



# ARIZONA DEAFBLIND REGISTRY

## FOR CHILDREN WITH COMBINED VISION AND HEARING LOSS

### REFERRAL FORM for Birth - 3 Year Olds

Main Office -Tucson (520) 770-3268    Satellite Office - Phoenix (602) 771-5237

**FOR OFFICIAL USE ONLY:**  
 IDNUM \_\_\_\_\_ Deafblind Status \_\_\_\_\_ AZ Deafblind Registry # \_\_\_\_\_

Date of Referral: \_\_\_\_\_

**CHILD INFORMATION**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 School District Child Resides in: \_\_\_\_\_ ASDB Region: \_\_\_\_\_

**RACE/ETHNICITY** (check one box only)

- |   |  |
|---|--|
| <input type="checkbox"/> 1. American Indian or Alaska Native<br><input type="checkbox"/> 2. Asian or Pacific Islander<br><input type="checkbox"/> 3. Black or African American (not Hispanic) | <input type="checkbox"/> 4. Hispanic or Latino<br><input type="checkbox"/> 5. White (not Hispanic) |
|---|--|

**CHILD'S RESIDENTIAL/LIVING SETTING**

**PRIMARY LANGUAGE IN THE HOME:** \_\_\_\_\_

- |   |  |
|---|--|
| <input type="checkbox"/> 1. Home: Birth/Adoptive Parents<br><input type="checkbox"/> 2. Home: Extended Family<br><input type="checkbox"/> 3. Home: Foster Parents<br><input type="checkbox"/> 4. State Residential Facility<br><input type="checkbox"/> 5. Private Residential Facility | <input type="checkbox"/> 6. Group Home (less than 6 residents)<br><input type="checkbox"/> 7. Group Home (6 or more residents)<br><input type="checkbox"/> 8. Apartment (with non-family person(s))<br><input type="checkbox"/> 9. Pediatric Nursing Home<br><input type="checkbox"/> 555. Other (Specify) _____ |
|---|--|

**PARENT - GUARDIAN ADDRESS**

**1<sup>st</sup> Parent/Guardian Name(s):** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
 Address (note "same" if same as child) \_\_\_\_\_

***IF DIFFERENT from 1<sup>st</sup> parent:***

**2<sup>nd</sup> Parent/Guardian Name(s):** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
 Address: \_\_\_\_\_

**Mom Email:** \_\_\_\_\_ **Dad Email:** \_\_\_\_\_

**Referred by:** \_\_\_\_\_ **Agency:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**PART C DISABILITY CODE: How the child is reported and counted on Part C Dec. 1 Count**

Check one box only

(see p 3 to report additional disabilities)

- |   |   |
|---|---|
| <input type="checkbox"/> 1. At-risk (for developmental delays)<br><input type="checkbox"/> 2. Developmentally Delayed<br><input type="checkbox"/> 3. Mental Retardation<br><input type="checkbox"/> 4. Hearing Impaired (includes deafness)<br><input type="checkbox"/> 5. Speech or Language Impairment. | <input type="checkbox"/> 8. Orthopedic Impairment<br><input type="checkbox"/> 9. Other Health Impairment<br><input type="checkbox"/> 10. Specific Learning Disability<br><input type="checkbox"/> 11. Deafblindness<br><input type="checkbox"/> 12. Multiple Disabilities |
|---|---|

**PRIMARY IDENTIFIED ETIOLOGY or MAJOR CAUSE OF DEAFBLINDNESS**

(Select one from the list below)

**Hereditary/Chromosomal Syndromes and Disorders**

- 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 (MPS II)
- 122 Hurler syndrome (MPS I-H)
- 123 Kearns-Sayre syndrome
- 124 Klippel-Feil sequence
- 125 Klippel-Trenaunay-Weber syndrome
- 126 Kniest Dysplasia
- 127 Leber congenital amaurosis
- 128 Leigh Disease
- 129 Marfan syndrome
- 130 Marshall syndrome
- 131 Maroteaux-Lamy syndrome (MPS VI)
- 132 Moebius syndrome
- 133 Monosomy 10p
- 134 Morquio syndrome (MPS IV-B)
- 135 NF1 - Neurofibromatosis  
(von Recklinghausen disease)
- 136 NF2 - Bilateral Acoustic Neurofibromatosis
- 137 Norrie disease
- 138 Optico-Cochleo-Dentate Degeneration
- 139 Pfeiffer syndrome
- 140 Prader-Willi
- 141 Pierre-Robin syndrome
- 142 Refsum syndrome
- 143 Scheie syndrome (MPS 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 \_\_\_\_\_

**Pre-Natal/Congenital Complications**

- 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)
- 207 Maternal Drug Use
- 299 Other \_\_\_\_\_

**Post-Natal/Non-Congenital Complications**

- 301 Asphyxia
- 302 Direct Trauma to the eye and/or ear
- 303 Encephalitis
- 304 Infections
- 305 Meningitis
- 306 Severe Head Injury
- 307 Stroke
- 308 Tumor
- 309 Chemically Induced
- 399 Other \_\_\_\_\_

**Related to Prematurity**

- 401 Complications of Prematurity

**Undiagnosed**

- 501 No Determination of Etiology

- 6. Visual Impairment (includes blindness)
- 7. Emotional Disturbance

- 13. Autism
- 14. Traumatic Brain Injury

**DEGREE OF VISUAL IMPAIRMENT**

**Documented Vision Loss (Primary Classification of Visual Impairment)** Line 8 is purposely left out.

- 1. Low Vision (Visual acuity of 20/70 to 20/200 *in the better eye with correction.*)
- 2. Legally Blind (Visual acuity of 20/200 or less *or* field restriction of 20 degrees or less *in the better eye with correction.*)
- 3. Light Perception Only
- 4. Totally Blind
- 5. Cortical Visual Impairment
- 6. Diagnosed Progressive Loss
- 7. Further Testing Needed
- 9. Documented Functional Vision Loss

**DEGREE OF HEARING IMPAIRMENT**

**Documented Hearing Loss (Primary Classification of Hearing Impairment)** Line 8 is purposely left out.

**Left Ear**

- 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

**Right Ear**

- 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

**OTHER HANDICAPPING CONDITIONS** (check all that apply)

Orthopedic/Physical       Cognitive       Behavioral Disorder       Complex Health

Communication, Speech, and/or Language      Other (specify): \_\_\_\_\_

Note: the Deafblind Project will report hearing loss for the more severe ear

Does the child have a central auditory processing disorder? \_\_ NO \_\_ YES

Does the child have a cochlear implant? \_\_ NO \_\_ YES

**EDUCATIONAL SETTING FOR INFANTS AND TODDLERS** (check only the section that applies to the child this year)

- 1. Home
- 2. Community-based setting
- 3. Other setting (specify) \_\_\_\_\_

**EARLY INTERVENTION CONTACTS AND SERVICES** (Fill in only those that apply)

Primary Service Agency: \_\_\_\_\_ (ASDB, FBC, DDD, etc.)

ASDB Coordinator: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

FBC Coordinator: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Parent Advisor: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

DDD Coordinator: \_\_\_\_\_

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Does the child have an intervener? \_\_ yes \_\_ no      If yes, intervener's name: \_\_\_\_\_

How many hours per week? \_\_\_\_\_      Who pays for the intervener? \_\_\_\_\_

**Please return this form, with vision, hearing, and other health records to:**

Statewide except Maricopa County:

In the Phoenix area or Maricopa County:

Megan Mogan  
Arizona Deafblind Project  
1200 W. Speedway Blvd  
Tucson AZ 85745  
Ph: (520) 770-3268  
Fax: (520) 770-3007  
megan.mogan@asdb.az.gov

Pat Jung  
2051 W Northern Ave.  
Suite 200  
Phoenix, AZ 85021  
Ph: (602) 771-5237  
Fax: (602) 544-1744  
patrice.jung@asdb.az.gov

Amy Trollop  
Phoenix Day School f/t Deaf  
7654 N 19<sup>th</sup> Ave.  
Phoenix, AZ 85021  
Ph: (602) 771-5227  
Fax: (602) 771-5364  
amy.trollop@asdb.az.gov