

# COMMUNICATION PLAN

Communication Plan For: \_\_\_\_\_

Date: \_\_\_\_\_

EVERY CHILD WITH HEARING LOSS NEEDS FULL ACCESS TO COMMUNICATION TO DEVELOP LANGUAGE OPTIMALLY

**Step 1:** With my Service Coordinator and Family Support Team we discussed:

√ YES NO

Language development opportunities \_\_\_\_\_

Communication Features and Modes \_\_\_\_\_

Intervention Program Options \_\_\_\_\_

**Step 2:** We have identified the communication features we want to use with our child (circle):

*Speech, maximal use of hearing, English, gestures, fingerspelling, speech reading, conceptual sign (ASL), cued speech, manual sign (I.e., Signed Exact English), vibrotactile, augmentative communication*

**Step 3:** We discussed using amplification with our SHINE provider, hearing specialist and our audiologist. We realize that our child cannot learn spoken language or speech to the best of his/her ability unless as much speech as possible can be heard everyday by using amplification for all waking hours. Check all that apply.

Hearing aid(s) \_\_\_\_\_ Cochlear Implant(s) \_\_\_\_\_  
 Used all waking hours \_\_\_\_\_ 6 hours per day \_\_\_\_\_  
 \_\_\_\_\_ hours per day (please complete)

We will use amplification because we want our child to speak \_\_\_\_\_

Or we want our child to speak and sign \_\_\_\_\_

No amplification, we want our child to sign \_\_\_\_\_

Other comments: \_\_\_\_\_

**Step 4:** Opportunities our child will have to communicate with other children or adults who are deaf or hard of hearing include (i.e., other families with children who have hearing loss, deaf role models, adults or children that sign, cue, wear hearing aids, or have cochlear implants):

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

**Step 5:** The natural environments, everyday routines, activities, or places that our child will be around others that use the chosen communication features or mode (and wear amplification if desired) include:

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

**Step 6:** The trained professionals who will support our child and family are:

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

PARENT SIGNATURE(S):

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

Monitor Communication Development at least every 6 months by parent(s) completing the SHINE Vocabulary Checklists

Proposed Communication Development Review Dates (month/year)  
 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_  
 5. \_\_\_\_\_

Review the Communication Plan at every communication development monitoring and consider changing as needed if progress in language development is less than expected

Adapted in 2003 from the Colorado Communication Plan for Deaf and Hard of Hearing Students