

Virginia Communication Plan for a Student Who is Deaf or Hard of Hearing (Revised September 2019)

Student's Name:

Date:

IDEA 2004, § (14 9d) (3) (B) (iv) Development, review, and revision of IEP.

(2) Consideration of special factors. The IEP Team must – (iv) Consider the communication needs of the child, and in the case of a child who is deaf or hard of hearing, consider the child's language and communication needs, opportunities for direct communications with peers and professional personnel in the child's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the child's language and communication mode;

The IEP Team has considered each item below:

I. Language and Communication Modalities

Describe the student's preferred language and communication modality(ies). Use the key to note the student's skill level in each blank cell in the table on the next page. Note all that apply.

KEY:

E = Emerging skills

L = Limited skills (*Uses in certain settings with support*)

D = Developing skills (*Capable but not yet Proficient*)

P = Proficient skills (*Uses in many settings*) The student uses one or more of the following languages/communication methods:

(Note all that apply)

Student's Languages/ Communication Methods:	Academic Language (classroom) Receptive	Academic Language (classroom) Expressive	Social Language (non-classroom language at school) Receptive	Social Language (non-classroom language at school) Expressive	Home Language Receptive	Home Language Expressive
American Sign Language (ASL)						
English Sign System Type:						
Simultaneous Communication (sign language and spoken English)						
Sign Supported Speech						
Cued Speech						
Listening and Spoken Language						
Written English						
Gestures/Home Signs						
Tactile sign						
Augmentative Assistive Communication Type:						
Other Language: (e.g., French/ Spanish Sign Language)						

1. Summarize the student's general language skill level based on formal and informal assessment results:
2. Is the language and/or mode of communication the student uses effective with his/her **family/caregivers**? Yes ☐ No ☐
If not, what is needed to increase the proficiency of the student-family communication?
3. Is the language and/or mode of communication the student uses effective with his/her **peers**?
Yes ☐ No ☐

If not, what is needed to increase the proficiency of peer-to-peer communication?

II. Amplification/Accommodations

(Supports needed to participate and make progress in the general education curriculum)

1. Check and rate all that apply in the chart below if the student uses one or more of the following devices:

Devices	Sometimes at School	Consistently at School	Sometimes at Home	Consistently at Home
Personally owned hearing aid(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing implant(s): BAHA, cochlear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personally owned assistive listening device:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School-provided hearing aid(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School-provided FM system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School-provided sound-field system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Augmentative communication device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Amplification device(s) used in school are monitored through:

Independent monitoring/reporting by the student: Yes ☐ No ☐

Hearing technology checks done: Yes ☐ No ☐

Frequency (e.g., daily/weekly/monthly) by (staff title) or (back-up staff title)

3. Student's level of independence with hearing technology:

Highly Dependent ☐

Some Physical Assistance ☐

Some Prompting ☐

Independent ☐

4. Assistive Devices/Services used by the student:

Captioned media: ☐ C-Print: ☐ Interpreting/Transliteration (type:)

CART: ☐ Notetaker: ☐ Visual alerts/alarms: ☐ Other:

5. There is an alternate plan in place to maintain communication with the student if any of the following takes place:

Interpreter is absent: If Yes, Describe

Amplification device is not working: If Yes, Describe

FM system is not working: If Yes, Describe

Assistive device/service is not available: If Yes, Describe

III. Opportunities for Direct* Communication

*(*face-to-face, without use of additional source, e.g., interpreter, captioner)*

1. Instruction is given directly by a teacher proficient in the language(s) & communication mode(s) identified in Part 1 in the following settings (describe):
2. Opportunities for communication with professional staff and other school personnel proficient in the language(s) & communication mode(s) identified in Part 1 are available in the following settings (describe):
3. The student can directly communicate with peers in the language(s) & communication mode(s) identified in Part 1 in the following settings (describe):
4. The student has opportunities to meet/interact with deaf and hard of hearing role models in the following settings (describe):
5. The following supports/services are needed to increase communication proficiency of school staff and personnel:

IV. Academic Level

1. Does the student have the language and communication skills necessary to acquire:
 - Grade-level academic skills and concepts included in the general education curriculum?
Yes ☐ No ☐
 - Daily living/functional living skills? Yes ☐ No ☐
2. What supports not yet included on this form are necessary for the student to increase proficiency in language and communication skills in order to acquire or continue grade-level academic or daily living skills?

V. Full Range of Needs

- The IEP Team has considered the full range of needs: Yes ☐
- Comments (optional):

This document was prepared by:

Name:

Signature:

Title:

Date:

Student:
