

**OKLAHOMA DEAF-BLIND TECHNICAL ASSISTANCE PROJECT (OKDBTAP)**  
**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 or Pacific Islander  
\_\_\_\_ 3. Black (not Hispanic) \_\_\_\_ 4. Hispanic \_\_\_\_ 5. White (not Hispanic)

- ☞ **MAJOR CAUSE OF DEAF/BLINDNESS** - Indicate the etiology code that best represents the major identified cause of deaf/blindness for the individual, from page 4 of this form.

- ☞ **ENTER CODE # HERE (from page 4):** \_\_\_\_\_

 **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?** \_\_\_\_ yes \_\_\_\_ no

- ✓ **Does this child have the diagnoses of Cortical Visual Impairment (CVI)?** \_\_\_\_ yes \_\_\_\_ no  
\_\_\_\_ 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
- ✓ *Does the individual have a Central Auditory Processing Disorder?* \_\_\_\_\_no \_\_\_\_\_yes  
\_\_\_\_\_unknown
- ✓ *Has this student been diagnosed with Auditory Neuropathy?* \_\_\_\_\_no \_\_\_\_\_yes \_\_\_\_\_unknown
- ✓ *Does this child have a cochlear implant?* \_\_\_\_\_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) \_\_\_\_\_

 **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:**

1. Attending a regular early childhood program at least 80% of the time
2. Attending a regular early childhood program at least 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

- ➡ **Ages 6 – 21 – Circle one below:**
9. Inside the regular class 80% or more of day
  10. Inside the regular class 40% to 79% of the day
  11. Inside the regular class less than 40% of the day
  12. Separate school
  13. Residential facility
  14. Homebound / Hospital
  15. Correctional facilities
  16. Parentally placed in private schools

-  **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 aligned with grade-level achievement standards (CARG A)
  4. *\*Not an option in Oklahoma*
  5. Modified achievement standards (CARG M)
  6. Not yet required for this student

-  **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
    3. Received a certificate
    4. Reached maximum age
    5. Died
    6. Moved, known to be continuing
    7. (#7 omitted on this form)
    8. Dropped out

-  **LIVING SETTING - Circle one below.**
- |                                 |  |
|---------------------------------|--|
| 1. Home: 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)_____                |

- |                                    |       |        |            |
|------------------------------------|-------|--------|------------|
| ❖ Corrective Lenses:               | 0. No | 1. Yes | 2. Unknown |
| ❖ Assistive Listening Devices:     | 0. No | 1. Yes | 2. Unknown |
| ❖ Additional Assistive Technology: | 0. No | 1. Yes | 2. Unknown |

- ➡ 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 an intervener? \_\_\_\_\_yes \_\_\_\_\_no
- ➡ 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 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](mailto:okdeafblind@ou.edu)**

**Visit our website: [www.ou.edu/okdbp/](http://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.

<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 (MRS II) 122 Hurier syndrome (MRS I-H) 123 Keams-Sayre syndrome 124 Klippel-Feil sequence 125 KlippeJ-Trenaunay-Weber syndrome 126 Kniest Dysplasia 127 Leber congenital amaurosis 128 Leigh Disease 129 Marfan syndrome	130 Marshall syndrome 131 Maroteaux-Lamy syndrome (MRS VI) 132 Moebius syndrome 133 Monosomy 10p 134 Morquio syndrome (MRS IV-B) 135 NF1 - Neurofibromatosis (von Recklinghausen disease) 136 NF2 - Bilateral Acoustic Neurofibromatosis 137 Nome disease 138 Optico-Cochleo-Dentate Degeneration 139 Pfeiffer syndrome 140 Prader-Willi 141 PJerre-Robin syndrome 142 Refsum syndrome 143 Scheie syndrome (MRS 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 Pre-maturity	501 No Determination of Etiology

Oklahoma Deaf Blind TA Project  
University of Oklahoma  
820 Van Vleet Oval, Room 321  
Norman, OK 73019

Email: [okdeafblind@ou.edu](mailto:okdeafblind@ou.edu)

Website: [www.ou.edu/okdbp/](http://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: \_\_\_\_\_