Instructions for Completing the Sensory Disabilities Child Registry Form

Registry is located online at http://www2.wssb.wa.gov/b3

Per RCW 72.40.070 WSSB and CDHL are state agencies required to collect data on children with sensory disabilities in the state of Washington. The actual regulation is located here: http://app.leg.wa.gov/RCW/default.aspx?cite=72.40.070

The Registry helps us identify where families are in each county so we can work together with local Family Resources Coordinators (FRCs) and Early Intervention (EI) professionals to provide information and resources to families.

Basic Instructions:

- Form is submitted electronically.
- Release of Information is required to be on file with early intervention service agency and does not need to be submitted with registry.
- FRCs who have children referred to their LLA with qualifying sensory disabilities are required to assure completion of registry for each child. Each Local Lead Agency (LLA) contract with Early Support for Infants & Toddlers (ESIT) aligns with this requirement.
- Complete all required fields (indicated with an *), and provide other information if available.
- Registry is only required for children aged birth to 3. When a child turns 3, the school district will follow their reporting requirements through OSPI for children eligible for special education services.
- Complete both hearing and vision impairment sections only if child has BOTH sensory disabilities.
- The registry does not request or refer for services from the Statewide Center on Childhood Deafness & Hearing Loss (CDHL), Washington State School for the Blind (WSSB), or Washington Sensory Disabilities Services/Deaf-Blind Project (WSDS/DB Project). Please contact the appropriate agency to request help regarding a child.

Instruction per Section:

1. **Identifying Information (* indicates a required field)**

   (See screen shot, next page.)

Required fields marked with '*'

*Registry Type: Blind/Visually Impaired

*Child's Last Name: *Child's First Name: *Date of Birth:

*Parent(s)/Guardian(s) Name: *Phone Number:

*Address: *City: State: *Zipcode: *County:

*School District: Language(s) Used in Home:

***Registry Type:** From the drop-down menu, select "Blind/Visually Impaired," "Deaf/Hard of Hearing" or "Deaf-blind."

Child Data: Type in ***Child's Last Name, *Child's First Name** and ***Date of Birth.**

Family Data: Type **in *Parent(s)/Guardian(s) Name** and ***Phone Number.** If phone number is unknown, type "NA" in that field.

***Address:** Include street address or PO Box, ***City, *Zipcode**, and ***County.**

***School District:** Type in the name of the school district where the family lives, regardless of whether the school district is providing early intervention services.

Language(s) Used in Home: If known, please type in this field.

2. **Hearing Information (*Indicates a required field)**

(See screen shot, next page.)

Complete this section only if this is a deaf/hard of hearing registry OR a deaf-blind registry.

* **Audiology report on file with EI agency:**

If the agency has a copy of report on file, select "YES" from the drop-down menu, then type in the ***Date of Diagnosis** (from the first report to include diagnosis) and ***Audiologist's Name**.

OR: If the agency does not have a copy of report on file, select "NO" from the drop-down menu and click the box to indicate "Medical Records on Order." If the ***Date of Diagnosis** and/or ***Audiologist's Name** are known, please type in that information.

The ***Date of Diagnosis** and ***Audiologist's Name** are required fields. If additional information is available (i.e., Type of Hearing Loss, Hearing Levels/Degree of Hearing Loss, Amplification, and Family/Caregiver Hearing Status), please include that as well.

Hearing Information

Audiology report on file with EI agency: No *Date of Diagnosis: *Audiologist's Name:

Medical Records on Order: ☐

Type of Hearing Loss: (if known, check all that apply)

☐ Conductive

☐ Sensorineural

☐ Mixed

☐ Unilateral (One Ear)

☐ Bilateral (Both Ears)

☐ Unknown, Further Testing Needed

Hearing Levels/Degree of Hearing Loss: ☐ Left (Degree) ☐ Right (Degree) ☐ Further Testing Needed

Amplification (hearing aids, cochlear implant): Left: N/A or Unknown Right: N/A or Unknown

Family/Caregiver Hearing Status: (check all that apply) ☐ Hearing ☐ Hard of Hearing ☐ Deaf

The type of hearing loss will be documented in the audiology report and will be identified as conductive, sensorineural, or a mixed loss (both).

- **Conductive.** This refers to a decrease in sound caused by a problem in the outer or middle ear. Such a loss suggests normal inner ear status. Possible causes of a conductive loss may be: wax in the ear canal, a perforation in the eardrum, or fluid in the middle ear. This type of loss is usually treatable with either medical or surgical intervention.
- **Sensorineural.** This refers to a problem located in the inner ear or along the nerve pathway between the inner ear and the brain. This type of loss may be caused by aging, infection or other disease, noise exposure, or it may be related to a genetic disorder. Such a loss is usually permanent and not treatable by medical or surgical intervention.
- **Mixed Loss.** This refers to a conductive loss *and* a sensorineural loss occurring at the same time. While the conductive component may be medically treatable, the sensorineural component is permanent.
- **Unilateral (One Ear)** means the hearing loss affects one ear, with normal hearing in the other.
- **Bilateral (Both Ears)** means the hearing loss is in both ears.

Hearing Levels/Degree of Hearing Loss:

Read the summary paragraph of the audiological report and choose the level below that matches that information most closely for each ear. If you cannot decide based on the audiologist's report, do the best you can.

- **Minimal hearing loss** – For infants and toddlers who are in the process of acquiring spoken language, there is cause for concern if a hearing loss is 15 decibels (dB) HL. While this level of hearing loss will not cause major problems for adults who have mastered a spoken language, it can affect a child's development of speech and medical treatment and/or hearing aids may be recommended.
- **Mild hearing loss -** With mild hearing loss, children cannot hear sounds softer than 25-40 decibels (dB). An example of sound they cannot hear is whispering, which is around 40 dB loudness. They also cannot hear some soft speech sounds even when spoken at a normal level.
- **Moderate hearing loss -** Sounds softer than 40-55 dB will not be heard by children with moderate hearing loss.
- **Moderately severe hearing loss -** Children with this degree of hearing loss have problems hearing sounds softer than 55-70 dB. An example of a sound at this level is a dishwasher (60 dB).
- **Severe hearing loss -** With severe hearing loss, children cannot hear sounds softer than 70-90 dB. Examples of sounds they may not hear are a vacuum (70 dB), or a blender or hairdryer (90 dB).
- **Profound hearing loss -** Children with profound hearing loss cannot hear sounds softer than 91 dB. Examples of this are MP3 players with the volume turned up all the way (100 dB) and car horns (110 dB).

Amplification: From the drop-down menu, select Hearing Aid, Cochlear Implant, or NA/Unknown for left ear and right ear.

Family/Caregiver Hearing Status: List the hearing status (if known) of family members or caregivers. Examples: (1) If one parent is Hearing and one Deaf, you would check those two boxes. (2) If both parents are hearing and an older sister is hard of hearing, you would check those two boxes.

3. Visual Impairment Information (*Indicates a required field) (See screen shot, next page.)

Complete this section only if this is a blind/visually impaired registry OR a deaf-blind registry.

* **Eye report on file with EI agency:**

If the agency has a copy of report on file, select "YES" from the drop-down menu, then type in the ***Date of Eye Exam** (from the first report to include diagnosis) and the ***Ophthalmologist's** (or Optometrist's) **Name.**

OR

If the agency does not have a copy of report on file, select "NO" from the drop-down menu and click the box to indicate "Medical Records on Order." If the ***Date of Eye Exam** and/or ***Ophthalmologist's Name** are known, please type in that information.

Visual Impairment Information

Eye report on file with EI agency: No *Date of Eye Exam: *Ophthalmologist's Name:

Medical Records on Order: ☐

Vision Condition(s):(if known, check all that apply)

- ☐ Cortical Visual Impairment (CVI) or Delayed Visual Maturation (DVM)
- ☐ Retinopathy of Prematurity (ROP)
- ☐ Albinism
- ☐ Aniridia
- ☐ Coloboma
- ☐ Leber's Congenital Amaurosis (LCA)
- ☐ Retinal Disorder
- ☐ Nystagmus
- ☐ Optic Nerve Hypoplasia (ONH)
- ☐ Anophthalmia/microphthalmia
- ☐ Cataract
- ☐ Corneal defects
- ☐ Retinoblastoma
- ☐ Glaucoma
- ☐ Strabismus

Other:

☐ Unknown, further testing needed

Wears: Glasses ☐ Contacts ☐ Prosthetics ☐

The ***Date of Eye Exam** and ***Ophthalmologist's Name** are required fields, but if the additional information is available (e.g., Visual Condition), please include that as well.

