Office Use Only:	Name Code:	Code Number:	New□	Update□	No Change □

Child Count Form Nebraska Deaf-Blind Project NDE, SPED 301 Centennial Mall South Lincoln, NE 68509

PH: 402-471-4310 or teresa.coonts@nebraska.gov

Website: www.nedbp.org

updated 10-20

		-				
Student First Name:		Student Middle In	nitia	O Male		
Student Last Name:		DOB:		O Female O Other		
Parent First Name: Parent Last Name:						
Address:						
City: State: Zip Code:						
Telephone: Email:						
Race/Ethnicity: check one only	Amer	ican Indian or Alaska Native Asian		Hispanic/Latino White		
	Rlac	k or African American Native Haw	_ aiia	n or Other Pacific Islander		
		Two or more races (does not include person				
Etiology Select ONE from the	lict	helow				
Hereditary/Chromosomal Syndromes and						
		P	re-N	Natal/CongenitalComplications		
O Aicardi syndrome O Alport syndrome	O	Marshall syndrome	O	Congenital Rubella		
O Alstrom syndrome	0	Maroteaux-Lamy syndrome (MPS-VI)		Congenital Syphilis Congenital Toxoplasmosis		
• Apert Syndrome (Acrocephalosyndactyly Type 1)	0			Cytomegalovirus (CMV)		
O Bardet-Biedl syndrome (Laurence Moon-Biedl)	Ö			Fetal Alcohol syndrome		
O Batten disease	O	NF1-Neurofibromatosis (von Recklinghausen disease) O Hydrocephaly				
O CHARGE association O Chromosome 18, Ring 18	O			Maternal Drug Use		
O Cockayne syndrome	0			Microcephaly		
O Cogan syndrome	0	Optico-Cochleo-Dentate Degeneration Pfieffer syndrome	0	Neonatal Herpes Simplex (HSV) Other		
O Cornelia de Lange		Prader-Willi		Guier		
O Cri du chat syndrome (Chromosome 5p-syndrome) O Crigler-Najjar syndrome	•	Pierre-Robin syndrome (specify in space provided)				
O Crouzon syndrome (Cranipfacia Dysolosis)	0			al/Non-Congenital Complications		
O Dandy Walker syndrome	0	Scheie syndrome (MPS I-S) Smith-Lemli-Opitz (SLO) syndrome	0	Asphyxia Direct Trauma to the eye and/or ear		
O Down syndrome (Trisomy 21 syndorme)	Ö	Stickler syndrome	Ö	Encephalitis		
O Goldenhar syndrome O Hand-Schuller-Christian (Histiocytosis X0	0	Sturge-Weber syndrome	0	Infections		
O Hallgren syndrome	0	Treacher Collins syndrome	0	Meningitis		
O Herpes-Zoster (or Hunt)	0	Trisomy 13 (Trisomy 13-15, Patau syndrome) Trisomy 18 (Edwards syndrome)	0	Severe Head Injury Tumors		
O Hunter syndrome (MPS II)	õ	Turner syndrome	õ	Stroke		
O Hurler syndrome (MPS I-H)	O	Usher I syndrome	0	Chemically Induced		
O Kearns-Sayre syndrome O Kippel-Feil sequence		Usher II syndrome	0	Other		
O Kippel-Trenaunay-Weber syndrome		Usher III syndrome Vogt-Koyanagi-Harada syndrome		(specify in space provided)		
O Kniest Dysplasia		Waardenburg syndrome		(specify in space provided)		
O Leber congenital amaurosis		Wildervanck syndrome	Re	lated to Prematurity		
O Leigh Disease O Marfan syndrome	0	Wolf-Hirschhorn syndrome (Trisomy 4p)		Complications of Prematurity		
	0	Other		diagnosed		
		(specify in space provided)	0	No Determination of Etiology		

