

Parent/Student Input Form

Student's name:

Birthdate:

Meeting Date:

My child is best at:

My child most enjoys:

My child needs help with:

My child least enjoys:

My child is similar to other children his/her/their age these ways:

My child differs from other kids his/her/their age these ways:

*Use quotes from child when possible

The following information follows Special Factors for Students who are Deaf and Hard of Hearing

IDEA Sec. 300.324 (a) (2)

- a. (iv) Consider the communication needs of the child, and in the case of a child who is deaf or hard of hearing, consider the child's language and communication needs, opportunities for direct communications with peers and professional personnel in the child's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the child's language and communication mode; and
- b. (v) Consider whether the child needs assistive technology devices and services.

Ways my child communicates:

Our child's/student's primary language is one or more of the following: (Check all that apply)

Receptive

Expressive

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | English |
| <input type="checkbox"/> | <input type="checkbox"/> | Native Language (American Sign Language, Spanish, other) |
| <input type="checkbox"/> | <input type="checkbox"/> | Combination of several languages |
| <input type="checkbox"/> | <input type="checkbox"/> | Minimal language skills; no formal primary language |

Describe:

Our child's/student's current communication: Receptive and Expressive: (check all that apply)

Rec. Exp.

- American Sign Language

Rec. Exp.

- Conceptual Signs (Pidgin Sign English, Conceptually Accurate Signed English)

- | | |
|---|--|
| <input type="checkbox"/> <input type="checkbox"/> Cued Speech/Cued English | <input type="checkbox"/> <input type="checkbox"/> Signing Exact English/Signed English |
| <input type="checkbox"/> <input type="checkbox"/> Fingerspelling | <input type="checkbox"/> <input type="checkbox"/> Speechreading |
| <input type="checkbox"/> <input type="checkbox"/> Gestures | <input type="checkbox"/> <input type="checkbox"/> Tactile/Object |
| <input type="checkbox"/> <input type="checkbox"/> Home signs | <input type="checkbox"/> <input type="checkbox"/> Other: Please explain: |
| <input type="checkbox"/> <input type="checkbox"/> Auditory/Spoken language | |
| <input type="checkbox"/> <input type="checkbox"/> Picture symbols/pictures/photos | |

Parent Counseling & Training: Supports needed to increase our proficiency as parents/ family members in communicating with our child/student or helping meet the IEP goals?

The ways our child/student connects with deaf or hard of hearing adult role models, and peer groups in sufficient numbers of the child's/student's communication mode or language are:

The ways connections with adult role models and peers are arranged:

The ways our child/student has received communication-accessible academic instruction, school services, and extracurricular activities are:

The ways our child/student has accessed his/her/their school day including, daily transition times, and activities by full communication access are:

The ways our child's/student's teachers, interpreters, and other specialists have demonstrated proficiency and delivered a communication plan for our child's/student's primary communication have been by:

Ways we help our child at home and in the community:

Inclusion:

Behavior:

Play and socializing:

Ways we have tried to help our child that do NOT work:

Previous strategies and supports provided: (therapy, etc.)

Assistive Communication Devices and Services (34 CFR 300.5-.6)

The types of communication devices my child uses.

- Personal hearing devices (Hearing aid, cochlear implant, tactile device)
- Personal FM or DM system/auditory trainer (w/o personal hearing device)
- Soundfield system
- No Amplification needed

Length of time my child has used their communication device

Click or tap here to enter text.

Ways my child’s amplification can be improved:

Other Helpful Resources:

1. [Self-Advocacy Inventory Checklist](#)
2. [Expanded Core Curriculum for Students who are DHH](#)
3. [Optimizing Outcomes for DHH Students](#) - National Association of State Directors of Special Education www.nasdse.org
4. [CAVE - Checklist Communication Access in Virtual Education](#)

Summary: Our Parent/Child Input Statement

Use the above information to summarize your input at the IEP:

Concerns we have about our child:

Questions we have about our child’s education are:

Suggestions we have about working with our child: