

Legal Name of Child/Student	Child/Student ID	DOB
		Date of Meeting

Literacy Modality & Communication Learning Plan For Students with Combined Vision and Hearing Loss

1. Please indicate the selected mode(s) for this student to achieve literacy.

Literacy modes:

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> (a) auditory | <input type="checkbox"/> (c) visual mode with optical enhancement |
| <input type="checkbox"/> (b) tactual | <input type="checkbox"/> (d) visual mode |

Communication modes:

- | | |
|--|---|
| <input type="checkbox"/> (a) aural/oral speech based | <input type="checkbox"/> (d) gestural |
| <input type="checkbox"/> (b) sign based (ASL, English based) | <input type="checkbox"/> (e) bio-behavioral |
| <input type="checkbox"/> (c) auditory/sign combined based | <input type="checkbox"/> (f) assistive technology |

Current Literacy Mode:	Primary: _____	Secondary: _____
Recommended Literacy Mode:	Primary: _____	Secondary: _____
Current Communication Mode:	Primary: _____	Secondary: _____
Recommended Communication Mode:	Primary: _____	Secondary: _____

2. Justification of learning mode selections: summarize evaluation data and how the learning modes were selected.

* Vision: _____

* Hearing: _____

3. How will learning modes be supported?

* Staff: _____

* Environment: _____

* Adaptations/ Modifications: _____

4. Are the student's learning style & mode integrated into IEP goals and educational activities?

Yes **No** Action Plan, if any: _____

5. Was parent input gathered as a part of the literacy and communication mode selection process:

Yes **No**

6. Does the child have access to communication peers?

Yes **No**

7. If Braille is a selected literacy mode, has the teacher delivering Braille instruction demonstrated competency in Braille reading and writing according to established guidelines from the Colorado Department of Education?

Yes **No** Not Applicable

8. If sign language is a selected communication mode, has the teacher or interpreter delivering the communication plan demonstrated competency in sign language according to the State Competency Standards?

Yes **No** Not Applicable