

Vermont Communication Plan for Students who are Deaf, Hard of Hearing, or DeafBlind¹

The Vermont School-Age Professional Deaf, Hard of Hearing, and DeafBlind Working Group², in partnership with the Vermont Agency of Education, has created the communication plan template to assist districts with meeting the requirements set forth in the Individuals with Disabilities Education ACT (IDEA) 2004, §300.324 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

In addition to IDEA, other laws pertaining to students who are deaf/hard of hearing include Section 504 of the Rehabilitation Act of 1973, and Title II of the Americans with Disabilities Act (ADA) that require school teams to consider student's language, communication, and access. The Vermont Communication Plan template can help facilitate a meaningful discussion amongst educational team members to support compliance with all related laws supporting students who are deaf, hard of hearing, or deafblind.

The original template, developed by New Jersey, was created in collaboration with Teachers of the Deaf, administrators from schools for the Deaf and Hard of Hearing, Deaf community members, and other experts in Deaf education and special education.

¹ Adapted from the "Communication Plan for Student who is Deaf/Hard of Hearing or DeafBlind" New Jersey

² The 2021-22 Vermont School-Age Professional Deaf, Hard of Hearing, or DeafBlind Working Group consists of professionals who are ASL Interpreters or Instructors, Communication Facilitators, Educational Audiologists, Teachers for Students who are Deaf or Hard of Hearing, and/or Teachers of the Visually Impaired. This group is hosted by The University of Vermont Center on Disability and Community Inclusion's CARES Team (Consultation for Access, Resources, and Equipment Support for the Educational Teams of Students who are Deaf, Hard of Hearing, or Deafblind) with grant funding from the Vermont Agency of Education.

Contact Information:

If you have questions about this document or would like additional information please contact:

Chris Kane, Student Support Services, at AOE.SpecialEd@vermont.gov.

Student's name: _____ **Date:** _____

Name of person completing the Communication Plan: _____

1. Hearing levels (e.g., list range [-10] to [110+] dB from the audiogram): Left: _____ Right: _____

2. Nature of hearing levels (select all that apply): Sensorineural Conductive Mixed Other: _____

3. Is the student Deaf Plus? Yes No

a. If student is Deaf Plus, what is the disability?

b. How does the disability impact communication?

Section I

The IEP team has discussed and considered the student's communication needs when responding to items 1– 6 below.

1. Student's primary language (check all that apply). This may vary from the family language at home.

Language	Receptive	Expressive	Specify
Spoken English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A
American Sign Language (ASL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A
Signed Language not ASL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

Comment:

2. Student's primary mode of **receptive** communication (check all that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> ASL | <input type="checkbox"/> Pidgin/Contact Sign | <input type="checkbox"/> Signed English/SEE |
| <input type="checkbox"/> Tactile Sign | <input type="checkbox"/> Protactile Sign | <input type="checkbox"/> Speechreading |
| <input type="checkbox"/> Cued Speech | <input type="checkbox"/> Auditory/Oral | <input type="checkbox"/> Home Signs |
| <input type="checkbox"/> Fingerspelling | <input type="checkbox"/> Gestures | <input type="checkbox"/> Pictures/Symbols/Picture Exchange Communication System (PECS) |
| <input type="checkbox"/> Augmentative and Alternative Communication Device (AAC) | <input type="checkbox"/> Other: _____ | |

3. Student's primary mode of **expressive** communication (check all that apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> ASL | <input type="checkbox"/> Pidgin/Contact Sign Language | <input type="checkbox"/> Signed English/SEE |
| <input type="checkbox"/> Cued Speech | <input type="checkbox"/> Spoken Language | <input type="checkbox"/> Speechreading |
| <input type="checkbox"/> Fingerspelling | <input type="checkbox"/> Gestures | <input type="checkbox"/> Home Signs |
| <input type="checkbox"/> Pictures/Symbols | <input type="checkbox"/> Guiding/Leading | <input type="checkbox"/> Pointing |
| <input type="checkbox"/> Vocalizations | <input type="checkbox"/> Eye Gaze | <input type="checkbox"/> Facial Expressions |
| <input type="checkbox"/> Pictures/Symbols/Picture Exchange Communication System (PECS) | | <input type="checkbox"/> Augmentative & Alternative Communication Device (AAC) |
| <input type="checkbox"/> Other: _____ | | |

4. Primary language at home: _____

5. What mode(s) of communication/strategies do family members use when communicating with the student (e.g., sign language, spoken language, gestures, writing, combination, etc.)?

6. What mode(s) of communication does the student use to communicate with family members (e.g., sign language, spoken language, gestures, pointing, writing, combination, etc.)?

7. What supports does the family need to increase communication proficiency with their child?

Section II

The IEP team has discussed and considered **opportunities for direct communication** in the student's primary expressive and receptive language and mode of communication. This is communication that does not require facilitation through an interpreter or other means.

1. Opportunities for direct communication with peers

Direct communication opportunities are available with peers who are hearing, Deaf, or Hard of Hearing in varied settings including in the classroom and during extracurricular activities.

Describe the opportunities for direct communication with peers:

2. Opportunities for direct communication with staff

Direct communication opportunities are available with staff, including teachers, related service providers, administration, office staff, lunchroom personnel, etc.

Describe the opportunities for direct communication with staff:

3. Direct Instruction Opportunities

Direct instruction opportunities are available using the student's primary mode of communication.

Describe direct instruction opportunities:

Section III

1. The IEP team has considered the student's **academic level** and the language and communication supports necessary for the student to access and make progress in the curriculum. Select one:

- The student has the language and communication necessary to acquire grade-level academic skills and concepts in the general education setting.
- The student requires supports in order to increase proficiency in communication, language, and literacy in order to achieve grade-level academic skills.

2. If the student requires supports, describe the supports:

Section IV

The IEP team has considered the **full range of needs** of the student.

- 1. The student has access to all components of the school day including communication-accessible instruction, extracurricular activities, related services, assemblies, lunch, recess, etc.

a. If not, list the supports that are needed:

2. Opportunities for Deaf, Hard of Hearing, or DeafBlind peers and adult role models are provided.

a. Document who on the team will be responsible for arranging the opportunities:

Section V

The IEP team has considered the **assistive technology devices and services** required by the student.

1. Curriculum is delivered directly by a teacher proficient in the student's language(s) and mode(s) of communication identified in Section I.

2. Assistive devices and services required for the student to access the curriculum and educational environment. Check all that apply.

Hearing Aid/Cochlear Implant

FM/DM system

Classroom Auditory Distribution System

Other HAT system (list): _____

Captioned Media

Listening Technology not recommended

Notetaker

CART, C-Print, or TypeWell

Educational Interpreter

Communication Device

Communication Facilitator

Intervener

3. If educational interpreter was selected, what type of interpreter? Select all that apply.

- | | |
|--|---|
| <input type="checkbox"/> American Sign Language Interpreting | <input type="checkbox"/> Signed English Transliterating |
| <input type="checkbox"/> Contact/Pidgin Sign Language Interpreting | <input type="checkbox"/> Cued Speech Transliterating |
| <input type="checkbox"/> Oral Transliterating | <input type="checkbox"/> Protactile Interpreting (for a student who is DeafBlind) |
| <input type="checkbox"/> Tactile Interpreting (for a student who is DeafBlind) | |

4. If communication facilitator (CF) was selected, document what is expected of the CF related to frequency/use of sign and spoken language (e.g., primarily spoken language, primarily sign, equal parts, other) and

5. If educational interpreter, communication facilitator, or intervener was selected, how has the team evaluated or confirmed the language skills or training of this staff member? Select all that apply.

- American Sign Language Proficiency Exam (ASLPI) on Date: _____ with Score: _____
- Educational Interpreter Performance Assessment (EIPA) on Date: _____ with Score: _____
- Contact/Pidgin Sign Language Interpreting
- Intervener Training. Name/Location of Training: _____ Date of Completion: _____
- Other: _____

6. Comments on the consistency of assistive technology and services use in school:

7. Comments on the consistency of assistive technology and services use at home:

8. Comments on the use of sign language in the home:

9. If the student uses ASL, Cued Speech, or Signed Exact English in the school setting, describe when and how the students ASL skills will be monitored and/or evaluated.

10. Other comments for the educational team to consider or review in the future: