



# DeafBlind Census

### Introduction

This tip sheet is intended to help as you complete the annual DeafBlind Census within ECATS. This is a new process being implemented in 2024. Remember, the DeafBlind Census is an annual submission. Students may be added or removed throughout the year by simply completing the form within ECATS. You must submit a final document (not a draft document) for a student to be officially added or removed from the Census. Once you submit the form, ECATS will save the information in the workspace so that the information simply needs to be updated and resubmitted during the annual census collection window, which is typically in February - March.

To begin, log-in to ECATS and locate the student you wish to add to the Census. Once the student has been selected, navigate to the Documents page in ECATS. Select DeafBlind Census and click Create a Draft. Keep in mind that a final document must be created for a student to be officially added to the Census. Draft documents will not populate in reports.

The screenshot shows the 'Documents' page in ECATS. On the left, there is a sidebar with 'Documents:' and two tabs: 'General' and 'Progress Monitoring'. The 'General' tab is selected. The main area displays a list of documents with checkboxes. The 'DeafBlind Census' checkbox is selected. Below the list, there are four buttons: 'CREATE DRAFT (WILL BE SAVED FOR 30 DAYS)', 'CREATE FINAL DOCUMENT (WILL BE SAVED)', 'UPLOAD EXTERNAL DOCUMENT(S)', and 'UPLOAD AUDIO/VIDEO FILES'. A 'Letters:' field shows '(No Letters Available)'.

Document Type	Document Name	Selected
General	Accommodation Review	<input type="checkbox"/>
	Child Outcome Summary Form	<input type="checkbox"/>
	Contact Log	<input type="checkbox"/>
	Core Plan	<input type="checkbox"/>
	Core Plan Review	<input type="checkbox"/>
	CSP Document	<input type="checkbox"/>
	Progress Report	<input type="checkbox"/>
	Plan of Care (Speech/Language)	<input type="checkbox"/>
	Plan of Care (Occupational Therapy)	<input type="checkbox"/>
	Plan of Care (Physical Therapy)	<input type="checkbox"/>
	Plan of Care (Psychological Services)	<input type="checkbox"/>
	Plan of Care (Counseling Services)	<input type="checkbox"/>
	Plan of Care (Special Education - Speech/Language)	<input type="checkbox"/>
	FAM-S Scoring Summary School (pdf)	<input type="checkbox"/>
	FAM-S Scoring Summary School (xls)	<input type="checkbox"/>
FAM-S Item Summary School (pdf)	<input type="checkbox"/>	
FAM-S Item Summary School Level (xls)	<input type="checkbox"/>	
IEP at a Glance	<input type="checkbox"/>	
APH Legally Blind Census	<input type="checkbox"/>	
<b>DeafBlind Census</b>	<input checked="" type="checkbox"/>	
Plan of Care (Speech/Language - SAS)	<input type="checkbox"/>	
Plan of Care (Occupational Therapy - SAS)	<input type="checkbox"/>	
Plan of Care (Physical Therapy - SAS)	<input type="checkbox"/>	

Letters: (No Letters Available)

### General Information

The General Information Section will be automatically populated based on the information in ECATS or PowerSchool. Be sure to click the checkbox next to each parent or guardian's information so that this information is submitted with the form. If more than one parent or guardian is listed, please check all applicable boxes.



## Tip Sheet: DeafBlind Census

The following information is required before you can create this Draft Document

### DeafBlind Census

The Office of Exceptional Children and the NC Deaf-Blind Project (NCDBP) collects data for the Annual Census of Students with DeafBlindness as a requirement of the Office of Special Education Programs (OSEP) DeafBlind Technical Assistance Grant. The child count is a point-in-time snapshot and should reflect the infants, toddlers, and youth identified from your December 1st headcount. DeafBlindness is often mistaken for the total inability to see or hear. In fact, most individuals have varying degrees of residual hearing and vision. Students may be reported on the DeafBlind Census if they have been found eligible for a 504 Plan or under ANY disability area under Parts B and C of IDEA and have both a vision and a hearing loss.

#### General Information

Name of Person Completing Form:	
Email of Person Completing Form:	
Parent/Guardian Name(s):	
Case Manager:	
Case Manager Phone Number:	
Case Manager Email:	
School of Attendance:	
LEA of Attendance:	

### Internal Reporting

For the Internal Reporting Information, you will enter today's date for students who you are reporting for the first time. In the second dropdown menu, select the first option for students you wish to keep or add to the Census. However, to remove a student, you will select the second option, indicating they are no longer eligible.

