

12. Part C Category Codes Check ONLY ONE, please

Under what category was the student reported for the 'December 1 child count?'

- 1. At-risk
- 2. Developmentally Delayed
- 888. Not reported under Part C of IDEA

13. Part C Exiting Status Check ONLY ONE, please

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> 0. In a Part C early intervention program <input type="checkbox"/> 1. Completion of IFSP prior to max. age <input type="checkbox"/> 2. Eligible for IDEA, Part B <input type="checkbox"/> 3. Not eligible for Part B, exit w/ referrals <input type="checkbox"/> 4. Not eligible for Part B, exit no referrals <input type="checkbox"/> 5. Part B eligibility not determined | <ul style="list-style-type: none"> <input type="checkbox"/> 6. Deceased <input type="checkbox"/> 7. Moved out of state <input type="checkbox"/> 8. Withdrawal by parent/guardian <input type="checkbox"/> 9. Attempts to contact family were unsuccessful |
|--|---|

14. Part B Category Codes Under what category was the student reported for the 'December 1 child count?'

Check ONLY ONE, please

- | | | |
|--|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> 1. Mental Retardation <input type="checkbox"/> 2. Hearing Impaired (including deafness) <input type="checkbox"/> 3. Speech or Language Impairment <input type="checkbox"/> 4. Visual Impaired (Including blindness) <input type="checkbox"/> 5. Emotional Disturbance | <ul style="list-style-type: none"> <input type="checkbox"/> 6. Orthopedic Impairment <input type="checkbox"/> 7. Other Health Impairment <input type="checkbox"/> 8. Specific Learning Disability <input type="checkbox"/> 9. DeafBlindness <input type="checkbox"/> 10. Multiple Disabilities | <ul style="list-style-type: none"> <input type="checkbox"/> 11. Autism <input type="checkbox"/> 12. Traumatic Brain Injury <input type="checkbox"/> 13. Developmentally Delayed (age 3-9) <input type="checkbox"/> 14. Non-categorical <input type="checkbox"/> 888. Not reported under Part B of IDEA |
|--|---|---|

15. Part B Exiting Status Check ONLY ONE, please

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> 0. In ESCE or school-aged special education program <input type="checkbox"/> 1. Transferred to regular education <input type="checkbox"/> 2. Graduation with regular diploma <input type="checkbox"/> 3. Received a certificate <input type="checkbox"/> 4. Reached maximum age <input type="checkbox"/> 5. Deceased | <ul style="list-style-type: none"> <input type="checkbox"/> 6. Moved, known to be continuing <input type="checkbox"/> 8. Dropped out |
|--|--|
- **(Numbers 7 intentionally left off list)

16. Will this individual be graduating/leaving school this year?

Check ONLY ONE, please

If "Yes"; then:

- | | |
|---------------------------------|--|
| <input type="checkbox"/> 0. No | <input type="checkbox"/> Diploma, expected date: _____ |
| <input type="checkbox"/> 1. Yes | <input type="checkbox"/> Certificate, expected date: _____ |

17. Does this individual take:

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> 1. Regular grade-level state assessments (MEAP) <input type="checkbox"/> 2. Standardized regular-level state assesment (MEAP) with accommodations <input type="checkbox"/> 3. Alternate assessments aligned w/grade-level achievement standards (MI-ACCESS) | <ul style="list-style-type: none"> <input type="checkbox"/> 4. Alternate assessment based on alternative achievement standards <input type="checkbox"/> 5. Modified achievement standards <input type="checkbox"/> 6. Not yet required |
|--|---|

18. Person(s) completing this form: _____

Relationship(s) / Title(s) to the individual: _____

Today's Date (mm/dd/yyyy): _____

19. Additional Comments

20. After completing the form

Either fax to (989) 774-1572 or mail to:

DeafBlind Central
 Michigan's Training and Resource Project
 Central Michigan University
 Sloan 105
 Mount Pleasant, MI 48859