



Public Schools of North Carolina

# The New Communication Plan Worksheet

Statewide Training for Using it Effectively

**Consultants for Deaf & Hard of Hearing**

*Sensory Support and Assistive Technology Section*

*Exceptional Children Division*

*NC Department of Public Instruction*

# Development of the CPW

- Initial CPW
- NC Agenda Task Force
- HB 317
- New Communication Plan Worksheet



# NC Agenda Task Force

- Group of stakeholders who meet regularly to address best practices and needs of students with hearing loss.
- The task force updated the Communication Plan Worksheet to:
  - Facilitate better discussion during IEP meeting rather than a checklist
  - Comply with the HB317



# Who was at the Table?

- Group of Stakeholders from various agencies and LEAs
  - Represented: VR, DPI, LEAs, BEGINNINGS, Parents, IHEs, Cued Language, Schools for the Deaf, EHDI, Audiologists, NCRID, NCAD, Early Intervention, Mental Health.
  - Met monthly since January 2012.
  - Democratic decision making process



# Previous Communication Plan Worksheet

- NC Agenda developed a Communication Plan Worksheet for LEAs to use during the IEP process in 2006.
- Created to address the special factors for DHH students
  - Designed to facilitate IEP Team discussion
  - Is often treated as a checklist
  - Was recommended but not required...***until now***



- (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; and
  - (v) Consider whether the child needs assistive technology devices and/or services.

Authority: 20 U.S.C. 1412(a)(1), 1412a(12)(A)(i), 1414(d)(3),(4)(B), and (7); and 1414(e); 34 CFR 300.324



# Implementation

- The Communication Plan Worksheet (CPW) is required for any child with an IEP who has a hearing loss including:
  - students for which HI is a primary or secondary area of eligibility.
  - Students with hearing loss with ANY disability
  - students who are entering the initial eligibility determination process.
- New CPW required beginning February 1, 2015.



# STEP BY STEP: HOW TO USE THE COMMUNICATION PLAN WORKSHEET





# Page One

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 \_\_\_\_\_



# Page One

- Enter student information as indicated.
- Type and degree of hearing loss:
  - sensorineural or conductive
  - bilateral or unilateral
  - mild, mild-moderate, moderate, moderate-severe, severe-profound or profound.

