



Census Code Sheet August 2007

Column 4 - Gender	
<i>0. Male</i>	<i>1. Female</i>

Column 8 - Primary Identified Etiology	
Hereditary/Chromosomal Syndromes and Disorders	
<i>101 Aicardi syndrome</i> <i>102 Alport syndrome</i> <i>103 Alstrom syndrome</i> <i>104 Apert syndrome (Acrocephalosyndactyly, Type 1)</i> <i>105 Bardet-Biedl syndrome (Laurence Moon-Biedl)</i> <i>106 Batten disease</i> <i>107 CHARGE association</i> <i>108 Chromosome 18, Ring 18</i> <i>109 Cockayne syndrome</i> <i>110 Cogan Syndrome</i> <i>111 Cornelia de Lange</i> <i>112 Cri du chat syndrome (Chromosome 5p- syndrome)</i> <i>113 Crigler-Najjar syndrome</i> <i>114 Crouzon syndrome (Craniofacial Dysostosis)</i> <i>115 Dandy Walker syndrome</i> <i>116 Down syndrome (Trisomy 21 syndrome)</i> <i>117 Goldenhar syndrome</i> <i>118 Hand-Schuller-Christian (Histiocytosis X)</i> <i>119 Hallgren syndrome</i> <i>120 Herpes-Zoster (or Hunt)</i> <i>121 Hunter Syndrome (MPS II)</i> <i>122 Hurler syndrome (MPS I-H)</i> <i>123 Kearns-Sayre syndrome</i> <i>124 Klippel-Feil sequence</i> <i>125 Klippel-Trenaunay-Weber syndrome</i> <i>126 Kniest Dysplasia</i> <i>127 Leber congenital amaurosis</i> <i>128 Leigh Disease</i> <i>129 Marfan syndrome</i>	<i>130 Marshall syndrome</i> <i>131 Maroteaux-Lamy syndrome (MPS VI)</i> <i>132 Moebius syndrome</i> <i>133 Monosomy 10p</i> <i>134 Morquio syndrome (MPS IV-B)</i> <i>135 NF1 - Neurofibromatosis (von Recklinghausen disease)</i> <i>136 NF2 - Bilateral Acoustic Neurofibromatosis</i> <i>137 Norrie disease</i> <i>138 Optico-Cochleo-Dentate Degeneration</i> <i>139 Pfeiffer syndrome</i> <i>140 Prader-Willi</i> <i>141 Pierre-Robin syndrome</i> <i>142 Refsum syndrome</i> <i>143 Scheie syndrome (MPS I-S)</i> <i>144 Smith-Lemli-Opitz (SLO) syndrome</i> <i>145 Stickler syndrome</i> <i>146 Sturge-Weber syndrome</i> <i>147 Treacher Collins syndrome</i> <i>148 Trisomy 13 (Trisomy 13-15, Patau syndrome)</i> <i>149 Trisomy 18 (Edwards syndrome)</i> <i>150 Turner syndrome</i> <i>151 Usher I syndrome</i> <i>152 Usher II syndrome</i> <i>153 Usher III syndrome</i> <i>154 Vogt-Koyanagi-Harada syndrome</i> <i>155 Waardenburg syndrome</i> <i>156 Wildervanck syndrome</i> <i>157 Wolf-Hirschhorn syndrome (Trisomy 4p)</i> <i>199 Other _____</i>
Pre-Natal/Congenital Complications	Post-Natal/Non-Congenital Complications
<i>201 Congenital Rubella</i> <i>202 Congenital Syphilis</i> <i>203 Congenital Toxoplasmosis</i> <i>204 Cytomegalovirus (CMV)</i> <i>205 Fetal Alcohol syndrome</i> <i>206 Hydrocephaly</i> <i>207 Maternal Drug Use</i> <i>208 Microcephaly</i> <i>209 Neonatal Herpes Simplex (HSV)</i> <i>299 Other _____</i>	<i>301 Asphyxia</i> <i>302 Direct Trauma to the eye and/or ear</i> <i>303 Encephalitis</i> <i>304 Infections</i> <i>305 Meningitis</i> <i>306 Severe Head Injury</i> <i>307 Stroke</i> <i>308 Tumors</i> <i>309 Chemically Induced</i> <i>399 Other _____</i>
Related to Prematurity	Undiagnosed
<i>401 Complications of Prematurity</i>	<i>501 No Determination of Etiology</i>

Column 9 - Race/Ethnicity	
1. American Indian or Alaska Native	4. Hispanic
2. Asian or Pacific Islander	5. White (not Hispanic)
3. Black (not Hispanic)	

Column 10 – Documented Vision Loss (Items 5 and 8 are intentionally not used and they are unavailable as an option)	
1. Low Vision	6. Diagnosed Progressive Loss
2. Legally Blind	7. Further Testing Needed (1 year only)
3. Light Perception Only	9. Documented Functional Vision Loss
4. Totally Blind	

Column 11 -Cortical Vision Impairment		
0. No	1. Yes	2. Unknown

Column 12 -Documented Hearing Loss (Item 8 is intentionally not used and it is unavailable as an option)	
1. Mild	5. Profound
2. Moderate	6. Diagnosed Progressive Loss
3. Moderately Severe	7. Further Testing Needed (1 year only)
4. Severe	9. Documented Functional Hearing Loss

