**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) 6. Diagnosed Progressive Loss

 2. Moderate (41-55 dB loss) 7. Further Testing Needed

3. Moderately Severe (56-70 dB loss) 8. (#8 code has been omitted)

 4. Severe (71-90 dB loss) 9. Documented *Functional Hearing loss*

 5. Profound (91+ dB 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

1. Complex Health Care Needs
2. Communication, Speech and / or Language Impairments
3. Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **FUNDING CATEGORY**

**SCHOOL AGE**

* **Part B Disability Codes - Circle one below*.***

1. Intellectual Disabilities 9. Deaf-Blindness

 2. Hearing Impairment / Deafness 10. Multiple Disabilities

 3. Speech or Language Impairment 11. Autism

 4. Visual Impairment or Blindness 12. Traumatic Brain Injury

 5. Emotional Disturbance 13. Developmentally Delayed-age 3 through 9

 6. Orthopedic Impairment 14. Non-Categorical

 7. Other Health Impairment 888. Not Reported under Part B of IDEA

 8. Specific Learning Disability

* + **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: Other Contact Information :***

#### University of Oklahoma Phone: (405) 325-0441

#### Oklahoma Deaf-Blind Project Fax: (405) 325-6655

# *820 Van Vleet Oval, Rm. 321 email: okdeafblind@ou.edu*

# *Norman, Oklahoma 73019*

#  *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.

|  |
| --- |
| Hereditary/Chromosomal Syndromes and Disorders |
| 101 Aicardi syndrome | 130 Marshall syndrome |
| 102 Alport syndrome | 131 Maroteaux-Lamy syndrome (MRS VI) |
| 103 Alstrom syndrome | 132 Moebius syndrome |
| 104 Apert syndrome (Acrocephalosyndactyly, Type 1) | 133 Monosomy 10p |
| 105 Bardet-Biedl syndrome (Laurence Moon-Biedl) | 134 Morquio syndrome (MRS IV-B) |
| 106 Batten disease | 135 NF1 - Neurofibromatosis (von Recklinghausen |
| 107 CHARGE association | disease) |
| 108 Chromosome 18, Ring 18 | 136 NF2 - Bilateral Acoustic Neurofibromatosis |
| 109 Cockayne syndrome | 137 Nome disease |
| 110 Cogan Syndrome | 138 Optico-Cochleo-Dentate Degeneration |
| 111 Cornelia de Lange | 139 Pfieffer syndrome |
| 112 Cri du chat syndrome (Chromosome 5p- syndrome) | 140 Prader-Willi |
| 113 Crigler-Najjar syndrome | 141 PJerre-Robin syndrome |
| 1 14 Crouzon syndrome (Craniofacial Dysotosis) | 142 Refsum syndrome |
| 115 Dandy Walker syndrome | 143 Scheie syndrome (MRS I-S) |
| 116 Down syndrome (Trisomy 21 syndrome) | 144 Smith-Lemli-Opitz (SLO) syndrome |
| 117 Goldenhar syndrome | 145 Stickler syndrome |
| 118 Hand-Schuller-Christian (Histiocytosis X) | 146 Sturge-Weber syndrome |
| 119 Hallgren syndrome | 147 Treacher Collins syndrome |
| 120 Herpes-Zoster (or Hunt) | 148 Trisomy 13 (Trisomy 13-15, Patau syndrome) |
| 121 Hunter Syndrome (MRS II) | 149 Trisomy 18 (Edwards syndrome) |
| 122 Hurier syndrome (MRS I-H) | 150 Turner syndrome |
| 123 Keams-Sayre syndrome | 151 Usher I syndrome |
| 124 Klippel-Feil sequence | 152 Usher II syndrome |
| 125 KlippeJ-Trenaunay-Weber syndrome | 153 Usher III syndrome |
| 126 Kniest Dysplasia | 154 Vogt-Koyanagi-Harada syndrome |
| 127 Leber congenital amaurosis | 155 Waardenburg syndrome |
| 128 Leigh Disease | 156 Wildervanck syndrome |
| 129 Marfan syndrome | 157 Wolf-Hirschhom syndrome (Trisomy 4p) |
|  | 199 Other |
|  |  |
| Pre-Natal/Congenital Complications | Post-Natal/Non-Congenital Complications |
| 201 Congenital Rubella | 301 Asphyxia |
| 202 Congenital Syphilis | 302 Direct Trauma to the eye and/or ear |
| 203 Congenital Toxoplasmosis | 303 Encephalitis |
| 204 Cytomegalovirus (CMV) | 304 Infections |
| 205 Fetal Alcohol syndrome | 305 Meningitis |
| 206 Hydrocephaly | 306 Severe Head Injury |
| 207 Maternal Drug Use | 307 Stroke |
| 208 Microcephaly | 308 Tumors |
| 209 Neonatal Herpes Simplex (HSV) | 309 Chemically Induced |
| 299 Other | 399 Other |
|  |  |
| Related to Prematurity | Undiagnosed |
| 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

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_