

## Oregon Deaf-Blind Student Registry Form



Please complete and return to: Jan Hearing, Project Director  
 Oregon Deaf-Blind Project, Western Oregon University  
 345 N. Monmouth Avenue  
 Monmouth, Oregon 97361

**STOP!! Complete this form ONLY for individuals who have both a visual and auditory impairment. DO NOT USE for an individual with only a visual impairment.**

Today's Date:

Status of this Individual's Report (Please check on):

DB  Complex Needs  Referral

### Part I: Information about individual with deaf-blindness

**Name** First: \_\_\_\_\_ Last: \_\_\_\_\_

**Date of Birth** (MM/DD/YYYY)      /      /      **Gender:**  Male  Female

**Race/Ethnicity** (Select the ONE that best describes the individual's race/ethnicity):

- |  |   |
|--|---|
| <input type="checkbox"/> 1 American Indian/ or Alaska Native | <input type="checkbox"/> 5 White                            |
| <input type="checkbox"/> 2 Asian                             | <input type="checkbox"/> 6 Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> 3 Black of African American         | <input type="checkbox"/> 7 Two or more races                |
| <input type="checkbox"/> 4 Hispanic/Latino                   |   |

**Living Setting** (Select the ONE setting that best describes where the individual resides the majority of the year):

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> 1 Home: Birth/Adoptive Parents | <input type="checkbox"/> 5 Private Residential Facility        | <input type="checkbox"/> 9 Pediatric Nursing Home |
| <input type="checkbox"/> 2 Home: Extended Family        | <input type="checkbox"/> 6 Group Home (less than 6 residents)  | <input type="checkbox"/> 555 Other:               |
| <input type="checkbox"/> 3 Home: Foster Parents         | <input type="checkbox"/> 7 Group Home (6 or more residents)    |   |
| <input type="checkbox"/> 4 State Residential Facility   | <input type="checkbox"/> 8 Apartment (with non-family members) |   |

Parent/Guardian Name 1 First: \_\_\_\_\_ Last: \_\_\_\_\_

Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code \_\_\_\_\_

Telephone (With Area Code) \_\_\_\_\_ County of Residence: \_\_\_\_\_

Parent/Guardian Name 2 First: \_\_\_\_\_ Last: \_\_\_\_\_

Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code \_\_\_\_\_

Telephone (With Area Code) \_\_\_\_\_ County of Residence: \_\_\_\_\_

### Part II: Individual's Medical Background/Disabilities

**Primary Classification of Visual Impairment** (Select the ONE that best describes the primary classification of the individual's visual impairment):

- |  |  |
|--|--|
| <input type="checkbox"/> 1 Low Vision (visual acuity of 20/70 to 20/200>)                                      | <input type="checkbox"/> 6 Diagnosed Progressive Loss        |
| <input type="checkbox"/> 2 Legally Blind (visual acuity of 20/200 or less, or field restriction of 20 degrees) | <input type="checkbox"/> 7 Further Testing Needed            |
| <input type="checkbox"/> 3 Light Perception Only   | <input type="checkbox"/> 9 Documented Functional Vision Loss |
| <input type="checkbox"/> 4 Totally Blind   |  |

Cortical Vision Impairment?

- Yes  No  Unknown

**Primary Classification of Hearing Impairment** (Select the ONE that best describes the primary classification of the individual's hearing impairment):

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/> 1 Mild     | <input type="checkbox"/> 5 Profound                   |
| <input type="checkbox"/> 2 Moderate | <input type="checkbox"/> 6 Diagnosed Progressive Loss |

<input type="radio"/> 3 Moderately Severe <input type="radio"/> 4 Severe		<input type="radio"/> 7 Further Testing Needed <input type="radio"/> 9 Documented Functional Hearing Loss	
Central Auditory Processing Disorder (CAPD)?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
Auditory Neuropathy?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
Cochlear Implant?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
Orthopedic/Physical Impairments	<input type="radio"/> Yes	<input type="radio"/> No	Cognitive Impairments <input type="radio"/> Yes <input type="radio"/> No
Behavioral Disorders	<input type="radio"/> Yes	<input type="radio"/> No	Complex Health Care Needs <input type="radio"/> Yes <input type="radio"/> No
Communication Impairments	<input type="radio"/> Yes	<input type="radio"/> No	Other Impairment <input type="radio"/> Yes <input type="radio"/> No
<b>Etiology</b> (please indicate the ONE etiology from the list below that best describes the primary etiology of the individual's primary disability. Please indicate "Other" if none of this listed etiologies are the primary disability):			
<b>Hereditary/Chromosomal Syndromes and Disorders</b>			
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 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
<b>Part III: IDEA</b>	
<b>-----Part C-----</b>	
<b>Part C Category Code</b> (Please indicate the primary category code under which the individual was reported on the Part C, IDEA Child Count – Select only ONE.)	
<input type="radio"/> 1 At-risk	<input type="radio"/> 2 Developmentally Delayed
	<input type="radio"/> 888 Not Reported under Part C of IDEA
<b>Early Intervention Setting</b>	
<input type="radio"/> 1 Home	<input type="radio"/> 2 Community-based Setting
	<input type="radio"/> 3 Other Setting
<b>Special Education Status/Part C Exiting</b> (Please indicate the ONE code that best describes the individual's special education program status)	
<input type="radio"/> 0 In a Part C early intervention program	<input type="radio"/> 6 Died
<input type="radio"/> 1 Completion of IFSP prior to reaching max age For Part C	<input type="radio"/> 7 Moved out of state
<input type="radio"/> 2 Eligible for IDEA, Part B	<input type="radio"/> 8 Withdrawn by parent/guardian
<input type="radio"/> 3 Not eligible for Part B, referral to other program	<input type="radio"/> 9 Attempts to reach parent/guardian and/or child unsuccessful
<input type="radio"/> 4 Not eligible for Part B, exit w/no referral	
<input type="radio"/> 5 Part B eligibility not determined	
<b>-----Part B-----</b>	
<b>Part B Category Code</b> (Please indicate the primary category code under which the individual was reported on the Part B, IDEA Child Count – Select only ONE.)	
<input type="radio"/> 1 Intellectual Disability	<input type="radio"/> 9 Deaf-Blindness
<input type="radio"/> 2 Hearing Impairment (includes deafness)	<input type="radio"/> 10 Multiple Disabilities
<input type="radio"/> 3 Speech or Language Impairment	<input type="radio"/> 11 Autism
<input type="radio"/> 4 Visual Impairment (includes blindness)	<input type="radio"/> 12 Traumatic Brain Injury
<input type="radio"/> 5 Emotional Disturbance	<input type="radio"/> 13 Developmentally Delayed (age 3 through 9)
<input type="radio"/> 6 Orthopedic Impairment	<input type="radio"/> 14 Non-Categorical
<input type="radio"/> 7 Other Health Impairment	<input type="radio"/> 888 Not Reported under Part B of IDEA
<input type="radio"/> 8 Specific learning Disability	
<b>NEW Early Childhood Special Education Setting (ages 3 – 5)</b>	
<input type="radio"/> 1 In a regular EC program 10 <sup>+</sup> hours/week with services	<input type="radio"/> 6 Attending a separate school
<input type="radio"/> 2 In a regular EC program 10 <sup>+</sup> hours/week –services elsewhere	<input type="radio"/> 7 Attending a residential facility
<input type="radio"/> 3 In a regular EC program less than 10 hours/week with services	<input type="radio"/> 8 Service provider location
<input type="radio"/> 4 In a regular EC program less than 10 hours/week – services elsewhere	<input type="radio"/> 9 Home
<input type="radio"/> 5 Attending a separate class	
<b>School Aged Settings (ages 6-21)</b>	
<input type="radio"/> 9 Attending the regular class at least 80% of the day	<input type="radio"/> 13 Attending a residential facility
<input type="radio"/> 10 Attending the regular class 40%-79% of the day	<input type="radio"/> 14 Homebound/Hospital
<input type="radio"/> 11 Attending the regular class less than 40% of the day	<input type="radio"/> 15 Correctional Facilities
<input type="radio"/> 12 Attending a separate school	<input type="radio"/> 8 Parentally place in private school
<b>Special Education Status/Part B Exiting</b>	
<input type="radio"/> 0 In ECSE or school-aged Special Education Program	<input type="radio"/> 5 Died
<input type="radio"/> 1 Transferred to regular education	<input type="radio"/> 6 Moved, known to be continuing
<input type="radio"/> 2 Graduated with regular diploma	<input type="radio"/> 7 (intentionally not used)
<input type="radio"/> 3 Received a certificate	<input type="radio"/> 8 Dropped out
<input type="radio"/> 4 Reached maximum age	
<b>Participation in Statewide Assessments</b>	
<input type="radio"/> 1 Regular grade-level state assessment	<input type="radio"/> 4 (intentionally not used)
<input type="radio"/> 2 Regular grade-level state assessment w/accommodations	<input type="radio"/> 5 (intentionally not used)
<input type="radio"/> 3 Alternative assessment	<input type="radio"/> 6 Not required at age or grade level
	<input type="radio"/> 7 Parent Opt Out

**Deaf-Blind Project Exiting Status**

O Eligible to receive services from the DB Project

O No longer eligible to receive services from DB Project

**Assistive Technology**

Corrective Lenses	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
Assistive Listening Devices	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown
Additional Assistive Technology	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Unknown

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

Working under the guidance and direction of a student's classroom teacher or another individual responsible for ensuring the implementation of the student's IEP, an intervener's primary roles are to:

- provide consistent access to instruction and environmental information that is usually gained by typical students through vision and hearing, but that is unavailable or incomplete to an individual who is deaf-blind;
- provide access to and/or assist in the development and use of receptive and expressive communication skills;
- facilitate the development and maintenance of trusting, interactive relationships that promote social and emotional well-being; and,
- provide support to help a student form relationships with others and increase social connections and participation in activities.

Receiving Intervener Services	<input type="radio"/> 1 Yes	<input type="radio"/> 0 No	<input type="radio"/> 2 Unknown
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**School Information**

Agency/School:

Street Address:

City: State: ZIP Code:

Telephone Number Fax Number:

Teacher's Name

Teacher's Email

School District

Please return this form and the appropriate Permission for Release Form (if already returned by the individual or parent/guardian, by \_\_\_\_\_)

To: Jan Hearing, Project Director  
 Oregon Deaf-Blind Project, Western Oregon University  
 345 N. Monmouth Avenue  
 Monmouth, Oregon 97361

If you have questions, please call Jan Hearing at 503-838-8328 or Email: [hearingj@wou.edu](mailto:hearingj@wou.edu)