



## Iowa Deafblind Registry New Referral

**You may SKIP all of pages 5 and 6 (columns 22-30) in the light grey font.  
Deafblind Project staff will include this information based on a review of the IEP.**

|                      |
|----------------------|
| <b>Today's Date:</b> |
|----------------------|

|                                   |              |             |
|-----------------------------------|--------------|-------------|
| <b>Child's Name</b> <i>First:</i> | <i>Last:</i> |             |
| <i>Address:</i>                   |              |             |
| <i>City:</i>                      | Iowa         | <i>Zip:</i> |

|   |
|---|
| <p>Is there an IFSP or IEP in place for this child?</p> <p><input type="checkbox"/> Yes. Although written parental consent is not necessary for adding this child's name to the registry, parent notification is required. Please indicate:</p> <p style="text-align: center;">             _____<br/>             (date parents were notified)      (method parents were notified)      (Who notified parents?)<br/>             ex: telephone, email, etc.         </p> <p><input type="checkbox"/> No. In this case, written consent from parents is required PRIOR TO adding their child's name to this registry.</p> |
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|--------------------------|------------------|
| <b>Column 4 - Gender</b> |                  |
| <i>0. Male</i>           | <i>1. Female</i> |

|   |             |              |
|---|-------------|--------------|
| <b>Columns 5, 6 &amp; 7 - Birthdate</b> |             |              |
| <i>Month:</i>                           | <i>Day:</i> | <i>Year:</i> |

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| <p><b>Area Education Agency (AEA):</b> Indicate the AEA in which this child/youth resides: (Keystone AEA, AEA 267, Prairie Lakes AEA, Northwest AEA, Mississippi Bend AEA, Grant Wood AEA, Heartland AEA, Des Moines Public Schools, Green Hills AEA, or Great Prairie AEA. <a href="#">[Map for More Information]</a>)</p> <p><i>AEA:</i></p> |
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|   |                           |             |
|---|---------------------------|-------------|
| <b>Parent/Guardian Name(s)</b> <i>First:</i>      | <i>Last:</i>              |             |
| <i>Address (if different from child's above):</i> |                           |             |
| <i>City:</i>                                      | Iowa                      | <i>Zip:</i> |
| <i>Telephone:</i>                                 | <i>E-mail (if known):</i> |             |

|  |                               |             |
|--|-------------------------------|-------------|
| <b>Referred by (Your Name)</b> <i>First:</i> | <i>Last:</i>                  |             |
| <i>Employer:</i>                             | <i>Relationship to child:</i> |             |
| <i>Address:</i>                              |                               |             |
| <i>City:</i>                                 | Iowa                          | <i>Zip:</i> |
| <i>Telephone:</i>                            | <i>E-mail:</i>                |             |

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| <b>School Information:</b> Check here if this child does not attend school _____, and skip this section. |                            |      |
| Attending School Building:   | Attending School District: |      |
| Building Address:  | Building Telephone:        |      |
| City:  | Iowa                       | Zip: |

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| <b>Best Professional Contact:</b> (Special Education teacher, if applicable) |            |
| First Name:  | Last Name: |
| Service/Role:  | E-mail:    |
| Employer/Address/Telephone: (if different from school info. above)           |            |

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| <b>Column 9 - Race/Ethnicity</b> Circle the one race/ethnicity code that best describes the individual. A child or student may only be reported in one race/ethnicity category. [ <a href="#">More information</a> ] |  |
| <ul style="list-style-type: none"> <li>1. American Indian or Alaska Native</li> <li>2. Asian</li> <li>3. Black or African American</li> <li>4. Hispanic/Latino</li> </ul>  | <ul style="list-style-type: none"> <li>5. White</li> <li>6. Native Hawaiian or Other Pacific Islander</li> <li>7. Two or more races</li> </ul> |

