

Legal Name of Student

DOB

State Student ID (SASID)

Date

**COMMUNICATION PLAN FOR STUDENT WHO IS DEAF/HARD OF HEARING OR DEAFBLIND**

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, or 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:**

- Auditory
- American Sign Language
- Signing Exact English/Signed English
- Speechreading
- Cued Speech/Cued English
- Conceptual signs (Pidgin Signed English or Conceptually Accurate Signed English)
- Fingerspelling
- Gestures
- Tactile/objects
- Picture symbols/pictures/photographs
- Home signs
- Other, please explain \_\_\_\_\_

**Expressive:**

- Spoken language
- American Sign Language
- Signing Exact English/Signed English
- Conceptual signs (Pidgin Signed English or Conceptually Accurate Signed English)
- Fingerspelling
- Gestures
- Tactile/objects
- Pictures symbols/pictures/photographs
- Cued Speech/Cued English
- Other, please explain \_\_\_\_\_

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

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:*

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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 has been given of all educational options provided by the administrative unit and available for the child/student.  
**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:*