

**CENSUS REPORTING FORM**

(Please Print)

Today's Date:		Name of the Reporter:			
<b>CHILD/STUDENT INFORMATION</b>					
Last Name:		First Name:	MI:	Age:	Gender: M F
					Date of Birth: / / MM DD YEAR
Street Address:		City:		State:	Zip Code:
County:		Current School:			
<b>Parent 1/Guardian Information</b>					
Last Name:		First Name:		Phone:	
				Home: ( )	
				Cell: ( )	
				Work: ( )	
Street Address:					
City:		State:		Zip Code:	
E-mail:				County:	
Relationship to the Child/Student:		<input type="checkbox"/> Parent		<input type="checkbox"/> Guardian	
<b>Parent 1/Guardian Information (If Different from Above)</b>					
Last Name:		First Name:		Phone:	
				Home: ( )	
				Cell: ( )	
				Work: ( )	
Street Address:					
City:		State:		Zip Code:	
E-Mail:				County:	
Relationship to the Child/Student:		<input type="checkbox"/> Parent		<input type="checkbox"/> Guardian	
Living Setting:					
1. Home: Birth/Adoptive Parents		5. Private Residential Facility		8. Apartment	
2. Home: Extended Family		6. Group Home (less than 6 residents)		9. Pediatric Nursing Hm.	
3. Home: Foster Parents		7. Group Home (6 or more residents)		555. Other	
4. State Residential Facility					
<b>Ethnicity</b>					
<b>(Please check one)</b>					
1. American Indian/Alaskan Native		4. Hispanic/Latino		7. Two or More Races	
2. Asian		5. White		8. Middle Eastern/North Africa	
3. Black/African American		6. Native Hawaiian/ Pacific Islander			



## ETIOLOGY INFORMATION

Please indicate the ONE etiology from the list below (if known) that best describes the primary etiology of the individual's primary disability. Please indicate "Other" if none of the listed etiologies are the primary disability.

### Hereditary/Chromosomal Syndromes & Disorders

<p>1) 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 Eighteen, Ring Eighteen          109 Cockayne Syndrome          110 Cogan Syndrome          111 Cornelia de Lange          112 Cri du chat Syndrome (Chromosome 5p)          113 Crigler-Najjar Syndrome          114 Crouson Syndrome (Craniofacial Dysotosis)          115 Dandy Walker Syndrome          116 Down Syndrome (Trisomy 21)          117 Goldenhar Syndrome          118 Hand-Schuller-Christian (Histiocytosis X)          119 Hallgren Syndrome          120 Herpes-Zoster (or Hunt)          121 Hunter Syndrome (MPSII)          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</p>	<p>130 Marshall Syndrome          131 Maroteaux-Lamy Syndrome (MPS VI)          132 Moebius Syndrome          133 Monosomy Tenp          134 Morquio Syndrome (MPS IV-B)          135 NF One – Neurofibromatosis          136 NF Two – 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-Optiz (SLO) Syndrome          145 Stickler Syndrome          146 Sturge-Weber Syndrome          147 Treacher-Collins Syndrome          148 Trisomy Thirteen (Patau Syndrome)          149 Trisomy Eighteen (Edwards Syndrome)          150 Turner Syndrome          151 Usher Syndrome Type I          152 Usher Syndrome Type II          153 Usher Syndrome Type III          154 Vogt-Koyanagi-Harada Syndrome          155 Waardenburg Syndrome          156 Wildervanck Syndrome          157 Wolf-Hirschhorn Syndrome (Trisomy 4p)          199 Other</p>
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### Pre-Natal/Congenital Complications

<p>201 Congenital Rubella Syndrome          202 Congenital Syphilis          203 Congenital Toxoplasmosis          204 Cytomegalovirus (CMV)          205 Fetal Alcohol Syndrome</p>	<p>206 Hydrocephaly          207 Maternal Drug Use          208 Microcephaly          209 Neonatal Herpes Simplex (HSV)          299 Other</p>
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### Post-Natal/Non-Congenital Complications