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| <b>Column 10 – Documented Vision Loss</b> (Items 5 and 8 are intentionally not used and they are unavailable as an option)<br>Indicate the code that best describes the individual's:   |  |
| <ul style="list-style-type: none"> <li>• Documented degree of vision loss with correction, <b>or</b></li> <li>• Indicate that “further testing is needed” (This testing must be completed within one year to remain on the registry.), <b>or</b></li> <li>• That the student has a “documented functional vision loss”</li> </ul> |  |
| <ul style="list-style-type: none"> <li>1. Low Vision (visual acuity of 20/70 to 20/200)</li> <li>2. Legally Blind (visual acuity of 20/200 or less or a field restriction of 20 degrees)</li> <li>3. Light Perception Only</li> <li>4. Totally Blind</li> </ul>   | <ul style="list-style-type: none"> <li>6. Diagnosed Progressive Loss</li> <li>7. Further Testing Needed (1 year only)</li> <li>9. Documented Functional Vision Loss</li> </ul> |

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| <b>Column 11 -Cortical Vision Impairment</b> |        |            |
| 0. No  | 1. Yes | 2. Unknown |

**Column 12 - Documented Hearing Loss** (*Item 8 is intentionally not used and it is unavailable as an option*)

Indicate the code that best describes the individual's:

- Documented degree of hearing loss, **or**
- Indicates that "further testing is needed" (This testing must be completed within one year to remain on the registry.), **or**
- That the students has a "documented functional hearing loss"

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 (1 year only)*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*

**For Columns 16 – 21 – Other Impairments or Conditions, indicate any additional impairment or condition which has a significant impact on the individual's developmental or educational progress.**

**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**0. *No*1. *Yes***Column 19- Other Impairments or Conditions-Complex Health Care Needs**0. *No*1. *Yes***Column 20- Other Impairments or Conditions-Communication, Speech/Language**0. *No*1. *Yes***Column 21- Other Impairments or Conditions** If "yes", please specify.0. *No*1. *Yes*

**Primary Identified Etiology** Select the one etiology code from the list that best describes the primary etiology of the individual's primary disability. If "Other" is selected, please specify.

**Hereditary/Chromosomal Syndromes and Disorders**

- |   |  |
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| <ul style="list-style-type: none"> <li>101 Aicardi syndrome</li> <li>102 Alport syndrome</li> <li>103 Alstrom syndrome</li> <li>104 Apert syndrome (Acrocephalosyndactyly, Type 1)</li> <li>105 Bardet-Biedl syndrome (Laurence Moon-Biedl)</li> <li>106 Batten disease</li> <li>107 CHARGE association</li> <li>108 Chromosome 18, Ring 18</li> <li>109 Cockayne syndrome</li> <li>110 Cogan Syndrome</li> <li>111 Cornelia de Lange</li> <li>112 Cri du chat syndrome (Chromosome 5p- syndrome)</li> <li>113 Crigler-Najjar syndrome</li> <li>114 Crouzon syndrome (Craniofacial Dysostosis)</li> <li>115 Dandy Walker syndrome</li> <li>116 Down syndrome (Trisomy 21 syndrome)</li> <li>117 Goldenhar syndrome</li> <li>118 Hand-Schuller-Christian (Histiocytosis X)</li> <li>119 Hallgren syndrome</li> <li>120 Herpes-Zoster (or Hunt)</li> <li>121 Hunter Syndrome (MPS II)</li> <li>122 Hurler syndrome (MPS I-H)</li> <li>123 Kearns-Sayre syndrome</li> <li>124 Klippel-Feil sequence</li> <li>125 Klippel-Trenaunay-Weber syndrome</li> <li>126 Kniest Dysplasia</li> <li>127 Leber congenital amaurosis</li> <li>128 Leigh Disease</li> <li>129 Marfan syndrome</li> </ul> | <ul style="list-style-type: none"> <li>130 Marshall syndrome</li> <li>131 Maroteaux-Lamy syndrome (MPS VI)</li> <li>132 Moebius syndrome</li> <li>133 Monosomy 10p</li> <li>134 Morquio syndrome (MPS IV-B)</li> <li>135 NF1 - Neurofibromatosis (von Recklinghausen disease)</li> <li>136 NF2 - Bilateral Acoustic Neurofibromatosis</li> <li>137 Norrie disease</li> <li>138 Optico-Cochleo-Dentate Degeneration</li> <li>139 Pfeiffer syndrome</li> <li>140 Prader-Willi</li> <li>141 Pierre-Robin syndrome</li> <li>142 Refsum syndrome</li> <li>143 Scheie syndrome (MPS I-S)</li> <li>144 Smith-Lemli-Opitz (SLO) syndrome</li> <li>145 Stickler syndrome</li> <li>146 Sturge-Weber syndrome</li> <li>147 Treacher Collins syndrome</li> <li>148 Trisomy 13 (Trisomy 13-15, Patau syndrome)</li> <li>149 Trisomy 18 (Edwards syndrome)</li> <li>150 Turner syndrome</li> <li>151 Usher I syndrome</li> <li>152 Usher II syndrome</li> <li>153 Usher III syndrome</li> <li>154 Vogt-Koyanagi-Harada syndrome</li> <li>155 Waardenburg syndrome</li> <li>156 Wildervanck syndrome</li> <li>157 Wolf-Hirschhorn syndrome (Trisomy 4p)</li> <li>199 Other _____</li> </ul> |
|---|--|

