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| **Team Meeting:****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:** **When we play or work with our child, we usually do these things/activities:**1. **Ways we have tried to help our child with behavior that has worked:**
 | **My child differs from other kids his/her/their age these ways:** 1. **Help my child has received in the past includes:**

 1. **Ways we have tried to help our child that does not work:**
 |

**The following information follows Special Factors for Students who are Deaf and Hard of Hearing** IDEA Sec. 300.324 (a) (2)

* 1. (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
	2. (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**

[ ]  [ ]  English (Signing and speaking English because she is at NW School)

[ ]  [ ]  Native Language (American Sign Language, Spanish, other)

[ ]  [ ]  Combination of several languages

[ ]  [ ]  Minimal language skills; no formal primary language

Other, Describe:

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

**Rec. Exp.**

**Rec. Exp.**

[ ]  [ ]  American Sign Language

[ ]  [ ]  Conceptual Signs (Pidgin Sign English, Conceptually Accurate Signed English)

[ ]  [ ]  Cued Speech/Cued English

[ ]  [ ]  Fingerspelling

[ ]  [ ]  Gestures

[ ]  [ ]  Home signs

[ ]  [ ]  Auditory/Spoken language

[ ]  [ ]  Picture symbols/pictures/photos

[ ]  [ ]  Signing Exact English/Signed English

[ ]  [ ]  Speechreading

[ ]  [ ]  Tactile/Object

[ ]  [ ]  Other: Please explain:

**SPECIAL CONSIDERATIONS**

The following prompts are part of IDEA Special Considerations. Sec. 300.324 (a) (2) Teams (school and family/student) must address these annually.

Respond to the following prompts to the best of your ability. If the prompt doesn’t apply you can add N/A. If you have not had a particular service/support mentioned in the prompt but believe this would be helpful for your student, then you can mention this in your reply. These are all within the rights of a student who is deaf or hard of hearing to request.

1. **Supports needed to increase our proficiency as parents/ family members in communicating with our child/student?**
2. **The ways our child/student connects with deaf, deaf-blind or hard of hearing adult role models, and peer groups in sufficient numbers of the child’s/student’s communication mode or language are:**
3. **The ways connections with adult role models and peers are arranged:**
4. **The ways our child/student has received communication-accessible academic instruction (classroom), school services (library, cafeteria, playground), and extracurricular activities (sports, field trips, school groups) are:**
5. **The ways our child/student has accessed his/her/their school day including, daily transition times in hallways, and activities by full communication access are:**
6. **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:**

**ASSISTIVE COMMUNICATION DEVICES AND SERVICES (34 CFR 300.5-.6)**

Check all the devices the student uses and comments on the use of these devices below.

**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**

**All the time.**

**Ways my child’s amplification can be improved:**

**DISCUSSION POINTS WITH THE TEAM**

Look through the responses above to complete the next prompts.

What are…

1. **Concerns we have about my/our child’s education:**
2. **Questions we have about our child’s education are:**
3. **Suggestions we have about working with our child:**

**HELPFUL RESOURCES TO SHARE WITH THE TEAM**

1. [**Self-Advocacy Inventory Checklist**](https://handsandvoices.org/pdf/SAIInventory.pdf)
2. [**Expanded Core Curriculum for Students who are DHH**](https://educateiowa.gov/sites/files/ed/documents/Expanded%20Core%20Curriculum%20%28ECC%29%20for%20Students%20Who%20Are%20Deaf%20or%20Hard%20of%20Hearing%20%28DHH%29.pdf)
3. [**Optimizing Outcomes for DHH Students**](http://www.nasdse.org/docs/nasdse-3rd-ed-7-11-2019-final.pdf) - National Association of State Directors of Special Education www.nasdse.org