Montana Deaf-Blind Census
Child Eligibility Confirmation Form

Child's Name			Date of Birth		
first	middle	last	mo	day	yr

Parent Names & Contact Information (Mailing address, phone and email)

If under 3 years old – Contact Person Information – Person providing information

name/title	agency/location	email	phone

If over 3 years old – Contact Person Information – Person providing information

name teacher/case manager	school district & school	email	phone

	yes	no		yes	no
Child has limited, or fluctuating hearing			Child has limited, or fluctuating vision		

STOP here if you checked NO on *either* the hearing or vision question.
Children must have both a hearing and vision loss to be eligible for services from the Deaf-Blind Project.

For support for children with either a vision or hearing loss, please see information on last page.

If the child has a vision and hearing loss, please continue:

Category	Please indicate the best choice or choices by filling in the circle ●	
Gender	O Male	O Female
Race/Ethnicity	O American Indian or Alaskan Native O Asian or Pacific Islander	O Black (not Hispanic) O Hispanic O White (not Hispanic)
Documented Vision Loss	O Low Vision (20/70-20/200) O Legally Blind (20/200 or less; field restriction 20°) O Light Perception Only	O Totally Blind O Diagnosed Progressive Loss O Further Testing Needed O Documented Functional Loss
Cortical Vision Impairment	O No	O Yes
Documented Hearing Loss	O Mild (26-40dB) O Moderate (41-55 dB) O Moderately Severe (56-70dB) O Severe (71-90 dB)	O Profound (91+ dB) O Diagnosed Progressive Loss O Further Testing Needed O Documented Functional Loss
Central Auditory Processing Disorder	O No	O Yes
Auditory Neuropathy	O No	O Yes
Cochlear Implant	O No	O Yes
Corrective Lenses	O No	O Yes
Assistive Listening Devices	O No	O Yes
Additional Assistive Tech	O No	O Yes
Other Impairments	O Physical/Orthopedic O Cognitive	O Behavioral O Complex Health Needs

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	O Communication: Speech/Lang	O Other/please specify:
Living Setting	O Home: With Parents O Home: Extended Family O Home: Foster Parents O State Residential Facility O Private Residential Facility	O Group Home (less than 6 residents) O Group Home (6 or more residents) O Apartment (with non-family person(s)) O Pediatric Nursing Home O Other (specify):

Primary Identified Etiology

Please indicate ONE etiology from the following lists, by filling in the circle ●

HEREDITARY/CHROMOSOMAL SYNDROMES AND DISORDERS

o Aicardi syndrome	o Maroteaux-Lamy syndrome (MPS VI)
o Alport syndrome	o Moebius syndrome
o Alstrom syndrome	o Monosomy 10p
o Apert syndrome (Acrocephalosyndactyly-Type 1)	o Morquio syndrome (MPS IV-B)
o Bardet-Biedl (Laurence Moon-Biedl)	o NF1 - Neurofibromatosis (von Recklinghausen disease)
o Batten disease	o NF2 - Bilateral Acoustic
o CHARGE association	o Neurofibromatosis
o Chromosome 18, Ring 18	o Norrie disease
o Cockayne syndrome	o Optico-Cochleo-Dentate Degeneration
o Cogan syndrome	o Pfieffer syndrome
o Cornelia de Lange	o Prader-Willi
o Cri du chat (Chromosome 5p)	o Pierre-Robin syndrome
o Crigler-Najjar syndrome	o Refsum syndrome
o Crouzon (Craniofacial Dysotosis)	o Scheie syndrome (MPS I-S)
o Dandy Walker syndrome	o Smith-Lemli-Opitz (SLO) syndrome
o Down syndrome (Trisomy 21)	o Stickler syndrome
o Goldenhar syndrome	o Sturge-Weber syndrome
o Hand-Schuller-Christian (Histiocytosis X)	o Treacher Collins syndrome
o Hallgren syndrome	o Trisomy 13 (Trisomy 13-15, Patau syndrome)
o Herpes-Zoster (or Hunt)	o Trisomy 18 (Edwards syndrome)
o Hunter syndrome (MPS II)	o Turner syndrome
o Hurler syndrome (MPS I-H)	o Usher I syndrome
o Kearns-Sayre syndrome	o Usher II syndrome
o Klippel-Feil sequence	o Usher III syndrome
o Klippel-Trenaunay-Weber syndrome	o Vogt-Koyanagi-Harada syndrome
o Klippel-Trenaunay-Weber syndrome	o Waardenburg syndrome
o Kniest Dysplasia	o Wildervanck syndrome
o Leber congenital amaurosis	o Wolf-Hirschhorn syndrome (Trisomy 4p)
o Leigh Disease	o Other: _____
o Marfan syndrome	
o Marshall syndrome	

PRE-NATAL/CONGENITAL COMPLICATION	POST-NATAL/NON-CONGENITAL COMPLICATION
o Congenital Rubella	o Asphyxia
o Congenital Syphilis	o Direct Trauma to the eye and/or ear
o Congenital Toxoplasmosis	o Encephalitis
o Cytomegalovirus (CMV)	o Infections
o Fetal Alcohol Syndrome	o Meningitis
o Hydrocephaly	o Severe Head Injury
o Maternal Drug Use	o Stroke
o Microcephaly	o Tumors
o Neonatal Herpes Simplex (HSV)	o Chemically Induced
o Other: _____	o Other: _____

RELATED TO PREMATURITY	UNDIAGNOSED

o Complications of Prematurity	o No Determination of Etiology

The following 3 questions pertain only to children under the age of 3. Individuals completing this form for children and youth aged 3 – 21 should proceed to Part B Category Code in the next set of questions.

Part C Category Code	O At-Risk	O Developmentally Delayed
Early Intervention Setting (Birth – 3)	O Home O Community-Based Settings	O Other Settings (specify):
Part C Exiting Status (Birth – 3)	O In a Part C early intervention program O Completion of IFSP prior to reaching maximum age for Part C O Eligible for IDEA, Part B O Not eligible for Part B, exit with referrals to other programs	O Not eligible for Part B, exit with no referrals O Part B eligibility not determined O Deceased O Moved out of state O Withdrawal by parent (guardian) O Attempts to *contact the parent and*/or child were unsuccessful

The remaining questions pertain only to children and youth aged 3 – 21.

Part B Category Code	O Mental Retardation O Hearing (includes deafness) O Speech or Language O Visual (includes blindness) O Emotional Disturbance O Orthopedic O Other Health Impaired O Specific Learning Disability	O Deaf-Blindness O Multiple Disabilities O Autism O Traumatic Brain Injury O Developmentally Delayed, Age 3-9 O Non-Categorical O Not reported under Part B
Educational Setting	ECSE (3-5) Settings	School-aged (6-21) Settings
	O Attending a regular early childhood program at least 80% of the time O Attending a regular early childhood program 40% to 79% of the time O Attending a regular early childhood program less than 40% of the time O Attending a separate class O Attending a separate school O Attending a residential facility O Service provider location O Home	O Inside regular class 80% or more of day O Inside regular class 40% to 79% of day O Inside regular class less than 40% of day O Separate school O Residential family O Homebound/Hospital O Correctional facilities O Parentally place in private school
Participation in Statewide Assessments	O Regular grade-level state assessment O Regular grade-level state assessment with accommodations	O Alternate assessments based on alternate achievement standards O Not yet required
Part B Exiting Status	O In ECSE or school-aged special education program O Transferred to regular education O Graduated with regular diploma O Received a certificate	O Reached maximum age O Deceased O Moved to another school district: O Moved out of state O Dropped out

Support for children with either a vision or hearing loss, is available from the Outreach Services of the Montana School for the Deaf and Blind (MSDB). Contact them at 406-771-6000

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