**Pre-Natal/Congenital Complications**

- 201 Congenital Rubella
- 202 Congenital Syphilis
- 203 Congenital Toxoplasmosis
- 204 Cytomegalovirus (CMV)
- 205 Fetal Alcohol syndrome
- 206 Hydrocephaly
- 207 Maternal Drug Use
- 208 Microcephaly
- 209 Neonatal Herpes Simplex (HSV)
- 299 Other \_\_\_\_\_

**Post-Natal/Non-Congenital Complications**

- 301 Asphyxia
- 302 Direct Trauma to the eye and/or ear
- 303 Encephalitis
- 304 Infections
- 305 Meningitis
- 306 Severe Head Injury
- 307 Stroke
- 308 Tumors
- 309 Chemically Induced
- 399 Other \_\_\_\_\_

**Related to Prematurity**

- 401 Complications of Prematurity

**Undiagnosed**

- 501 No Determination of Etiology

|   |                                       |  |
|---|---------------------------------------|--|
| <b>Column 22 - Funding Category</b> Select one: |                                       |  |
| 1. IDEA Part B (3-21)                           | 2. IDEA Part C (birth-2 years / IFSP) | 3. Not reported under Part B or Part C |

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| <b>Column 23 - Part C Category Code</b> Select “888 Not Reported Under Part C” for any child who does NOT have an IFSP. (For example, if a child has an IEP, s/he is reported under Part B, and you will select “888 Not Reported Under Part C” in this section.) |  |
| 1. At-risk (In Iowa, this is HP- High Probability)<br>2. Developmentally Delayed (In Iowa, this is TD – Part C 25% Delay)   | Also included for Census reporting purposes are:<br>888. Not Reported Under Part C |

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| <b>Column 24 - Part B Category Code</b> What is the primary (first) disability code listed on the bottom of Page A of this child’s current IEP? Typically, in Iowa, this will be “EI – Eligible Individual”, which you will code “14 Non-Categorical” below. Select “888 Not Reported Under Part B” for any child who does NOT have an IEP. (For example, if a child has an IFSP, s/he is reported under Part C, and you will select “888 Not Reported Under Part B” in this section.) |  |
| 1. Mental Retardation<br>2. Hearing Impairment (includes deafness)<br>3. Speech or Language Impairment<br>4. Visual Impairment (includes blindness)<br>5. Emotional Disturbance<br>6. Orthopedic Impairment<br>7. Other Health Impairment<br>8. Specific Learning Disability   | 9. Deaf-blindness<br>10. Multiple Disabilities<br>11. Autism<br>12. Traumatic Brain Injury<br>13. Developmentally Delayed-age 3 through 9<br>Also included for Census reporting purposes are:<br>14. Non-Categorical (In Iowa, this is “EI”)<br>888. Not Reported under Part B of IDEA |

|   |                             |                   |
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| <b>Column 25 - Early Intervention Setting (Birth through 2 only)</b> <a href="#">[More information]</a> |                             |                   |
| 1. Home   | 2. Community-based settings | 3. Other settings |