<p>301 Asphyxia          302 Direct Trauma to the eye and/or ear          303 Encephalitis          304 Infections          305 Meningitis</p>	<p>306 Severe Head Injury          307 Stroke          308 Tumors          309 Chemically Induced          399 Other</p>
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#### Related to Prematurity

#### Undiagnosed

<p>401 Complications of Prematurity</p>	<p>501 No Determination of Etiology</p>
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## Attending School District

**Funding Category** (Please indicate the funding category under which the individual was receiving services on January 1, 2017.):

1. IDEA Part B (ages 3 through 21 years)
2. IDEA Part C (ages birth through 2 years)
3. Not reported under Part B or Part C

**Part C Special Education Status** (Please indicate the one code that best describes the individual's special education program status.):

0. In a Part C early intervention program
1. Completion of IFSP prior to reaching maximum age for Part C
2. Eligible for IDEA, Part B
3. Not eligible for Part B, referral to other program
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/guardian
9. Attempts to reach parent and/or child unsuccessful

**Part C Category Code** (Please indicate the primary category code under which the individual was reported on the Part C, IDEA Child Count – Select one only.):

1. At risk for developmental delay
2. Developmentally Delayed
888. Not reported under Part C of IDEA

**Part B Special Education Status** (Please indicate the one code that best describes the individual's special education program status.):

0. In ESCE or school-aged Special Education Program
1. Transferred to regular education
2. Graduated with regular diploma
3. Received a certificate of completion
4. Reached maximum age
5. Deceased
6. Moved out of state, known to be continuing
7. (Space intentionally left blank)
8. Dropped out of school

**Part B Category Code** (Please indicate the primary category code under which the individual was reported on the IDEA, Part B Child Count – Select one only).

1. Intellectual Disabilities
2. Hearing Impaired (including deafness)
3. Speech or Language Impairment
4. Visual Impairment (including blindness)
5. Emotional Disturbance
6. Orthopedic Impairment
7. Other Health Impairment
8. Specific Learning Disability
9. Deafblindness
10. Multiple Disabilities
11. Autism
12. Traumatic Brain Injury
13. Developmentally Delayed (age 3 through 9 years)
14. Non-Categorical
888. Not reported under Part B of IDEA

**Participation in Statewide Assessments**

1. Regular grade-level Statewide Assessment
2. Regular grade-level Statewide Assessment with accommodations
3. Alternate Assessment aligned with grade-level achievement standards
4. Alternate Assessment based on alternate achievement standards
5. Modified achievement standards
6. Not yet required

**Educational Setting** Indicate the one educational setting code from the appropriate age subcategory that best describes the individual's educational setting. Specify "other" if none of the provided codes apply.)

**Early Intervention Settings** (Birth through 2 years of age):

1. Home
2. Community-Based Settings
3. Other settings

**ECSE Settings** (Ages 3 through 5 years of age):

1. Attending a regular EC program at least 80% of the time
2. Attending a regular EC program 40% to 79% of the time
3. Attending a regular EC 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

**School Age Setting** (Ages 6 through 21 years of age)

9. Inside the regular class 80% or more of the school day
10. Inside the regular class 40% to 79% of the school day
11. Inside the regular class less than 40% of the school day
12. Separate school
13. Residential facility
14. Homebound / Hospital setting
15. Correctional facility
16. Placed by parents in private school

**School Placement Information**

Name of School or Agency:		County	
Street Address	City	State	Zip
Phone #:	Fax#:	Email:	
Contact Person / Position:			

**Home School District (LEA) Information**

Name of School District:		County	
Street Address	City	State	Zip
Phone #:	Fax#:	Email:	
Contact Person / Position:			

**Is this child registered with the New Jersey Commission for the Blind and Visually Impaired (NJCBVI)?**                      Yes                      No

If the response is "Yes" what is the name of the NJCBVI Teacher?

**THANK YOU VERY MUCH FOR PROVIDING THE INFORMATION ABOVE.**