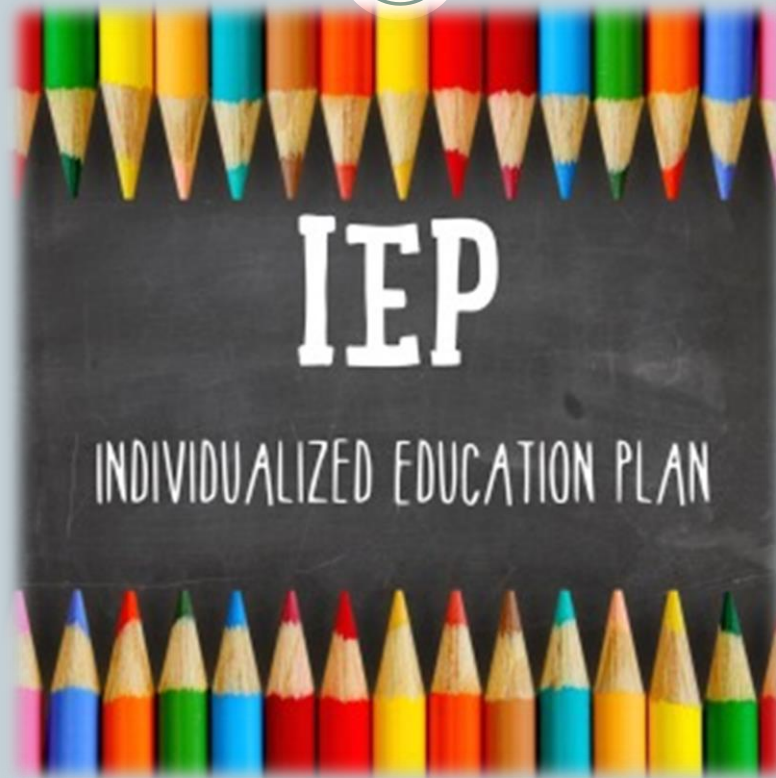


Communication Access as Addressed in the IEP



Use your
arrow
key to
advance
slides

Select “view
slideshow”
on your
toolbar to
begin



**Full text of the
National Deaf
Education
Project's
National
Agenda**



STUDENT NAME: _____ DATE OF MEETING: _____

EDUCATIONAL ACCOMMODATIONS AND SUPPORTS

Complete for initial IEPs and annual reviews. (Anyone responsible for implementing the educational accommodations must be notified of her/his specific responsibilities).

CONSIDERATION OF SPECIAL FACTORS

Check the boxes to indicate if the student requires any supplementary aids and/or services due to the following factors. For any box checked "yes," specify the special factors in the "Supplementary Aids, Accommodations and Modifications" section and/or the Linguistic and Cultural Accommodations section listed below.

- Yes No assistive technology devices and services
- Yes No communication needs including students who are deaf/hard of hearing. If yes, complete linguistic and cultural accommodations section below.
- Yes No limited English proficiency – language needs
- Yes No blind/visually impaired – provision of Braille instruction
- Yes No behavior impedes student's learning or that of others. If yes, the team must consider strategies, including positive behavioral interventions and supports to address behavior. This may include a Functional Behavioral Assessment and/or a Behavioral Intervention Plan. If so, attach any completed forms.

LINGUISTIC AND CULTURAL ACCOMMODATIONS

- Yes No The student requires accommodations for the IEP to meet her/his linguistic and cultural needs. This includes students who are deaf/hard of hearing. If yes, specify any needed accommodations:

- Yes No Special education and related services will be provided in a language or mode of communication other than or in addition to English. This includes services provided to students who are deaf/hard of hearing. If yes, specify any needed accommodations:

For students who are deaf/hard of hearing and others, as applicable:

- Identify the language and communication need(s): ASL Auditory/Oral Cued Speech Speech Generated Device Tactile Signed English Other (please describe) _____
- List the opportunities for direct communication/interaction with peers and professional personnel in the child's language and communication mode:

- List the identified mode of communication accessible in academic instruction, school services, and extracurricular activities that the student will receive:

SUPPLEMENTARY AIDS, ACCOMMODATIONS, AND MODIFICATIONS

Specify what aids, accommodations, and modifications are needed for the child to make progress toward annual goals, to progress in the general education curriculum, participate in extracurricular and other non-academic activities, and to be educated and participate with other children with disabilities and/or nondisabled children (e.g., accommodations for daily work, environmental accommodations, moving from class to class, etc.). Supplementary aids, accommodations, and modifications must be based upon peer-review research to the extent practicable.

SUPPORTS FOR SCHOOL PERSONNEL

- Yes No Program trainings and/or supports for school personnel are needed for the student to advance appropriately toward attaining the annual goals, participate in the general curriculum, and be educated and participate with other students in educational activities. If yes, specify what trainings and/or supports are needed, including when appropriate, the information that clarifies when the trainings and/or supports will be provided, by whom, in what location, etc.



CONSIDERATION OF SPECIAL FACTORS

Check the boxes to indicate if the student requires any supplementary aids and/or services due to the following factors. For any box checked "yes," specify the special factors in the "Supplementary Aids, Accommodations and Modifications" section and/or the Linguistic and Cultural Accommodations section listed below.

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | assistive technology devices and services |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | communication needs including students who are deaf/hard of hearing. If yes, complete linguistic and cultural accommodations section below. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | limited English proficiency – language needs |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | blind/visually impaired – provision of Braille instruction |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | behavior impedes student's learning or that of others. If yes, the team must consider strategies, including positive behavioral interventions and supports to address behavior. This may include a Functional Behavioral Assessment and/or a Behavioral Intervention Plan. If so, attach any completed forms. |

LINGUISTIC AND CULTURAL ACCOMMODATIONS

Yes No

The student requires accommodations for the IEP to meet her/his linguistic and cultural needs. This includes students who are deaf/hard of hearing. **If yes, specify any needed accommodations:**

Yes No

Special education and related services will be provided in a language or mode of communication other than or in addition to English. This includes services provided to students who are deaf/hard of hearing. **If yes, specify any needed accommodations:**

For students who are deaf/hard of hearing and others, as applicable:

- Identify the language and communication need(s): ASL Auditory/Oral Cued Speech Speech Generated Device Tactile
 Signed English Other (please describe) _____
- List the opportunities for direct communication/interaction with peers and professional personnel in the child's language and communication mode:
- List the identified mode of communication accessible in academic instruction, school services, and extracurricular activities that the student will receive:





Questions?



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http://www.ndepnow.org/pdfs/national_agenda.pdf