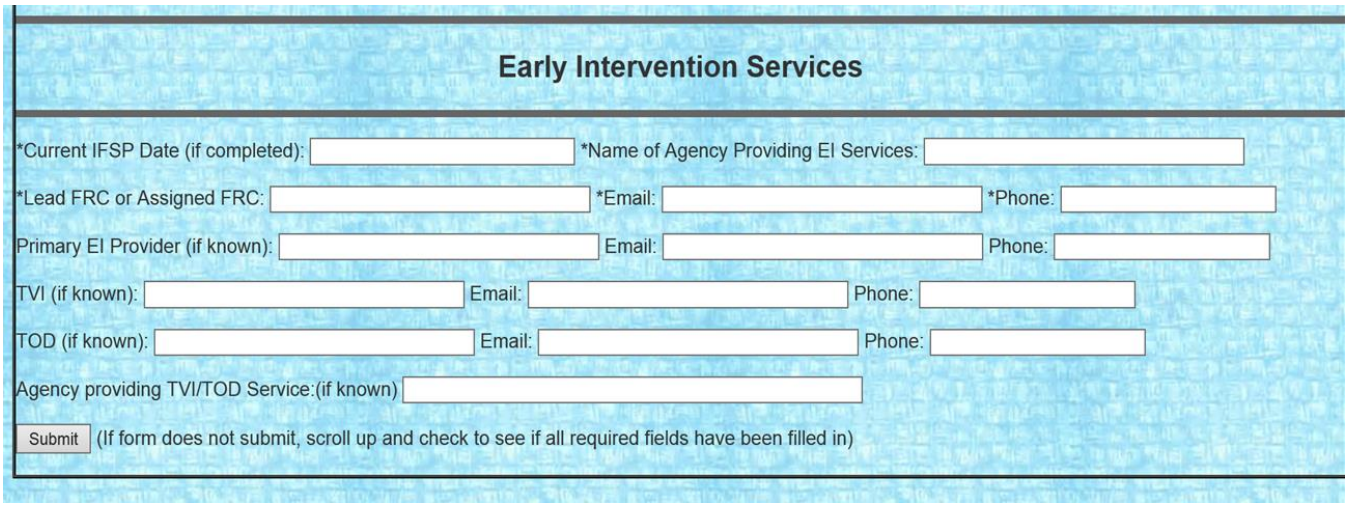
Vision Conditions. A list of common vision conditions that can cause a visual impairment is provided. Based on the eye exam and/or family report, check one or more boxes to describe the vision condition. If the child's vision condition is not listed, type it in the field available or check the "Unknown, further testing needed" box.

Wears: Also check the appropriate box if the child wears corrective lens such as glasses or contacts, or has a prosthetic ("fake eye").

4. Early Intervention Services (* indicates a required field)

(See screen shot, next page.)

* **Current IFSP Date:** If current date is unknown or not yet completed, write "NA" in field.
* **Name of Agency Providing EI Services:** Indicate the name of the agency providing ongoing or primary services, not the LLA. However if the LLA is also the service agency, then write the LLA name.
* **Lead FRC or Assigned FRC:** Type in the name of the FRC, as well as contact information (***Email** and ***Phone).** If an FRC has not yet been assigned, then type in the name of the lead FRC for the LLA.



Early Intervention Services

*Current IFSP Date (if completed): *Name of Agency Providing EI Services:

*Lead FRC or Assigned FRC: *Email: *Phone:

Primary EI Provider (if known): Email: Phone:

TVI (if known): Email: Phone:

TOD (if known): Email: Phone:

Agency providing TVI/TOD Service:(if known)

Submit (If form does not submit, scroll up and check to see if all required fields have been filled in)

Only the ***Current IFSP Date**, ***Name of Agency**, and ***Lead FRC or Assigned FRC** (along with that person's contact information) are required. However, if a Teacher of the Visually Impaired (**TVI**) and/or Teacher of the Deaf (**TOD**) are included on the IFSP team, please type in their name, Email, and Phone number if known. Also type in the **Agency providing TVI/TOD Service (if known**).

Then, click "SUBMIT"! ☺

If all required fields have been completed, your registry form will be automatically submitted and you will be directed to this screen:

Washington State School for the Blind

Thank you for your submitting Registry Information

If further technical or consultative assistance is needed, please contact Kris Ching from CDHL (Kris.ching@cdhl.wa.gov), DeEtte Snyder from WSSB (DeEtte.snyder@wssb.wa.gov), or Katie Humes from WSDS/Deaf-Blind Project (khumes@psesd.org).

Back to Birth-3

The registry does not request or refer for services from CDHL, WSSB, or WSDS/Deaf-Blind Project. Please contact the appropriate agency if you wish to request technical assistance and/or consultation.

CDHL:	**Kris.Ching@CDHL.wa.gov**
WSSB:	**DeEtte.Snyder@wssb.wa.gov**
WSDS/Deaf-Blind Project:	**Khumes@psesd.org**