

Legal Name of Student \_\_\_\_\_

State Student ID (SASID) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date \_\_\_\_\_

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

The IEP team has considered each area listed below, and has not denied instructional opportunity based on the amount of the child's/student's residual hearing, the ability of the parent(s) to communicate, nor the child's/student's experience with other communication modes. To the extent appropriate, the input about this child's/student's communication and related needs as suggested from adults who are deaf/hard of hearing has been considered. 300.324(a)(2)(IV) 4.03(6)(A)

#### 1. Language and Communication

1. a. The child's/student's **primary language** is one or more of the following.

*Check all that apply.*

##### Receptive

- 
- 
- 
- 

##### Expressive

- English
- Native language (ASL, Spanish etc), specify \_\_\_\_\_
- Combination of several languages
- Minimal language skills; no formal primary language

*Describe:*

*Action Plan, if any:*

1. b. The child's/student's **primary communication mode** is one or more of the following. Supports 300.116(e).

*Check all that apply and if more than one applies, explain.*

##### Receptive:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Auditory                    | <input type="checkbox"/> American Sign Language               | <input type="checkbox"/> Signing Exact English/Signed English   |
| <input type="checkbox"/> Speechreading               | <input type="checkbox"/> Cued Speech/Cued English             | <input type="checkbox"/> Conceptual signs (Pidgin Signed English or Conceptually Accurate Signed English) |
| <input type="checkbox"/> Fingerspelling              | <input type="checkbox"/> Gestures                             |   |
| <input type="checkbox"/> Tactile/objects             | <input type="checkbox"/> Picture symbols/pictures/photographs |   |
| <input type="checkbox"/> Home signs                  |   |   |
| <input type="checkbox"/> Other, please explain _____ |   |   |

##### Expressive:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Spoken language  | <input type="checkbox"/> American Sign Language                | <input type="checkbox"/> Signing Exact English/Signed English |
| <input type="checkbox"/> Conceptual signs (Pidgin Signed English or Conceptually Accurate Signed English) | <input type="checkbox"/> Fingerspelling                        | <input type="checkbox"/> Gestures                             |
| <input type="checkbox"/> Tactile/objects  | <input type="checkbox"/> Home signs                            |   |
| <input type="checkbox"/> Cued Speech/Cued English   | <input type="checkbox"/> Pictures symbols/pictures/photographs |   |
|   | <input type="checkbox"/> Other, please explain _____           |   |

*Explanation for multiple modes of communication, if necessary:*

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**1. c. What supports are needed to increase the proficiency of parents and family members in communicating with the child/student? Parent Counseling Training 300.34(8)(i) and (iii)**

*Issues considered:*

*Action Plan, if any:*

**2. Describe the child's/student's need for deaf/hard of hearing adult role models and peer groups in sufficient numbers of the child's/student/s communication mode or language.**

Document who on the team will be responsible for arranging for adult role model connections and opportunities to interact with peers. (Section 3. 22-20-108 CRS II) 300.116  
Placement Determination

*Opportunities considered: ECEA proposed 4.03(6)(a)(iii)*

*Action Plan, if any:*

**3. An explanation of all educational options provided by the administrative unit and available for the child/student has been given. Placement determination 300.115 and 300.116**

*Placements explained:*

*Describe how the placement options impact the child's communication access and educational progress:*

**4. Teachers, interpreters, and other specialists delivering the communication plan to the child/student must have demonstrated proficiency in, and be able to accommodate for, the child's/student's primary communication mode or language. ECEA 3.04(1)(f)**

*Considerations:*

*Action Plan, if any:*

**5. The communication-accessible academic instruction, school services, and extracurricular activities the child/student will receive have been identified. The team will consider the entire school day, daily transition times, and what the child/student needs for full communication access in all activities.**

*Considerations 300.324(a)(2)(iv) Communication plan, 300.107 Non-academic settings, 300.101 FAPE:*

*Action Plan, if any:*

**WASHOE COUNTY SCHOOL DISTRICT  
INDIVIDUALIZED EDUCATIONAL PROGRAM (IEP)**

1.	Does the student's behavior impede the student's learning or the learning of others?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If Yes, IEP committee <b>must provide</b> positive behavioral strategies, supports and interventions, or other strategies, supports and interventions to address that behavior.			
<input type="checkbox"/> Addressed in IEP.			
2.	Does the student require assistive technology devices and services?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If Yes, IEP committee <b>must determine</b> nature and extent of devices and services			
<input type="checkbox"/> Addressed in IEP.			
3.	Does the student have limited English proficiency?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If Yes, IEP committee <b>must consider</b> the following (check box if IEP committee considered the item):			
<input type="checkbox"/> Language needs of the student as those needs relate to the student's IEP.			
4.	Is the student blind or visually impaired?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If Yes, IEP committee must evaluate reading and writing skills, needs, and appropriate reading and writing media (including an evaluation of the child's future needs for instruction in Braille or use of Braille) and <b>must provide</b> for instruction in Braille and use of Braille unless determined not appropriate for the student.			
<input type="checkbox"/> Braille instruction and use of Braille is not appropriate for student.			
<input type="checkbox"/> Braille instruction and use of Braille is addressed in IEP.			
5.	Is the student deaf or hard of hearing?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, IEP committee <b>must consider</b> the student's language and communication needs and consider the following (check box if IEP committee considered the item):			
<input checked="" type="checkbox"/> The related services and program options that provide the student with an appropriate and equal opportunity for communication access.			
<input checked="" type="checkbox"/> The student's primary communication mode.			
<input type="checkbox"/> The availability to the student of a sufficient number of age, cognitive, academic and language peers of similar abilities.			
<input type="checkbox"/> The availability to the student of adult models who are deaf or hearing impaired and who use the student's primary communication mode.			
<input checked="" type="checkbox"/> The availability of special education teachers, interpreters and other special education personnel who are proficient in the student's primary communication mode.			
<input checked="" type="checkbox"/> The provision of academic instruction, school services and direct access to all components of the educational process, including, without limitation, advanced placement courses, career and technical education courses, recess, lunch, extracurricular activities and athletic activities.			
<input checked="" type="checkbox"/> The preferences of the parent or guardian of the student concerning the best feasible services, placement and content of the student's IEP.			
<input checked="" type="checkbox"/> The appropriate assistive technology necessary to provide the student with an appropriate and equal opportunity for communication access.			