Early Intervention Communication Plan for a Child Who is Deaf, Hard of Hearing, or Deaf-Blind

Child's Name_____
Date_____
Additional local program information_____

The primary purpose of the Early Intervention Communication Plan is to promote discussion among all members of the Individualized Family Service Plan (IFSP) or Individualized Education Program (IEP) team. It is the team's responsibility to review the child's strengths and needs based on communication access and skills. The results of this discussion should be used to develop the contents of the IFSP/IEP.

The IFSP/IEP team shall address the communication needs of children who have a hearing loss. The EI Communication Plan is an optional tool that identifies considerations that should be addressed during the planning process. The team may choose to use this tool as an aid to the team discussion and embed the communication plan components into the IFSP/IEP; or the team may select to complete the EI Communication Plan and append it to the printed IFSP/IEP. Both options should be explained to the parents/caregivers.

I. Language and Communication Needs

1. *The primary language to be checked is the language most frequently used across settings by the child and family. This information should be used by the IFSP/IEP team and may be documented in Section II Child and Family Information (page 3), "Summary of the Child's Present Performance" and "Summary of Family Information". These sections provide contextual information to be addressed through the development of outcomes/goals and teaching strategies*.

The child and family's current primary language is one or more of the following. (Check all that apply).

- ☐ American Sign Language (ASL) – A visual language which is totally accessible to children who are deaf.
- ☐ Signed Language Other than ASL
- ☐ Spoken English
- ☐ Spoken Language Other than English_____
- ☐ Other_____

2. *Communication options to be checked are those options that are most frequently used and preferred by the family and child to receive communication and express ideas across settings. This may be different for receptive and expressive preferences. This information should inform the team regarding the preferred method for learning and may be documented in the IFSP/IEP in Section II Child and Family Information (page 3), "Summary of the Child's Present Performance" and "Summary of Family Information".*

The child and family's current primary communication option is one or more of the following. (Check all that apply).

Receptive –understanding others

- ☐ American Sign Language
- ☐ Conceptual signs (Pidgin Signed English or Conceptually Accurate Signed English)
- ☐ Listening
- ☐ Cued Speech/Cued English
- ☐ Finger Spelling
- ☐ Touch Cues
- ☐ Gestures
- ☐ Signing Exact English/Signed English
- ☐ Tactile Sign Language
- ☐ Object/Picture System
- ☐ Speech Reading/Lip Reading
- ☐ Other, please explain _____
- ☐ Not established yet

Expressive - sharing thoughts, ideas, and feelings

- ☐ American Sign Language
- ☐ Conceptual signs (Pidgin Signed English or Conceptually Accurate Signed English)
- ☐ Spoken Language/Speech
- ☐ Cued Speech/Cued English
- ☐ Finger Spelling
- ☐ Touch Cues
- ☐ Gestures
- ☐ Signing Exact English/Signed English
- ☐ Tactile Sign Language
- ☐ Object/Picture System
- ☐ Other, please explain_____
- ☐ Not established yet

We are considering or would like more information on the following: (Check all that apply)

- ☐ American Sign Language
- ☐ Conceptual signs (Pidgin Signed English or Conceptually Accurate Signed English)
- ☐ Cued Speech/Cued English
- ☐ Fingerspelling
- ☐ Gestures
- ☐ Home signs
- ☐ Listening and Spoken Language
- ☐ Pictures symbols/pictures/photographs
- ☐ Signing Exact English/Signed English
- ☐ Speechreading
- ☐ Tactile/objects
- ☐ Other, please explain
- ☐ Action Plan, if any:

3. *Identify the options used and describe the effectiveness of the communication experienced between the child and family members/caregivers. This should address the preferred communication option of the family and child. If the current options are not effective, the team should consider whether to develop goals during the IFSP/IEP to improve the child's effective communication with family members/caregivers. This information may be included in the IFSP/IEP in Section II and goals documented in Section IV.*

Describe the options used and the effectiveness of the child's language and/or communication with his/her family members/caregivers. _____

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4. *Identify the options used and describe the effectiveness of the communication experienced between the child and his/her peers, if age appropriate. This should address the preferred communication option of the child. If the current option is not effective, the team should consider whether to develop goals during the IFSP/IEP to improve the child's effective communication with peers. This information may be included in the IFSP/IEP in Section II and goals documented in Section IV.*

Describe the options used and the effectiveness of the child's language and/or communication with his/her peers.

