

# North Carolina Deaf-Blind Project



North Carolina Department of Public Instruction  
Exceptional Children Division

## Contact Information

Name of person completing the survey

Email of person completing survey

Phone number of person completing the survey

PSU

If you selected "Other" for PSU, please enter your PSU name here.

Does your PSU have NEW Students to report for the DeafBlind Census

- ☐ Yes, our PSU has NEW students to report
- ☐ No, our PSU has no students to report

## Demographic Information

Child First Name

Child Last Name

PowerSchool Number (If the child is in Part C - birth to 2 - or the student does not have a PowerSchool Number enter 999)

Date of Birth - Month

Date of Birth - Day

Date of Birth - Year

Gender

- ☐ 0. Male
- ☐ 1. Female

Race/Ethnicity

Living Setting

- ☐ 1. Home: Parents
- ☐ 2. Home: Extended family
- ☐ 3. Home: Foster parents
- ☐ 4. State residential facility
- ☐ 5. Private residential facility

- ☐ 6. Group home (less than 6 residents)
- ☐ 7. Group home (6 or more residents)
- ☐ 8. Apartment (with non-family person(s))
- ☐ 9. Pediatric nursing home
- ☐  555. Other

## Educational Information

Under which section of IDEA does the child/student currently receive services?

- ☐ IDEA Part C (birth to 2)
- ☐ IDEA Part B (3-21)

### Part C Category Code (**Birth through age 2**)

- ☐ 1. At-risk for developmental delays (as defined by the state's Part C Lead Agency)
- ☐ 2. Developmentally Delayed

### Early Intervention Setting (**Birth through age 2**)

- ☐ 1. Home
- ☐ 2. Community-based settings

- ☐  3. Other settings

### Part B Category Code (**AGE 3-21**)

- ☐ 1. Intellectual Disability
- ☐ 2. Hearing Impairment (includes deafness)
- ☐ 3. Speech or Language Impairment
- ☐ 4. Visual Impairment (includes 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

### Educational Setting Based on Age

- ☐ Student is age 3-5
- ☐ Student is age 6-21

### Educational Setting (age 3-5)

- ☐ 1. Attending a regular early childhood program at least 80% of the time
- ☐ 2. Attending a regular early childhood program 40% to 79% of the time
- ☐ 3. Attending a regular early childhood program less than 40 % of the time
- ☐ 4. Attending a separate class early childhood program
- ☐ 5. Attending a separate school early childhood program
- ☐ 6. Attending a residential facility early childhood program
- ☐ 7. Service provider location for early childhood program
- ☐ 8. Home

### Educational Setting (age 6-21)

- ☐ 9. Inside the regular class 80% or more of day
- ☐ 10. Inside the regular class 40% to 79% of day
- ☐ 11. Inside the regular class less than 40% of day
- ☐ 12. Separate school
- ☐ 13. Residential facility
- ☐ 14. Homebound/Hospital
- ☐ 15. Correctional facilities
- ☐ 16. Parentally placed in private schools

### Participation in Statewide Assessments

- ☐ 1. Regular grade-level state assessment
- ☐ 2. Regular grade-level state assessment with accommodations
- ☐ 3. Modified achievement standards

- ☐ 4. Not required at age or grade level
- ☐ 5. Parent opt out

Does the student receive Intervener Services (includes paraprofessional providing 1:1 services to the student)?

- ☐ 0. No
- ☐ 1. Yes
- ☐ 2. Unknown

## Disability Information

You selected "399 Other" in the previous question, please enter the etiology.

### Documented 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
- ☐ 6. Diagnosed Progressive Loss
- ☐ 7. Further Testing Needed



☐ 9. Documented Functional Vision Loss

Does the student have corrective lenses?

- ☐ 0. No
- ☐ 1. Yes
- ☐ 2. Unknown

Cortical Vision Impairment

- ☐ 0. No
- ☐ 1. Yes
- ☐ 2. Unknown

Documented 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
- ☐ 9. Documented Functional Hearing Loss

### Central Auditory Processing Disorder

- ☐ 0. No
- ☐ 1. Yes
- ☐ 2. Unknown

### Auditory Neuropathy

- ☐ 0. No
- ☐ 1. Yes
- ☐ 2. Unknown

### Cochlear Implants

- ☐ 0. No
- ☐ 1. Yes
- ☐ 2. Unknown

### Does the student have Assistive Listening Devices (hearing aids, FM system)

- ☐ 0. No
- ☐ 1. Yes
- ☐ 2. Unknown

Does the student have/utilize additional Assistive Technology (ex: screen reader, picture schedule, object communication)?

- ☐ 0. No
- ☐ 1. Yes
- ☐ 2. Unknown

Other Impairment or Conditions - Orthopedic/Physical Impairments

- ☐ 0. No
- ☐ 1. Yes
- ☐ 2. Unknown

Other Impairments or Conditions - Intellectual Disability

- ☐ 0. No
- ☐ 1. Yes
- ☐ 2. Unknown

Other Impairments or Conditions - Behavioral Disorder

- ☐ 0. No
- ☐ 1. Yes
- ☐ 2. Unknown

### Other Impairments or Conditions - Complex Health Care Needs

- ☐ 0. No
- ☐ 1. Yes
- ☐ 2. Unknown

### Other Impairments or Conditions - Communication/Speech/Language

- ☐ 0. No
- ☐ 1. Yes
- ☐ 2. Unknown

Other impairments or conditions not listed above.

## Block 4

Do you have another NEW student you would like to add to the census?

- ☐ Yes
- ☐ No

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