

**STATE BOARD OF EDUCATION**  
**Consent Item**  
February 25, 2015

**SUBJECT:** Approval of Amendment to the Florida School for the Deaf and the Blind Rule 6D-3.002, Admission and Enrollment Requirements

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**PROPOSED BOARD ACTION**

For Approval

**AUTHORITY FOR STATE BOARD ACTION**

Section 1002.36(4)(c), Florida Statutes

**EXECUTIVE SUMMARY**

Section 1002.36(4)(c), Florida Statutes, provides the Board of Trustees of the Florida School for the Deaf and the Blind, rulemaking authority contingent upon approval by the State Board of Education. The Florida School for the Deaf and the Blind conducted a comprehensive rule review and found that Rule 6D-3.002, Admission and Enrollment Requirements, needed to be updated and substantially revised to better serve the School's duties to provide educational opportunities for Deaf and Hard-of-Hearing, Dual-Sensory Impaired, and Visually Impaired students. The Board of Trustees of the Florida School for the Deaf and the Blind voted to approve the attached amendments.

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**Supporting Documentation Included:** Proposed Rule 6D-3.002, Admission and Enrollment Requirements and Florida School for the Deaf and the Blind Form #2013-01

**Facilitators:** Sidney F. Ansbacher, Esquire, Upchurch, Bailey and Upchurch, P.A., Counsel for Florida School for the Deaf and the Blind

(Substantial rewording of Rule 6D-3.002 follows. See Florida Administrative Code for present text)

6D-3.002 Admission and Enrollment Requirements.

(1) Definitions. All references to “School” shall mean the Florida School for the Deaf and Blind (FSDB).

(a) Admission. The registration of a student who has been determined to meet the School’s eligibility criteria for enrollment as a full-time student in the educational program at the School.

(b) Applicant. A child or adult student who seeks admission into the educational program of the School.

(c) Application. The form entitled Application for Student Application (FSDB 2013-01), effective as of January 30, 2014, incorporated by reference, available on the internet at [http://www.fldb.k12.fl.us/wp-content/uploads/2014/02/completeapp\\_ENGLISH\\_2013.pdf](http://www.fldb.k12.fl.us/wp-content/uploads/2014/02/completeapp_ENGLISH_2013.pdf) or Application for Student Application (FSDB 2013-01 SP), effective as of January 30, 2014, incorporated by reference, available on the internet at [http://www.fldb.k12.fl.us/wp-content/uploads/2014/02/completeapp\\_spanish\\_2013.pdf](http://www.fldb.k12.fl.us/wp-content/uploads/2014/02/completeapp_spanish_2013.pdf), or by sending a request to Florida School for the Deaf and the Blind, Admissions, 207 N. San Marco Avenue, St. Augustine, Florida, 32084, provided by the School to all individuals seeking admission to the School’s educational program. Accurate completion of the form is mandatory and a prerequisite to the process for determining a student’s eligibility for admission.

(d) Application process. Also known as the Intake Process. The process for determining a student’s eligibility for admission to the School’s educational program. The process shall start with the applicant submitting a complete and accurate application, shall include a thorough review of the applicant’s records, including the results of any new evaluations obtained by School professionals, and shall conclude with the determination of the applicant’s eligibility or ineligibility for admission.

(e) Assignment. The determination by the staffing committee of the educational program(s) in the School to which the student is assigned.

(f) Deaf or Hard-of-Hearing. Applicants or students who meet the following criteria shall satisfy the hearing loss requirement for eligibility to attend the School:

1. An audiological evaluation documents a permanent or fluctuating hearing threshold level that interferes with progress in any one (1) of the following areas: developmental skills or academic performance, social-emotional development, or linguistic and communicative skills as evidenced by:

a. 25 decibel (db) ± 5 dB or greater based on pure tone average or average of 500, 1000, and 2000 Hz unaided in the better ear; or

b. A high frequency hearing threshold level of 25 dB ± 5 dB or greater based on pure tone average of 1000, 2000, and 3000 Hz unaided in the better ear; or

c. A unilateral hearing threshold level of 50 dB ± 5 dB or greater based on pure tone average of 500, 1000, and 2000 Hz unaided; or

d. Auditory Evoked Potential responses evidencing permanent hearing loss at multiple frequencies equivalent to or in excess of the decibel hearing loss threshold criteria for pure tone audiometric testing specified in subsections (f)(1) a., b., and c., of this Rule; and,

2. The student needs special education as defined in paragraph 6A-6.03411(1)(kk), F.A.C., effective as of

December 22, 2008, incorporated by reference, available on the internet at [https://www.flrules.org/gateway/View\\_notice.asp?id=6534228](https://www.flrules.org/gateway/View_notice.asp?id=6534228).

(g) Dual-Sensory Impaired. Applicants or students who meet the following criteria shall satisfy the dual-sensory impairment requirement for eligibility to attend the School:

1. One or more of the following visual impairments:

a. A visual acuity of 20/70 or less in the better eye after best correction;

b. A peripheral field loss;

c. A progressive vision loss; or

d. Other documented visual conditions including but not limited to extreme light sensitivity or lack of contrast sensitivity; and

2. One or more of the following hearing impairments:

a. Hearing impairment of 30db or greater unaided in the better ear;

b. Other documented auditory conditions including but not limited to monaural loss or an inability to screen out auditory background sounds; or

c. A progressive hearing loss; and

3. A combination of the visual and auditory impairments as specified above which adversely effects, or has the potential to adversely effect, the student's abilities to acquire information, communicate, or function within the environment, unless special instruction, materials, adaptations, or counseling are provided; or

4. A diagnosed degenerative condition or syndrome which will lead to dual-sensory impairment and is likely to adversely affect the areas listed above; and

5. The student needs special education as defined in paragraph 6A-6.03411(1)(kk), F.A.C.

(h) Educational program. The placement, services, and individualized instruction provided to a student specifically tailored to address the student's educational strengths, weaknesses and objectives. All references to the term "educational program" in this rule shall refer to the day program of the School.

(i) Enrollment. The registration by the School of the applicant's name on the School's student roster for purposes of recording with the State the student's attendance at the School. The student may be enrolled as either a fully admitted student who meets the School's eligibility criteria, or as a student on Temporary Assignment pending an eligibility determination.

(j) File Review process. The process of conducting a comprehensive review of an application for admission to the School's educational program, as well as all accompanying records to determine whether additional records or information is or are necessary before the applicant can be scheduled for Intake evaluations.

(k) Florida applicant. An applicant whose residence is within the state of Florida.

(l) Residence means actual physical presence in a place as the parent, guardian or adult applicant's place of abode, with the intention to remain there permanently or for an indefinite period of time. Actual presence of the parent, guardian or adult applicant for the sole purpose of receiving free education shall not be considered residence.

(m) Staffing Committee. Committee of School professionals, including the Staffing Coordinator, evaluators, assistant principals, and Individual Education Plan (IEP) Coordinators, who participate in making a determination as

to whether a student meets the School's eligibility criteria for admission to the educational program. An Eligibility Staffing Committee makes the recommendation as to whether an applicant meets the School's eligibility criteria. A Continuation Staffing Committee makes the recommendation as to whether an enrolled student continues to meet the School's admission criteria.

(n) Staffing Coordinator. School professional who facilitates an applicant's file review process, is knowledgeable about the School's enrollment criteria, and serves as the Chairperson of Eligibility and Continuation Staffing Committee meetings. The Staffing Coordinator is the President's Designee and makes the final decision on the applicant's eligibility for the School.

(o) Temporary Assignment. An applicant's attendance (with parental or guardian consent if the student is a minor) in the School for no more than 90 school days for the School staff to complete evaluations and gather additional information to make an eligibility determination. Temporary Assignment status does not guarantee admission to the educational program as a student who meets the School's eligibility criteria. If the Eligibility Staffing Committee determines that a student on Temporary Assignment status is not eligible for admission to the educational program, the student shall return to the student's local educational agency. If the student pursues a due process hearing to challenge the School's ineligibility determination, the student's "stay put" placement shall not be the School, but shall be the student's local educational agency.

(p) Visually Impaired. Applicants or students who meet the following criteria shall satisfy the vision loss requirement for eligibility to attend the School:

1. Medical. A licensed ophthalmologist or optometrist has documented an eye condition that causes an impairment as manifested by at least one of the following:

a. A visual acuity of 20/70 or less in the better eye after best possible correction;

b. A peripheral field so constricted that it affects the student's ability to function in an educational setting;

c. A progressive loss of vision which may affect the student's ability to function in an educational setting, not including students who have learning problems that are primarily the result of either or both of visual perceptual and visual motor difficulties, or,

d. For children birth to five (5) years of age or students who are otherwise unable to be assessed, bilateral lack of central, steady, or maintained fixation of vision with an estimated visual acuity of 20/70 or less after best possible correction; bilateral central scotoma involving the perimacula area (20/80-20/200); bilateral grade III, IV, or V Retinopathy of Prematurity (ROP); or documented eye impairment as stated in paragraph 6A-6.03014(3)(a), F.A.C., effective as of March 1, 2008, incorporated by reference, available on the internet at <https://www.flrules.org/gateway/ruleNo.asp?id=6A-6.03014>.

2. The student needs special education as defined in Rules 6A-6.0331, F.A.C., effective as of March 25, 2014, incorporated by reference, available on the internet at [https://www.flrules.org/Gateway/view\\_notice.asp?id=14308002](https://www.flrules.org/Gateway/view_notice.asp?id=14308002), and Rule 6A-6.03411(1)(kk), F.A.C.

(2) Criteria for Admission and Continued Enrollment.

(a) Florida applicants who meet the School's admission criteria are qualified for enrollment or continued enrollment without the payment of tuition. Non-Florida applicants who meet admission criteria other than residency

shall be enrolled on a tuition basis provided that such enrollment does not deny admission to any qualified applicant who is a resident of Florida.

(b) In addition to meeting the criteria for admission, an applicant shall be classified as a “Florida student” or a “non-Florida student.” A non-Florida student shall be required to pay the tuition charges annually established by the Board of Trustees.

1. In determining residence, the School shall consider such matters as voter registration, driver’s license, automobile registration, location of bank accounts, rent receipts or any other similar evidence that tends to show the intent to abide in a jurisdiction permanently or for an indefinite period of time.

2. If the applicant is a minor:

a. The applicant shall be presumed to have the same residence as the applicant’s parents or as the parent who has legal custody of the applicant, in the absence of contrary evidence.

b. If the applicant’s parents reside outside Florida or if the parent who has legal primary custody of the applicant resides outside Florida, the applicant will be presumed to be a non-Florida student in the absence of contrary evidence.

c. If the applicant claims entitlement to be classified as a Florida student due to the appointment by a court of competent jurisdiction of a guardian, or if the applicant has a legal custodian other than the applicant’s parents, the burden of establishing a Florida residence is on the applicant.

3. Application for admission as a “Florida student” shall include a written statement by the applicant if 18 years of age or older, or made by the applicant’s parents, guardian or legal custodian if a minor, that the applicant is entitled to classification as a Florida student under this rule.

(c) Applicants may be offered enrollment in the School’s day program upon attaining three years of age.

(d) Applicants eighteen years or older may be offered admission through the age of twenty-one.

(e) An applicant is qualified for admission to the School’s program for the deaf and hard of hearing if the applicant meets all of the following admission criteria:

1. Evidence of a hearing loss as established Rule 6D-3.002(1)(f), F.A.C.

2. The applicant must possess evidence of the following minimum daily living skills:

a. Finger feeds self, chews and swallows most foods,

b. Indicates awareness of being soiled or wet,

c. Assists in dressing self, and

d. Cooperates in bathing.

3. Evidence that the deaf or hard of hearing applicant does not exhibit behaviors that adversely affect functioning. Such determination shall be based on:

a. Evidence of an uneven developmental profile and a pattern of qualitative impairments in social interaction, communication and the presence of any of restricted, repetitive, stereotyped patterns of behavior, interests, or activities.

b. Medically diagnosed physical or psychiatric condition which is acute or catastrophic in nature, or a chronic illness, or a repeated intermittent illness due to a persistent medical problem which confines the student to home or

hospital, and restricts activities for an extended period of time.

c. Measured level of intellectual functioning more than three (3) standard deviations below the mean on an individually measured, standardized test of intellectual functioning; and level of adaptive functioning either more than three (3) standard deviations below the mean on the adaptive behavior composite or on two (2) out of three (3) domains on a standardized test of adaptive behavior.

(f) An applicant is qualified for admission to the School's program for the visually impaired if the applicant meets all of the following admission criteria:

1. Evidence of a vision loss as established in Rule 6D-3.002(1)(p), F.A.C.

2. The applicant must possess evidence of the following minimum daily living skills,

a. Finger feeds self, chews and swallows most foods,

b. Indicates awareness of being soiled or wet,

c. Assists in dressing self, and

d. Cooperates in bathing.

3. Evidence that the visually impaired applicant does not exhibit behaviors that adversely affect functioning.

Such determination shall be based on:

a. Evidence of an uneven developmental profile and a pattern of qualitative impairments in social interaction, communication and the presence of one or more of restricted, repetitive, or stereotyped patterns of behavior, interests, or activities.

b. Medically diagnosed physical or psychiatric condition which is acute or catastrophic in nature, or a chronic illness, or a repeated intermittent illness due to a persistent medical problem which confines the student to home or hospital, and restricts activities for an extended period of time.

c. Measured level of intellectual functioning more than three (3) standard deviations below the mean on an individually measured, standardized test of intellectual functioning; and level of adaptive functioning either more than three (3) standard deviations below the mean on the adaptive behavior composite or on two (2) out of three (3) domains on a standardized test of adaptive behavior.

(g) An applicant is qualified for admission into the School's program for the dual-sensory impaired if the applicant meets the following admission criteria:

1. Meets the definition of dual-sensory impaired as established by Rule 6A-6.03022, F.A.C., effective as of December 15, 2009, incorporated by reference, available on the internet at [https://www.flrules.org/Gateway/View\\_notice.asp?id=8017552](https://www.flrules.org/Gateway/View_notice.asp?id=8017552).

2. The applicant must possess evidence of the following minimum daily living skills:

a. Finger feeds self, chews and swallows most foods,

b. Indicates awareness of being soiled or wet,

c. Assists in dressing self, and

d. Cooperates in bathing.

3. Evidence that the dual-sensory impaired applicant does not present:

a. Evidence of an uneven developmental profile and a pattern of qualitative impairments in social interaction,

communication, and the presence of one or more of restricted, repetitive, or stereotyped patters of behavior, interests, or activities.

b. Medically diagnosed physical or psychiatric condition which is acute or catastrophic in nature, or a chronic illness, or a repeated intermittent illness due to a persistent medical problem which confines the student to home or hospital, and restricts activities for an extended period of time.

c. Measured level of intellectual functioning more than three (3) standard deviations below the mean on an individually measured, standardized test of intellectual functioning; and level of adaptive functioning either more than three (3) standard deviations below the mean on the adaptive behavior composite or on two (2) out of three (3) domains on a standardized test of adaptive behavior.

(h) An applicant may not be qualified for admission or continued enrollment:

1. If the applicant or student is determined to be a danger to self or others. Such determination shall be based on evidence of the student's severe injurious, or potentially injurious, behaviors to self or others; lack of awareness or understanding of the surrounding environment; suicidal or homicidal statements, gestures, or ideations; non-compliance with medical management; need for a highly structured program specifically designed for students with mental illnesses or disorders, providing necessary services including extensive counseling, as well as consultation from mental health, medical, or other healthcare professionals.

2. If the applicant or student is determined to be disruptive to other students or to the educational process of that applicant or student, or of other students. Such determination shall be based on evidence of the student's threatening, aggressive, harassing behaviors towards others; level of functioning that requires continuous and excessive supervision by staff, which interferes with the ability of staff to tend to the educational or functional needs of other students; frequent, recurrent pattern of negative, defiant, disobedient, or hostile behavior toward others, including refusing to comply with rules or directives, deliberately annoying others, and blaming others for the student's own misconduct.

3. If the applicant or student is determined to have either of both of medically related health or safety issues that are beyond the scope of either or both of the Health Care Center or the educational program, and their resources to appropriately manage.

4. If the parent or adult student refuses to give consent for emergency medical treatment or for the development of a health care plan for students with involved medical problems.

(i) A determination that a student or applicant does not meet eligibility criteria for admission to the School's educational program shall be based upon a recommendation by the Staffing Committee, in consultation with professionals; the Staffing Committee's recommendation, past evidence of behavior, including criminal activity, as well as health and safety. A final determination of admission or continued enrollment will be made by the President or designee. Impartial due process hearings may be initiated as provided by the IDEA, and Rule 6A-6.03311, F.A.C., effective as of March 25, 2014, incorporated by reference, available on the internet at <https://www.flrules.org/gateway/RuleNo.asp?id=6A-6.03311>, as a result of such determinations.

(j) There must be (an) individualized evaluation(s) by a qualified individual(s), a determination that the child is eligible to receive specially designed instruction and related services, and a proposed or current IEP, as defined by

paragraph 6A-6.03411(1)(u), F.A.C., by a school district.

(3) Procedures for Application.

(a) The School shall maintain an initial application form, the completion of which commences the application process.

(b) Applications for the admission of a student may be submitted by school personnel from the school district in which the applicant, applicant's parents, legal guardian, or other person with legal custody resides, although a student may not be evaluated or admitted without consent of parents or parent with legal authority to apply, or legal guardian, or student if the student is an adult.

(c) Applications for admission may be submitted directly to the School by parents or parent with legal authority to apply, legal guardian, or the adult applicant.

(d) If the applicant has already been evaluated by the school district, pursuant to Section 1003.57, FS, and Rule 6A-6.0331, F.A.C., and determined eligible for a special education for exceptional students as a student with a disability, the applicant will be considered for admission.

(e) If the applicant has not been evaluated by the school district pursuant to Section 1003.57, FS, and Rule 6A-6.0331, F.A.C., and determined eligible for a special education for exceptional students as a student with a disability, a school district and the School may enter into an agreement for the School to evaluate the individual to determine eligibility for exceptional student education (ESE).

(f) The School shall immediately send a copy of a completed application form to the school district in which the applicant or his or her parents, guardian or person having legal custody resides and request from the school district all current evaluation data and a copy of the current or proposed IEP.

(4) Procedures for Determining Admissions and Assignment.

(a) Upon receipt of a completed application form from a parent or legal guardian, or adult student, the School shall obtain educational, medical, and other records relating to the applicant to assist the School Staffing Committee in its determination of the applicant's eligibility for admission to the School.

(b) The Staffing Committee's determination of an applicant's eligibility for admission shall be made after all records have been obtained and reviewed, any additional requisite evaluations have been conducted, and no additional information is deemed appropriate by the Staffing Committee.

(c) An applicant may be considered for a Temporary Assignment for extended evaluation when a determination of the applicant's eligibility for admission cannot be established through the initial staffing process. A staffing committee may recommend that an applicant attend the School on a Temporary Assignment basis for not more than ninety (90) school days. An IEP for the applicant shall be developed and implemented by the School; every applicant attending the School on a Temporary Assignment basis shall have an IEP for the duration of the temporary assignment.

(d) The Eligibility Staffing Committee shall include the Staffing Coordinator as the chair of the committee and the President's designee, the parents or legal guardian(s), the applicant, professionals qualified to interpret the evaluation results, and other professionals as necessary (for example, audiologist, assistant principal, educational diagnostician, psychologist, health care representative). In addition, a written invitation shall be extended to a

representative of the applicant's local educational agency to attend and participate in the Intake. Additional personnel may be involved in the staffing meetings as requested by the parent, School, or the school district.

(e) The location of the staffing committee meeting shall be at the School unless another location is mutually agreed upon by the School, the school district, and the parent.

(f) In making admission and assignment decisions, the Staffing Committee shall:

1. Draw upon information from a variety of sources, including assessments, teacher recommendations, evidence of the applicant's physical and emotional health, factors relating to the applicant's social or cultural background, and indicators of the applicant's level of functioning, including adaptive behavior skills;

2. Ensure that information obtained from all of these sources is carefully considered by the Staffing Committee.

(g) If a determination is made that an applicant meets the School's eligibility criteria and is qualified for admission, the IEP Team shall convene and develop an IEP for the newly admitted student in accordance with Rule 6A-6.03028, F.A.C., effective as of December 23, 2014, incorporated by reference, available on the internet at <http://www.flrules.org/gateway/RuleNo.asp?id=6A-6.03028>.

(h) The student's school district has the initial responsibility of identifying and evaluating the special education needs of the student. If the student then submits an application to the School for enrollment in the School's educational program, and if the student is determined to meet eligibility criteria for admission to the School's educational program, the School is responsible for the provision of a free appropriate public education. However, a subsequent determination by the School that the student no longer meets eligibility criteria immediately transfers the responsibility for the provision of a special educational program and related services back to the student's school district.

(i) The President of the School or designee shall be responsible for the following:

1. Reviewing the recommendations for eligibility made by a staffing committee, and, if necessary, reviewing the data relied upon by the committee.

2. Making final decisions on eligibility.

3. Ensuring that an adult applicant or parents or other legal guardians of a minor applicant have been appropriately informed of the Staffing Committee's recommendation and the data upon which the recommendation relies, and ensuring that the consent of an adult applicant, or the parent or legal guardian of a minor applicant, has been obtained for the applicant to attend the School.