Visual Loss:						
□ Low Vision (Visual acuity of 20/70 to 20/200 in better eye with corrections) □ 2. Legally Blind (Visual acuity of 20/200 or less or field restricted)	5. Diagnosed Progressive Loss6. Further Testing Needed					
of 20 degrees or less in better eye with correction) 3. Light Perception Only 4. Totally Blind						
Does the Individual have a Cortical Visual Impairment? □ NO □ YES □ UNKNOWN						
Hearing Loss:						
 □ 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 8. Documented Functional Hearing Loss 					
Does the Individual have a central auditory processing disorde	er? 🗆 NO 🖂 YES 🖂 UNKNOWN					
Does the Individual have Auditory Neuropathy?	□ NO □ YES □ UNKNOWN					
Does the individual wear a Cochlear Implant?	□ NO □ YES □ UNKNOWN					
Other Impairments: Indicate impairments, in addition to the individual's hearing and visual impairments, that have a significant impact on the individual's developmental or educational progress						
Physical Impairment: No Yes Comple	ex Health Care Needs: No Yes					
	unication, Speech No Yes And/or Language					
Behavioral: □ No □ Yes Other I	Impairments or □ No □ Yes Conditions					
IDEA Part C Category Code: (this is infant and toddlers bi	irth through age 2)					
 □ At risk □ Developmentally Delayed □ Other 						
Part B Category Code:						
 □ Hearing Impaired (includes deafness) □ Speech or Language Impairment □ Visual Impairment (includes blindness) □ Emotional Disturbance □ Orthopedic Impairment □ Other Health Impairment 	□ Specific Learning Disability □ Deaf-Blindness □ Autism □ Multiple Disabilities □ Traumatic Brain Injury □ Developmentally Delayed- age 3 through 9 □ Non-Categorical □ Not Reported under Part B of IDEA (age 3 and over)					
Early Intervention Setting (Birth through age 2): □ Home □ Community-based settings □ Other settings						

Code Number:

Office Use Only: Name Code:_

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Educational Setting: (Ages 3-21)					
ECSE (3-5) Settings:	School Aged $(6-21)$ Settings:				
☐ Services in a regular early childhood program (10+hours)	☐ Inside the regular class 80% or more of day				
☐ Services in a regular early childhood program (<10 hours)	☐ Inside the regular class 40% to 79% of day				
☐ Other location regular early childhood program (10+hours)	☐ Inside the regular class less than 40% of day				
☐ Other location regular early childhood program (<10+hours)	☐ Separate school				
☐ Attending a separate class	☐ Residential facility				
☐ Attending a separate school	☐ Homebound/Hospital				
☐ Attending a residential facility	☐ Correctional facilities				
☐ Home, at public expense	☐ Parentally placed in nonpublic schools (private)				
☐ Home, not at public expense					
Participation in Statewide Assessments:					
□ Regular grade-level assessment	☐ Alternate assessments aligned with standards				
☐ Regular grade-level assessment with accommodations	□ Not yet required at age or grade level				
	- That yet required at age of grade level				
Special Education Status (Exiting Part C):	□ Deceased				
☐ In a Part C early intervention program ☐ Completion of IESP prior to reaching maximum age for Part C	□ Deceased□ Moved out of state				
☐ Completion of IFSP prior to reaching maximum age for Part C					
☐ Eligible for IDEA, Part B	□ Withdrawal by parent (or guardian)				
□ Not eligible for Part B, exit with referrals to other programs	□ Part B eligibilty not determined				
□ Not eligible for Part B, exit with no referrals					
Special Education Status (Exiting Part B):	☐ Moved, known to be continuing				
 □ In special education program □ Transferred to regular education 	D 10				
	☐ Dropped Out☐ Died				
	☐ No longer receives Sp. Ed., but still receiving				
	State DB Project Services				
□ Reached maximum age	State DB Project Services				
Living Setting:					
☐ Home: With Parents	Community Residence (includes group				
☐ Home: Extended Family	home/supported apartment)				
Home: Foster parents					
State Residential Facility	Other				
□ Private Residential Facility Primary Language in the HOME:English;Spani	sh: ASL: Other (check one as primary)				
Timaty banguage in the 1101/12Spain	(eneck one as primary)				
	ditional Assistive Technology: Intervener Services:				
	Yes				
□ No □ No □ N					
□ Unknown □ Unknown	Unknown Unknown				
Contact Person:					
N					
Name:	Telephone:				
Title:	Email:				
School District:	Eman.				
	Return Form To:				
Address:	Teresa Coonts, Director				
City: Zipcode:	Nebraska Deaf-Blind Project				
Zipcode.	301 Centenniai Wan South				
Yes, I want additional information about the HKNC services	and Lincoln, NE 68509				
how to make a referral to the regional representative.	Teresa.coonts@nebraska.gov				
No, at this time, I do not not want information about the HKNC services					