

Annual Federal Register of Students Who Are DeafBlind

This form is used to identify children and youth who are DeafBlind (have both a vision AND hearing impairment, often with additional disabilities) in Michigan. Individuals can be registered regardless of their educational label.

The Federal Government requires each student who is DeafBlind to be registered annually. This information will be kept confidential by Michigan's DeafBlind Project. Only demographic information will be included in the Federal Register. Data will be compiled and analyzed on a state and national level. If you have any questions, please call toll-free 1-888-758-0508 (V/TTY).

**** Parental consent is not required to register children on the DeafBlind Census, as it is part of the U.S. Department of Education and does NOT violate FERPA (Reg. 99.31 (ca) (6)).**

1. Child Information

Last Name: _____

First Name _____

Date of Birth (mm/dd/yyyy): _____

Gender (circle one): Male Female

Ethnicity (check one)

- American Indian or Native Alaskan 1
- Asian or Pacific Islander 2
- Black or African American (not Hispanic) 3
- Hispanic or Latino 4
- White (not Hispanic) 5

2. Name of Program Site

Name of Program Site:

Address: _____

City: _____

Zip Code: _____

Phone: _____

Fax: _____

County: _____

ISD/RESD: _____

Classroom Teacher Name:

3. Best Contact Person Information

Name: _____

Contact Title: _____

Agency / School: _____

Address: _____

City: _____

Zip Code: _____

Phone: _____

Fax: _____

E-Mail Address: _____

4. Parent / Guardian Information

If parents have the same address use only Parent 1. If there are two separate addresses for a child's parents use both entries.

PARENT 1

PARENT 2

Name: _____

Name: _____

Address: _____

Address: _____

City: _____

City: _____

ZIP Code: _____

Zip Code: _____

Phone: _____

Phone: _____

Fax: _____

Fax: _____

E-Mail Address: _____

E-Mail Address: _____

5. Living Setting

In what type of setting does this individual live?

Check only ONE box, please.

- | | |
|--|--|
| <input type="checkbox"/> 0. Home: With Parents/Adoptive Family | <input type="checkbox"/> 6. Group Home (less than 6 residents) |
| <input type="checkbox"/> 1. Home: Extended Family | <input type="checkbox"/> 7. Group Home (6 or more residents) |
| <input type="checkbox"/> 2. Home: Foster Parents | <input type="checkbox"/> 8. Apartment (with non-family) |
| <input type="checkbox"/> 3. State Residential Facility | <input type="checkbox"/> 9. Pediatric Nursing Home |
| <input type="checkbox"/> 4. Private Residential Facility | <input type="checkbox"/> 555. Other (Specify) _____ |

6. Educational Setting

In what setting are the educational services provided?

Check only ONE box, please

Birth through 2 years

1. Home 2. Community-based settings 3. Other settings

Ages 3-5

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

Ages 6 - 26

9. Regular Class 80% or more of day
10. Regular Class 40% to 79% of day
11. Regular Class less than 40% of day
12. Separate School
13. Residential Facility
14. Homebound/Hospital
15. Correctional Facility
16. Parentally placed in private schools