

7. Major Cause of DeafBlindness

Instructions: What is the major cause of DeafBlindness? Listed below are a set of categories which represent the most prevalent causes of DeafBlindness. Please identify the MAIN cause for the specific child reported on this form using ONLY ONE selection for this page. When selecting OTHER, please specify or describe disability.

Heredity/Chromosomal Syndromes and Disorders

- | | |
|--|---|
| <input type="checkbox"/> 101 Aicardi Syndrome | <input type="checkbox"/> 133 Monosomy 10p |
| <input type="checkbox"/> 102 Alport Syndrome | <input type="checkbox"/> 134 Morquio Syndrome (MPS IV-B) |
| <input type="checkbox"/> 103 Alstrom Syndrome | <input type="checkbox"/> 135 NF1 - Neurofibromatosis (von Recklinghausen Disease) |
| <input type="checkbox"/> 104 Apert Syndrome (Acrocephalosyndactyly, Type 1) | <input type="checkbox"/> 136 NF2- Bilateral Acoustic Neurofibromatosis |
| <input type="checkbox"/> 105 Bardet-Biedl Syndrome (Laurence Moon-Biedl) | <input type="checkbox"/> 137 Norrie disease |
| <input type="checkbox"/> 106 Batten Disease | <input type="checkbox"/> 138 Optico-Cochleo-Dentate Degeneration |
| <input type="checkbox"/> 107 CHARGE Association | <input type="checkbox"/> 139 Pfeiffer Syndrome |
| <input type="checkbox"/> 108 Chromosome 18, Ring 18 | <input type="checkbox"/> 140 Prader-Willi |
| <input type="checkbox"/> 109 Cockayne Syndrome | <input type="checkbox"/> 141 Pierre-Robin Syndrome |
| <input type="checkbox"/> 110 Cogan Syndrome | <input type="checkbox"/> 142 Refsum Syndrome |
| <input type="checkbox"/> 111 Cornelia de Lange | <input type="checkbox"/> 143 Scheie Syndrome (MPS I-S) |
| <input type="checkbox"/> 112 Cri du Chat Syndrome (Chromosome 5p - syndrome) | <input type="checkbox"/> 144 Smith-Lemli-Opitz (SLO) Syndrom |
| <input type="checkbox"/> 113 Crigler - Najjar Syndrome | <input type="checkbox"/> 145 Stickler Syndrome |
| <input type="checkbox"/> 114 Crouzon Syndrome (Craniofacial Dysostosis) | <input type="checkbox"/> 146 Sturge-Weber Syndrome |
| <input type="checkbox"/> 115 Dandy Walker Syndrome | <input type="checkbox"/> 147 Treacher Collins Syndrome |
| <input type="checkbox"/> 116 Down Syndrome (Trisomy 21 Syndrome) | <input type="checkbox"/> 148 Trisomy 13 (Trisomy 13-15, Patau Syndrome) |
| <input type="checkbox"/> 117 Goldenhar Syndrome | <input type="checkbox"/> 149 Trisomy 18 (Edwards Syndrome) |
| <input type="checkbox"/> 118 Hand-Schuller-Christian (Histiocytosis X) | <input type="checkbox"/> 150 Turner Syndrome |
| <input type="checkbox"/> 119 Hallgren Syndrome | <input type="checkbox"/> 151 Usher I Syndrome |
| <input type="checkbox"/> 120 Herpes-Zoster (or Hunt) | <input type="checkbox"/> 152 Usher II Syndrome |
| <input type="checkbox"/> 121 Hunter Syndrome (MPS II) | <input type="checkbox"/> 153 Usher III Syndrome |
| <input type="checkbox"/> 122 Hurler Syndrome (MPS I-H) | <input type="checkbox"/> 154 Vogt-Koyanagi-Harada Syndrome |
| <input type="checkbox"/> 123 Kearns-Sayre Syndrome | <input type="checkbox"/> 155 Waardenburg Syndrome |
| <input type="checkbox"/> 124 Klippel-Feil Squence | <input type="checkbox"/> 156 Wildervanck Syndrome |
| <input type="checkbox"/> 125 Klippel-Trenaunay-Weber Syndrome | <input type="checkbox"/> 157 Wolf-Hirschhorn Syndrome (Trisomy 4p) |
| <input type="checkbox"/> 126 Kniest Dysplasia | <input type="checkbox"/> 199 Other (please specify) |
| <input type="checkbox"/> 127 Leber congenital amaurosis | |
| <input type="checkbox"/> 128 Leigh Disease | |
| <input type="checkbox"/> 129 Marfan Syndrome | |
| <input type="checkbox"/> 130 Marshall Syndrome | |
| <input type="checkbox"/> 131 Maroteaux-Lamy Syndrome (MPS VI) | |
| <input type="checkbox"/> 132 Moebius Syndrome | |

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)
- 299 Other (please specify)

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 Tumors
- 309 Chemically Induced
- 399 Other (please specify)

Diagnostic / Medical Comments

Related to Prematurity

- 401 Complications of Prematurity

Undiagnosed

- 501 No Determination of Etiology

8. Degree of Vision Loss

What is the degree of vision loss? (with correction)

Please choose **ONLY ONE**.

- 1. Low Vision
- 2. Legally Blind
- 3. Light Perception Only
- 4. Totally Blind
- 6. Diagnosed Progressive Loss
- 7. Further Testing Needed
(testing must occur within one year)
- 9. Documented Functional Vision Loss

** (Numbers 5 and 8 are intentionally left off list)

Check 'Yes' or 'No' for the following:

Does this individual have a:

	Yes	No	Unknown
Cortical Vision Impairment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Vision Comments:

9. Degree of Hearing Loss

What is the degree of hearing loss? (with correction)

Please choose **ONLY ONE**.

- 1. Mild
- 2. Moderate
- 3. Moderately Severe
- 4. Severe
- 5. Profound
- 6. Diagnosed Progressive Loss
- 7. Further Testing Needed
(testing must occur within one year)
- 9. Documented Functional Hearing Loss

** (Number 8 is intentionally left off list)

Check 'Yes' or 'No' for the following:

Does this individual have a:	Yes	No	Unknown
Central Auditory Processing Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Auditory Neuropathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cochlear Implant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hearing Comments

10. Other Disabilities

Indicate whether or not additional disabilities have a significant impact on the child's developmental or educational progress.

Check 'Yes' or 'No' for each.

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Physical Orthopedic
<input type="checkbox"/>	<input type="checkbox"/>	Cognitive
<input type="checkbox"/>	<input type="checkbox"/>	Behavioral
<input type="checkbox"/>	<input type="checkbox"/>	Complex Health Care Needs
<input type="checkbox"/>	<input type="checkbox"/>	Communication Speech/Language
<input type="checkbox"/>	<input type="checkbox"/>	Other _____

11. Assistive Devices

Please indicate whether the child uses the following to aid in their disability.

Check 'Yes' or 'No' for each:

	Yes	No	Unknown
Corrective Lenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistive Listening Device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Assistive Technology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