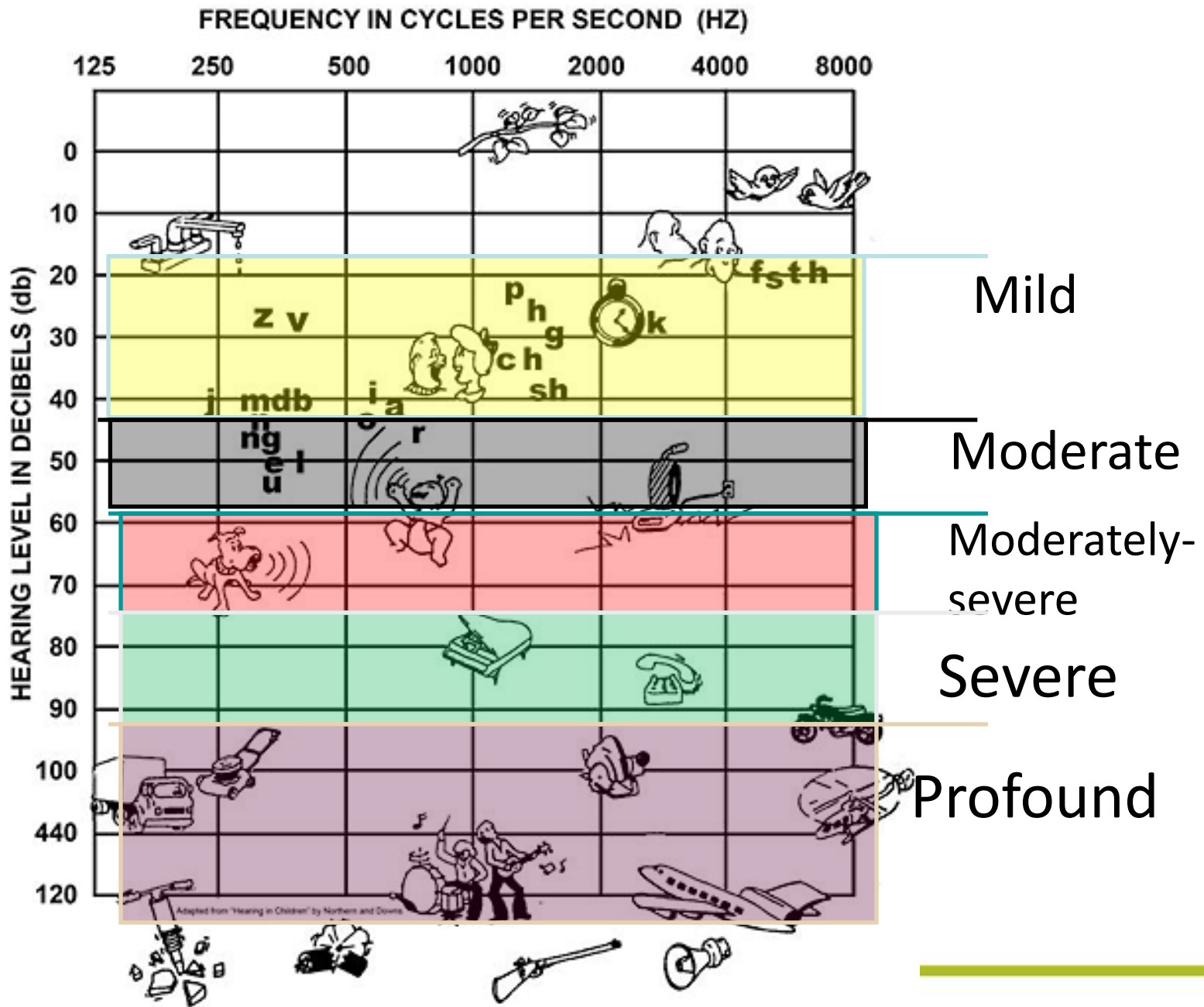
*Where do I find this information?*

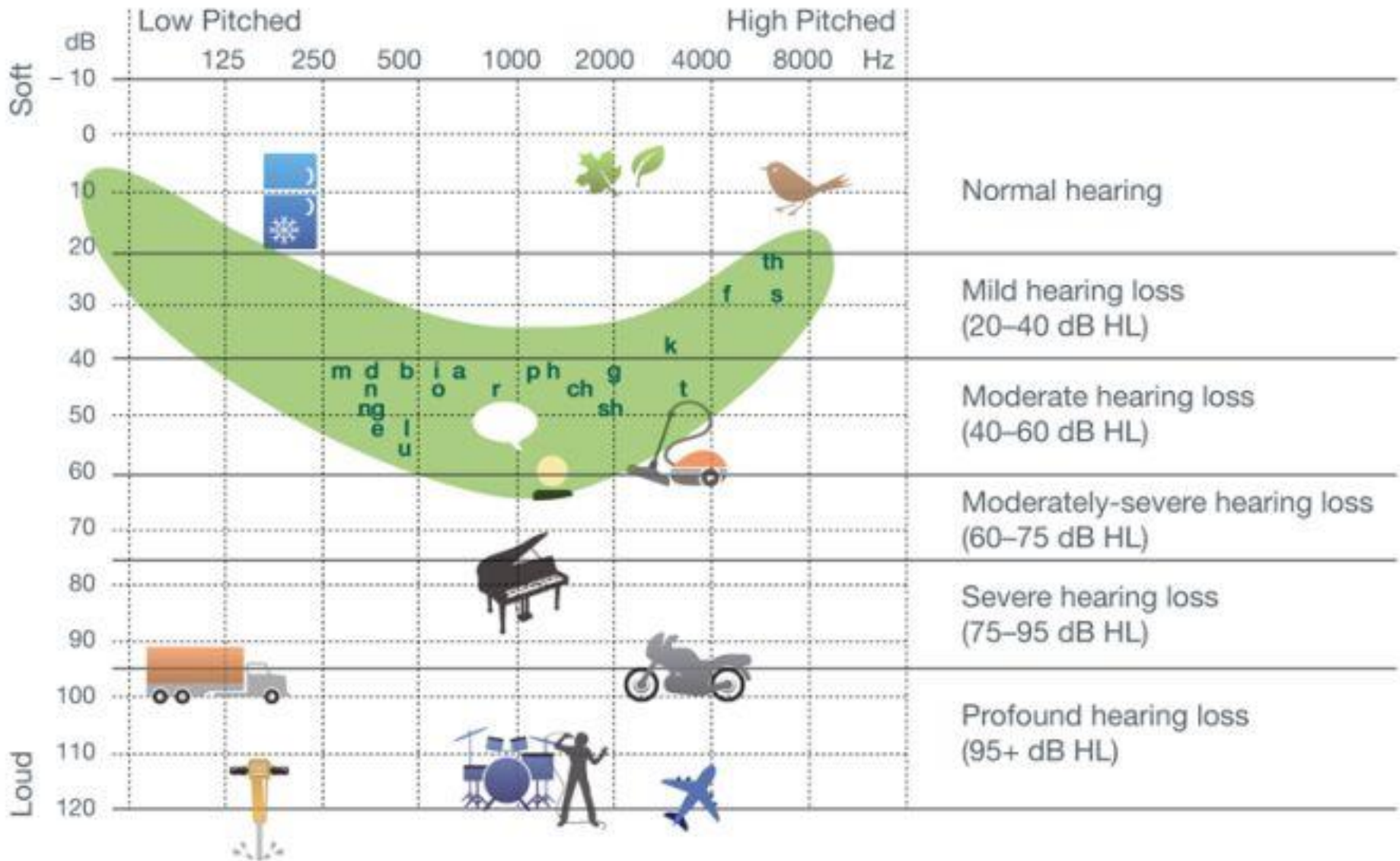


# Audiogram

- A graph showing threshold compared to the average person with typical hearing abilities.
  - Threshold: softest sound identify reliably 50% of the time.
  - Determines:
    - Presence/absence of hearing loss
    - Type, degree, shape of hearing loss
    - Asymmetry







# Conductive Hearing Loss

- Occurs when sound is not conducted efficiently through the outer ear, the eardrum, and or the ossicles of the middle ear.
- Sound is reduced but not distorted.
- Can often be medically or surgically treated.



# Conductive Hearing Loss

- Common Causes:
  - Fluid in the middle ear
  - Perforated eardrum
  - Benign tumor
  - Earwax
  - Infection in the ear canal
  - Presence of a foreign body
  - Absence or malformation of the outer ear, ear canal, or middle ear



# Sensorineural Hearing Loss

- Occurs when there is damage to the cochlea or to the nerve pathways from the inner ear (retrocochlear) to the brain.
- Cannot be medically or surgically corrected. It is a permanent loss.
- Not only are thresholds increased, but sounds are distorted.
- Many many causes.





# Mixed Hearing Loss

- Conductive and sensorineural hearing loss occur together.
- Common Causes:
  - Middle ear infection on top of an existing sensorineural loss.
  - Malformation of the outer and inner ear.



# Normal Hearing

[http://www.phonak.com/com/b2c/en/hearing/understanding\\_hearingloss/how\\_hearing\\_loss\\_sounds.html](http://www.phonak.com/com/b2c/en/hearing/understanding_hearingloss/how_hearing_loss_sounds.html)



# Mild Hearing Loss

- Is still a hearing loss!
- Thresholds between 15-39 dB HL in children.
- Children need more consonant information to learn language.
- May miss up to 40% of the speech signal in a noisy classroom.
- These are the kids who are accused of “Not paying attention.”
- 37% of children with mild or unilateral hearing loss fail at least one grade.
- ALL children with ANY type of hearing loss need assistive technology (i.e. an FM system).
- Classrooms are poor acoustic spaces even for children with normal hearing.

