

**COMMUNICATION PLAN FOR A STUDENT WHO IS DEAF/HARD OF HEARING OR DEAF-BLIND**

Child's Name

**COMMUNICATION PLAN FOR A STUDENT WHO IS DEAF/HARD OF HEARING OR DEAF-BLIND**School Age

The primary purpose of the Communication Plan is to establish discussion among IEP team members who review the student's needs based on communication skills and access. It is to be used to complete other sections of the IEP, including accommodations, appropriate specially designed instruction, and IEP goals. Therefore, the Communication Plan must be completed prior to the development of the IEP.

**Communication Plan Contributors** – please list your first and last name and role/ title:

<b>Name:</b>		<b>Role:</b>	
<b>Name:</b>		<b>Role:</b>	
<b>Name:</b>		<b>Role:</b>	

**SECTION I: LANGUAGE AND COMMUNICATION NEEDS**

1. What evidence is available to substantiate the student's language and communication mode is/are an effective means to support the student's access to information, people, and experiences across multiple environments? For example, assessments, observations, student input, provider input, caregiver input.

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2. Are there other contributing factors that impact effective language and communication development and full range of needs? For example, medical diagnosis, social, cultural, or additional identified exceptionalities.

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3. Using the key below, indicate the student's observed language(s) or communication modes. Only mark those that apply

Key: **Always = A** **Often = O** **Sometimes = S**

Student's Languages	Home		During Instruction		Non-Instructional Settings		Comments
	Receptive	Expressive	Receptive	Expressive	Receptive	Expressive	
American Sign Language (ASL)							
Spoken English							
Sign Language other than ASL (e.g., British/Spanish Sign Language)							
Other Spoken Language (e.g., Spanish, Nepali)							
No formal language							

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Student's Communication Modes	Home		During Instruction		Non-Instructional Settings		Comments
	Receptive	Expressive	Receptive	Expressive	Receptive	Expressive	
American Sign Language							
Communication Device							
Cued Speech							
Gestures/Home Signs							
Listening and Spoken Language							
Manually Coded English Systems (e.g., Signed English)							
Object/Picture System							
Pidgin Signed English (PSE)							
Tactile sign language							
Touch cues							
Written or brailled English							
Other							

4. Does the student show a need for support/instruction to be able to communicate more effectively with family? Describe.

- 5a. Describe the opportunities for direct communication with peers (hearing, deaf, hard of hearing, or deaf-blind) that are to be addressed in the IEP.

- 5b. Does the student show a need for support/instruction to communicate more effectively with peers? Describe.

6. Is the child deaf-blind? Yes ☐ No ☐

If yes, how does the student's vision loss impact access to communication and visual and environmental information. Describe.

7. Describe the opportunities for direct communication with professional staff and other school personnel that are to be addressed in the IEP.

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**SECTION II: ACADEMIC LEVEL, SERVICES, AND ASSISTIVE TECHNOLOGY**

1. Does the student have grade-level academic language and communication skills to access and participate in grade-level curriculum and instruction?

Yes ☐ No ☐

2. How is the student accessing the grade-level curriculum through direct instruction in their communication mode? When direct instruction does not occur, describe how the curriculum is delivered using the student's language and communication modes.

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3. What specially designed instruction and/or accommodations are needed for the student to have equal opportunity to participate and make progress in their educational program?

American Sign Language Interpretation	<input type="checkbox"/>
C-Print	<input type="checkbox"/>
Captioned Media	<input type="checkbox"/>
CART	<input type="checkbox"/>
Cued language transliteration	<input type="checkbox"/>
Deaf-blind Interpreting (tactile or visual)	<input type="checkbox"/>
If Deaf-blind, instruction and access to the educational setting delivered with the support of an Intervener	<input type="checkbox"/>
Direct instruction by a teacher proficient in the language(s) and communication	<input type="checkbox"/>
English Transliteration	<input type="checkbox"/>
Note-taking	<input type="checkbox"/>
Oral interpreting	<input type="checkbox"/>
Other	<input type="checkbox"/>

- 4A. Check the appropriate box(es) in the chart below to indicate observed technology used by the student.

Technology	Sometimes at School	Consistently at School	Sometimes at Home	Consistently at Home
Bone Anchored Hearing Aid (BAHA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom Amplification System	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A
Cochlear Implant (CI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing aid(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Assistive Technology (HAT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Add additional comments on technology use here:				

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4B. Amplification technology use in school is monitored through:

Independent monitoring/reporting by the student: Yes ☐ No ☐Hearing technology checks done: Yes ☐ No ☐

Indicate frequency of monitoring and staff title for each type of amplification technology used:

Technology	Frequency (e.g., daily/weekly/monthly) by	(Staff title)	(Back-up staff title)

4C. List any needed supports/trainings for student, family (if desired), staff, and peers in the IEP.

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