



DEAF BLIND ASSESSMENT INSTRUCTIONS

PURPOSE

To assess the unique needs of individuals with vision and hearing loss in order to provide specific recommendations to the referring Vocational Rehabilitation (VR)/Independent Living Rehabilitation (ILR) Counselor.

PREPARED BY

Deaf Blind Specialist

INSTRUCTIONS

- 1. Name:** Enter individual's name (first, middle initial and last name).
- 2. Address:** Enter the individual's most current street address, city and five-digit zip code.
- 3. County:** Enter the individual's current county of residence and the corresponding county code.
- 4. Telephone Number:** Enter the individual's home, work, and TTY/V Fax phone numbers to include area code and seven-digit phone numbers.

Also enter the email address and an alternate phone number by which you can reach the individual.

- 5. Male Female:** Place an X in the appropriate block to identify if the individual is Male or Female.
- 6. Highest Grade Completed:** Enter the two-digit number to indicate the highest grade the individual completed (example: if 7th grade enter 07, if Bachelors Degree enter 16).
- 7. Last School Attended:** Enter the full name of last school attended.
- 8. Directions to Home:** Enter clear driving directions from the local District Office.
- 9. Race:** Place an X in the appropriate block to indicate the individual's race.
- 10. Date of Birth:** Enter a two-digit month, two-digit day and four-digit year for the date the individual was born. (Example: July 17, 1960 would be entered as 07/17/1960) and enter the current age of the individual at the time of referral.
- 11. Marital Status:** Place an X in the appropriate box to indicate the marital status of the individual.
- 12. Number in Family:** Enter the total number of individuals in the family unit. Enter the names of each family member and their relationship to the individual.
- 13. Referral Date:** Enter the two-digit month, two-digit day and four-digit year for the day the referral was received.



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14. Referral Source: Enter the name of the DSB program providing the referral (example: Independent Living Rehabilitation Program (ILR), Vocational Rehabilitation (VR) Program, etc.).

Also, enter the referral source most current street address, city and five-digit zip code.

15. Are you currently listed on the Register for the Blind: Place an X in the appropriate block to indicate whether the person has been entered the Register for the Blind.

16. If no, date DSB-1010 form submitted: Enter the two-digit month, two-digit day and four-digit year that the Vocational Rehabilitation (VR)/Independent Living Rehabilitation Counselor submitted the DSB-1010 form to add the individual to the Register for the Blind.

17. Employment History:

Place of Employment: List the current or last employer for the individual, continue listing as applicable.

Job Title: Enter the title of the position held by the individual in each employment.

From: Enter the two-digit month; two-digit day and four-digit year the individual entered each employment.

To: Enter the two-digit month, two-digit day and four-digit year the individual left each employment.

Visual Information

Place an X in the appropriate block to indicate the etiology of vision loss.

Recommendations/comments: Use this section to document any additional information or recommendations.

Hearing Information

Age of Onset Left Ear: Enter the two-digit age of onset for hearing loss in the left ear, if applicable.

Place an X in the appropriate block to indicate the degree of hearing loss in the left ear.

Age of Onset Right Ear: Enter the two-digit age of onset for hearing loss in the right ear, if applicable.

Place an X in the appropriate block to indicate the degree of hearing loss in the right ear.

Hearing Aids: List the brand of hearing aid the individual currently uses. For the left and right ear, place an X in the appropriate block to indicate whether the individual has a hearing aid, needs a hearing aid, or a hearing aid is not applicable.

Speech Processor: Place an X in the appropriate block to indicate whether the individual has, needs or if a speech processor is not applicable.

Hearing Impairment: Place an X in the appropriate block to indicate if the individual functions as a Deaf or Hard of Hearing person.



Recommendations/comments: Use this section to document any additional information or recommendations.

Other Disabling Conditions

Place an X in the appropriate blocks to indicate other disabling conditions of the individual.

Mobility

Place an X in the appropriate blocks to indicate if the individual has, needs or that the mobility option is not applicable.

Recommendations/comments: Use this section to document any additional information or recommendations.

Communication Section

Place an X in the appropriate blocks to indicate if the individual has, needs or is not applicable for the mode of communication listed.

Recommendations/comments: Use this section to document any additional information or recommendations.

Assistive Listening Devices

Place an X in the appropriate blocks to indicate if the individual has, needs or that the assistive listening device is not applicable.

Recommendations/comments: Use this section to document any additional information or recommendations.

Assistive Alerting Devices

Place an X in the appropriate blocks to indicate if the individual has, needs or that the assistive alerting device is not applicable.

Recommendations/comments: Use this section to document any additional information or recommendations.

Residence

Place an X in the appropriate block to indicate if the individual lives independently, lives in a small group home, lives in a facility (list full name of the facility) or lives in other arrangement (describe the living arrangements of the individual).

Accommodations in the home: Place an X in the appropriate blocks to indicate if the individual has, needs or that the accommodation is not applicable.

Recommendations/comments: Use this section to document any additional information or recommendations.



Independent Living Skills

Place an X in the appropriate blocks to indicate if the individual has, needs or that independent living skills is not applicable.

Recommendations/comments: Use this section to document any additional information or recommendations.

Resources

Place an X in the appropriate blocks to indicate if the resource is n/a (not applicable), unaware, informed, referred or serviced (already served) in each of the resources listed.

The purpose of this section is to educate individuals on available community resources.

Recommendations/Additional Notes

Enter a summary of the assessment with the individual and specific recommendations for services. Indicate if the individual is able to benefit from the Telephone Equipment Distribution Program (TEDP) and how to best assist with this process. If equipment is recommended outside of the TEDP program, be sure to include where the equipment can be found and the price.

Individual signs and dates the form.

DSB Staff person signs and dates the form.

DISTRIBUTION

Original: Referring VR/ILR Counselor Case Record

Copies: Deaf Blind Case Record

As necessary, other DSB Staff involved in the service delivery process