#### Internal Reporting Information

1.State: NC

2.Date Newly Identified:

3.DeafBlind Project Status:

Include any relevant notes in this field for the student

4. Data Notes:

3.DeafBlind Project Status:

- ✓ Eligible to receive service from the deaf-blind project
- No longer eligible to receive services from the deaf-blind project

ude any relevant notes in this



## Tip Sheet: DeafBlind Census

### Demographic Information

The Demographic Information, the Gender, Race, and Date of Birth are automatically populated based on the information in ECATS. You will need to indicate the living status of the student, their ethnicity, and the etiology of their DeafBlindness.

Demographic Information

Gender: Female

Living:

Ethnicity:

Primary Language:

Race: Multi-Racial

Etiology:

Date of Birth: 11/01/2015

### Living Choices

Demographic Information

Gender: Female

Living: ☒ Home: Parents  
☐ Home: Extended family  
☐ Home: Foster parents  
☐ State residential facility  
☐ Private residential facility  
☐ Pediatric nursing home  
☐ Community residence (Includes group home/supported apartment)  
☐ Other

Ethnicity:

Primary Language:

Race:

Etiology:

Date of Birth:

### Ethnicity Choices

Ethnicity: ☒ No, not Hispanic/Latino  
☐ Yes, Hispanic/Latino

Primary Language:

Race:

Etiology:



## Tip Sheet: DeafBlind Census

### Etiology Choices

101 = Aicardi syndrome	132 = Moebius syndrome	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: Post-Natal/ Non-Congenital 401 = Complication of Prematurity 501 = No Determination of Etiology
102 = Alport syndrome	133 = Monosomy 10p	
103 = Alstrom syndrome	134 = Morquio syndrome (MPS IV-B)	
104 = Apert syndrome/Acrocephalosyndactyly, Type 1	135 = NF1 - Neurofibromatosis (von Recklinghausen dis)	
105 = Bardet-Biedl syndrome (Laurence Moon-Biedl)	136 = NF2 - Bilateral Acoustic Neurofibromatosis	
106 = Batten disease	137 = Norrie disease	
107 = CHARGE Syndrome	138 = Optico-Cochleo-Dentate Degeneration	
108 = Chromosome 18, Ring 18	139 = Pfeiffer syndrome	
109 = Cockayne syndrome	140 = Prader-Willi	
110 = Cogan Syndrome	141 = Pierre-Robin syndrome	
111 = Cornelia de Lange	142 = Refsum syndrome	
112 = Cri du chat syndrome (Chromosome 5p- synd)	143 = Scheie syndrome (MPS I-G)	
113 = Crigler-Najjar syndrome	144 = Smith-Lemli-Opitz (SLO) syndrome	
114 = Crouzon syndrome (Craniofacial Dysostosis)	145 = Stickler syndrome	
115 = Dandy Walker syndrome	146 = Sturge-Weber syndrome	
116 = Down syndrome (Trisomy 21 syndrome)	147 = Treacher Collins syndrome	
117 = Goldenhar syndrome	148 = Trisomy 13 (Trisomy 13-15, Patau syndrome)	
118 = Hand-Schuller-Christian (Histiocytosis X)	149 = Trisomy 18 (Edwards syndrome)	
119 = Hallgren syndrome	150 = Turner syndrome	
120 = Herpes-Zoster (or Hunt)	151 = Usher I syndrome	
121 = Hunter Syndrome (MPS II)	152 = Usher II syndrome	
122 = Hurler syndrome (MPS I-H)	153 = Usher III syndrome	
123 = Kearns-Sayre syndrome	154 = Vogt-Koyanagi-Harada syndrome	
124 = Killebrill-Fall sequence	155 = Waardenburg syndrome	
125 = Killebrill-Trenaunay-Weber syndrome	156 = Wildervanck syndrome	
126 = Kniest Dysplasia	157 = Wolf-Hirschhorn syndrome (Trisomy 4p)	
127 = Leber congenital amaurosis	199 = OTHER: Hereditary Syndromes/ Disorders	
128 = Leigh Disease	201 = Congenital Rubella	
129 = Marfan syndrome	202 = Congenital Syphilis	
130 = Marshall syndrome	203 = Congenital Toxoplasmosis	
131 = Maroteaux-Lamy syndrome (MPS VI)	204 = Cytomegalovirus (CMV)	
132 = Moebius syndrome	205 = Fetal Alcohol syndrome	
133 = Monosomy 10p	206 = Hydrocephaly	
	207 = Maternal Drug Use	
	208 = Microcephaly	
	209 = Neonatal Herpes Simplex (HSV)	
	299 = OTHER: Pre-Natal/ Congenital Complications	

### Vision Information

In this section, you will indicate the student's visual ability based on their most recent ophthalmological report. If further testing is needed to determine visual ability, this option may be selected for one year only. The following year you will need to update this information to reflect the results of the testing. Keep in mind that in North Carolina visual acuity does not determine eligibility for special education and is only collected here for data purposes.

#### Vision Information

5.Documented Vision Loss:

6.Cortical Cerebral Visual Impairment:

7.Corrective Lenses:

5.Documented Vision Loss:

- ✓ Low Vision (visual acuity of 20/70 to 20/200 or greater)
- Legally Blind (visual acuity of 20/200 or less or a field restriction of 20 degrees)
- Light Perception Only
- Totally Blind
- Diagnosed Progressive Loss
- Further Testing Needed (allowed one year only)
- Documented Functional Vision Loss



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For items 6 & 7, the choices are:

✓  
No  
Yes  
Unknown

### Hearing Information

In this section, you will indicate the student's hearing based on their most recent audiological report. If further testing is needed to determine hearing loss, this option may be selected for one year only. The following year you will need to update this information to reflect the results of the testing. Keep in mind that in North Carolina the level of hearing loss alone does not determine eligibility for special education and is only collected here for data purposes.

Vision Information

5.Documented Vision Loss:

6.Cortical Cerebral Visual Impairment:

7.Corrective Lenses:

Hearing Information

8.Documented Hearing Loss:

9.Central Auditory Processing Disorder:

10.Auditory Neuropathy:

11.Cochlear Implants:

12.Assistive Listening Devices:

### Item #8 Hearing Loss:

8.Documented Hearing Loss: ✓

- Mild (26-40dB loss)
- Moderate (41-55 dB loss)
- Moderately Severe (56-70 dB loss)
- Severe (71-90 dB loss)
- Profound (91+ dB loss)
- Diagnosed Progressive Loss
- Further Testing Needed (allowed one year only)
- Documented Functional Hearing Loss



## Tip Sheet: DeafBlind Census

### Items 9-12:

✓  
No  
Yes  
Unknown

### Other Disabilities

In this section, a list of other possible disabilities is provided. Indicate whether the student has any of these other disabilities. Keep in mind that students may have other disabilities that are not listed as a primary or secondary disability on their IEP.

Other Disabilities

13. Orthopedic/Physical Impairments:

14. Intellectual Cognitive Disabilities:

15. Emotional/Behavioral Disorders:

16. Other Health Impaired/Complex Health Care Needs:

17. Communication/Speech/Language Impairments:

18. Other Impairments/Disabilities:

### Other Disabilities Items 13-18:

✓  
No  
Yes  
Unknown

### Educational Supports

In this section, you will indicate whether a student uses assistive technology or has a DeafBlind intervener. Keep in mind that assistive technology can be listed under special factors, related services, or supplementary aids and services on the IEP. DeafBlind Intervener might be listed as a related service or supplementary aid or service on the IEP.

Educational Supports

19. Additional Assistive Technology:

20. Intervener Services:



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### Items 19 & 20:

### Services

Services

21. IDEA Services:

22. Part C Category Code (Birth through 2):

23. Early Intervention Setting (Birth through 2):

24. Part C Exiting Status (Birth Through 2):

25. Part B Disability Code:

26. Educational Environment (ECSE):

27. Educational Environment (School-Aged):

28. Participation in Statewide Assessments:

29. Part B Exiting Status:

### Item #21 IDEA Services:

In this section, you will indicate under which part of IDEA a student is served or whether they are served on a 504 plan or whether they receive no special education services at all.

### Item #22 Part C Category Code:

In this section, indicate N/A if the student is served under Part B of IDEA. Otherwise, answer the question.



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22. Part C Category Code (Birth through 2):

- ✓
- N/A Not Reported under Part C of IDEA
- At-Risk for Developmental Delays (as defined by the state's part C Lead Agency)
- Developmentally Delayed

### Item #23 Early Intervention Setting:

In this section, indicate N/A if the student is served under Part B of IDEA. Otherwise, answer the question.

23. Early Intervention Setting (Birth through 2):

- ✓
- N/A Not Served under Part C of IDEA
- Home
- Community-based settings
- Other settings

### Item #24 Part C Existing Status:

In this section, if the student was served under Part C and then transitioned to Part B of IDEA, you will indicate the outcome of eligibility determined by their 3<sup>rd</sup> birthday. Otherwise, if the student was not served under Part C of IDEA, then select N/A.

