# OKLAHOMA DEAF-BLIND TECHNICAL ASSISTANCE PROJECT (OKDBTAP) REFERRAL INFORMATION Census

B	irthdate:
City	Zip
Email:	
City	Zip
anic)4. Hispanic5. Wh  DNESS - Indicate the etiology code dness for the individual, from <i>page</i>	e that best represents the <u>4</u> of this form.
rcle one below. 70 to 20/200) 0/200 or less or field restriction of 20	degrees)

2018-2023 Revised 10/9/18

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	HEARING LOSS - Circle one below.		
_	1. Mild (26-40 dB loss)	6. Diagnosed Progressive Loss	
	2. Moderate (41-55 dB loss)	7. Further Testing Needed	
	3. Moderately Severe (56-70 dB loss)	8. (#8 code has been omitted)	
	4. Severe (71-90 dB loss)	9. Documented <i>Functional Hea</i>	ring loss
	5. Profound (91+ dB loss)		
✓	Has a functional hearing assessment be	een completed?noyes	
✓	Does the individual have a Central Aud	litory Processing Disorder? no yes	8
✓	Has this student been diagnosed with A	uditory Neuropathy?noyes	_unknown
✓	Does this child have a cochlear implant	t?noyesunknowi	n
	ADDITIONAL DISABILITIES - Cin  1. Orthopedic / Physical Impairments  2. Developmental Delay/Intellectual Disa  3. Behavioral Condition  4. Complex Health Care Needs  5. Communication, Speech and / or Lan  6. Other (Specify)	sabilities/Cognitive Impairments nguage Impairments	
	FUNDING CATEGORY		
_		SCHOOL AGE	
=	Part B Disability Codes - Circle one		
	1. Intellectual Disabilities	9. Deaf-Blindness	
	2. Hearing Impairment / Deafness	10. Multiple Disabilities	
	3. Speech or Language Impairment	11. Autism	
	4. Visual Impairment or Blindness	12. Traumatic Brain Injury	
	5. Emotional Disturbance	13. Developmentally Delayed-age 3 through 9	
	6. Orthopedic Impairment	14. Non-Categorical	
	7. Other Health Impairment	888. Not Reported under Part B of IDEA	

# EDUCATIONAL PLACEMENT/SETTING

# **Ages 3-5** − Circle one below:

8. Specific Learning Disability

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

# $\Rightarrow$ Ages 6-21- Circle one below:

- 9. Inside the regular class 80% or more of day
- 10. Inside the regular class 40% to 79% of the day
- 11. Inside the regular class less than 40% of the day
- 12. Separate school
- 13. Residential facility
- 14. Homebound / Hospital
- 15. Correctional facilities
- 16. Parentally placed in private schools

### PAI

# PARTICIPATION IN STATEWIDE ASSESSMENT CODE - Circle one below:

- 1. Regular grade-level State assessment
- 2. Regular grade-level State assessment with accommodations
- 3. Alternate assessments aligned with grade-level achievement standards (CARG A)
- 4. \*Not an option in Oklahoma
- 5. Modified achievement standards (CARG M)
- 6. Not yet required for this student

### **[**

# PART B EXITING CODES: Circle one below:

- 0. In a school-aged special education program
- 1. Transferred to regular education
- 2. Graduated with regular high school diploma
- 3. Received a certificate
- 4. Reached maximum age
- 5. Died
- 6. Moved, known to be continuing
- 7. (#7 omitted on this form)
- 8. Dropped out

# <u>LIVING SETTING</u> - Circle one below.

- 1. Home: Parents
- 6. Group Home (less than 6 residents)
- 2. Home: Extended Family
- 7. Group Home (6 or more residents)
- 3. Home: Foster Parents
- 8. Apartment (with non-family person(s))
- 4. State Residential Facility
- 9. Pediatric Nursing Home
- 5. Private Residential Facility
- 555. Other (Specify)

**Corrective Lenses:** 

- 0. No 1. Yes 2. Unknown
- ❖ Assistive Listening Devices:
- 0. No 1. Yes 2. Unknown
- ❖ Additional Assistive Technology:
- 0. No 1. Yes 2. Unknown
- Does this student receive In-Home Support or Community Waiver? \_\_\_\_\_yes \_\_\_\_\_no
- **⊃** Does this student have an intervener? \_\_\_\_\_ yes \_\_\_\_\_no
- Does this student have a one-on-one paraprofessional assigned to him/her? \_\_\_\_\_ yes \_\_\_\_ no

# PUBLIC SCHOOL

School Name		
Address	City	Zip
Phone ()	Fax	
Building Principal:		
Special Education Teacher:		
Email		

# Return this form to:

University of Oklahoma Oklahoma Deaf-Blind Project 820 Van Vleet Oval, Rm. 321 Norman, Oklahoma 73019 **Other Contact Information:** 

Phone: (405) 325-0441 Fax: (405) 325-6655

email: okdeafblind@ou.edu

Visit our website: <a href="https://www.ou.edu/okdbp/">www.ou.edu/okdbp/</a>

Friend us on Facebook: Oklahoma Deaf-Blind Technical Assistance Project

Follow us on Twitter: @OKDBTAP

# PRIMARY IDENTIFIED ETIOLOGY (Major Cause of Deaf-Blindness)

<u>Etiology</u>: Indicate the ONE etiology code from the list below that  $\underline{best}$   $\underline{describes}$  the primary etiology of the individual's primary disability.

Hereditary/Chromosomal Syndromes and Disorders			
101 Aicardi syndrome	130 Marshall syndrome		
102 Alport syndrome	131 Maroteaux-Lamy syndrome (MRS VI)		
103 Alstrom syndrome	132 Moebius syndrome		
104 Apert syndrome (Acrocephalosyndactyly, Type 1)	133 Monosomy 10p		
105 Bardet-Biedl syndrome (Laurence Moon-Biedl)	134 Morquio syndrome (MRS IV-B)		
106 Batten disease	135 NF1 - Neurofibromatosis (von Recklinghausen		
107 CHARGE association	disease)		
108 Chromosome 18, Ring 18	136 NF2 - Bilateral Acoustic Neurofibromatosis		
109 Cockayne syndrome	137 Nome disease		
110 Cogan Syndrome	138 Optico-Cochleo-Dentate Degeneration		
111 Cornelia de Lange	139 Pfieffer syndrome		
112 Cri du chat syndrome (Chromosome 5p- syndrome)	140 Prader-Willi		
113 Crigler-Najjar syndrome	141 PJerre-Robin syndrome		
1 14 Crouzon syndrome (Craniofacial Dysotosis)	142 Refsum syndrome		
115 Dandy Walker syndrome	143 Scheie syndrome (MRS I-S)		
116 Down syndrome (Trisomy 21 syndrome)	144 Smith-Lemli-Opitz (SLO) syndrome		
117 Goldenhar syndrome	145 Stickler syndrome		
118 Hand-Schuller-Christian (Histiocytosis X)	146 Sturge-Weber syndrome		
119 Hallgren syndrome	147 Treacher Collins syndrome		
120 Herpes-Zoster (or Hunt)	148 Trisomy 13 (Trisomy 13-15, Patau syndrome)		
121 Hunter Syndrome (MRS II)	149 Trisomy 18 (Edwards syndrome)		
122 Hurier syndrome (MRS I-H)	150 Turner syndrome		
123 Keams-Sayre syndrome	151 Usher I syndrome		
124 Klippel-Feil sequence	152 Usher II syndrome		
125 KlippeJ-Trenaunay-Weber syndrome	153 Usher III syndrome		
126 Kniest Dysplasia	154 Vogt-Koyanagi-Harada syndrome		
127 Leber congenital amaurosis	155 Waardenburg syndrome		
128 Leigh Disease	156 Wildervanck syndrome		
129 Marfan syndrome	157 Wolf-Hirschhom syndrome (Trisomy 4p)		
12) Marian dynarome	199 Other		
	177 Chief		
Pre-Natal/Congenital Complications	Post-Natal/Non-Congenital Complications		
201 Congenital Rubella	301 Asphyxia		
202 Congenital Syphilis	302 Direct Trauma to the eye and/or ear		
203 Congenital Toxoplasmosis	303 Encephalitis		
204 Cytomegalovirus (CMV)	304 Infections		
205 Fetal Alcohol syndrome	305 Meningitis		
206 Hydrocephaly	306 Severe Head Injury		
207 Maternal Drug Use	307 Stroke		
208 Microcephaly	308 Tumors		
209 Neonatal Herpes Simplex (HSV)	309 Chemically Induced		
299 Other	399 Other		
Related to Prematurity	Undiagnosed		
401 Complications of Pre-maturity	501 No Determination of Etiology		

# Oklahoma Deaf Blind TA Project University of Oklahoma 820 Van Vleet Oval, Room 321 Norman, OK 73019

Email: okdeafblind@ou.edu
Website: www.ou.edu/okdbp/

Facebook: Oklahoma Deaf-Blind Technical Assistance Project

**Phone:** 405-325-0441 **FAX:** 405-325-6655

### **RELEASE OF INFORMATION**

RE:
RE:CHILD'S NAME
COLLECTION OF INFORMATION: Authorization is hereby granted to collect information from SoonerStart Early Intervention and/or the local school district for the purpose of assisting in the development of an educational plan for my child and providing updated information for reporting purposes.
The information to be collected may include:
Audiology reports Ophthalmology/vision reports Major cause of disability Educational Evaluation Educational plans
This information will be collected on referral/census forms by mail, fax, email, or by telephone.
CERTIFICATION: The undersigned certifies that he/she has read the above and understands the nature and purpose of these authorizations to his/her full satisfaction and that he/she authorizes consent for the above named child.
Date: Signature:
Relationship to the Child: