expulsions, status unknown, students who moved and are not known to be continuing in another educational program, home schooled and other exiters from special education.

Deaf-Blind Project Exiting Status: Circle which number applies to the current status of the student. If the student is still considered to be a learner with deaf-blindness, circle 0. If the student is no longer considered to be deaf-blind (having combined vision and hearing loss), please Circle #1.

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|----|---|
| 0. | Eligible to receive services from the State Deaf-Blind Project (student is deaf-blind) |
| 1. | No longer eligible to receive services from the State Deaf-Blind Project (no longer deaf-blind) |

Living Setting: Circle the living setting which the student resides the majority of the year. **Circle only ONE choice.**

Living Setting Information

- | | |
|------|---------------------------------------|
| 1. | Home: With Parents |
| 2. | Home: Extended Family |
| 3. | Home: Foster Parents |
| 4. | State Residential Facility |
| 5. | Private Residential Facility |
| 6. | Group Home (less than 6 residents) |
| 7. | Group Home (6 or more residents) |
| 8. | Apartment (with non-family person(s)) |
| 9. | Pediatric Nursing Home |
| 555. | Other (Specify) _____ |

Wears Corrective Lenses: If the child wears glasses or contact lenses, indicate yes. If not, please indicate no. Reserve the unknown category, if this information is truly unknown.

Uses Assistive Listening Devices: Indicate yes, if the child wears hearing aids or uses an FM system or other assistive listening device(s). If not, please indicate no. Reserve the unknown category, if this information is truly unknown.

Uses Additional Assistive Technology: Indicate yes, if the child uses any additional assistive technology other than corrective lenses or assistive listening devices. If not, please indicate no. Reserve the unknown category, if this information is truly unknown.

THANK YOU SO VERY MUCH – YOUR CAREFUL REPORTING OF THIS INFORMATION IS VERY IMPORTANT AND APPRECIATED!!