

### Language and Communication Plan

A tool designed to assist both the 504 team and planning and placement team (PPT) in meeting federal and state requirements to address the special language and communication considerations for students who are deaf or hard of hearing.

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 or 504 team 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 or 504 team.

Options Discussed

4) The required certification and qualifications of teachers, \*interpreters and other personnel to deliver the LCP, 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.

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

\_\_\_\_\_  
Date

Determination/Action Plan

- 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 (e.g., 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"/> Videophone/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 (avoid hands in front of face, mustaches well-trimmed, and no gum chewing)
- Clearly enunciate speech/signs

---

Name of Student

---

Date

- 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 information and emergency)

**7) Procedures for alerting the student to an emergency situation and a process to inform all relevant parties who may be responsible for implementation of an emergency communication plan.**

Procedures/Action for Alerting Student

Procedure for Notifying all Relevant Personnel

**8) Other specific needs of the student during the course of the emergency.**

Other Student Specific Needs