

# Making a Plan for Your Child



## *IFSP Considerations for Children who are Deaf and Hard of Hearing*

National Center on Birth Defects and Developmental Disabilities  
Division of Human Development and Disability



**Child's name:**

**Parent(s) name:**

**Date of birth:**

**Today's date:**

This document is designed to guide conversations between you and your Individualized Family Service Plan (IFSP) team as you address the unique communication considerations for your child.

[You will hear a number of new terms as you build your IFSP. Some of them are bold and **blue** and included in a glossary at the end of this document.]

The Individualized Family Service Plan is developed by you and your early intervention providers working together to support your child's healthy development. This is an ongoing process. It begins when your child is referred to **Part C** early intervention services and it continues through your child's transition out of early intervention by the time he or she is 3 years of age (in most states). The key to achieving your vision for your child's future is your continuing work as an empowered parent. As you provide information, you are the driving force to help others see the unique communication needs of your child. The best way to produce successful outcomes for your child is to combine your effort as a deeply invested parent with the help of a responsive, qualified team of early interventionists.

There are many resources available to ground you in the basic IFSP process. The IFSP process includes tasks like deciding who should be at the meeting, writing appropriate functional outcomes, or developing strategies, etc. Hearing loss is considered a "**low incidence disability**". So, often it is up to the parent to ensure that important topics are addressed. These include **language**, communication choices, access to support, and other considerations unique to hearing loss. This document focuses on things you and your early intervention providers will want to discuss as a team.

\* Try this link for more resources on IFSP's - <http://www.nichcy.org/babies/IFSP/Pages/default.aspx> <http://www.nectac.org/topics/families/ifspprocess.asp>

Some of the unique communication considerations are:

- Decisions about how to communicate with your child.
- Possible use of assistive technology (for example, amplification options and FM system).
- Family training, counseling, and home visits to help you serve as **language models**, to facilitate your child's language development and to become primary advocates for your child.
- How to benefit from peers and role models who are deaf or hard of hearing.
- The best way to work with the family service coordinator. This person should be one of the family's key service providers. Part C of the Individuals with Disabilities Education Act (IDEA) states that the family service coordinator is to be "from the profession most immediately relevant to the infant's, toddler's, or family's needs."
- How to link with qualified, knowledgeable service providers. They should have expertise, experience, and training in assessing and working with deaf or hard of hearing children from birth to 3 years of age. They should also know a lot about your family's chosen communication option, if you have decided on one. (Each service provider should have the appropriate certification.)
- Choosing **assessments** and curriculums that are tailored for children who are deaf or hard of hearing.

A good team listens to the concerns and ideas of each of its members. You are the decision-maker for your child's **modality**. Your confidence in your decision making comes from listening to and learning from the professionals who surround you. Know what you want, or at least which approach you most favor. Understand that your family's needs might change over time depending on many factors. These factors could include:

- Degree of your child's hearing loss,
- Technology your child might use,
- Primary language used in your home,
- And other special needs your child might have.

With your qualified team, develop family goals and outcomes that address the strengths and challenges specific to your child. You will be gaining knowledge about emerging **communication** considerations and making decisions related to communication. The outcomes you develop should reflect your new knowledge. The outcomes should be functional; that is, they should take into consideration communication during important family routines, such as meals, bedtime, and play. The "Communication Plan" on the next page will help you gather your thoughts and help shape discussions with your team.

**Notes:**

## IFSP COMMUNICATION CONSIDERATIONS FOR A CHILD WHO IS DEAF OR HARD OF HEARING

The IFSP team should consider each the following areas and provide opportunities, regardless of the child's hearing level, the ability of the parent(s) to communicate, or the child's experience with other communication modes. (Please ask your IFSP team or other resource people to provide information on any of the following terms that are not familiar.)

### 1. Language and Communication

#### a. The language(s) we currently use in our home are: *(Check all that apply)*

- Home language (English, American Sign Language (ASL), Spanish etc), Specify \_\_\_\_\_
- Combination of several languages

*Describe:*

#### b. We currently communicate with our child using: *(Check all that apply)*

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> American Sign Language (ASL)   | <input type="checkbox"/> Fingerspelling                        | <input type="checkbox"/> Signing Exact English/Signed English |
| <input type="checkbox"/> Conceptual signs (Pidgin Signed English or Conceptually Accurate Signed English) | <input type="checkbox"/> Gestures                              | <input type="checkbox"/> Speechreading                        |
| <input type="checkbox"/> Cued Speech/Cued English   | <input type="checkbox"/> Home signs                            | <input type="checkbox"/> Tactile/Object                       |
|   | <input type="checkbox"/> Listening and spoken language         | <input type="checkbox"/> Other, please explain _____          |
|   | <input type="checkbox"/> Picture symbols/pictures/ photographs |   |

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

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> American Sign Language   | <input type="checkbox"/> Gestures                               | <input type="checkbox"/> Speechreading               |
| <input type="checkbox"/> Conceptual signs (Pidgin Signed English or Conceptually Accurate Signed English) | <input type="checkbox"/> Home signs                             | <input type="checkbox"/> Tactile/objects             |
| <input type="checkbox"/> Cued Speech/Cued English   | <input type="checkbox"/> Listening and Spoken language          | <input type="checkbox"/> Other, please explain _____ |
| <input type="checkbox"/> Fingerspelling   | <input type="checkbox"/> Pictures symbols/pictures/ photographs |  |
|   | <input type="checkbox"/> Signing Exact English/Signed English   |  |

*Action Plan, if any:*

#### d. Describe the supports that are necessary to increase the ability of parents and family members to become **language models**

*Considerations:*

*Action Plan, if any:*

**2.** Assistive technology (AT) is any item that supports a child's ability to participate actively in his or her home, child care program, school, or other community settings. (Some examples are hearing aids, cochlear implants, special FM systems, closed captions, videophones, and adaptive toys.)

**a.** We are currently using the following assistive technology devices:

**b.** We are considering or would like more information on the following:

*Action Plan, if any:*

**3.** Identify opportunities for direct communication with others who are deaf/hard of hearing. Discuss what supports are needed to: Get adult role model connections for the family and identify opportunities for the child to have direct interaction with other children the same age who are deaf or hard of hearing.

*Opportunities considered:*

*Action Plan, if any*

**4.** Discuss supports the family needs to access the services and resources recommended or developed by the early intervention team. That could include the environment in which these might need to be provided.

*Services/Programs considered:*

*Action Plan, if any:*

**5.** List the qualified service providers on the IFSP team who have expertise, experience, and training in assessing and working with children from birth to 3 years of age who are deaf or hard of hearing. Specifically, indicate those service providers with the expertise, experience, and training in the child's and family's chosen communication option(s), if the family has decided on the option(s). (Make sure the providers have appropriate certification).

*Considerations:*

*Action Plan, if any:*

**6.a.** Identify the community opportunities and activities in which the family would like to participate (for example, playgroups, baby gyms, music programs, and story time at the library).

*Considerations:*

*Action Plan, if any:*

**b.** Discuss resources and supports needed to let the child and family fully participate in these community settings with full communication access (for example: visuals, seating, interpreting, FM systems, sound field, and appropriate group size).

*Considerations:*

*Action Plan, if any:*

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## GLOSSARY OF NEW TERMS

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### **ASSESSMENT**

The way in which service providers document a child's progress and determine his or her developmental level. The methods used can be formal or informal.

### **COMMUNICATION**

The exchange of information with intent (can be verbal, nonverbal, gestural, primitive, or iconic).

### **INDIVIDUAL FAMILY SERVICE PLAN (IFSP)**

Written plan developed by parents or guardians and a multidisciplinary team. The IFSP will do the following:

- a. Address the family's strengths, needs, concerns, and priorities.
- b. Identify support services available to meet these needs.
- c. Empower the family to meet the developmental needs of their child with a disability.

### **LANGUAGE**

The systematic and rule-governed, conventional method of communicating. More sophisticated than "just" communication, language inspires cognition and cognition inspires language. They are intricately intertwined.

### **LANGUAGE MODEL**

Anyone who provides a good demonstration of the family's chosen language(s) to communicate with the child.

### **LOW-INCIDENCE DISABILITY**

Individuals with disabilities that make up a small percentage of the population. Some examples of these might be having a visual impairment, hearing loss, a deaf-blindness disability, or significant cognitive impairment. The definition of low-incidence disability varies from state to state.

### **MODALITY**

The sensory channels (that is, vision, touch, or hearing, or a combination of these) through which the family will communicate.

### **PART C OF THE INDIVIDUALS WITH DISABILITIES EDUCATION ACT (IDEA)**

Part C is the section of Public Law 105-17 (IDEA) that refers to early intervention services available to eligible children from birth through 2 years of age and their families



Other resources are available at the following link:

<http://www.cdc.gov/ncbddd/hearingloss/index.html>.

Families also might be interested in the *Decision Guide to Communication Choices for Parents of Children who are Deaf or Hard of Hearing*, available at the same site.