Bess, F. H., Dodd-Murphy, J. and Parker, R. A. (1998). Children with Minimal Sensorineural Hearing Loss: Prevalence, Educational Performance, and Functional Status. *Ear and Hearing*, 19(5), 339-354.



# Mild Hearing Loss

[http://www.phonak.com/com/b2c/en/hearing/understanding\\_hearingloss/how\\_hearing\\_loss\\_sounds.html](http://www.phonak.com/com/b2c/en/hearing/understanding_hearingloss/how_hearing_loss_sounds.html)



# Moderate Hearing Loss

- Often delayed in academics.
- Show gaps in that they can be age appropriate in some areas, and delayed in others.
- Reading comprehension can be poor.
- Difficulty with group discussion.
- Seem to hear everything when amplified, but can sometimes miss some information.
- Written language can suffer.
- Need an FM in school.



# Moderate Hearing Loss

[http://www.phonak.com/com/b2c/en/hearing/understanding\\_hearingloss/how\\_hearing\\_loss\\_sounds.html](http://www.phonak.com/com/b2c/en/hearing/understanding_hearingloss/how_hearing_loss_sounds.html)



# Severe Hearing Loss

- Should be able to detect speech sounds when aided optimally.
- Hearing in noise is very challenging.
- May have severe delays in speech and language.
- Reading comprehension and written language can be poor.
- Difficulty with group discussion.
- Must be aided well to access spoken language.



# Severe Hearing Loss

[http://www.phonak.com/com/b2c/en/hearing/understanding\\_hearingloss/how\\_hearing\\_loss\\_sounds.html](http://www.phonak.com/com/b2c/en/hearing/understanding_hearingloss/how_hearing_loss_sounds.html)





# Profound Hearing Loss

- 20% of babies identified with hearing loss have a profound loss. (agbell.org)
- These children will not be able to learn age appropriate spoken language without aggressive intervention.
- No or minimal access to sound without assistive technology (Hearing aids, cochlear implants).
- Cochlear implant is likely the most effective technology for accessing sound.



# Profound Hearing Loss

[http://www.phonak.com/com/b2c/en/hearing/understanding\\_hearingloss/how\\_hearing\\_loss\\_sounds.html](http://www.phonak.com/com/b2c/en/hearing/understanding_hearingloss/how_hearing_loss_sounds.html)



# Why do you need to know this?

It is important to understand the information you are taking from the medical records of your students, at least on a basic level, so you can better understand how and what they hear and how they can access the curriculum.



# Important Points to Remember

- Type and degree of hearing loss does not automatically determine the communication methodology a student's IEP team will recommend.
  - Children with all types and degrees of hearing loss are able to learn to listen and speak given the appropriate amplification and intervention.
  - Children with all types of hearing loss may use sign language.



# Important Points to Remember

- The IEP should consider past progress with language and literacy and first determine
  - Amount of 1:1 instruction the student has received
  - Does the student's family use the current communication method (e.g. sign language or spoken language)?
  - What factors have been considered if a change in communication approach is suggested?



# Important Points to Remember

- Current Technology has given students with hearing loss more opportunity to access sound in all environments.
- Very few children with hearing loss hear nothing, but the quality of sound may vary, as well as the comprehension of what is heard.
- An audiogram gives a graph of a student's hearing ability in a quiet booth and does not necessarily translate to hearing speech in a noisy classroom.



# Section I

- I. 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 Receptive    Expressive		Instructional Receptive    Expressive	
English				
American Sign Language				
Other Language: _____				
No formal language established				



# Section 1, Number “1”

- This section refers to the **current language** of the student.





# The Student's Language is:

- Receptive: How the student receives his/her language information (input).
- Expressive: How the student produces his/her language information (output).

You may check all that apply, but be sure to consider what the child currently uses to access and use language.



# The Student's Language is:

- Some factors to consider as you look at this section:
  - American Sign Language (ASL) is not English and is not the same as spoken or signed English. It is a separate visual-gestural language with separate syntax and semantic structures with no written form.
  - If a child is currently communicating using a few signs he/she is not necessarily using ASL so consider “No formal language established” or write in “other.”



# The Student's Language is:

- Consider here if the student truly has understanding and use of ASL and/or English before checking both languages.
- What data do you currently have that documents the student uses ASL?”



# The Student's Language is:

- *Conversational:* How does this child communicate both receptively and expressively outside of classroom situations, such as with peers and adults at school and at home?
- *Instructional:* How is the student receiving his/her instruction during the day and how is he/she expected to respond to that instruction in an expressive manner?



# Section I, Number “2”

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)				
Augmentative Communication (specify)				
Cued Language				
English-Based Sign Language				
Spoken Language				
Tactile Signing				
Other (specify)				



# Section I, Number “2”

This section refers not to the student’s **language**, as in the previous section, but to the **communication methodology** used to establish the aforementioned language.



# Definition of Communication Methods

- American Sign Language
  - American Sign Language (ASL) is a complete, complex language that employs signs made by moving the hands combined with facial expressions and postures of the body.
  - It is a visual language, not a spoken language.
  - No written form of ASL exists.

<http://www.nidcd.nih.gov/health/hearing/pages/asl.aspx#1>



# Factors to Consider with ASL

- Some ASL and English vocabulary is not the same.
- Does the student understand the difference?
- How is the student accessing ASL (via interpreter, teacher of the deaf, etc.) and is it truly ASL?
- True Total Communication is not used with ASL because it is difficult to talk and sign since the syntax is different.





# Video Example of ASL

<https://www.youtube.com/watch?v=RS-5K2xXX9Y>



# Definition of Communication Methods

- Augmentative and Alternative Communication (AAC)
  - Augmentative and alternative communication (AAC) includes all forms of communication (other than oral speech) that are used to express thoughts, needs, wants, and ideas.
  - People with severe speech or language problems rely on AAC to supplement existing speech or replace speech that is not functional. Special augmentative aids, such as picture and symbol communication boards and electronic devices, are available to help people express themselves

[www.asha.org](http://www.asha.org)



# Factors to Consider with AAC

- Consider how the student expresses language once he/she has accessed the information.
- AAC is not a receptive method, but is expressive, and is often used for students who have minimal or no ability to speak or use manual communication due to limited oral motor skills or manual dexterity difficulties.



# Definitions of Communication Methods

- Cued Language (Cued Speech)
  - Cued Language is a visual communication system — mouth movements of speech combine with “cues” to make all the sounds (phonemes) of spoken language look different.
  - Cued Language is not a language, but a communication approach for accessing spoken language.

[www.cuedspeech.com](http://www.cuedspeech.com)



# Factors to Consider with Cued Language

- This method is primarily for receptive communication, although some students will use it expressively to help make themselves understood.
- A Cued Language Transliterater should be used if this section is checked so that the communication method is implemented effectively.

*Concerns about availability of a Transliterater should not be the determining factor for considering this approach.*



# Definitions

*Transliteration* is the conveyance of one language in the form of another.

- In spoken language this is reserved for writing foreign sounds in another language.
- According to Humphrey and Alcorn, “Transliteration refers to the process of taking a message and expressing it in a different form of the same language.”
- Interpretation:



# Factors to Consider with Cued Language

- Cued Language is considered a spoken language option.
- Some cochlear implant centers, including UNC Hospitals, are routinely recommending Cued Language (Speech) for students who have cochlear malformations, which impacts quality of sound received with a cochlear implant.





Publ

# Communication Guidelines for Implanted Children with Severe Malformations

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## Abstract

Variation in speech perception and language outcomes exist for children receiving cochlear implants (CI) in the setting of inner ear malformations and/or cochlear nerve deficiency (CND). While many children with severe malformations have sound awareness with their CIs, a poor electrode neural interface from compromised anatomy is a known predictor of poorer spoken language abilities. The purpose of this retrospective review is to compare language scores of implanted children with enlarged vestibular aqueduct (EVA) to those with severe cochlear malformations and/or CND. A case study is included to demonstrate how visual supplementation to spoken language (i.e. Cued Speech may improve communication.)

## Participants

All patients had severe to profound hearing loss and failed a hearing aid trial prior to CI. Inner ear malformations were diagnosed through high resolution magnetic resonance imaging (MRI) and/or computed tomography (CT). Twenty-six children had incomplete partition (IP-EVA) spectrum. Twenty-four children had severe malformations and/or CND that included: hypoplastic spectrum, cystic cochleovestibular malformation, common cavity and semicircular canal atresia.

Age at implantation ranged from 15 months to 15 years.

Electrode choice varied according to malformation type and device availability. After implantation, mapping parameters were established that provided optimized audibility for each child.

## Materials/Methods

Language assessment is standard at our CI Program. A hierarchy of tests are selected based on the child's age and previous level of performance. The Preschool Language Scale 4<sup>th</sup> edition (PLS-4) is administered for children birth to 6 yrs. The Oral Written Language Scale (OWLS) is administered for children 3 to 21 yrs of age. Both tests evaluate a child's receptive and expressive language skills and generate a composite score. Tests are standardized for normal hearing children (normal mean=100; range 85 to 115). Results of the OWLS & PLS-4 are shown for each child tested at their last clinic assessment. Mean duration of CI use was different between the groups (EVA=4.24yrs; range of 1 to 15 yrs; severe malformation/CND=2.59 yrs; range of 1 to 8 yrs)

## Results

Figure 1 shows the average sound field detection thresholds for patients with malformations and/or CND. The green line shows EVA children have an average detection threshold slightly better than those with severe malformations, including CND. The charge levels necessary to attain these thresholds are significantly higher and speech perception abilities significantly lower for the group of children with severe malformation/CND (not shown). This suggests that while detection for the severe malformation/CND group is attainable, reduced spectral representation is apparent.

Figure 2 and Figure 3 show the resulting language standard scores for both populations of children. Patients with EVA demonstrate average standard scores of 75 on the PLS-4 and 69 on the OWLS. By contrast, the severe malformation/CND group has average standard scores of 53 on the PLS-4 and an average standard score 55 on the OWLS. It is apparent that children with severe malformation/CND are not functional spoken language skills.

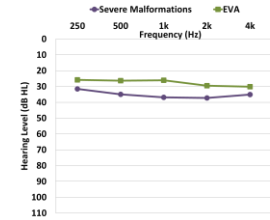
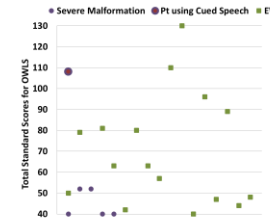


Figure 1



Patients Figure 2



Patients Figure 3

FIGURE 3 | An exception of a child with severe malformation who has developed age appropriate spoken language scores (OWLS=108). This patient developed spoken language through the use of Cued Speech.

Cued Speech is a system that assists in lip-reading. Eight different hand shapes represent consonants. Vowels are denoted by four different positions around the face. The system uses simultaneous spoken language mouth cues and hand cues.

- Benefits of Cued Speech include:
- Development of spoken language through normal patterns
- Clarification of grammatical concepts (i.e. plurals, past tenses)
- Increased reading skills
- Visual representation of the perceived auditory signal
- Supplements non-tonal languages (i.e. French, Spanish)
- Speed to learn the system (between 10-20 hours)

## Conclusions

The type of cochlear malformation is a predictor of spoken language performance on standardized tests. On average children with EVA tend to score within two standard deviations of the mean (PLS-4 Average Total Standard Score= 75) resulting in functional spoken language skills. Children with severe malformations/CND score more than three standard deviations below the mean (PLS-4 Average Total Standard Score=53) resulting in non-functional spoken language. In one case where Cued Speech was implemented early in a patient with a severe malformation and CND, age appropriate spoken language developed (OWLS Total Standard Score=108). We believe that children with severe cochlear malformations and/or CND that are being considered for cochlear implantation should implement a visual communication system, such as Cued Speech, early to assist in the acquisition of expressive and



# Conclusion of UNC Study

The type of cochlear malformation is a predictor of spoken language performance on standardized tests. On average children with EVA tend to score within two standard deviations of the mean (PLS-4 Average Total Standard Score= 75) resulting in functional spoken language skills. Children with severe malformations/CND score more than three standard deviations below the mean (PLS-4 Average Total Standard Score=53) resulting in non-functional spoken language. In one case where Cued Speech was implemented early in a patient with a severe malformation and CND, age appropriate spoken language developed (OWLS Total Standard Score=108). We believe that children with severe cochlear malformations and/or CND that are being considered for cochlear implantation should implement a visual communication system, such as Cued Speech, early to assist in the acquisition of expressive and receptive language.



# Video Example of Cued Speech

<https://www.youtube.com/watch?v=wgFbJkdEjFs>



# Definitions of Communication Methods

- English-Based Sign Language
  - A manual communication method that pairs spoken English with English syntax (sentence structure) and may use ASL concepts and signs to convey a message in English word order.
  - This may also be called Manually Coded English (MCE).



# Definitions

*Transliteration in sign language is English signing that incorporates grammatical features of ASL, and is often used for making auditory information accessible in a visual way.*

*Interpretation is translating between a spoken and a signed language. This usually means someone who interprets what is being said and signs it for someone who can't hear but understands sign.*

*Since ASL (American Sign Language) is a completely different language from English; it cannot be translated "word for word", so it requires considerable skill to be a sign language interpreter.*



# Factors to Consider with English Based Sign Language

- Note the type of sign language used to access language and what the student uses to express him/herself.
- This option may be considered “Total” or “Simultaneous” Communication as speaking and signing can be done simultaneously as the signing matches the spoken language.



# Video Example of Manually Coded English

<https://www.youtube.com/watch?v=7vtVvtZO>  
Rgs



# Video Examples

- [https://www.youtube.com/watch?v=Bc\\_ad2LJWVA](https://www.youtube.com/watch?v=Bc_ad2LJWVA)

## Transliteration and Interpretation



# Definitions of Communication Methods

- Tactile Signing
  - This manual communication method is used with students who have low vision and hearing loss and/or who are deaf-blind.
  - The deaf-blind person puts his or her hands over the signer's hands to feel the shape, movement and location of the signs.

[http://www.aadb.org/factsheets/db\\_communications.html](http://www.aadb.org/factsheets/db_communications.html)





# Factors to Consider with Tactile Signing

- Tactile signing may also be called “hand over hand.”
- A person trained in tactile signing must be used if this communication method is chosen.



# Factors to Consider with Communication Approach

- Need to consider background information in order to make data-driven decisions.



# Section I, Number “3”

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



# Back to the Law

*“The State Board of Education shall...*

Develop assessment procedures and protocols to measure, at least annually or more frequently if specified in a child's Individualized Education Program (IEP), the acquisition of language skills necessary for literacy using linguistically and culturally appropriate assessment tools. The results of these assessments shall be used to determine whether further support and services, if any, are needed for a child.”



# Answering this question

- Describing the student's functional language level will include
  - Current language age as indicated by the objective and subjective measures used to measure progress.
  - Language age and chronological age discrepancy, if any.
  - Current vocabulary data from objective and subjective measures used to track progress.



# Section I, Number “4”

- 4) Describe the language(s) and mode(s) of communication the parents and family members use.
- What language is used *most* at home? (e.g. Spoken English, Spoken Spanish, American Sign Language)
  - What communication method does the family use to communicate with this student at home?
  - Discuss here any additional information pertinent to family communication.



# Section I, Number “5”

- 5) What are ways that language and communication needs of the student and family can be addressed in the IEP?
- Discuss parent education and/or parent participation sessions here.
  - Consider discrepancy, if any, between the family’s primary language and student’s language.
  - Discuss how goals will be written on the IEP that will address language and literacy deficits.



