

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

\_\_\_\_\_  
Date

## Language and Communication Plan

**A tool designed to assist the planning and placement team (PPT) in meeting the individualized education program requirement to address the special language and communication considerations for students who are deaf or hearing impaired.**

Regardless of the amount of the student's residual hearing, the ability of the parent(s) to communicate or the student's experience with other communication modes, the PPT has provided educational opportunity and considered the following:

1.) A. The language and communication needs of the student through:

Assessment                       Discussion                       Observation

B. The student's primary language/communication mode is one or more of the following:

Spoken Language                       American Sign Language                       English-Based Manual or Sign System

Other \_\_\_\_\_

2.) The availability of deaf/hard of hearing adult role models and a peer group of the student's communication mode or language.

Determination/Action plan

3.) All educational options available for the student, the explanation of which has been provided by the PPT.

Options Discussed

4.) The certification and qualifications of teachers, interpreters\* and other personnel, required to deliver the language and communication plan, as well as the proficiency in and the ability to accommodate for the student's primary communication mode or language.

\*Includes American Sign Language interpreter; English transliteration, oral interpreting, cued language transliteration and deaf-blind interpreting.

Determination/Action Plan

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- 5.) The accessibility (related to communication) of academic instruction, school services and extracurricular activities the student will receive.

Determination/Action Plan

- 6.) The necessity and use of appropriate accommodations/modifications, including assistive devices/services, communication accommodations and physical environment accommodations:

**Assistive Devices/Services**

- |   |   |
|---|---|
| <input type="checkbox"/> Captioned/Signed Media                   | <input type="checkbox"/> Captioned Services (i.e., CART, C-Print, Typewell) |
| <input type="checkbox"/> Frequency Modulation (FM) System         | <input type="checkbox"/> Hearing Aid/Cochlear Implant Monitoring            |
| <input type="checkbox"/> Note Taking                              | <input type="checkbox"/> Sound Field System                                 |
| <input type="checkbox"/> Videophone/Captioned Telephone (Cap Tel) | <input type="checkbox"/> Augmentative Communication Device                  |
| <input type="checkbox"/> Speech to Text                           | <input type="checkbox"/> Other: _____                                       |

**Communication Accommodations**

- Specialized seating arrangements: \_\_\_\_\_
- Obtain student's attention prior to communicating through speech, sign and/or visual
- FM System
- Reduce auditory/visual distractions (i.e., background noise)
- Enhance speech reading conditions (i.e., avoid hands in front of face and gum chewing; well-trimmed mustaches, etc.)
- Clearly enunciate speech/signs
- Allow time for processing information
- Repeat or rephrase information when necessary and check for understanding

**Physical Environment Accommodations**

- Noise reduction (carpet and other sound-absorption materials)
- Special use of lighting and seating
- Room design modifications
- Alerting devices (visual and auditory)
- Access to announcements via visual and auditory means (general and emergency information)