

In order to eligible for the Deaf-Blind Project, at least one box must be checked in each column below.

Additional information about child's acuity, type of syndrome, etc. would be extremely helpful.

VISION			HEARING			DEVELOPMENTAL CONCERNS	
check box	<i>Please provide additional information below ↓</i>	Examples, definitions, etc	check box	<i>Please provide additional information below ↓</i>	Examples, definitions, etc	check box	<i>Please provide additional information below ↓</i>
<input type="checkbox"/>	ACUITY:	low vision: documented acuity of 20/70 or less in the better eye with correction	<input type="checkbox"/>	HEARING LOSS:	documented mild 26 – 40 dB loss	<input type="checkbox"/>	AREAS OF DELAYS: at least 1 year delay on standardized (developmental) assessments in one or more of the following areas: <ul style="list-style-type: none"> • communication skills (speech and language) • social skills • basic concepts • academic achievement • visual and/or auditory guided movements • self-help skills
<input type="checkbox"/>	ACUITY:	legally blind: documented acuity of 20/200 or less in the better eye with correction	<input type="checkbox"/>	HEARING LOSS:	documented moderate 41 – 55 dB loss		
<input type="checkbox"/>	LIGHT PERCEPTION ONLY:		<input type="checkbox"/>	HEARING LOSS:	documented moderately severe 56-70dB		
<input type="checkbox"/>	TOTALLY BLIND:		<input type="checkbox"/>	HEARING LOSS:	documented severe 71 – 90 dB		
<input type="checkbox"/>	FIELD RESTRICTION:	documented peripheral field restriction of 20 degrees in better eye with correction	<input type="checkbox"/>	HEARING LOSS:	documented profound 91+ dB loss		
<input type="checkbox"/>	SYNDROME or DISORDER:	documented syndrome/disorder associated with vision loss such as: CHARGE, Congenital Cataracts, Retinopathy of Prematurity, Retinal Blastomas	<input type="checkbox"/>	SYNDROME or DISORDER:	documented syndrome/disorder (including genetic) associated with hearing loss such as: CHARGE Association	<input type="checkbox"/>	Under 5 years old
<input type="checkbox"/>	SYNDROME or DISORDER:	documented syndrome/disorder associated with progressive or fluctuating vision loss such as: Usher, Retinitis Pigmentosa, Glaucoma	<input type="checkbox"/>	SYNDROME or DISORDER:	documented syndrome/disorder associated with progressive hearing loss such as: Norrie, Sticklers, Kniest, Goldinhar, Mohr, Paget, Cockayne, Hurler	<input type="checkbox"/>	at risk of getting hurt when walking/moving around independently
<input type="checkbox"/>	CVI	diagnosis of cortical visual impairment from ophthalmologist and/or neurologist	<input type="checkbox"/>	CAPD	diagnosis of auditory processing disorder by a speech-language pathologist, audiologist, etc.	<input type="checkbox"/>	at risk for problems with integration into family life/community activities
<input type="checkbox"/>	FUNCTIONAL VISION LOSS:	trained vision specialist determines vision loss, impaired visual-motor functioning, visual perception problems, etc.	<input type="checkbox"/>	FUNCTIONAL HEARING LOSS:	trained hearing specialist determines hearing loss	<input type="checkbox"/>	at risk for problems with independent living and/or competitive employment upon graduation from high school
<input type="checkbox"/>	EYE CONDITION:	examples: nystagmus , amblyopia, strabismus, history of untreated eye conditions such as cataracts anytime during the first three years of life	<input type="checkbox"/>	AUDITORY NEUROPATHY		OTHER CONSIDERATIONS:	
			<input type="checkbox"/>	COCHLEAR IMPLANTS			
OTHER CONSIDERATIONS:			OTHER CONSIDERATIONS:				