4. Informing the appropriate school district of the School's determination of eligibility and enrollment of each applicant.

5. Ensuring that appropriate procedures and parent notices are completed when a student is deemed no longer eligible for continued enrollment in the School.

(j) The School, or the parent, other legal guardian or eligible adult student, who disagrees with the IEP prepared by the School, or the assignment of the applicant under the IEP, has a right to a due process hearing as provided by Rule 6A-6.03311, F.A.C.

(5) Disenrollment/Continued Enrollment.

(a) A student who no longer meets the eligibility criteria of the School described in subsection 6D-3.002(2),

F.A.C., or whose re-evaluation(s) as described in Rule 6A-6.0331, F.A.C., indicate(s) that the student may no longer meet the School's eligibility criteria may be disenrolled from the School following a Continuation Staffing.

(b) A student shall not be allowed to remain on campus if the student is considered to be a danger to self or others.

(c) Upon review of the Continuation Staffing Committee's recommendations, which shall be based on current evaluative data, the President or designee shall render the final decision regarding eligibility for the School.

(d) Parents, legal guardians, and/or adult students shall participate in the Continuation Staffing. The staffing procedures pursuant to Rule 6D-3.002, F.A.C. shall be followed. The President or designee may order an additional staffing committee meeting if it is determined proper procedures were not followed.

(e) Disenrollment of a student shall not take effect until 14 calendar days after the President's, or designee's, written notification of the disenrollment to the school district and to the student's parents or legal guardians or the adult student. The written notification of the disenrollment shall be sent by registered mail, return receipt requested. The School's normal disciplinary procedures may be followed during these proceedings.

(f) If the Medical Director suspects that a student may have medically related health and/or safety issues that are beyond the scope of care of the Health Care Center, the student shall immediately be sent home, and the student's ensuing absences shall be registered as excused.

(g) A continuation staffing committee, which shall include the parents or legal guardians of a minor student or adult student, as a participant, following the procedures pursuant to Rule 6D-3.002, F.A.C., shall meet to make a recommendation as to whether a student continues to meet the School's admissions criteria.

(h) When a student is withdrawn by a parent or legal guardian, or if an adult student withdraws, the School shall notify by mail, as soon as possible, the student's most current or last known local school district.

(i) The student, if an adult, or any of his or her parents or legal guardian, if the student is a minor, may request a due process hearing in accordance with Rule 6A.6.03311, F.A.C., to challenge the student's disenrollment from the School under these provisions.

Rulemaking Authority 1002.36 242.331(3) FS. Law Implemented 1002.36 120.53(1)(b), 229.053(2)(i), (j), 230.23(4)(m), 242.331(4) FS. History—New 12-19-74, Revised 1-29-76, Amended 1-29-80, 5-2-86, Formerly 6D-3.02, Amended 5-5-87, 4-12-90, 12-20-92, 3-29-95, 3-25-96.



# Florida School for the Deaf & the Blind

*Do More. Be More. Achieve More.*

207 N. San Marco Avenue, St. Augustine, FL 32084, Toll Free: 1-800-344-3732, Local: 904-827-2220, Fax: 904-827-2218

Last Name of Child: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Date of Birth: *Month/Day/Year* \_\_\_\_\_ Is Child Hispanic or Latino? Yes  No  Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Place of Birth: (City) \_\_\_\_\_ (State) \_\_\_\_\_

### Parent/Guardian Personal Information:

	Father	Mother	Guardian
Title:	<input type="checkbox"/> Mr. <input type="checkbox"/> Other	<input type="checkbox"/> Ms. <input type="checkbox"/> Other	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Other
Last Name:	_____	_____	_____
First Name:	_____	_____	_____
Address:	_____	_____	_____
City/State/Zip:	_____	_____	_____
County:	_____	_____	_____
Is this your permanent address?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Home Phone:	_____	_____	_____
Video Phone:	_____	_____	_____
Work Phone:	_____	_____	_____
Fax:	_____	_____	_____
Cell Phone:	_____	_____	_____
Email Address:	_____	_____	_____

\* Which is the best number above to contact you? \_\_\_\_\_

Parent's Marital Status:  Married  
 Divorced (Name of Parent where child lives) \_\_\_\_\_  
 Other (Please explain) \_\_\_\_\_

(Please include a copy of the custody papers)

Who has legal custody of the child? \_\_\_\_\_

Is your child:	Deaf/Hard of Hearing	<input type="checkbox"/>		
	Blind/Visually Impaired	<input type="checkbox"/>		
	Dual Sensory Impaired (Deaf/Blind)	<input type="checkbox"/>		
Is your child being served in a Special Education Class in his/her local school?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Is your child in a program for the Deaf/Hard of Hearing?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Is your child in a program for the Visually Impaired?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Please list other Exceptional Student Education (ESE) programs or services your child receives:				
_____				

Please include a copy of the most recent Individual Education Plan (IEP)

# PERMISSION FOR RELEASE OF INFORMATION

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please list all schools or other programs your child has attended: (Use additional paper if needed.)

NAME OF SCHOOL OR PROGRAM	COMPLETE ADDRESS, CITY, STATE, ZIP	DATES OF ATTENDANCE

Please list the name, address and phone number of any service provider who has treated your child. (Use additional paper if needed.)

	NAME	COMPLETE ADDRESS (CITY, STATE, ZIP)	TELEPHONE NUMBER
FAMILY DOCTOR:			
PEDIATRICIAN:			
NEUROLOGIST:			
CARDIOLOGIST:			
GENETICIST:			
OPHTHAMOLOGIST:			
PSYCHIATRIST:			
PSYCHOLOGIST:			
COUNSELOR:			
EDUCATIONAL EVALUATOR:			
AUDIOLOGIST:			
LOW VISION SPECIALIST:			
OTHER:			

\*\*\*By my signature below, I certify that I have listed above ALL persons, facilities, and other providers that have delivered educational, medical, psychological or other services to my child. In addition to the above, I agree to provide updated information regarding such future services that may be provided to my child. I hereby give my consent for any educational, medical, psychological or other service provider to forward all documentary information, including all medical, psychological and psychiatric information, to the Florida School for the Deaf and the Blind upon request of the School. Failure to provide all information or falsification of information will prevent applications from being processed and/or result in dis-enrollment if the student is found eligible based on incomplete/inaccurate information.

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**This permission for release of information will expire one year from the date of signature above.**

# HEALTH SUMMARY

**NAME OF CHILD:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_ **SEX:** \_\_\_\_\_

**CAUSE OF DEAFNESS OR BLINDNESS:** \_\_\_\_\_

ALLERGIES TO MEDICATIONS \_\_\_\_\_

ALLERGIES TO FOODS \_\_\_\_\_

ALLERGIES TO OTHER THINGS \_\_\_\_\_

PRESENT HEALTH OF YOUR CHILD: \_\_\_\_\_

PRESENT HEALTH PROBLEMS OR CONCERNS: \_\_\_\_\_

BEHAVIORAL OR PSYCHOLOGICAL PROBLEMS AND TREATMENT:  
(excessive fears, hyperactivity, etc.) \_\_\_\_\_

PAST ILLNESS OR INJURIES \_\_\_\_\_

PAST SURGERIES \_\_\_\_\_

SPECIAL DIET:

ACTIVITY RESTRICTIONS:

**Please make sure you listed your child's doctor(s) on the APPLICATION FOR STUDENT EVALUATION (Release of Information). It is very important for us to have all past medical records.**

MEDICATIONS YOUR CHILD IS RECEIVING:

SPECIAL MEDICAL TREATMENTS YOUR CHILD NEEDS:

# FLORIDA SCHOOL FOR THE DEAF AND THE BLIND

## TB Questionnaire

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Organization administering questionnaire \_\_\_\_\_ Date \_\_\_\_\_

Tuberculosis (TB) is a disease caused by TB germs and is usually transmitted by an adult person with active TB lung disease. It is spread to another person by coughing or sneezing TB germs into the air. These germs may be breathed in by the child.

Adults who have active TB disease usually have many of the following symptoms: cough for more than two weeks duration, loss of appetite, weight loss of ten or more pounds over a short period of time, fever, chills and night sweats.

A person can have TB germs in his or her body but not have active TB disease (this is called latent TB infection or LTBI).

Tuberculosis is preventable and treatable. TB skin testing (often called the PPD or Mantoux test) is used to see if your child has been infected with TB germs. No vaccine is recommended for use in the United States to prevent tuberculosis. The skin test is not a vaccination against TB.

We need your help to find out if your child has been exposed to tuberculosis.

