THE COLLEGE OF NEW JERSEY
NEW JERSEY CENTER ON DEAFBLINDNESS

New Jersey Center on Deafblindness

CENSUS REPORTING FORM

(Please Print)

Today's Date:	Name of the Reporter:

CHILD/STUDENT INFORMATION

Last Name:	First Name:	MI:
Gender: _____M ____F	Date of Birth: ____/____/ ____ MM DD YEAR	Age:
Street Address:	City:	State:	Zip Code:
County:	Current School:	

Parent 1/Guardian Information

Last Name: First Name:	Phone: Home: ( ) _____ Cell: ( ) _____ Work:( ) _____
Street Address:	City:
State:	Zip Code:
E-mail:	County:
Relationship to the Child/Student: ❑ Parent ❑ Guardian	

Parent 2/Guardian Information (If Different from Above)

Last Name: First Name:	Phone: Home: ( ) _____ Cell: ( ) _____ Work:( ) _____
Street Address:	City:
State:	Zip Code:
E-Mail:	County:
Relationship to the Child/Student: ❑ Parent ❑ Guardian	

Living Setting:

___1. Home: Birth/Adoptive 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
____9. Pediatric Nursing Hm.
____555. Other

Ethnicity(Please check one)

_____1. American Indian/Alaskan Native
_____2. Asian
_____3. Black/African American
_____4. Hispanic/Latino
_____5. White
_____6. Native Hawaiian/ Pacific Islander
_____7. Two or More Races
_____8. Middle Eastern/North Africa

CHILD/STUDENT'S MEDICAL BACKGROUND/HANDICAPPING CONDITION

Primary Classification of **Visual** Impairment (select the ONE that best describes the primary classification of the individual's visual impairment): 1. Low Vision 2. Legally Blind 3. Light Perception Only 4. Totally Blind (no light perception) 6. Diagnosed Progressive Vision Loss 7. Further Testing Needed 9. Documented Functional Vision Loss	Cortical Visual Impairment Does the individual have Cortical Visual Impairment (CVI)? ____Yes ____No ___Unknown
Primary Classification of **Hearing** Impairment (select ONE that best describes the primary classification of the individual's auditory impairment): 1. Mild 2. Moderate 3. Moderately Severe 4. Severe 5. Profound 6. Diagnosed Progressive Hearing Loss 7. Further Testing Needed 8. Documented Functional Hearing Loss	Auditory Neuropathy Does the individual have Auditory Neuropathy? ____Yes ____No ____Unknown
Central Auditory Processing Disorder (CAP-D): Does the individual have Central Auditory Processing Disorder? _____Yes ___No ____Unknown	
Other Impairments: (Check all that apply) Physical Impairment ___ Yes __No Cognitive Impairment ___ Yes ___ No Behavioral Disorder ___ Yes ___ No Complex Health Care Needs ___ Yes ___ No Communication/Speech/Lang ___ Yes ___ No Other	**Assistive Technology**: Corrective Lenses ___ Yes ___ No Cochlear Implant ___Yes __No Assistive Listening Devices ___ Yes ___No Additional Assistive Technology? _____

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

____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
____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 Pfieffer 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

Pre-Natal/Congenital Complications

____201 Congenital Rubella Syndrome
____202 Congenital Syphilis
____203 Congenital Toxoplasmosis
____204 Cytommegalovirus (CMV)
____205 Fetal Alcohol Syndrome
____206 Hydrocephaly
____207 Maternal Drug Use
____208 Microcephaly
____209 Neonatal Herpes Simplex (HSV)
____299 Other

Post-Natal/Non-Congenital Complications

____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

____401 Complications of Prematurity

Undiagnosed

____501 No Determination of Etiology

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.

IDEAs that Work
Office of Special Education Programs
U.S. Department of Education
H326T180008