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| <b>Column 26 - Educational Setting (3-21)</b>   |  |
| <b>ECSE (3-5) Settings</b> <a href="#">[More information]</a><br>1. Attending a regular early childhood program at least 80% of the time<br>2. Attending a regular early childhood program 40% to 79% of the time<br>3. Attending a regular early childhood program less than 40 % of the time<br>4. Attending a separate class<br>5. Attending a separate school<br>6. Attending a residential facility<br>7. Service provider location<br>8. Home | <b>School aged (6-21) settings</b> <a href="#">[More Information]</a><br>9. Inside the regular class 80% or more of day<br>10. Inside the regular class 40% to 79% of day<br>11. Inside the regular class less than 40% of day<br>12. Separate school<br>13. Residential facility<br>14. Homebound/Hospital<br>15. Correctional facilities<br>16. Parentally placed in private schools |

**Column 27 – Participation in Statewide Assessments** Select the option which best describes the student’s participation in their last statewide assessment activities.

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| <ul style="list-style-type: none"> <li>1. Regular grade-level state assessment</li> <li>2. Regular grade-level state assessment with accommodations</li> <li>3. Alternate assessments aligned with grade-level achievement standards (Not an available option in Iowa.)</li> </ul> | <ul style="list-style-type: none"> <li>4. Alternate assessments based on alternate achievement standards (Iowa Alternate Assessment)</li> <li>5. Modified achievement standards</li> <li>6. Not yet required</li> </ul> |
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**Column 28 - Part C Exiting Status (Birth through 2)** [\[More Information\]](#)

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>0. In a Part C early intervention program</li> <li>1. Completion of IFSP prior to reaching maximum age for Part C</li> <li>2. Eligible for IDEA, Part B</li> <li>3. Not eligible for Part B, exit with referrals to other programs</li> <li>4. Not eligible for Part B, exit with no referrals</li> </ul> | <ul style="list-style-type: none"> <li>5. Part B eligibility not determined</li> <li>6. Deceased</li> <li>7. Moved out of state</li> <li>8. Withdrawal by parent (or guardian)</li> <li>9. Attempts to contact the parent and/or child were unsuccessful</li> </ul> |
|--|---|

**Column 29 - Part B Exiting Status** [\[More Information\]](#)

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>0. In ECSE or school-aged special education program</li> <li>1. Transferred to regular education</li> <li>2. Graduated with regular diploma</li> <li>3. Received a certificate</li> <li>4. Reached maximum age</li> </ul> | <ul style="list-style-type: none"> <li>5. Died</li> <li>6. Moved, known to be continuing</li> <li>7. (intentionally not used)</li> <li>8. Dropped out</li> </ul> |
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**Column 30 – Deaf-Blind Project Exiting Status**

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>0. Receiving services from the deaf-blind project</li> </ul> | <ul style="list-style-type: none"> <li>1. No longer receiving services from the state deaf-blind project</li> </ul> |
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| <b>Column 31 - Living Setting</b> Select the living setting in which the individual resides the majority of the year. |  |
| 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) _____               |

|   |        |            |
|---|--------|------------|
| <b>Column 32 - Corrective Lenses</b> Does child/student wear glasses or contact lenses? |        |            |
| 0. No   | 1. Yes | 2. Unknown |

|  |        |            |
|--|--------|------------|
| <b>Column 33 - Assistive Listening Devices</b> Does the child/student wear hearing aids or use an FM system or other assistive listening device? |        |            |
| 0. No  | 1. Yes | 2. Unknown |

|  |        |            |
|--|--------|------------|
| <b>Column 34 - Additional Assistive Technology</b> Does the child/student use any additional assistive technology (other than corrective lenses or assistive listening devices)? |        |            |
| 0. No  | 1. Yes | 2. Unknown |

|                                      |  |
|--------------------------------------|--|
| <i>May we assist you in any way?</i> | <p><b>Please submit all 7 pages to:</b></p> <p><b>Susan Brennan, Coordinator</b><br/> <b>Iowa Deafblind Services Project</b> Fax: 319-472-4371<br/> <b>Iowa Braille School</b> Phone: 319-472-5221, x 1002<br/> <b>1002 G Ave.</b> 800-645-4579, x 1002<br/> <b>Vinton, IA 52349</b> sbrennan@iowa-braille.k12.ia.us</p> |
|--------------------------------------|--|