



New Jersey Center on Deafblindness  
**CENSUS REPORTING FORM**  
 (Please Print)

Today's Date:	Name of the Reporter:
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**CHILD/STUDENT INFORMATION**

Last Name:	First Name:	MI:	Age:	Gender: ____M  ____F	Date of Birth:  ____/____/____ MM DD YEAR
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Street Address:	City:	State:	Zip Code:
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County:	Current School:
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**Parent 1/Guardian Information**

Last Name:	First Name:	Phone: Home: ( )  Cell: ( )  Work: ( )
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Street Address:
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City:	State:	Zip Code:
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E-mail:	County:
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Relationship to the Child/Student:	<input type="checkbox"/> Parent	<input type="checkbox"/> Guardian
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**Parent 2/Guardian Information (If Different from Above)**

Last Name:	First Name:	Phone: Home: ( )  Cell: ( )  Work:( )
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Street Address:
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City:	State:	Zip Code:
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E-Mail:	County:
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Relationship to the Child/Student:	<input type="checkbox"/> Parent	<input type="checkbox"/> Guardian
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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(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	



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

<b>Home School District (LEA) Information</b>			
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? \_\_\_\_\_

**CHILD/STUDENT'S MEDICAL BACKGROUND/HANDICAPPING CONDITION**

<p>Primary Classification of <b>Visual</b> Impairment (select the ONE that best describes the primary classification of the individual's visual impairment):</p> <ol style="list-style-type: none"> <li>1. Low Vision</li> <li>2. Legally Blind</li> <li>3. Light Perception Only</li> <li>4. Totally Blind (no light perception)</li> <li>6. Diagnosed Progressive Vision Loss</li> <li>7. Further Testing Needed</li> <li>9. Documented Functional Vision Loss</li> </ol>	<p><b>Cortical Visual Impairment</b> Does the individual have Cortical Visual Impairment (CVI)?</p> <p>___ Yes</p> <p>___ No</p> <p>___ Unknown</p>
<p>Primary Classification of <b>Hearing</b> Impairment (select ONE that best describes the primary classification of the individual's auditory impairment):</p> <ol style="list-style-type: none"> <li>1. Mild</li> <li>2. Moderate</li> <li>3. Moderately Severe</li> <li>4. Severe</li> <li>5. Profound</li> <li>6. Diagnosed Progressive Hearing Loss</li> <li>7. Further Testing Needed</li> <li>8. Documented Functional Hearing Loss</li> </ol>	<p><b>Auditory Neuropathy</b> Does the individual have Auditory Neuropathy?</p> <p>___ Yes      ___ No      ___ Unknown</p>
<p><b>Central Auditory Processing Disorder (CAP-D)</b> Does the individual have Central Auditory Processing Disorder? Yes      ___ No      ___ Unknown</p>	
<p><b>Other Impairments:</b> (Check all that apply)</p> <p>Physical Impairment            ___ Yes    ___ No</p> <p>Cognitive Impairment        ___ Yes    ___ No</p> <p>Behavioral Disorder         ___ Yes    ___ No</p> <p>Complex Health Care Needs   ___ Yes    ___ No</p> <p>Communication/Speech/Lang   ___ Yes    ___ No</p> <p>Other:</p>	<p><b>Assistive Technology:</b></p> <p>Corrective Lenses            ___ Yes    ___ No</p> <p>Cochlear Implant            ___ Yes    ___ No</p> <p>Assistive Listening Devices   ___ Yes    ___ No</p> <p>Additional Assistive Technology?</p> <p>_____</p>



**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	___ 130 Marshall Syndrome
___ 102 Alport Syndrome	___ 131 Maroteaux-Lamy Syndrome (MPS VI)
___ 103 Alstrom Syndrome	___ 132 Moebius Syndrome
___ 104 Apert Syndrome (Acrocephalosyndactyly, Type 1)	___ 133 Monosomy Tenp
___ 105 Bardet-Biedl Syndrome (Laurence Moon-Biedl)	___ 134 Morquio Syndrome (MPS IV-B)
___ 106 Batten Disease	___ 135 NF One – Neurofibromatosis
___ 107 CHARGE Syndrome	___ 136 NF Two – Bilateral Acoustic Neurofibromatosis
___ 108 Chromosome Eighteen, Ring Eighteen	___ 137 Norrie Disease
___ 109 Cockayne Syndrome	___ 138 Optico-Cochleo-Dentate Degeneration
___ 110 Cogan Syndrome	___ 139 Pfeiffer Syndrome
___ 111 Cornelia de Lange	___ 140 Prader-Willi
___ 112 Cri du chat Syndrome (Chromosome 5p)	___ 141 Pierre-Robin Syndrome
___ 113 Crigler-Najjar Syndrome	___ 142 Refsum Syndrome
___ 114 Crouson Syndrome (Craniofacial Dysotosis)	___ 143 Scheie Syndrome (MPS I-S)
___ 115 Dandy Walker Syndrome	___ 144 Smith-Lemli-Optiz (SLO) Syndrome
___ 116 Down Syndrome (Trisomy 21)	___ 145 Stickler Syndrome
___ 117 Goldenhar Syndrome	___ 146 Sturge-Weber Syndrome
___ 118 Hand-Schuller-Christian (Histiocytosis X)	___ 147 Treacher-Collins Syndrome
___ 119 Hallgren Syndrome	___ 148 Trisomy Thirteen (Patau Syndrome)
___ 120 Herpes-Zoster (or Hunt)	___ 149 Trisomy Eighteen (Edwards Syndrome)
___ 121 Hunter Syndrome (MPSII)	___ 150 Turner Syndrome
___ 122 Hurler Syndrome (MPS I-H)	___ 151 Usher Syndrome Type I
___ 123 Kearns-Sayre Syndrome	___ 152 Usher Syndrome Type II
___ 124 Klippel-Feil Sequence	___ 153 Usher Syndrome Type III
___ 125 Klippel-Trenaunay-Weber Syndrome	___ 154 Vogt-Koyanagi-Harada Syndrome
___ 126 Kniest Dysplasia	___ 155 Waardenburg Syndrome
___ 127 Leber Congenital Amaurosis	___ 156 Wildervanck Syndrome
___ 128 Leigh Disease	___ 157 Wolf-Hirschhorn Syndrome (Trisomy 4p)
___ 129 Marfan Syndrome	___ 199 Other

**Pre-Natal/Congenital Complications**

___ 201 Congenital Rubella Syndrome	___ 206 Hydrocephaly
___ 202 Congenital Syphilis	___ 207 Maternal Drug Use
___ 203 Congenital Toxoplasmosis	___ 208 Microcephaly
___ 204 Cytomomegalovirus (CMV)	___ 209 Neonatal Herpes Simplex (HSV)
___ 205 Fetal Alcohol Syndrome	___ 299 Other

**Post-Natal/Non-Congenital Complications**

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

**Related to Prematurity**

**Undiagnosed**

___ 401 Complications of Prematurity	___ 501 No Determination of Etiology
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**FOR NJCDB PROJECT STAFF OR SCHOOL DISTRICT STAFF ONLY**

**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

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