

## Preschool/Kindergarten Placement Checklist for Children who are Deaf and Hard of Hearing

This checklist is intended to assist parents when considering preschool or kindergarten placement options for their deaf or hard of hearing child. The information should be obtained through observation and discussion with the current early intervention provider and the prospective teacher(s) and IEP team. Placement decisions should consider the child's communication, pre-academic, and social needs in the context of the proposed learning environment.

### Teacher Interview

Name of School: \_\_\_\_\_ Date of Observation: \_\_\_\_\_

Individual Interviewed: \_\_\_\_\_

Title: \_\_\_ Deaf Education Teacher check type: classroom itinerant consultative  
 \_\_\_ Preschool or Kindergarten Teacher \_\_\_ Special Education Teacher \_\_\_ Other

If not a deaf education teacher/specialist, describe previous experience with children who are deaf or hard of hearing: \_\_\_\_\_

Days program offered: \_\_\_\_\_ Hours per day: \_\_\_\_\_

Child's communication mode(s): \_\_\_\_\_ Mode(s) observed in classroom: \_\_\_\_\_

Total number of children in classroom: \_\_\_\_\_ Number of children with hearing loss: \_\_\_\_\_

Age span of children: \_\_\_ to \_\_\_ Child: adult ratio: \_\_\_\_\_

Average speaking/signing distance between teacher and child: \_\_\_\_\_ft

Number of children who are typical language models: \_\_\_\_\_

Amplification used or available: \_\_\_Personal FM \_\_\_Classroom FM/Infrared Other \_\_\_\_\_

Related and Support Services:

<u>Area</u>	<u>Available?</u>		<u>Has had training with D/HH?</u>		<u># of hours in classroom/week</u>
Speech-language therapy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Educational audiology	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Occupational therapy/physical therapy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Psychology	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Counseling by psychologist or social worker	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Other support services available:	_____Deaf/Hard of Hearing Role Models				
___Parent counseling and training	___Parent Support Groups/Activities				
___Transportation	___After school programs				

Comments \_\_\_\_\_

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## Classroom Observation

<b>I. Classroom- Physical Environment</b>	YES	NO
1. Is the room size conducive to learning? (A large room/high ceiling can distort sound; a small room may be noisier.)	_____	_____
2. Is the room adequately lit? (Lighting and shadows may affect speechreading and signing abilities.)	_____	_____
3. Is the ambient noise level for the classroom within recommended standards (noise $\leq 35$ dbA and reverberation $\leq .6$ msec, ANSI S12.60.2002)?	_____	_____
4. Is the room treated to reduce noise (carpet on floor, acoustical ceiling tiles, window coverings, cork or other wall coverings)?	_____	_____
5. Are noise sources in the classroom minimized (e.g., fish tanks, ventilation/heater fans, computers)?	_____	_____
6. Does noise from adjacent spaces (hallways, outside the building) spill over into classroom?	_____	_____
Comments _____		

<b>II. General Learning Environment</b>	YES	NO
7. Does teacher(s)/adult(s) use a variety of techniques to elicit positive behavior from children?	_____	_____
8. Are there a variety of centers (fine motor, art, manipulatives, science, music, dramatic play, sensory, literacy)?	_____	_____
9. Is there a schedule identifying daily routines?	_____	_____
10. Is there a behavior management system that provides clear structure for the class and consistent rules?	_____	_____
11. Does the curriculum standards-based including a variety of themes, topics, and children's literature?	_____	_____
12. Does the teacher use lesson plans to guide daily activities?	_____	_____
13. Are activities modified to meet a variety of children's needs?	_____	_____
Comments _____		

<b>III. Instructional Style</b>	YES	NO
14. Classroom Discourse and Language		
a. Are the teacher(s) and other adults good language models for the children?	_____	_____
b. Is language consistently accessible to the child? (If sign is used, do all adults in the classroom consistently sign, including their communications with other adults?)	_____	_____
c. Are peer responses repeated?	_____	_____
d. Is vocabulary and language expanded by an adult?	_____	_____
15. Teacher's Speaking Skills		
a. Is enunciation clear?	_____	_____
b. Is rate appropriate?	_____	_____
c. Is loudness appropriate?	_____	_____
d. Is facial expression used to clarify the message?	_____	_____

