NEW YORK DEAF-BLIND COLLABORATIVE

INTAKE FORM

DOB: __ / __ / ____	**Gender:** __ Male __ Female
Home languages:	
Ethnicity:	

CHILD INFORMATION

First Name:		Last Name:			
Address:					
Phone:		Fax:		Email:	

PARENT/GUARDIAN INFORMATION

First Name:		Last Name:			
Address:					
Phone:		Fax:		Email:	

SCHOOL INFORMATION

Contact:		Title:			
School:		Address:			
Phone:		Fax:		Email:	
Primary Teacher:		Type of classroom:			

Services at Home:	Residential Rehabilitation		Respite		Other:						
Related Services:	OT		PT		SLP		O+M		1:1		Nursing	

ETIOLOGY:		Unknown:	Further testing needed:

VISION IMPAIRMENT

Low Vision		Legally Blind	
Progressive Eye Disease		Reduced Peripheral Fields	
Blind		Functionally Blind	
Undiagnosed		Other:	

HEARING IMPAIRMENT (db loss)

Mild (26-40)		Profound (91+)	
Moderate (41-55)		Progressive loss	
Mod-Severe (71-90)		Further testing needed	
Severe (71-90)		Unknown	

OTHER IMPAIRMENT

Physical :	__ Yes __ No	Cognitive:	__ Yes __ No
Behavioral:	__ Yes __ No	Health:	__ Yes __ No
Speech:	__ Yes __ No	Other:	

MOBILITY

How does the child move through the environment?

Independently		With assistance	

SENSORY FUNCTIONING

1. Does the child use his/her vision?	__ Yes __ No
2. Does the child use his/her hearing?	__ Yes __ No

3. Describe how the child uses his/her sense of touch:

4. What is the child's primary learning modality?

SELF CARE

Describe how the child takes care of his/her self-care (i.e. personal hygiene, eating, dressing, etc.):

COMMUNICATION & LITERACY

1. How does the child communicate? *(Check all that apply)*

Vocalizations		Object symbols	
Body movement		Spoken language	
Sign language		Other:	

2. What does the child communicate about?

3. Does the child read?	Yes		No		
4. What format does the child use?					
Regular print		Large print		Braille	

ASSISTIVE DEVICES

Please indicate the item(s) utilized by the child:

Corrective lenses		Hearing aid(s)	
FM System		Cochlear implant(s)	
Mobility device		N/A	

Assistive technology/Augmentative communication device(s):

Other:

RECREATION & LEISURE/COMMUNITY

Describe what the child does for leisure:

ADDITIONAL INFORMATION

Please provide the NYDBC staff with any additional pertinent information:

Do you want to be on the New York Parent Network (NYPN) mailing list?	Yes		No	