



**COLORADO STATEWIDE CHILD COUNT FOR CHILDREN AND YOUTH
WITH COMBINED VISION AND HEARING LOSS (DEAF-BLINDNESS)**

**Colorado Department of Education / Exceptional Student Leadership Unit
1560 Broadway, Suite 1100, Denver, Colorado 80202**

Please complete the information on this form and return it to Tanni Anthony at the above address. Please refer to the Explanation of Certain Codes handout to assist you with completing this form. If you have any questions about the content of the Child Count Form, please call (303) 866-6681 or email Anthony_T@cde.state.co.us.

STUDENT NAME: _____ **ID Code** (CDE will populate): _____

PROGRAM INFORMATION:

Name of Contact Person: _____ Phone: _____

Contact Person's Work Address: _____ City: _____

State: Colorado Zip Code: _____ Email Address: _____

Name of School District or Administrative Unit (AU): _____

School/Agency Where Student Attends: _____

School/ Agency Address: _____

City: _____ State: Colorado Zip Code: _____

Name of Student's Primary Teacher: _____

Phone: _____ Email Address: _____

Program / Grade: Birth – two (2) years old Preschool Grade K-12 (note grade): _____ Transition

Student's Personal Information

Last Name: _____ First & Middle Name: _____

Date of Birth: _____ Gender: (check one) Male = 00 Female = 01 Other = 02

Date Deaf-Blind status determined: (MM/DD/YYYY): _____ SASID# _____

Ethnicity (check one) No child is not Hispanic/ Latino Yes child is Hispanic/Latino

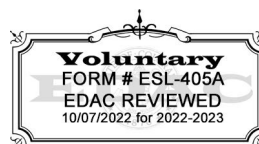
Race: Check **ONE** race code that best describes the student.

- | | |
|--|--|
| <input type="checkbox"/> 1. American Indian or Alaska Native | <input type="checkbox"/> 6. Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> 2. Asian | <input type="checkbox"/> 7. 2 or more races (do not specify which races) |
| <input type="checkbox"/> 3. Black or African American | <input type="checkbox"/> 999. Unknown or missing |
| <input type="checkbox"/> 4. White | |

Note: # 4 from the form has been deleted to align with federal reporting guidelines

Primary language used in the home (check one)

English = 01 Spanish = 02 ASL = 03 Other = 9 _____



Parent/Guardian Information (Please assure you have the most recent / accurate address information).
Please complete two contact information fields, if parents or legal guardians have two different last names.

Parent Last Name: _____ First Name: _____

Parent Last Name: _____ First Name: _____

Address: _____ City: _____

State: Colorado Zip: _____ County: _____

Telephone: _____ Email: _____

Living Setting:

Check the living setting which the child resides the majority of the year. Check only **ONE** choice.

Living Setting Information

- | | |
|--|---|
| <input type="checkbox"/> 1. Home: With Parents | <input type="checkbox"/> 9. Pediatric Nursing Home |
| <input type="checkbox"/> 2. Home: With Extended Family | <input type="checkbox"/> 10. Community Residence (Includes group home /supported apartment) |
| <input type="checkbox"/> 3. Home: With Foster Parents | <input type="checkbox"/> 555. Other (Specify): _____ |
| <input type="checkbox"/> 4. State Residential Facility | |
| <input type="checkbox"/> 5. Private Residential Facility | |

Note: #s 6, 7, and 8 from the form have been deleted to align with federal reporting guidelines

IDEA Category for Current Service: Check One

- IDEA Part C = 1 IDEA Part B = 2 Not receiving Part B or C services = 3 504 Plan = 4

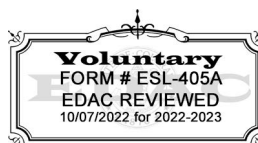
Part C Category Code: Check One: If is younger than 3, select 1 or 2. If Child Is Three or Older, Choose 888

- Under the age of three - At Risk = 1
 Under the age of three - Developmental Delayed = 2
 Not receiving Part C Services / older than 3 years = 888

Part B Category Code: this is the primary label on the student's IEP:

Check the ONE Part B Category Code from the list that identifies the primary disability label on the student's IEP

- | | |
|--|---|
| <input type="checkbox"/> 1. Intellectual Disability | <input type="checkbox"/> 8. Specific Learning Disability |
| <input type="checkbox"/> 2. Hearing Impairment, Including Deafness | <input type="checkbox"/> 9. Deaf-Blindness |
| <input type="checkbox"/> 3. Speech or Language Impairment | <input type="checkbox"/> 10. Multiple Disabilities |
| <input type="checkbox"/> 4. Visual Impairment, Including Blindness | <input type="checkbox"/> 11. Autism Spectrum Disorder |
| <input type="checkbox"/> 5. Serious Emotional Disability | <input type="checkbox"/> 12. Traumatic Brain Injury |
| <input type="checkbox"/> 6. Orthopedic Impairment | <input type="checkbox"/> 13. Developmental Delay (ages 3 through 8 years) |
| <input type="checkbox"/> 7. Other Health Impairment | <input type="checkbox"/> 888. Not Reported under Part B of IDEA |



Check the **ONE** educational setting code from the appropriate age subcategories that best describes the student's education setting. Please find the section that describes the child's age and fill out only that section.

Early Intervention Setting - Complete if Child is Under the Age of Three Years

1. Home 2. Community-Based 3. Other Settings 888. N/A Not served under Part C

Educational Environment - Complete if Child is Ages Three to Five Years. Check one box.

- | | |
|--|--|
| <input type="checkbox"/> 301. Services in Regular Early Childhood Program (10+ hours) | <input type="checkbox"/> 305. Attending a Separate Class |
| <input type="checkbox"/> 302. Other Location Regular Early Childhood Program (10+ hours) | <input type="checkbox"/> 306. Attending a Separate School |
| <input type="checkbox"/> 303. Services in Regular Early Childhood Program (<10 hours) | <input type="checkbox"/> 307. Attending a Residential Facility |
| <input type="checkbox"/> 304. Other Location Regular Early Childhood Program (<10 hours) | <input type="checkbox"/> 309. Home, at Public Expense |
| | <input type="checkbox"/> 310. Home, Not at Public Expense |
| | <input type="checkbox"/> 888. N/A Not a child who is 3-5 |

Educational Setting - Complete if the Child is Ages Six to 21 Years. Check one box.

- | | |
|---|--|
| <input type="checkbox"/> 610. Inside the regular class 80% or more of day | <input type="checkbox"/> 617. Parentally placed in private schools |
| <input type="checkbox"/> 611. Inside the regular class 40% to 79% of day | <input type="checkbox"/> 620. Home school/remote learning, at public expense |
| <input type="checkbox"/> 612. Inside the regular class less than 40% of day | <input type="checkbox"/> 621. Home school/remote learning, NOT at public expense |
| <input type="checkbox"/> 613. Separate school | <input type="checkbox"/> 888. N/A Not a child who is 6-21 years |
| <input type="checkbox"/> 614. Residential facility | |
| <input type="checkbox"/> 615. Homebound/Hospital | |
| <input type="checkbox"/> 616. Correctional facility | |

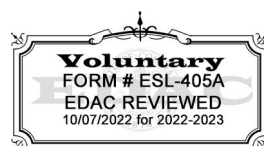
Participation in Statewide Assessments

Check one box best representing the student's participation in the state's assessment activities.

1. Regular grade-level State Assessment (CMAS at 3rd- 8th grades, PSAT at 9th and 10th, SAT at 11th grade)
2. Regular grade-level State Assessment (CMAS) with accommodations
3. Alternate assessment (CoALT at 3rd-11th grades)
6. Not required at age or grade level (infants, toddlers, preschoolers, K-2 grades, 12th grade, transition program)
7. Parent Opt-Out *Note: # 4, #5, and #19 are not applicable with CO state assessments.*

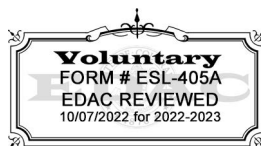
Evidence of a READ Plan: READ Plans may start at kindergartner and continue through 1-12 grade.

- No READ Plan = 0 Yes child currently has a READ Plan in K possibly through Grade 12 = 1
- Not Applicable =2 (child is an infant / toddler, preschooler, or in a post-grade 12 transition program)



Primary Identified Etiology: Circle the **ONE** etiology code from the list below that best describes the primary diagnosis for the student’s deaf-blindness. Specify “other” etiologies in the line beneath the chart.

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 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’s 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	Undiagnosed
401 Complications of Prematurity Other Cause of Deaf-Blindness (please be as specific as possible): _____ _____ _____	501 No Determination of Etiology



Part C Status or Exiting:

For children in early intervention (under the age of three years) indicate the code that best describes the learner’s status on December 1st, 2021. If the child is still in a Part C special education program, check 0. If child has exited from Part C special education services, please indicate the number that best describes the exit reason. Check only one response.

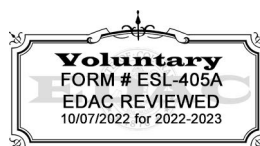
- 0. Not Exited, In Part C early intervention program
- 1. Completion of Individual Family Service Plan before age 2
- 2. Eligible for IDEA Part B Services
- 3. Not Eligible for Part B, exit to another program
- 4. Not eligible, exit with no referrals
- 5. Part B eligibility not determined
- 6. Child died
- 7. Moved Out of State
- 8. Withdrawal by a parent (or guardian)
- 9. Attempts to contact the parent were unsuccessful
- 888. Not Applicable – Child not served under Part C (the child is three years or older)

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 1st, 2021. If the student is still in a Part B special education program, check 0. If child has exited from Part B special education services, please indicate the number that best describes the exit reason. Check only one response.