24. Part C Exiting Status (Birth Through 2):

- ✓
- Not Exited – in a Part C early intervention program
- Completion of IFSP prior to reaching maximum age for Part C
- Eligible for IDEA, Part B
- Not eligible for Part B, exit with referrals to other programs
- Not eligible for Part B, exit with no referrals
- Part B eligibility not determined
- Deceased
- Moved out of state
- Withdrawal by parent (or guardian)
- Attempts to contact the parent and/or child were unsuccessful
- N/A Not served under Part C

## Eligibility

### Item #25 Part B Disability Code:

In this section, select the student's primary area of eligibility.





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25. Part B Disability Code: ✓

- Not Reported under Part B of IDEA
- Intellectual Disability
- Hearing Impairment (includes deafness)
- Speech or Language Impairment
- Visual Impairment (includes blindness)
- Emotional Disturbance
- Orthopedic Impairment
- Other Health Impairment
- Specific Learning Disability
- Deaf-blindness
- Multiple Disabilities
- Autism
- Traumatic Brain Injury
- Developmental Delay
- Non-Categorical

### Educational Environment

#### Item #26 Educational Environment for Part B:

In this section, be mindful that these options only apply to students between the ages of 3 and 5. If the student you are entering is over the age of six, select N/A and refer to the next question.

26. Educational Environment (ECSE): ✓

- N/A Not Served Under Part B
- (Age 3 - 5) Services in Regular Early Childhood Program (10+ hours)
- (Age 3 - 5) Other Location Regular Early Childhood Program (10+ hours)
- (Age 3 - 5) Services in Regular Early Childhood Program (<10 hours)
- (Age 3 - 5) Other Location Regular Early Childhood Program (<10 hours)
- (Age 3 - 5) Separate Class
- (Age 3 - 5) Separate School
- (Age 3 - 5) Residential Facility
- (Age 3 - 5) Home, at public expense
- (Age 3 - 5) Home, NOT at public expense

#### Item #27 Educational Environment for Part B:

In this section, be mindful that these options only apply to students between the ages of 6 and 22. If the student you are entering is under the age of six, select N/A and refer to the previous question.



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26. Educational Environment (ECSE):

27. Educational Environment (School-Aged):

28. Participation in Statewide Assessments:

29. Part B Exiting Status:

☒ This information is accurate

- ✓ N/A Not Served under Part B
- (Age 6 - 22) Inside regular class 80% or more of the day
- (Age 6 - 22) Inside regular class 40% through 79% of the day
- (Age 6 - 22) Inside regular class less than 40% of the day
- (Age 6 - 22) Separate School
- (Age 6 - 22) Residential Facility
- (Age 6 - 22) Homebound/Hospital
- (Age 6 - 22) Correctional Facilities
- (Age 6 - 22) Parentally placed in private school
- (Age 6 - 22) Home School/Remote Learning at public expense
- (Age 6 - 22) Home School/Remote Learning, NOT at public expense

### Statewide Assessments

#### Item #28 Participation in Statewide Assessment:

In this section, you will identify how a student participates in the statewide assessment program.

28. Participation in Statewide Assessments:

☒ This information is accurate

- ✓ Regular grade-level state assessment
- Regular grade-level state assessment with accommodations
- Alternate assessment
- Not required at age or grade level

### Part B Existing Status

#### Item #29 Part B Exiting Status:

In this section, you will indicate if a student has exited from services under Part B of IDEA. This might be because the student was found to no longer be eligible for special education, the student has moved out of the state, the student has graduated, or the student passed away. If a student has exited, be sure that you selected not eligible for the DeafBlind Census under the internal reporting section at the beginning of this form. Also, be sure that you mark remove from DeafBlind Census at the end of this form as noted below.

29. Part B Exiting Status:

☒ This information is accurate

- ✓ Not Exited – In special education program
- Exited Part B – Transferred to regular education
- Exited Part B – Graduated with regular high school diploma
- Exited Part B – Graduated with an alternate diploma
- Exited Part B – Received a certificate
- Exited Part B – Reached maximum age
- Exited Part B – Died
- N/A Not served by Part B.



## Tip Sheet: DeafBlind Census

Once you submit the form, ECATS will save the information in the workspace so that the information simply needs to be updated and resubmitted during the annual census collection window, which is typically in February-March.

Users will need to verify the information has been reviewed and will be submitted or if the student should be removed from the current census.

☐ This information has been reviewed and the student will be submitted for the current census.

☐ Remove student from current census:

SAVE

CREATE DRAFT DOCUMENT