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5. *For those children who have both visual impairment and a hearing loss (Deaf-Blindness), identify the options used and describe how they provide access to visual and environmental information. This should address the communication option used for intervention/instruction. If the current option is not effective, the team should develop goals to improve communication in order to make visual and environmental information more accessible to the child. This information may be included in the IFSP/IEP in Section II and goals documented in Section IV.*

If the child has both visual impairment and a hearing loss, identify the options used and the effectiveness of communication in providing access to visual and environmental information. _____

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II. Opportunities for Direct Communication

1. *Identify settings/situations which provide opportunities for direct communication between the child and his or her family/caregivers using the child's preferred language and communication option without the use of an interpreter. If communication is not effective, the team should consider developing goals that promote direct communication with the child and family/caregivers or whether additional supports are needed in order to*

promote opportunities for direct communication. This information may be included in the IFSP/IEP in Section II, goals documented in Section IV, and additional supports to be provided in Section V.

Describe the opportunities for direct communication between the child and his or her family/caregivers in the child's language and communication option(s) that are to be addressed in the IFSP/IEP._____

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2. *Identify opportunities for direct communication with friends/peers, other families who have a child who is deaf, hard of hearing or Deaf-Blind, and adult role models who are deaf, hard of hearing or Deaf-Blind. If these opportunities do not currently exist, the team should consider whether to develop goals to improve the child's access to peers, the family's access to other families, and adult role models. This information may be included in the IFSP/IEP in Section II, goals documented in Section IV, and additional supports to be provided in Section V.*

Describe opportunities for direct communication with peers, other families who have a child who is deaf, hard of hearing or Deaf-Blind, and adult role models who are deaf, hard of hearing or Deaf-Blind which are to be addressed in the IFSP/IEP._____

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3. *Identify settings/situations which provide opportunities for direct communication between the child and interventionists/educational staff without the use of an interpreter or transliterator. If communication is not effective, the team should consider developing goals that promote direct communication with the interventionists/educational staff or whether additional supports are needed in order to promote opportunities for direct communication. This information may be included in the IFSP/IEP in Section II, goals documented in Section IV, and additional supports to be provided in Section V.*

Describe the opportunities for direct communication between the child and interventionists/educational staff which are to be addressed in the IFSP/IEP. _____

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III. Progress, Assistive Technology, Devices and Services

Assistive Technology (AT) can be thought of as 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 children with disabilities. The term does not include a medical device that is surgically implanted, or the replacement of such device (Authority 20 U, S.C 1401(1)). AT devices and/or services can support a child's ability to participate actively in his/her home, child care program, school or other community settings. Examples of AT include FM systems, videophones, and adaptive toys. Examples of AT services are monitoring hearing aids, fm systems, cochlear implants, and instruction in the use of assistive technology devices. This information may be included in the IFSP/IEP in Section V.

1. What language and communication supports are needed for the child to participate and make progress?

- ☐ Intervention/Instruction is delivered by a teacher proficient in the language(s) and communication option(s) identified in Part I, questions 1 and 2.
- ☐ Intervention/Instruction is delivered through the use of a qualified interpreter and/or intervener (if child is Deaf-Blind)
    - ☐ American Sign Language Interpretation
    - ☐ Cued Speech Transliteration
    - ☐ Deaf-Blind Interpreting (tactile or visual)
    - ☐ English Transliteration
    - ☐ Intervener for children who are Deaf-Blind
    - ☐ Oral Interpreting
    - ☐ Other _____
- ☐ Assistive devices/services have been considered:
    - ☐ Cochlear implant monitoring

- ☐ Communication device
- ☐ FM system
- ☐ FM system monitoring
- ☐ Hearing aid monitoring
- ☐ Sound field system
- ☐ Other _____

2. Describe how the language and communication supports effectively meet the child's needs? _____

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Glossary of Terms

American Sign Language (ASL) is a visual language which is totally accessible to children who are deaf. It is a unique, signed language that is different from English with its own grammar and syntax.

ASL Interpretation is the process of a third party (interpreter) facilitating communication between people who are hearing and those who are deaf or hard of hearing, by translating between spoken language and ASL. This interpretation must be provided by a qualified interpreter, as defined in the Pennsylvania special education regulations contained in Chapters 14 and 711 of the Pennsylvania Code.

Assistive Devices are any and all types of devices that increase or improve the sound and aid in the understanding of speech. These devices may include personal hearing aids, frequency modulation (FM) systems, induction loop systems, infrared, special inputs for telephone or television and amplified alarms and signals.

Assistive Technology (AT) is 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 children with disabilities. The term does not include a medical device that is surgically implanted, or the replacement of such device. AT (such as FM systems, closed captions, videophones, and adaptive toys) can support a child's ability to participate actively in his or her home, child care program, school or other community settings.

Audiologists are people with a master's or doctoral degree in audiology who specialize in testing hearing and working with those who have hearing loss or deafness. An audiologist's evaluation often results in recommendations about appropriate hearing technology and referrals to physicians and/or other professionals.

Cochlear Implant Monitoring involves follow-up on a continual basis to insure that the cochlear implant is performing correctly and that the child is receiving the intended benefit.

Communication is the exchange of information with intent. It can be verbal, nonverbal, gestural, primitive, or iconic.

Communication Devices are physical objects or tools used to transmit or receive messages. They can range from paper and pencil to communication books or boards that produce voice output and/or written output.

Cued Speech (Language)/ Cued English is an auditory-visual communication approach that focuses on the movements of the mouth when one talks, specifying each sound (phoneme) of spoken language visibly and clearly. This is combined with eight hand shapes called cues and four positions around the face indicating vowel sounds. The hand cues help the child distinguish the sounds that look alike on the lips.

Cued Speech (Language) transliteration is the process of a third party (transliterator) facilitating communication between people who are hearing and those who are deaf or hard of hearing. Working between spoken language and Cued Speech, the transliterator provides appropriate cues while mouthing the spoken English of the communication.

Deaf/deaf means a hearing loss so profound that the person is unable to process linguistic (language) information through hearing alone. People who identify themselves as part of the American Deaf community and culture prefer to use American Sign Language for communication and consider themselves Deaf (with a capitalized D) as opposed to deaf.

Deaf-Blind identifies a condition in which the combination of hearing and visual losses in children cause "such severe communication and other developmental and educational needs that they cannot be accommodated in special education programs solely for children with deafness or children with blindness".

Deaf-Blind Interpreting is the act of describing an environment in addition to relaying relevant information to and from the Deaf-Blind child. This service is delivered in a manner most comfortable to the child and can include both visual and tactile methods.

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Direct Communication is communication that occurs without an interpreter or transliterator.

Direct Intervention/Instruction is communication delivered to and received by the child and reciprocated by the interventionist, educational staff, or parents in the primary language of the child who is deaf or hard of hearing, without the need of a third party (interpreter or transliterator).

Early Intervention - The Early Intervention Services Act of 1990 (Act 212) provides for early intervention services for eligible infants, toddlers and young children in PA. Through collaboration between the Department of Education (PDE) and Department of Human Services (DHS), the Office of Child Development and Early Learning (OCDEL) administers the Commonwealth's early intervention program for eligible infants, toddlers and preschoolers. At a local level, the county early intervention programs administer the program for infants from birth to three years of age. OCDEL contracts services through intermediate units (IUs), school districts, and one private agency for local services to preschoolers from three years of age to the age of beginners.

English Transliteration is a form of interpreting in which, the language base remains the same (e.g., the transliteration of spoken English to a signed English system or to a form which can be read on the lips). This interpreting must be provided by a qualified interpreter, as defined in the Pennsylvania special education regulations contained in Chapters 14 and 711 of the Pennsylvania Code.

Fingerspelling is a representation of the alphabet by finger positions to represent each letter of the alphabet to spell words or connected/longer strings of language.

FM Systems are assistive listening devices that transmit the speaker's voice (parent, teacher, or early intervention professional) via a microphone to an electronic receiver in which the sound is amplified. The sound is transmitted to the child's personal hearing aids or cochlear implant through direct audio input. This reduces the problems of background noise, interference, and distance from the speaker.