- e. Are gestures used appropriately? \_\_\_\_\_
  - f. Are teacher's (or other speaker's) lips available for speechreading? \_\_\_\_\_
  - g. Is teacher's style animated? \_\_\_\_\_
  - h. Is a buddy system available to provide additional assistance or clarification? \_\_\_\_\_
16. Use of Visual Information
- a. Are props or other visual materials used for stories and activities? \_\_\_\_\_
  - b. Are appropriate attention-getting strategies utilized? \_\_\_\_\_
  - c. Are fingerplays, action songs, and dramatic play used in circle time, story time, centers, etc. \_\_\_\_\_
17. Small Group/Circle Time
- a. Are all children encouraged to share and participate? \_\_\_\_\_
  - b. Does the teacher face children when speaking? \_\_\_\_\_
  - c. Do the children face one another when speaking? \_\_\_\_\_
  - d. Does the teacher lead group activities in an organized, but child-friendly manner? \_\_\_\_\_
  - e. Is appropriate wait time utilized to encourage children to think and participate? \_\_\_\_\_
  - f. Are children seated within the teacher's "arc of arms"? \_\_\_\_\_
  - g. Does teacher obtain eye contact prior to and while speaking? \_\_\_\_\_
  - h. Is the FM microphone passed around to all speakers? \_\_\_\_\_
18. Use of Sign \_\_\_\_\_ Not Applicable
- a. Is sign consistently used by all adults in the class? \_\_\_\_\_
  - b. Is sign consistently used by all children in the class? \_\_\_\_\_
  - c. Does the type of sign used in the classroom match the signs used by this child? \_\_\_\_\_
  - d. Is fingerspelling used? \_\_\_\_\_
  - e. Are gestures used appropriately? \_\_\_\_\_
  - f. Are there opportunities for parents and peers to learn to sign? \_\_\_\_\_
19. Opportunities for Hands-on Experience
- a. Are a variety of materials available? \_\_\_\_\_  
 Check those used: books visual props audio tapes video tapes  
objects for dramatic play manipulatives
  - b. Are stories experienced in a variety of ways? \_\_\_\_\_
  - c. Are there field trips? \_\_\_\_\_
  - d. Are cooking experiences available? \_\_\_\_\_
  - e. Are art and sensory activities activities conducted? \_\_\_\_\_
20. Amplification/Equipment \_\_\_\_\_ Not Applicable
- a. Are personal amplification (hearing aids/cochlear implant) and assistive devices (FM, infrared) checked at school each day? \_\_\_\_\_
  - b. Is amplification used consistently in all learning environments? \_\_\_\_\_

Comments \_\_\_\_\_

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## Reflection

<b>IV. Individual Child Considerations</b>	<b>YES</b>	<b>NO</b>
21. <i>Language Considerations/Abilities</i> Think about how your child communicates thoughts, ideas, and needs. Think about how your child communicates and interacts with other children. Will your child's communication needs be nurtured in this classroom environment? Does the child have sufficient language abilities to benefit from instruction in the classroom? Will this child develop English language competency in this environment	_____	_____
22. <i>Social Interactions</i> Think about how your child plays alone and in groups. Think about how your child interacts with other children. Will your child's social needs be nurtured in this classroom environment? Will this child be encouraged to develop self-advocacy skills?	_____	_____
23. <i>Auditory Skills</i> Does your child attend well? Is your child able to listen in noise? Think about what your child does when he/she cannot hear? Does your child take responsibility for his/her hearing aids? Will your child's auditory needs be supported in this classroom environment? In the lunchroom and other school environments? Is the staff qualified and able to support the child's auditory needs?	_____	_____
Comments _____ _____ _____ _____		

<b>V. School Culture</b>	<b>YES</b>	<b>NO</b>
24. Is there evidence that the school administration supports students with disabilities?	_____	_____
25. Is the school/district administrator knowledgeable about hearing loss?	_____	_____
26. Is the school committed to making the necessary accommodations for children with hearing loss?	_____	_____
27. Is the teacher open to consultation with other professionals or specialists?	_____	_____
28. Does the teacher provide opportunities for individualized attention?	_____	_____
29. Is the teacher welcoming of children with special needs?	_____	_____
30. Is the teacher willing to use amplification technology (hearing aids, FMs, cochlear implants)?	_____	_____
Comments _____ _____ _____ _____		