OKLAHOMA DEAF-BLIND TECHNICAL ASSISTANCE PROJECT (OKDBTAP)

SCHOOL AGE REFERRAL INFORMATION

Census

Date of Referral: _____ How did you hear about OKDBTAP? _____

Child's Name:_____Birthdate:_____

Parent Name:_____

Address:_____City_____Zip_____

Phone Number (_____)_____Email:_____

If child is not living with parents:

Contact Person:_____

Address:_____City_____Zip_____

Phone Number:_____

➲ **RACE/ETHNICITY: ____1 = American Indian or Alaska Native ____2 = Asian**
____3 = Black or African American. ___4 = Hispanic ____ 5 = White (not Hispanic)
____6 = Native Hawaiian or Other Pacific Islander _____ 7 = Two or more

LIVING SETTING - Circle one below.

1 = Home: Parents
2 = Home: Extended Family
3 = Home: Foster Parents
4 = State Residential Facility
5 = Private Residential Facility
9 = Pediatric Nursing Home
10 = Community Residence (Includes group homes/ supported apt)
555 = Other (Specify) _____
999 = Unknown/missing

➲ **MAJOR CAUSE OF DEAF/BLINDNESS - Indicate the etiology code that best represents the major identified cause of deaf/blindness for the individual, from *page 5* of this form.**

➲ ***ENTER CODE # HERE (from page 5):_____***

DEGREE OF VISION LOSS - Circle one below.

1 = Low Vision (visual acuity of 20/70 to 20/200)
2 = Legally Blind (visual acuity of 20/200 or less or field restriction of 20 degrees)
3 = Light Perception Only
4 = Totally Blind
5 = (# 5 code has been omitted)
6 = Diagnosed Progressive Loss
7 = Further Testing Needed
8 = (#8 code has been omitted)
9 = Documented *Functional Vision Loss*

✓ **Has a functional vision assessment been completed? _____no _____yes**

✓ **Diagnoses of Cortical Visual Impairment (CVI)? _____no _____ yes ____unknown**

✓ **Corrective Lenses? _____ no _____ yes _____ unknown**

HEARING LOSS - Circle one below.

1 = Mild (26-40 dB loss)
2 = Moderate (41-55 dB loss)
3 = Moderately Severe (56-70 dB loss)
4 = Severe (71-90 dB loss)
5 = Profound (91+ dB loss)
6 = Diagnosed Progressive Loss
7 = Further Testing Needed
8 = (#8 code has been omitted)
9 = Documented *Functional Hearing loss*

✓ ***Has a functional hearing assessment been completed? _____no _____yes***

✓ ***Diagnosis of Central Auditory Processing Disorder? _____ no _____ yes ____unknown***

✓ ***Diagnosed with Auditory Neuropathy? _____no _____yes _____unknown***

✓ ***Cochlear implant? _____no _____yes _____unknown***

✓ ***Assistive Listening Device? _____ no _____ yes _____ unknown***

ADDITIONAL DISABILITIES - Circle all that apply.

1 = Orthopedic / Physical Impairments
2 = Developmental Delay/Intellectual Disabilities/Cognitive Impairments
3 = Behavioral Condition
4 = Complex Health Care Needs
5 = Communication, Speech and / or Language Impairments
6 = Other (Specify) _____

✓ **Additional Assistive Technology _____ no _____ yes _____ unknown**

✓ **Intervener Services _____ no _____ yes _____ unknown**

FUNDING CATEGORY

SCHOOL AGE

➲ **Part B Disability Codes - Circle one below.**

1 = Intellectual Disabilities
2 = Hearing Impairment / Deafness
3 = Speech or Language Impairment
4 = Visual Impairment or Blindness
5 = Emotional Disturbance
6 = Orthopedic Impairment
7 = Other Health Impairment
8 = Specific Learning Disability
9 = Deaf-Blindness
10 = Multiple Disabilities
11 = Autism
12 = Traumatic Brain Injury
13 = Developmentally Delayed-age 3 through 9
14 = Non-Categorical
888 = Not Reported under Part B of IDEA

EDUCATIONAL PLACEMENT/SETTING

- **Ages 3-5 – Circle one below:**

301 = Services in Regular Early Childhood Program (10+ hours)
302 = Other Location Regular Early Childhood Program (10+ hours)
303 = Services in Regular Early Childhood Program (<10 hours)
304 = Other Location Regular Early Childhood Program (<10 hours)
305 = Attending a separate class
306 = Attending a separate School
307 = Attending a Residential Facility
309 = Home, at public expense
310 = Home, not at public expense
888 = N/A Not Served Under Part B
999 = Unknown/Missing

- ***Ages 6 – 21 – Circle one below:***

610 = Inside the regular class 80% or more of day
611 = Inside the regular class 40% to 79% of the day
612 = Inside the regular class less than 40% of the day
613 = Separate school
614 = Residential facility
615 = Homebound / Hospital
616 = Correctional facilities
617 = Parentally placed in private schools
620 = Home school/remote learning, at public expenses
621 = Home school/remote learning, NOT at public expenses
888 N/A Not Served Under Part B
999 Unknown/Missing

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
6 = Not yet required for this student
7 = Parent opt out
19 = Not required to be reported by state

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
22 = Graduated with alternative diploma
3 = Received a certificate
4 = Reached maximum age
5 = Died
6 = Moved, known to be continuing
8 = Dropped out

888 = NA Not Served by Part B

- Does this student receive In-Home Support or Community Waiver? _____yes ____no
- If no, is the child on the waiting list for the Waiver? _____yes _____no _____unknown
- 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 Director: _____

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: www.ou.edu/okdbp/
Friend us on Facebook: Oklahoma Deaf-Blind Technical Assistance Project
Follow us on Twitter: @OKDBTAP

PRIMARY IDENTIFIED ETIOLOGY
(Major Cause of Deaf-Blindness)

Etiology: Indicate the *ONE* etiology code from the list below that *best 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 disease)
107 CHARGE association	136 NF2 - Bilateral Acoustic Neurofibromatosis
108 Chromosome 18, Ring 18	137 Nome disease
109 Cockayne syndrome	138 Optico-Cochleo-Dentate Degeneration
110 Cogan Syndrome	139 Pfieffer syndrome
111 Cornelia de Lange	140 Prader-Willi
112 Cri du chat syndrome (Chromosome 5p- syndrome)	141 PJerre-Robin syndrome
113 Crigler-Najjar syndrome	142 Refsum syndrome
1 14 Crouzon syndrome (Craniofacial Dysotosis)	143 Scheie syndrome (MRS I-S)
115 Dandy Walker syndrome	144 Smith-Lemli-Opitz (SLO) syndrome
116 Down syndrome (Trisomy 21 syndrome)	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 13 (Trisomy 13-15, Patau syndrome)
120 Herpes-Zoster (or Hunt)	149 Trisomy 18 (Edwards syndrome)
121 Hunter Syndrome (MRS II)	150 Turner syndrome
122 Hurier syndrome (MRS I-H)	151 Usher I syndrome
123 Keams-Sayre syndrome	152 Usher II syndrome
124 Klippel-Feil sequence	153 Usher III syndrome
125 KlippeJ-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-Hirschhom syndrome (Trisomy 4p)
129 Marfan syndrome	199 Other
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

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: _____
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: _____