- 0. Not exited, receiving special education services and supports
- 1. Exited Part B, transferred to regular education without special education services and supports
- 2. Exited Part B, graduated with regular high school diploma
- 3. Exited Part B, received a certificate
- 4. Exited Part B, reached maximum age
- 5. Child died
- 6. Not exited, moved, known to be continuing
- 8. Exited Part B, Dropped out
- 22. Graduated with alternate high school diploma
- 888. Not applicable - Child not served by Part B

Note: #7 is intentionally not used



Information about the Student's Blindness/Visual Impairment

Please provide information on the student's most current Functional Vision Assessment, which is a non-clinical assessment conducted by a teacher of students with visual impairments.

Date of Functional Vision Assessment: _____ By Whom: _____

Does this child have the required Learning Media Assessment Plan on file with their IEP? No = 0 Yes = 1

Primary Classification of Blindness/Visual Impairment (Circle One that Best Describes Visual Impairment Status)

1. Low Vision (acuity of 20/70 to 20/200 or greater in the better eye with correction.)
2. Legally Blind (acuity of 20/200 or more or field loss to 20 degrees or less in the better eye with correction.)
3. Light Perception Only
4. Totally Blind
6. Diagnosed Progressive Loss
7. Further Testing Needed to Determine Visual Impairment (can be selected for one year only)

Note: #s 5, 8, and 9 from the federal form have been deleted since they do not apply in Colorado

Does the child have a diagnosis of cortical/cerebral visual impairment? No = 0 Yes = 1 Unknown = 2

Does the child wear corrective lenses (glasses, contacts) (check one): No = 0 Yes = 1 Unknown = 2

Information about the Student's Hearing Impairment

Please provide information on the student's Functional Hearing Assessment, which is a non-clinical assessment conducted by a teacher of the Deaf.

Date of Functional Hearing Assessment: _____ By Whom: _____

Does this student have the required Communication Plan on file with their IEP? No = 0 Yes = 1

Primary Classification of Deafness / Hearing Impairment (Circle One that Best Describes the Student's Hearing Loss)

<ol style="list-style-type: none"> 1. Mild (26-40 dB loss) 2. Moderate (41-55 dB loss) 3. Moderately Severe (56-70 dB loss) 	<ol style="list-style-type: none"> 4. Severe (71-90 dB loss) 5. Profound (91+ dB loss) 6. Diagnosed Progressive Loss
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7. Further Testing Needed to Determine Hearing Impairment (can be selected for one year only)

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

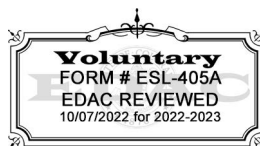
Does the student have a central auditory processing disorder? No = 0 Yes = 1 Unknown = 2

Does the student have auditory neuropathy? No = 0 Yes = 1 Unknown = 2

Does the student have a cochlear implant? No = 0 Yes = 1

If yes, date of implant: Right: _____ Left: _____

Does the student use Assistive Listening Devices No = 0 Yes = 1



Other Disabilities:

Indicate all other documented impairments or disabilities that have a substantial impact on the child’s developmental or educational performance.

- Orthopedic Impairment (e.g., cerebral palsy) No = 0 Yes = 1
- Intellectual Disability No = 0 Yes = 1
- Serious Emotional Disability (mental health/behavior) No = 0 Yes = 1
- Other Health Impairment / Complex Health Needs No = 0 Yes = 1
- Speech/Language Impairment / Communication Needs No = 0 Yes = 1
- Other Impairments/ Disabilities No = 0 Yes = 1

Specify Other Concerns: _____

Information Specific to Equipment and Technology / Intervener Status Specific to this Student

Does the child use additional Assistive Technology No = 0 Yes = 1

Does the child receive services from an Intervener No = 0 Yes = 1 Not Applicable = 888

If this child has Intervener, is the intervener: Credentialed Certified Not credentialed or certified

Name of Intervener: _____

Deaf-Blind Project Status:

Check which number applies to the current status of the student. If the child is still considered to be a learner with deaf-blind needs, check 0. If the student is no longer considered to be deaf-blind, please check #1.

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

Notes: _____

Please file a copy of this form in the student’s file in your administrative unit / agency. The original should be mailed to:

Dr. Tanni Anthony
Colorado Department of Education
Exceptional Student Leadership Unit
1560 Broadway, Suite 1100
Denver, CO 80202

If there are any questions about this form, please contact Dr. Anthony at (303) 866-6681 or Anthony_t@cde.state.co.us. This form must be signed by a district / agency contact person.

Signature: _____ Date: _____

Title: _____

