

## Language & Communication Plan

A tool designed to assist PPTs in addressing the special communication considerations of Deaf/Hard of Hearing students

Name of student \_\_\_\_\_

Date \_\_\_\_\_

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 Planning and Placement Team (PPT) has provided educational opportunity and considered

**1) a. the student's language & communication needs, 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**

Determinations/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; Deaf / Blind Interpreting

Determination/Action Plan

\_\_\_\_\_  
\_\_\_\_\_

**4) the accessibility (related to communication) of academic instruction, school services, and extracurricular activities the student will receive**

Determination/ActionPlan: \_\_\_\_\_

**5) the necessity and use of appropriate accommodations/modifications including assistive devices/services; communication accommodations; and physical environment accommodations**

modifications \_\_\_\_\_

Accommodations \_\_\_\_\_

Devises/services/other \_\_\_\_\_

**Assistive Devices / Services:**

- |   |   |
|---|---|
| <input type="checkbox"/> Captioned / Signed media   | <input type="checkbox"/> Captioned Services (i.e., CART, C-Print, Typewell) |
| <input type="checkbox"/> FM System                  | <input type="checkbox"/> Hearing Aid / Cochlear Implant monitoring          |
| <input type="checkbox"/> Note taking                | <input type="checkbox"/> Sound field system                                 |
| <input type="checkbox"/> TTY / Video phone / CapTel | <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 (avoid hands in front of face, mustaches well-trimmed, no gum chewing)
- ☐ 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 & 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 information, emergency)

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