

|                                    |              |
|------------------------------------|--------------|
| <b>22. Intellectual Assessment</b> |              |
| 1                                  | Normal       |
| 2                                  | Mild         |
| 3                                  | Moderate     |
| 4                                  | Severe       |
| 5                                  | Profound     |
| 6                                  | Undetermined |

|  |               |
|--|---------------|
| <b>23. Hearing:<br/>(with hearing aid If used)</b> |               |
| 1  | Normal        |
| 2  | Mild Loss     |
| 3  | Moderate Loss |
| 4  | Severe Loss   |
| 5  | Profound Loss |
| 6  | Undetermined  |

|  |                     |
|--|---------------------|
| <b>24. Vision:<br/>(With glasses or contacts if used.)</b> |                     |
| 1  | Fully Sighted       |
| 2  | Moderate Impairment |
| 3  | Severe Impairment   |
| 4  | Light Perception    |
| 5  | Total Blindness     |
| 6  | Undetermined        |

**Guardian Information**

|                               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>25. Guardian Last Name</b> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                               |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>26. Guardian First Name</b> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|------------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>27. Guardian Street Address</b> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                    |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>28. Guardian City</b> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|                  |  |
|------------------|--|
| <b>29. State</b> |  |
|                  |  |

|                     |  |  |  |  |
|---------------------|--|--|--|--|
| <b>30. Zip Code</b> |  |  |  |  |
|                     |  |  |  |  |

|                                  |  |  |  |   |  |  |  |  |  |  |  |
|----------------------------------|--|--|--|---|--|--|--|--|--|--|--|
| <b>31. Guardian Phone Number</b> |  |  |  |   |  |  |  |  |  |  |  |
| (                                |  |  |  | ) |  |  |  |  |  |  |  |

**Service Coordinator Information**

|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>32 Service Coordinator Last Name</b> |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|   |  |  |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|--|
| <b>33. Service Coordinator First Name</b> |  |  |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |

|   |  |   |  |  |  |  |  |  |  |  |   |
|---|--|---|--|--|--|--|--|--|--|--|---|
| <b>34. Service Coordinator Phone Number (area code)</b> |  |   |  |  |  |  |  |  |  |  |   |
| (   |  | ) |  |  |  |  |  |  |  |  | - |

|                             |  |  |  |  |  |
|-----------------------------|--|--|--|--|--|
| <b>35. Reporting Agency</b> |  |  |  |  |  |
|                             |  |  |  |  |  |

|                           |  |  |  |  |  |  |
|---------------------------|--|--|--|--|--|--|
| <b>36. Date of Report</b> |  |  |  |  |  |  |
|                           |  |  |  |  |  |  |