



IOWA  
DEAFBLIND  
PROJECT

## Iowa Deafblind Registry New Referral

<i>Today's Date:</i>
----------------------

<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;">             _____              (date parents were notified)      (method parents were notified)      (Who notified parents?)              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>
---

<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>

<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>
--

<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>	

City:	Iowa	Zip:
Telephone:	E-mail:	

**School Information:** 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:

**Best Professional Contact:** (Special Education teacher, if applicable)

First Name:	Last Name:
Service/Role:	E-mail:
Employer/Address/Telephone: (if different from school info. above)	

**Column 9 - Race/Ethnicity** Circle the one race/ethnicity code that best describes the individual. A child or student may only be reported in one race/ethnicity category. [[More information](#)]

1. American Indian or Alaska Native 2. Asian 3. Black or African American 4. Hispanic/Latino	5. White 6. Native Hawaiian or Other Pacific Islander 7. Two or more races
---	--

**Column 10 – Documented Vision Loss** (Items 5 and 8 are intentionally not used and they are unavailable as an option)  
Indicate the code that best describes the individual's:

- Documented degree of vision loss with correction, **or**
- Indicate that “further testing is needed” (This testing must be completed within one year to remain on the registry.), **or**
- That the student has a “documented functional vision loss”

1. Low Vision (visual acuity of 20/70 to 20/200) 2. Legally Blind (visual acuity of 20/200 or less or a field restriction of 20 degrees) 3. Light Perception Only 4. Totally Blind	5. Diagnosed Progressive Loss 6. Further Testing Needed (1 year only) 7. Documented Functional Vision Loss
---	--

**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*)

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**

<p>101 Aicardi syndrome  102 Alport syndrome  103 Alstrom syndrome  104 Apert syndrome (Acrocephalosyndactyly, Type 1)  105 Bardet-Biedl syndrome (Laurence Moon-Biedl)  106 Batten disease  107 CHARGE association  108 Chromosome 18, Ring 18  109 Cockayne syndrome  110 Cogan Syndrome  111 Cornelia de Lange  112 Cri du chat syndrome (Chromosome 5p- syndrome)  113 Crigler-Najjar syndrome  114 Crouzon syndrome (Craniofacial Dysostosis)  115 Dandy Walker syndrome  116 Down syndrome (Trisomy 21 syndrome)  117 Goldenhar syndrome  118 Hand-Schuller-Christian (Histiocytosis X)  119 Hallgren syndrome  120 Herpes-Zoster (or Hunt)  121 Hunter Syndrome (MPS II)  122 Hurler syndrome (MPS I-H)  123 Kearns-Sayre syndrome  124 Klippel-Feil sequence  125 Klippel-Trenaunay-Weber syndrome  126 Kniest Dysplasia  127 Leber congenital amaurosis  128 Leigh Disease  129 Marfan syndrome</p>	<p>130 Marshall syndrome  131 Maroteaux-Lamy syndrome (MPS VI)  132 Moebius syndrome  133 Monosomy 10p  134 Morquio syndrome (MPS IV-B)  135 NF1 - Neurofibromatosis (von Recklinghausen disease)  136 NF2 - Bilateral Acoustic Neurofibromatosis  137 Norrie disease  138 Optico-Cochleo-Dentate Degeneration  139 Pfeiffer syndrome  140 Prader-Willi  141 Pierre-Robin syndrome  142 Refsum syndrome  143 Scheie syndrome (MPS I-S)  144 Smith-Lemli-Opitz (SLO) syndrome  145 Stickler syndrome  146 Sturge-Weber syndrome  147 Treacher Collins syndrome  148 Trisomy 13 (Trisomy 13-15, Patau syndrome)  149 Trisomy 18 (Edwards syndrome)  150 Turner syndrome  151 Usher I syndrome  152 Usher II syndrome  153 Usher III syndrome  154 Vogt-Koyanagi-Harada syndrome  155 Waardenburg syndrome  156 Wildervanck syndrome  157 Wolf-Hirschhorn syndrome (Trisomy 4p)  199 Other _____</p>
--	---

Pre-Natal/Congenital Complications	Post-Natal/Non-Congenital Complications
<p>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 _____</p>	<p>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 _____</p>
Related to Prematurity	Undiagnosed
<p>401 Complications of Prematurity</p>	<p>501 No Determination of Etiology</p>

<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

<b>Column 35 – Intervener Services:</b> Please indicate whether the child/student in ECSE or school-aged special education receives Intervener Service. <b>Note:</b> A “yes” answer indicates an individual with the title and the function of an intervener <b>OR</b> from an individual with the function of an intervener working under a different title.		
0. No	1. Yes	2. Unknown

<b>Helen Keller National Center National Deafblind Registry:</b> The purpose of the HKNC National Registry of Persons Who Are Deaf-Blind is to provide basic information about people with combined vision and hearing loss in the United States. This information is to be used as a census of persons who are deaf-blind, as a planning tool and for research purposes. Do parents/guardians give permission to the Iowa Deafblind Project to share child’s name and contact information with HKNC? If yes, you will be contacted by a HKNC representative to complete additional paperwork.		
0. No	1. Yes	

<b>May we assist you in any way?</b>	<b>Please submit all 5 pages to:</b>  <b>Susan Brennan, Coordinator</b> <b>Iowa Deafblind Services Project</b> Fax: 319-472-4371 <b>Iowa Braille School</b> Phone: 319-472-5221, x 1002 <b>1002 G Ave.</b> 800-645-4579, x 1002 <b>Vinton, IA 52349</b> sbrennan@iowa-braille.k12.ia.us
--------------------------------------	---