Column 13 - Central Auditory Processing Disorder		
0. No	1. Yes	2. Unknown

Column 14 - Auditory Neuropathy		
0. No	1. Yes	2. Unknown

Column 15 - Cochlear Implant		
0. No	1. Yes	2. Unknown

Column 16 - Other Impairments or Conditions-Orthopedic/Physical	
0. No	1. Yes

Column 17- Other Impairments or Conditions-Cognitive	
0. No	1. Yes

Column 18- Other Impairments or Conditions-Behavioral	
<i>0. No</i>	<i>1. Yes</i>
Column 19- Other Impairments or Conditions-Complex Health Care Needs	
<i>0. No</i>	<i>1. Yes</i>

Column 20- Other Impairments or Conditions-Communication, Speech/Language	
<i>0. No</i>	<i>1. Yes</i>

Column 21- Other Impairments or Conditions	
<i>0. No</i>	<i>1. Yes</i>

Column 22
<i>Column 22 is intentionally not used. (Previously this column was titled “Funding Category”).</i>

Column 23 - Part C Category Code	
<i>1. At-risk</i> <i>2. Developmentally Delayed</i>	<i>Also included for Census reporting purposes are:</i> <i>888. Not Reported Under Part C</i>

Column 24 - Part B Category Code	
<i>1. Mental Retardation</i> <i>2. Hearing Impairment (includes deafness)</i> <i>3. Speech or Language Impairment</i> <i>4. Visual Impairment (includes blindness)</i> <i>5. Emotional Disturbance</i> <i>6. Orthopedic Impairment</i> <i>7. Other Health Impairment</i> <i>8. Specific Learning Disability</i>	<i>9. Deaf-blindness</i> <i>10. Multiple Disabilities</i> <i>11. Autism</i> <i>12. Traumatic Brain Injury</i> <i>13. Developmentally Delayed-age 3 through 9</i> <i>Also included for Census reporting purposes are:</i> <i>14. Non-Categorical</i> <i>888. Not Reported under Part B of IDEA</i>

Column 25 - Early Intervention Setting (Birth through 2)		
<i>1. Home</i>	<i>2. Community-based settings</i>	<i>3. Other settings</i>

Column 26 - Educational Setting (3-21)	
<p>ECSE (3-5) Settings</p> <ol style="list-style-type: none"> 1. Attending a regular early childhood program at least 80% of the time 2. Attending a regular early childhood program 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 	<p>School aged (6-21) settings</p> <ol style="list-style-type: none"> 9. Inside the regular class 80% or more of day 10. Inside the regular class 40% to 79% of day 11. Inside the regular class less than 40% of day 12. Separate school 13. Residential facility 14. Homebound/Hospital 15. Correctional facilities 16. Parentally placed in private schools

Column 27 – Participation in Statewide Assessments	
<ol style="list-style-type: none"> 1. Regular grade-level state assessment 2. Regular grade-level state assessment with accommodations 3. Alternate assessments aligned with grade-level achievement standards 	<ol style="list-style-type: none"> 4. Alternate assessments based on alternate achievement standards 5. Modified achievement standards 6. Not required at age or grade level

Column 28 - Part C Exiting Status (Birth through 2)	
<ol style="list-style-type: none"> 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, exit with referrals to other programs 4. Not eligible for Part B, exit with no referrals 5. Part B eligibility not determined 	<ol style="list-style-type: none"> 6. Deceased 7. Moved out of state 8. Withdrawal by parent (or guardian) 9. Attempts to contact the parent and/or child were unsuccessful <p>Also included for Census reporting purposes are:</p> <ol style="list-style-type: none"> 10. No longer receives early intervention, but still receiving state deaf-blind project services 11. No longer meets the deaf-blind project's criteria

Column 29 - Part B Exiting	
<ol style="list-style-type: none"> 0. In ECSE or school-aged special education program 1. Transferred to regular education 2. Graduated with regular diploma 3. Received a certificate 4. Reached maximum age 5. Died 6. Moved, known to be continuing 	<ol style="list-style-type: none"> 7. (intentionally not used) 8. Dropped out <p>Also included for census reporting purposes are:</p> <ol style="list-style-type: none"> 9. No longer receives special education, but still receiving state deaf-blind project services 10. (intentionally not used) 11. No longer meets deaf-blind project's criteria

Column 30 - Living Setting	
1. Home: With 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) _____

Column 31 - Corrective Lenses		
0. No	1. Yes	2. Unknown

Column 32 - Assistive Listening Devices		
0. No	1. Yes	2. Unknown

Column 33 - Additional Assistive Technology		
0. No	1. Yes	2. Unknown

Submittal Instructions

All data are due by May 1st for inclusion in the National Deaf-Blind Child Count Summary.

Please call or email John Killoran for any additional information or clarifications related to the child count reporting changes and/or process or Sarah Beaird with any database questions. *Please email a copy of your completed report to Sarah Beaird at:*

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