



University of Nevada, Reno



# December 2008 Referral Packet

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## COLLEGE OF EDUCATION

Revised December 2008

# Nevada Dual Sensory Impairment Project

## Who are the Children with Dual Sensory Impairments?

The term “children with deaf-blindness” means children and youth (ages 0-22) who have both hearing and vision impairments. The combination of these impairments in children creates such severe communication and other developmental and learning needs that they cannot be appropriately educated without special education and related services. In order to meet educational needs due to these concurrent disabilities, the required services are beyond those that would be provided solely for children with hearing impairments, vision impairments or severe disabilities.

## What is the Nevada Dual Sensory Impairment Project?

The Nevada Dual Sensory Impairment Project is a federally funded, statewide technical assistance project. The purpose of the project is to enhance the educational services provided to children, birth through 21 years of age, who have impairments in both vision and hearing. The services provided by the project include:

- Assistance in identification of individuals, ages birth through 21 years, who have dual sensory impairments.
- Provision of on-site technical assistance (e.g., child-specific consultations, training workshops) to families, educational and agency providers, and care providers of infants, toddlers, children, and youth with dual sensory impairments. Topics may include communication skills, positive behavior support, instructional strategies, transition, and other topics as requested.
- Assistance in finding resources (e.g., Internet, print, video) on various topics
- Biannual project newsletter as well as access to project information in the Nevada University Center for Excellence in Disabilities (UCED) newsletter
- TA documents (e.g., Usher syndrome screening booklet, transition manual, tip sheets, screening brochures, screening posters).
- Parent access to a project parent-to-parent network, western region family-to-family network, western region family listserv
- Annual parent conference

## Who can refer children to the project?

Referrals can be made by parents as well as educational, medical, and social service professionals by filling out the information requested in this packet.

## What is next?

Upon receipt of the referral packet, the project director will review the information to ensure that the referred individual qualifies as dual sensory impaired. If the individual does qualify, an introductory binder will be mailed to the parents as well as the service provider. This binder includes (a) an introductory letter, (b) sample newsletter, (c) tip sheets, (d) technical assistance request form, (e) resource directory, and (f) project information.

## How is assistance requested?

If the referred individual is eligible for services, the parents and/or service providers can request technical assistance by completing the request form in the introductory binder. The project director will follow-up with a telephone call and then will arrange for provision of the technical assistance.

## How much does the technical assistance cost?

The Nevada Dual Sensory Impairment Project provides services at no cost to families, school districts, early intervention agencies, and others who provide services to individuals with dual sensory impairments.

## Where is the technical assistance provided?

The technical assistance is provided throughout the state of Nevada in the child's home, early intervention agency, or school. The location is based on the request sent by the parent or service provider.

## How do I find out more?

MaryAnn Demchak, Project Director  
e-mail: mad@unr.edu  
Nevada Dual Sensory Impairment Project—Mail Stop 299  
University of Nevada, Reno • Reno, NV 89557  
(775) 784-6471--Voice  
(877) 621-5042--Toll-free in Nevada  
(775) 784-4384—FAX  
www.unr.edu/educ/ndsip

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**Completing the referral form:**

It is essential that the referral form be completed accurately and completely. Without complete and accurate information, it is possible that an individual who is eligible for the project could be determined ineligible and, thus, would not benefit from the project's services. In addition, the project is required to send yearly reports to the U. S. Department of Education that require complete information for each individual involved with the project. (This information is submitted *without* the individual's name.) Call 784-6471 in the Reno area, or our statewide toll-free number 1-877-621-5042 with any questions regarding this referral form.

## *Referral Form*

**Part I: Information on Individual with Dual Sensory Impairment:**Individual's Name \_\_\_\_\_ Birth Date \_\_\_\_\_  Male  Female

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Guardian/Parent Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

What is the primary language spoken in the home?  English  Spanish  Other: \_\_\_\_\_If a language other than English is spoken in the home, is the guardian/parent able to communicate in English?  Yes  No

Name of Foster Parents/Hospital/Other Residence (if applicable) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

**Part II: Referred By:**

Form Completed by \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ Agency \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

**Part III: Present Educational Placement:**

Name of Program/School \_\_\_\_\_ Teacher(s) \_\_\_\_\_

Program/School Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Instructions for completing each of the following sections are incorporated within the referral form. If you have any questions regarding any part of the referral form, please call MaryAnn Demchak at (775) 784-6471 in the Reno area or 1-877-621-5042 in Nevada.

<b>Etiology</b>	
Circle the <b>ONE</b> etiology code from the list below that <i>best describes</i> the primary etiology of the individual's primary disability. If you choose "other" for any category, please be sure to be specific in the space provided.	
<b>Heredity/Chromosomal Syndromes and Disorders</b>	
101 Aicardi syndrome	130 Marshall syndrome
102 Alport syndrome	131 Maroteaux-Lamy syndrome (MPS 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 (MPS IV-B)
106 Batten disease	135 NF1 - Neurofibromatosis (von Recklinghausen disease)
107 CHARGE association	136 NF2 - Bilateral Acoustic Neurofibromatosis
108 Chromosome 18, Ring 18	137 Norrie disease
109 Cockayne syndrome	138 Optico-Cochleo-Dentate Degeneration
110 Cogan syndrome	139 Pfeiffer syndrome
111 Cornelia de Lange	140 Prader-Willi
112 Cri du chat syndrome (Chromosome 5p- syndrome)	141 Pierre-Robin syndrome
113 Crigler-Najjar syndrome	142 Refsum syndrome
114 Crouzon syndrome (Craniofacial Dysostosis)	143 Scheie syndrome (MPS I-S)
115 Dandy Walker syndrome	144 Smith-Lemli-Opitz (SLO) syndrome
116 Down syndrome (Trisomy 21 syndrome)	145 Stickler syndrome
117 Goldenhar syndrome	146 Sturge-Weber syndrome
118 Hand-Schuller-Christian (Histiocytosis X)	147 Treacher Collins syndrome
119 Hallgren syndrome	148 Trisomy 13 (Trisomy 13-15, Patau syndrome)
120 Herpes-Zoster (or Hunt)	149 Trisomy 18 (Edwards syndrome)
121 Hunter syndrome (MPS II)	150 Turner syndrome
122 Hurler syndrome (MPS I-H)	151 Usher I syndrome
123 Kearns-Sayre syndrome	152 Usher II syndrome
124 Klippel-Feil sequence	153 Usher III syndrome
125 Klippel-Trenaunay-Weber syndrome	154 Vogt-Koyanagi-Harada syndrome
126 Kniest Dysplasia	155 Waardenburg syndrome
127 Leber congenital amaurosis	156 Wildervanck syndrome
128 Leigh Disease	157 Wolf-Hirschhorn syndrome (Trisomy 4p)
129 Marfan syndrome	199 Other (Specify) _____
<b>Pre-Natal/Congenital Complications</b>	<b>Post-Natal/Non-Congenital Complications</b>
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 Simples (HSV)	309 Chemically Induced
299 Other (Specify) _____	399 Other (Specify) _____
<b>Related to Prematurity</b>	<b>Undiagnosed</b>
401 Complications of Prematurity	501 No Determination of Etiology

Race/Ethnicity	
Circle the <b>ONE</b> race/ethnicity that <i>best describes</i> the individual	
1. American Indian or Alaska Native 2. Asian or Pacific Islander 3. Black (not Hispanic)	4. Hispanic or Latino 5. White (not Hispanic)
<p>1. <u>American Indian or Alaska Native</u>: A person having origins in any of the original peoples of North and South American (including Central America), and who maintains tribal affiliation or community recognition.</p> <p>2. <u>Asian or Pacific Islander</u>: A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, Vietnam, Hawaii, Guam and Samoa.</p> <p>3. <u>Black (not Hispanic)</u>: A person having origins in any of the Black racial groups of Africa.</p> <p>4. <u>Hispanic</u>: A student of Cuban, Mexican, Puerto Rican, South American or Central, or other Spanish culture or origin, regardless of race.</p> <p>5. <u>White (not Hispanic)</u>: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.</p>	

Documented Vision Loss
Circle the <b>ONE</b> code that best describes the individual's <i>documented</i> degree of vision loss with correction.
1. Low Vision (Visual acuity of 20/70 to 20/200>) 2. Legally Blind (Visual acuity of 20/200 or less <i>or</i> field restriction of 20 degrees) 3. Light Perception Only 4. Totally Blind 6. Diagnosed Progressive Loss 7. Further Testing Needed ( 1 year only) 9. Documented Functional Vision Loss
<i>A Functional Vision Assessment is defined as a non-clinical assessment, carried out by a trained vision specialist using commonly accepted assessment tools, checklists and measures for making educated judgments about the functional use of vision.</i>

Cortical Vision Impairment	
Please indicate whether the child/student has a cortical vision impairment.	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown

Documented Hearing Loss	
Circle the <b>ONE</b> code that best describes the individual's <i>documented</i> degree of 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
<i>A Functional Hearing Assessment is defined as a non-clinical assessment, carried out by a trained hearing specialist using commonly accepted assessment tools, checklists and measures for making educated judgments about the functional use of hearing.</i>	

Central Auditory Processing Disorder (CAPD)	
Does the individual have a central auditory processing disorder?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown

Auditory Neuropathy	
Does the individual have auditory neuropathy ?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown

Cochlear Implant	
Does the individual have a cochlear implant?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown

### Other Impairments

Please indicate any additional impairment or condition, which has a significant impact on the individual's developmental or educational progress.  
Please check all that apply.

Orthopedic/Physical Impairments	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Cognitive Impairments	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Behavioral Disorders	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Complex Health Care Needs	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Communication/Speech and/or Language Impairments	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Other (Specify): _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes

### IDEA—Part C Category Codes

Circle the **ONE** primary category code under which the child was reported on the state's Lead Agency, IDEA Part C Child Count..

1. At-Risk
2. Developmentally Delayed

888. Not reported under Part C of IDEA

### IDEA—Part B Category Codes

Circle the **ONE** primary category code under which the child was reported on the State Department of Education Part B, IDEA Child Count, or indicate that the child was not reported.

- |   |  |
|---|--|
| <ol 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></ol> | <ol 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><li>14. Non-Categorical</li></ol> <p>888. Not reported under Part B of IDEA</p> |
|---|--|

### Early Intervention Setting (Birth through 2)

Circle **ONE**. (Setting Definitions listed on page 6.)

1. Home
  2. Community-based settings
  3. Other Settings
- Specify: \_\_\_\_\_

### Educational Setting

Circle the **ONE** setting code under which the individual was reported on the State Department of Education Part B, IDEA Child Count. Please note that the settings are different for children in early childhood special education programs (3-5), than for school-aged students (6-21).

Definitions listed on pages 6-7.

#### ECSE (3-5) Settings

1. Attending a regular early childhood program at least 80% of the time.
2. Attending a regular early childhood program 40%-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

#### School aged settings (6-21)

9. Inside the regular class 80% or more of the day.
10. Inside the regular class 40%-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 school

### Participation in Statewide Assessments

Circle the **ONE** option that best describes the student's participation in their last statewide assessment activities.

- |   |   |
|---|---|
| <ol 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></ol> | <ol style="list-style-type: none"><li>4. Alternate assessments based on alternate achievement standards</li><li>5. Modified achievement standards</li><li>6. Not yet required</li></ol> |
|---|---|

Living Status	
Circle the <b>ONE</b> living setting in which the individual resides the majority of the year	
1. Home: With 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 (Specify) _____

Corrective Lenses	
Please indicate whether the child/student wears glasses or corrective lenses.	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown

Assistive Listening Devices	
Please indicate whether the child/student wear hearing aids or uses FM systems or other assistive listening devices.	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown

Additional Assistive Technology	
Please indicate whether the child/student has any additional assistive technology (other than corrective lenses or assistive listening devices).	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown

## DEFINITIONS

### Early Intervention- Birth Through Age 2

- Home:** Early intervention services are provided primarily in the principal residence of the child's family or caregivers.
- Community-based settings:** Early intervention services are provided primarily in a setting where children without disabilities typically are found. These settings include, but are not limited to, child care centers (including family day care), preschools, regular nursery schools, early childhood center, libraries, grocery stores, parks, restaurants, and community centers (e.g., YMCA, Boys and Girls Clubs).
- Other Settings:** Early intervention services are provided primarily in a setting that is not home or community-based. These settings include, but are not limited to, services provided in a hospital, residential facility, clinic, and EI center/class for children with disabilities.

### Educational settings (ages 3-5 years)

- Regular early childhood program at least 80% of the time:** Children who attended an early childhood program and were in the early childhood program for at least 80% of the time.
- Regular early child program 40% to 79% of the time:** Children who attended an early childhood program and were in the early childhood program for no more than 79% of the time, but no less than 40% of the time.
- Regular early childhood program less than 40% of the time:** Children who attended an early childhood program and were in the early childhood program for less than 40% of the time.
- Separate Class:** Children in a class with less than 50% non-disabled children. Do not include children who also attend a regular early childhood program.
- Separate School:** Children who received education programs in public or private day school designed specifically for children with disabilities.
- Residential Facility:** Children who received education programs in a publicly or privately operated residential schools or residential medical facility on an inpatient basis.
- Service Provider Location:** Children who received all of their special education and related services from a service provider, and who did not attend an early childhood program provided in a separate class, separate school, or residential facility.

For example, speech instruction provided in:

- private clinician's offices
- clinician's offices located in school buildings
- hospital facilities on an outpatient basis
- libraries and other public locations

Do not include children who also received special education at home. Children who received special education both in a service provider location and at home should be reported in the home category.

- Home:** Children who received special education and related services in the principal residence of the child's family or caregivers, and who did not attend an early childhood program or a special education program provided in a separate class, separate school, or residential school. Include children who receive special education both at home and in a service provider location.

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## DEFINITIONS

### Educational Settings (ages 6-21 years)

9. **Inside the regular class 80% or more of the day:** Students who were inside the regular classroom for 80% or more of the school day. This may include children with disabilities placed in:
  - regular class with special education/related services provided within regular classes
  - regular classes with special education/related services provided outside regular classes
  - regular classes with special education/related services provided in resource rooms.
10. **Inside regular class no more than 79% of the day and no less than 40% of the day:** Students who were inside the regular classroom for between 40 and 79% of the day. Do not include children who were reported as receiving education in public or private separate school or residential facilities. This may include children placed in:
  - resource rooms with special education/related services provided within the resource room.
  - resource rooms with part-time instruction in a regular class
11. **Inside the regular class less than 40% of the day:** Students who were inside the regular classroom less than 40% of the day. Do not include children who are reported as receiving education programs in public or private separate school or residential facilities. This category may include children placed in:
  - self-contained classrooms with part-time instruction in a regular class
  - self-contained classrooms with a full-time special education instruction on a regular school campus
12. **Separate School** Students who received education programs in public or private separate day school facilities. This includes children with disabilities receiving special education and related services for greater than 50% of the school day in public or private separate schools. This may include children placed in:
  - public and private day schools for students with disabilities
  - public and private day schools for students with disabilities for a portion of the school day (greater than 50%) and in regular school buildings for the remainder of the school day.
  - public and private residential facilities if the student does not live at the facility.
13. **Residential Facility:** Students who received education programs and lived in public or private residential facilities during the week. This includes children with disabilities receiving special education and related services for greater than 50% of the school day in public or private residential facilities. This may include children placed in:
  - public and private residential schools for children with disabilities
  - public and private schools for students with disabilities for a portion of the school day (greater than 50%) and in separate day schools or regular school buildings for the remainder of the school day.Do not include students who receive education programs at the facility, but do not live there.
14. **Homebound/Hospital:** Students who received education programs in homebound/hospital environments, includes children with disabilities placed in and receiving special education and related services in:
  - hospital programs
  - homebound programsDo not include children with disabilities who parents have opted to home school them and who receive special education at public expense.
15. **Correctional Facilities:** Students who received special education in correctional facilities . These data are intended to be a count of all children receiving special education in:
  - short-term detention facilities ( community-based or residential)
  - correctional facilities
16. **Parentally placed in private school:** Students who have been enrolled by their parents or guardians in regular parochial or other private schools and whose basic education is paid through private resources and who receive special education and related service at public expense from local education agency or intermediate educational unit under a service plan. Include children whose parents chose to home school them, but receive special education and related services at the public expense. Do not include children who are placed in private schools by the LEA.



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University of Nevada, Reno

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