# Section II

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





# Section II, Number “1”

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



# Factors to Consider

- Does the student currently access the regular education curriculum?
  - What supports are currently in place to give the student access?
- Discuss services the student currently has in place.
  - Related Services (SLP, OT, PT, Interpreter, etc.)
  - Accommodations
  - Modifications



# Supports

- Accommodation:
- Related Service:
- Direct Instruction:
- Modification:



# Factors to Consider

- Has the student made significant language gains (i.e. catch-up growth) with the current services in place.
  - If so, discuss contributing factors here.
  - If not, discuss contributing factors here.



# Section II, Number “2”

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



# Section II, Number “3”

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



# Section II, Number “4”

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?



# Section III

## I. 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?  NO  YES
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.





# Section III, Number “1”

- Does the student have the language skills necessary to access the grade-level academic content?
  - Consider language age versus chronological age from annual data collection.
  - If greater than a 1.5 years discrepancy exists, the answer is, “no.”
  - If less than 1.5 years discrepancy exists, the answer is, “yes.”



# Section III, Number “2”

- If “yes,” is checked, consider
  - What supports are needed to continue for that student to make the same rate of progress? Notetaker, FM system, continue with EC Resource, TOD Resource?
  - How was language level determined?



# Section III, Number “2”

- If “no” is checked, then consider
  - What is the exact language delay?
  - How will intervention and/or communication supports change to close this gap?
  - More of the same is not necessarily better.
  - Use of data based on annual progress monitoring for language and literacy to determine support that is necessary for specific deficits.



# Section IV, Number “1”

## 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.



# Questions to Consider

- Does the student utilize a qualified interpreter, transliterator or AAC devices?
- Does the student access their environment through audition? If so, do they utilize FM systems for support in these settings? How?
- What personnel are responsible for these devices in the various settings based on the student's self advocacy skills level?



# Consider Full Range of Needs

- 2) Describe the potential opportunities for students to interact with other deaf or hard of hearing adults.
- Consider Deaf/Hard of Hearing resources within the LEA and the surrounding community.
    - Hitch-Up, DSDHH, NC AG Bell Association, community groups, NC Association for the Deaf, BEGINNINGS, church groups, Sertoma Clubs, Lions Club



# Section V

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



# NC 1500-2.2 Assistive Technology Devices

- NC 1500-2.2 Assistive Technology Device

Assistive technology device means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of a child with a disability. The term does not include a medical device that is surgically implanted, or the replacement of that device.

(Authority: 20 U.S.C. 1401(1); 34 CFR 300.5)





# Section V, Number “1”

- 1) Check all that apply
  - 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 Services



# NC 1500-2.3 Assistive Technology Services

## NC 1500-2.3 Assistive technology service

Assistive technology service means any service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device. The term includes--

- (a) The evaluation of the needs of a child with a disability, including a functional evaluation of the child in the child's customary environment;
- (b) Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices for use by children with disabilities;
- (c) Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;
- (d) Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;
- (e) Training or technical assistance for a child with a disability or, if appropriate, that child's family; and
- (f) Training or technical assistance for professionals (including individuals providing education or rehabilitation services), employers, or other individuals who provide services to, employ, or are otherwise substantially involved in the major life functions of that child.

(Authority: 20 U.S.C. 1401(2); 34 CFR 300.6)



# Section V, Number “2”

- 2) Describe why amplification/assistive technology devices and/or services are or not being considered.
- In examining items “not considered”, explain why.
  - Consider the unique needs of the student and how they will access the educational environment.



## 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 which will be relevant when placement is being considered.



What formal and informal communication, language and vocabulary, measures were used to answer Section I, Question 3?

**Examples:**

- Cottage Acquisition Scales for Listening, Language & Speech (CASLLS)
- Peabody Picture Vocabulary Test (PPVT)
- Clinical Evaluation of Language Fundamentals-4 (CELF-4)
- DIBELS
- EOG



## VII. SIGNATURES

Name	Title	Date

Documentation to ensure  
Communication Plan Worksheet was  
completed.



# Additional Questions to Consider