Place a mark in the appropriate box:	Yes	No	Don't Know
TB can cause fever of long duration, unexplained weight loss, a bad cough (lasting over two weeks), or coughing up blood. As far as you know: has your child been around anyone with any of these symptoms or problems? or has your child had any of these symptoms or problems? or has your child been around anyone sick with TB?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was your child born in Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe or Asia?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has your child traveled in the past year to Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe or Asia for longer than 3 weeks? If so, specify which country/countries? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To your knowledge, has your child spent time (longer than 3 weeks) with anyone who is/has been an intravenous (IV) drug user, HIV-infected, in jail or prison or recently came to the United States from another country?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Has your child been tested for TB? Yes \_\_\_ (if yes, specify date \_\_\_/\_\_\_/\_\_\_) No \_\_\_  
 Has your child ever had a positive TB skin test? Yes \_\_\_ (if yes, specify date \_\_\_/\_\_\_/\_\_\_) No \_\_\_

For school/healthcare provider use only

\*\*\*\*\*

PPD administered Yes \_\_\_ No \_\_\_

If yes,  
 Date administered \_\_\_/\_\_\_/\_\_\_ Date read \_\_\_/\_\_\_/\_\_\_ Result of PPD test \_\_\_\_\_ mm response

Type of service provider (i.e. school, Health Steps, other clinics) \_\_\_\_\_

PPD provider \_\_\_\_\_  
Signature Printed Name

Provider phone number \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

If positive, referral to healthcare provider Yes \_\_\_ No \_\_\_

If yes, name of provider \_\_\_\_\_



# PROOF OF FLORIDA RESIDENCY

## RESIDENCY FORM MUST BE RETURNED WITH APPLICATION FOR STUDENT EVALUATION

Student applicants are classified as Florida or Non-Florida residents in order to determine fees. Residents of Florida who meet FSDB's enrollment criteria may attend the School at no charge. Non-Florida residents are charged tuition.

**“Residency”** is defined to mean that the person is physically present in a place which is his home. It must be his intention to remain there permanently or for an indefinite period of time.

### A. PARENT'S RESIDENCY

I, \_\_\_\_\_, am the  
(parent or guardian) of \_\_\_\_\_ who  
is less than 18 years of age. I claim residency in the State  
of Florida as of the 1<sup>ST</sup> day of school for my child.

### B. STUDENT'S RESIDENCY

I, \_\_\_\_\_, am the  
applicant to the Florida School for the Deaf and  
the Blind. I am, or will be, 18 years of age or  
older and I will have been a resident of the State  
of Florida immediately preceding my first day of  
class.

### PERSONS CLAIMING RESIDENCY IN “A” OR “B” ABOVE, MUST COMPLETE THE FOLLOWING AND SIGN.

I. My permanent legal address is:

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**SIGNATURE OF FLORIDA RESIDENT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



## ESOL QUESTIONNAIRE

The laws of the State of Florida require schools to identify and provide services to students whose native language is other than English. As parents, you can help us identify such students by answering the following questions about your child.

**NAME OF CHILD:** \_\_\_\_\_

NAME OF SCHOOL YOUR CHILD IS CURRENTLY ATTENDING: \_\_\_\_\_

**WHAT IS YOUR CHILD'S CURRENT GRADE IN SCHOOL?** \_\_\_\_\_

IS YOUR CHILD:            DEAF/ HARD OF HEARING              
   VISUALLY IMPAIRED      
   DUAL SENSORY IMPAIRED (DEAF/BLIND)           

**WHAT IS YOUR CHILD'S NATIONAL ORIGIN:** \_\_\_\_\_

WHAT IS THE ETHNIC OR NATIONAL ORIGIN OF PARENTS:

**MOTHER:** \_\_\_\_\_ **FATHER:** \_\_\_\_\_

### HOME LANGUAGE SURVEY CONSISTS OF 5 QUESTIONS

1. IS A LANGUAGE OTHER THAN ENGLISH SPOKEN IN THE HOME?            YES             NO

**IF YES, WHAT IS THE OTHER LANGUAGE?**  
\_\_\_\_\_

2. DID THE STUDENT HAVE A FIRST LANGUAGE OTHER THAN ENGLISH?            YES             NO

3. DOES THE STUDENT SPEAK MOST FREQUENTLY A LANGUAGE OTHER THAN ENGLISH?            YES             NO

4. WHEN DID THE STUDENT ARRIVE IN THE US?            Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_

5. WHEN DID THE STUDENT ENTER A US SCHOOL?            Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_

DATE COMPLETED: \_\_\_\_\_