Gestures are movements of any part of the body to express or emphasize an idea, an emotion or a function. Gestures are not part of a formal communication system.

Hard of Hearing is a description of a hearing loss, either permanent or temporary, which adversely affects an individual's ability to detect and understand some sounds.

Hearing Aid Monitoring is the process or service of checking the hearing aid on a daily basis to determine that it is functioning properly.

Hearing Loss is any level of hearing (mild, moderate, severe, or profound) which results in a partial or total inability to hear.

Home Signs are a number of signs or gestures that are created and used by parents to communicate with their own infants, toddlers or young children who are deaf or hard of hearing.

Individualized Family Service Plan (IFSP) /Individualized Education Program (IEP) is a written plan developed by parents or guardians and a multidisciplinary team. The IFSP/IEP will do the following:

1. Address the family's strengths, needs, concerns and priorities.
2. Identify support services available to meet these needs.
3. Empower the family to meet the developmental needs of their child who is eligible for services in Early Intervention.

Intervener for children who are Deaf-Blind is an individual who is specially trained to provide clear and consistent sensory information to an individual who is Deaf-Blind. An intervener acts as the eyes and ears of the individual who is Deaf-Blind, making him or her aware of what is occurring in their environment and attaching language and meaning to all experiences.

Language is a systematic and rule-governed, conventional method of communicating. Language is more sophisticated than "just" communication; language inspires cognition and cognition inspires language. They are intricately intertwined. Speech and language are often thought of as the same thing, but actually they are separate aspects of communication. Language is a dynamic, interactive means of expression and communication among people that allows us to transmit our thoughts to other people, express concepts, ideas and emotions, learn to solve problems, and obtain information. The two components of language are (a) receptive language (as in listening, understanding, reading) and (b) expressive language (as in speaking, expression and writing).

Language Model is anyone who provides a fluent demonstration of the family's chosen language(s) to communicate with the infant, toddler or young child.

Lip-reading – see definition for Speech Reading

Listening and Spoken Language/LSL is an approach that teaches children to rely on residual hearing as they learn to speak. Methods may be called "auditory oral" or "auditory verbal". Auditory Oral includes the use of lip-reading/speech reading and other visual supports; Auditory Verbal does not support the use of vision in language learning.

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Low Incidence Disability refers to individuals with disabilities that make up a small percentage of the population. Some examples of these might be individuals with a visual impairment or blindness, hearing loss or deafness, Deaf-Blindness, or significant cognitive impairment.

Object/Picture System uses objects, parts of an object, or pictures as symbols for communication to represent a person, place, object, or activity. For example, a diaper could be used to mean "Let's change your diaper".

Oral Interpreting involves mouthing the words of the speaker or group of speakers to an individual by inaudible mouth movements so that they can be read on the lips.

Primary Language is the language predominantly used by the child and family across settings.

Qualified Interpreter – The Pennsylvania special education regulations contained in Chapters 14 and 711 of the Pennsylvania Code state that educational interpreters must achieve a minimum score of 3.5 on the Educational Interpreter Performance Assessment (EIPA) for the appropriate grade level to which the person has been assigned or be a qualified educational interpreter or qualified transliterator pursuant to the Sign Language Interpreter or Transliterator Act, Act 57 of 2004.

Signed Exact English (SEE II) is a system of manual communication that strives to be an exact representation of English vocabulary and grammar. It is one of a number of such systems in use such as Manually Coded English (MCE), and Seeing Essential English (SEE-I).

Sound Field System is an environmental amplification system that utilizes a portable speaker or a loudspeaker on one or more walls and/or the ceiling. The goal of this type of system is to improve the sound quality for children in the room.

Speech is the oral expression of language. It is the physical production of the sounds in language in order to form words, phrases, and sentences.

Speech Reading/Lip Reading is obtaining meaning of a speaker's words by watching lip and face movements.

Tactile Sign Language is a communication option used by people with both visual impairment and hearing loss, based on a standard system of sign language, perceived by the sense of touch.

Touch Cues are a communication option utilizing touches made in a consistent manner directly on the body to communicate with a child. An example of a touch cue would be touching one side of the child's mouth as you hold them in preparation for a feeding to indicate "Get ready to eat."