



IOWA  
DEAFBLIND  
PROJECT

## 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.

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

<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>	

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

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

<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> ]	
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

<b>Column 10 – Documented Vision Loss</b> (Items 5 and 8 are intentionally not used and they are unavailable as an option) 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>	
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

<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
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**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.

<b>Hereditary/Chromosomal Syndromes and Disorders</b>	
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	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 _____

<b>Pre-Natal/Congenital Complications</b>	<b>Post-Natal/Non-Congenital Complications</b>
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 _____	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 _____
<b>Related to Prematurity</b>	<b>Undiagnosed</b>
401 Complications of Prematurity	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

<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.)	
<ul style="list-style-type: none"> <li>1. At-risk (In Iowa, this is HP- High Probability)</li> <li>2. Developmentally Delayed (In Iowa, this is TD – Part C 25% Delay)</li> </ul>	<p>Also included for Census reporting purposes are:</p> <p>888. Not Reported Under Part C</p>

<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.)	
<ul style="list-style-type: none"> <li>1. Mental Retardation</li> <li>2. Hearing Impairment (includes deafness)</li> <li>3. Speech or Language Impairment</li> <li>4. Visual Impairment (includes blindness)</li> <li>5. Emotional Disturbance</li> <li>6. Orthopedic Impairment</li> <li>7. Other Health Impairment</li> <li>8. Specific Learning Disability</li> </ul>	<ul style="list-style-type: none"> <li>9. Deaf-blindness</li> <li>10. Multiple Disabilities</li> <li>11. Autism</li> <li>12. Traumatic Brain Injury</li> <li>13. Developmentally Delayed-age 3 through 9</li> </ul> <p>Also included for Census reporting purposes are:</p> <ul style="list-style-type: none"> <li>14. Non-Categorical (In Iowa, this is “EI”)</li> <li>888. Not Reported under Part B of IDEA</li> </ul>

<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

<b>Column 26 - Educational Setting (3-21)</b>	
<p><b>ECSE (3-5) Settings</b> <a href="#">[More information]</a></p> <ul style="list-style-type: none"> <li>1. Attending a regular early childhood program at least 80% of the time</li> <li>2. Attending a regular early childhood program 40% to 79% of the time</li> <li>3. Attending a regular early childhood program less than 40 % of the time</li> <li>4. Attending a separate class</li> <li>5. Attending a separate school</li> <li>6. Attending a residential facility</li> <li>7. Service provider location</li> <li>8. Home</li> </ul>	<p><b>School aged (6-21) settings</b> <a href="#">[More Information]</a></p> <ul style="list-style-type: none"> <li>9. Inside the regular class 80% or more of day</li> <li>10. Inside the regular class 40% to 79% of day</li> <li>11. Inside the regular class less than 40% of day</li> <li>12. Separate school</li> <li>13. Residential facility</li> <li>14. Homebound/Hospital</li> <li>15. Correctional facilities</li> <li>16. Parentally placed in private schools</li> </ul>

**Column 27 – Participation in Statewide Assessments** Select the option which best describes the student’s participation in their last statewide assessment activities. Please note that 4 and 5 are no longer in use.

- |  |  |
|--|--|
| <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.</li> </ul> | <ul style="list-style-type: none"> <li>4. No longer in use</li> <li>5. No longer in use</li> <li>6. Not yet required</li> <li>7. Parent opt out</li> </ul> |
|--|--|

**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> |
|---|---|

<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? <b>If yes, you will be contacted by a HKNC representative to complete additional paperwork.</b>		
0. No	1. Yes	

<i>May we assist you in any way?</i>	<b>Please submit all 7 pages to:</b> <b>Katy Ring, Coordinator</b> <b>Iowa Deafblind Services Project</b> <b>3501 Harry Langdon Blvd.</b> <b>Council Bluffs, IA 51503</b> <b>Phone: 712-310-4623</b> <b>Email: <a href="mailto:katy.ring@iaedb.org">katy.ring@iaedb.org</a></b>
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