

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:

Legal Name of Student _____

State Student ID (SASID) _____

Date of Birth _____

Date _____

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: