Worksheet Page 1 of 3

**NORTH CAROLINA COMMUNICATION PLAN WORKSHEET**

**FOR A STUDENT WHO IS DEAF OR HARD OF HEARING**

**Student:**       **DOB:**       **School:**

**Grade:**       **Primary Area of Eligibility:**       **Secondary Area(s) of Eligibility:**

**Type and Degree of Hearing Loss:**       **Type of Amplification:**

**IEP Annual Review Dates:**       **to**

1. **CONSIDER THE STUDENT’S LANGUAGE AND COMMUNICATION NEEDS.**

**1. The student’s language is one or more of the following (check all that apply):**

|  |  |  |
| --- | --- | --- |
| **Language Used** | **Conversational** | **Instructional** |
| **Receptive** | **Expressive** | **Receptive** | **Expressive** |
| English |       |       |       |       |
| American Sign Language |       |       |       |       |
| Other Language:       |       |       |       |       |
| No formal language established |       |       |       |       |

**2. The student’s communication mode(s) and/or methods used to establish language is one or more of the following**

**(Check all that apply):**

|  |  |  |
| --- | --- | --- |
| **Communication Used**  | **Conversational** | **Instructional** |
| **Receptive** | **Expressive** | **Receptive** | **Expressive** |
| American Sign Language (ASL)  |       |       |       |       |
| Alternative Augmentative Communication (specify)       |  |       |  |       |
| Cued Language  |       |       |       |       |
| English-Based Sign Language  |       |       |       |       |
| Spoken Language |       |       |       |       |
| Tactile Signing |       |       |       |       |
| Other (specify):       |       |       |       |       |

3. Using the data from annual assessments measuring language necessary for literacy, describe the student’s functional language and vocabulary level.

4. Describe the language(s) and mode(s) of communication the parents and family members use.

5. What are ways that language and communication needs of the student and family can be addressed in the IEP?

6. Other Comments (optional):

**Student:**       **IEP Annual Review Dates:**       **to**      Worksheet Page 2 of 3

**II. CONSIDER OPPORTUNITIES FOR DIRECT COMMUNICATION WITH PEERS AND PROFESSIONAL PERSONNEL, AND OPPORTUNITIES FOR INSTRUCTION IN THE CHILD’S LANGUAGE AND COMMUNICATION MODE.**

1. Describe how the student accesses the general education curriculum and the supports that provide access, including direct services and accommodations/modifications.

2. Describe how the student communicates and what opportunities are provided for direct communication with peers.

3. Describe how the student communicates with adults in the school environment outside of the instructional setting.

4. What are ways in which opportunities for direct communication and instruction in the student’s language and communication mode can be addressed in the IEP?

**III. CONSIDER ACADEMIC LEVEL**

1. Does the student have the communication, language, and literacy skills necessary to acquire grade-level academic skills and concepts in the general education curriculum? [ ] YES [ ]  NO

2. If YES, describe the supports needed for the student to continue communication, language and academic proficiency.

 If NO, describe the supports needed to increase proficiency in communication, language and literacy.

**IV. CONSIDER FULL RANGE OF NEEDS**

1. Describe the student’s level of access to all other educational components of the school (related services, guidance counseling, recess, lunch, assemblies, extra-curricular activities, etc.) and the supports/accommodations to consider that allow for access.

2. Describe the potential opportunities for students to interact with other deaf or hard of hearing adults.

**V. CONSIDER NEED FOR AMPLIFICATION AND ASSISTIVE TECHNOLOGY DEVICES AND/OR SERVICES.**

1. Check all to consider.

[ ]  No amplification

[ ]  Hearing aid(s)\*

[ ]  Cochlear implant(s)\*

[ ]  Other device \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (e.g. BAHA\*, bone oscillator, etc…)

[ ]  FM system

[ ]  Personal

[ ]  Soundfield

[ ]  Augmentative Alternative Communication Device.

[ ]  Assistive Technology Service

2. Describe why amplification/assistive technology devices and/or services are or are not being considered.

\*NC 1500-2.2 and 2.3; NC 1501-2.3

**Student:**       **IEP Annual Review Dates:**       **to**      Worksheet Page 3 of 3

**VI. DOCUMENTATION OF DATA TO BE USED IN PLACEMENT DECISIONS.**

List formal and informal assessment measures used in Section I, Question 3 to describe the student’s communication, language and vocabulary skills that will be relevant when placement is being considered.

**VII. SIGNATURES**

|  |  |  |
| --- | --- | --- |
| Name | Title | Date |
|  |       |       |
|  |       |       |
|  |       |       |
|  |       |       |
|  |       |       |
|  |       |       |
|  |       |       |