



NEW JERSEY DEPARTMENT OF EDUCATION

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# EDUCATIONAL PLANNING GUIDE

## FOR STUDENTS WHO ARE DEAF OR HARD OF HEARING

# Introduction

The New Jersey Department of Education (NJDOE) organized an advisory committee to examine the needs of students who are deaf\* that receive, or are planning to receive, itinerant services in their current educational setting. Presently in New Jersey, the methods for determining the levels and types of services needed vary among school districts. It was decided that a rubric would be most effective for providing uniform guidance to Local Education Agencies (LEAs) for determining the types of instructional support and/or related services, and the frequency and appropriate personnel to deliver these services.

This rubric should be completed annually, or sooner if a change in services is recommended. Additionally, this tool would be beneficial when making programming decisions for new students, or students recently identified as deaf.

Most information in this rubric can be completed by the child study team and educational staff working with the student who is deaf. However, portions of the rubric might require input from other professionals knowledgeable about deaf education, including a teacher of the deaf, educational interpreter, speech/language specialist and/or educational audiologist, as appropriate.



## Acknowledgements

**We would like to thank the members of the advisory committee who contributed to the creation of this resource document:**

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\* "deaf" is being used as an inclusive term for deaf, Deaf, hard of hearing, DeafBlind, and Deaf Plus/DeafDisabled

## Educational Program Planning Guide for Students who are Deaf/Hard of Hearing

### Directions

- 1) Directions for Completing the Student Communication Profile and Current Educational Program Summary Form
  - a) Review the student's current 504 Plan or Individualized Education Program (IEP).
  - b) Review the student's current audiological report (within the past six months to one year).
  - c) Complete the Student Communication Profile and Current Educational Program Summary sheet.
  
- 2) Directions for Completing the Educational Rubric
  - a) Observe the student in their current educational setting.
  - b) Review the following documents.
    1. Current child study team evaluations/504 evaluations.
    2. District and/or State assessment data.
    3. Classroom portfolio.
  - c) Print and review the domains on the educational rubric.
  - d) Check the factors in each category that apply (Consider Educational Interpreter input for the ASL section- and who evaluates this).
  
- 3) Directions for Completing the Suggestions Form
  - a) Total the number of checked boxes in each category.
  - b) Review the domains and categories with highest totals.
  - c) Consider the recommended level of service for each category.

<b>Category 1</b>	Consultation Services (monthly, bimonthly, quarterly, etc.) and/or annual staff in-service from a teacher of the deaf, speech and language specialist, and/or educational audiologist to ensure continued progress. educational interpreter services as needed.
<b>Category 2</b>	1-2 sessions per week of direct support and/or consult services from a teacher of the deaf, as well as speech and language therapy, and/or educational audiology. educational interpreter services as needed.
<b>Category 3</b>	3-4 sessions per week of direct support and/or consult services in one or more content areas by a teacher of the deaf, speech and language therapy, and/or educational audiology. educational interpreter services as needed.
<b>Category 4</b>	The educational team should meet to discuss appropriate support or placement if services beyond category 3 are needed.

- 4) Complete the Instructional Suggestions Form.
- 5) Discuss suggestions for instructional support and/or related services with the 504/IEP team.

**Educational Program Planning Guide for Students who are Deaf/Hard of Hearing**

**Profile**

Itinerant Program				
<b>Name of School/Program:</b>				
<b>Person Completing Form:</b>			<b>Date of Rubric Review:</b>	
Student Information				
<b>Name:</b>		<b>DOB:</b>		
<b>Chronological Age:</b>		<b>Grade:</b>		
<b>District of Residence:</b>		<b>School:</b>		
<b>IEP or 504:</b>		<b>Eligibility Category:</b>		
<b>Additional Disabilities:</b>				
Primary Language				
<b>Student:</b>		<b>Family:</b>		
Mode of Communication				
<b>Expressive:</b>		<b>Receptive:</b>		
Hearing Loss (HL)				
<b>Age of Identification:</b>		<b>Progressive Loss</b> <b>Yes:</b> <input type="checkbox"/> <b>No:</b> <input type="checkbox"/> <b>Unknown:</b> <input type="checkbox"/>		
<b>Right Ear Type of HL:</b>	<b>Degree:</b>	<b>Left Ear Type of HL:</b>	<b>Degree:</b>	
Hearing Assistive Technology (H.A.T.)				
<b>Age Received Hearing Aid(s):</b>		<b>Age of Hearing Aid(s):</b>		
<b>Hearing Aid Type:</b>		<b>Manufacturer:</b>		<b>Model:</b>
<b>Cochlear Implant Right Ear Model:</b>		<b>Date/Age of Implantation:</b>		<b>Date/Age of activation:</b>
<b>Cochlear Implant Left Ear Model:</b>		<b>Date/Age of Implantation:</b>		<b>Date/Age of activation:</b>
<b>System Used in School</b>	<b>Personal System:</b>	<b>Type:</b>	<b>Manufacturer:</b>	<b>Model:</b>
	<b>Classroom Audio Distribution System (CADS):</b>	<b>Type:</b>	<b>Manufacturer:</b>	<b>Model:</b>
Current Instructional Support and Related Services				
<input type="checkbox"/> <b>Teacher of the Deaf</b>	<b>Frequency/Duration:</b>			
<input type="checkbox"/> <b>Speech and Language</b>	<b>Frequency/Duration:</b>			
<input type="checkbox"/> <b>Educational Audiology</b>	<b>Frequency/Duration:</b>			
<input type="checkbox"/> <b>Educational Interpreter</b>	<b>Frequency/Duration:</b>			
<input type="checkbox"/> <b>CART / C-PRINT/ TypeWell</b>	<b>Frequency/Duration:</b>			
Additional Related Services				
<input type="checkbox"/> <b>AAC devices:</b>	<b>Frequency/Duration:</b>			
<input type="checkbox"/> <b>Other:</b>	<b>Frequency/Duration:</b>			

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	<b>Category 1</b>	<b>Category 2</b>	<b>Category 3</b>	<b>Category 4</b>
<b>Use of Personal Hearing Assistive Technology</b>	<input type="checkbox"/> Demonstrates ability to care for personal device(s) <input type="checkbox"/> Requests assistance if unable to adjust or correct malfunctioning equipment	<input type="checkbox"/> Demonstrates partial ability to care for personal device(s) with adult supervision <input type="checkbox"/> Needs prompts from adult regarding adjustments or corrections of malfunctioning equipment	<input type="checkbox"/> Needs adult supervision of daily checks of personal devices. <input type="checkbox"/> Needs supervision to adjust or correct malfunctioning equipment	<input type="checkbox"/> Needs an adult to perform daily checks of personal devices. <input type="checkbox"/> Needs a professional to adjust or correct malfunctioning equipment
<b>Use of Assistive Technology</b>	<input type="checkbox"/> Demonstrates ability to connect assistive technology with personal devices. <input type="checkbox"/> Requests assistance when equipment is not functioning	<input type="checkbox"/> Requests assistance when equipment is not functioning. <input type="checkbox"/> Needs supervision to adjust or correct malfunctioning equipment	<input type="checkbox"/> Needs adult supervision when connecting assistive technology to personal devices. <input type="checkbox"/> Needs adult supervision regarding adjustments or corrections of malfunctioning equipment	<input type="checkbox"/> Needs an adult to connect assistive technology to personal devices
<b>Receptive Language (and visual attention)</b>	<input type="checkbox"/> Understands initial directions <input type="checkbox"/> Comprehends and processes complex receptive language in large and small group settings without support <input type="checkbox"/> Understands peers in large group settings with ambient noise	<input type="checkbox"/> Occasionally needs directions repeated <input type="checkbox"/> Comprehends and processes complex auditory information in large and small group settings when given minimal cues about topics <input type="checkbox"/> Understands peers in small groups with minimal background noise	<input type="checkbox"/> Often needs directions rephrased <input type="checkbox"/> Limited comprehension of new auditory information in large and small group settings when given cues about topics <input type="checkbox"/> Understands peers in small groups and a quiet setting	<input type="checkbox"/> Consistently needs directions rephrased <input type="checkbox"/> Comprehends simple instruction with support <input type="checkbox"/> Needs clarification to understand peer interactions
<b>Expressive Language</b>	<input type="checkbox"/> Provides expansive responses to complex questions <input type="checkbox"/> Delivers presentations that include descriptive language and complex English structures	<input type="checkbox"/> Provides accurate oral responses to basic questions <input type="checkbox"/> Delivers oral presentations using simple English structures	<input type="checkbox"/> Needs questions repeated in order to produce accurate oral responses to questions <input type="checkbox"/> Needs verbal prompts to deliver oral presentations	<input type="checkbox"/> Needs questions rephrased in order to produce accurate oral responses <input type="checkbox"/> Needs visual and/or verbal prompts to deliver oral presentations
<b>Total:</b>				

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	Category 1	Category 2	Category 3	Category 4
<b>Language Arts/Literacy</b>	<input type="checkbox"/> Vocabulary at or above grade level as determined by formative/summative assessment <input type="checkbox"/> Comprehension of fiction and nonfiction reading passages above grade level <input type="checkbox"/> Writes original stories using complex sentence structures	<input type="checkbox"/> English vocabulary one year below grade level <input type="checkbox"/> Comprehension of modified reading passages at grade level <input type="checkbox"/> Writes original paragraph using basic sentence structures	<input type="checkbox"/> English vocabulary two years below grade level <input type="checkbox"/> Needs additional assistance with decoding and comprehending reading passages at grade level <input type="checkbox"/> Needs prompts to organize thoughts and compose original sentences	<input type="checkbox"/> English vocabulary more than two years below grade level <input type="checkbox"/> Comprehension of reading passages is emerging <input type="checkbox"/> Basic sentence structures are emerging with prompts
<b>American Sign Language (ASL)/ Other Sign System/ Visual Communication Systems</b> (Consider Educational interpreter input- and who evaluates this)	<input type="checkbox"/> Uses complex sentence structure using signs/communication system naturally and with purpose expressively <input type="checkbox"/> Comprehends and processes complex information receptively <input type="checkbox"/> Comprehends and processes complex interpreted information during classroom discourse	<input type="checkbox"/> Uses simple sentence structure using signs/communication system naturally and with purpose expressively <input type="checkbox"/> Comprehends and processes simple information receptively <input type="checkbox"/> Comprehends and processes interpreted classroom discourse when given cues about topics	<input type="checkbox"/> Uses two or three signs/utterances together <input type="checkbox"/> Comprehends and processes interpreted words and phrases in small groups	<input type="checkbox"/> Limited sign language vocabulary <input type="checkbox"/> Uses gestures or one-word signs <input type="checkbox"/> Comprehends and processes interpreted words & phrases in tutorial sessions
<b>Classroom Performance</b>	<input type="checkbox"/> Understands content with initial instruction <input type="checkbox"/> No curriculum modifications <input type="checkbox"/> No modifications for classroom assessments <input type="checkbox"/> General/Special Education teacher reports development of 80%-90% of skills in core content subjects as indicated by classroom portfolio and unit assessments	<input type="checkbox"/> Understands content with pre-teaching and post teaching <input type="checkbox"/> Requires few presentation modifications in IEP/504 plan <input type="checkbox"/> Has minor modifications for classroom assessments (i.e., Simplifying language, removing choices...) <input type="checkbox"/> General/Special Education teacher reports development of 70% of skills in CCCS as indicated by classroom portfolio and unit assessments	<input type="checkbox"/> Needs replacement instruction in small group setting <input type="checkbox"/> Requires significant curriculum modifications in IEP/504 plan <input type="checkbox"/> Has significant modifications for classroom assessments (i.e., completely rewording/shortening assessments, etc.) <input type="checkbox"/> General/Special Education teacher reports development of 60% of skills in CCCS as indicated by classroom portfolio and unit assessments	<input type="checkbox"/> Needs one-to one instruction in content areas <input type="checkbox"/> Needs alternative curriculum for core content subjects <input type="checkbox"/> Has assessments aligned with alternative curriculum in core content subjects <input type="checkbox"/> General/Special Education teacher reports development of 50% of skills in CCCS as indicated by classroom portfolio and unit assessments
<b>Total:</b>				

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	Category 1	Category 2	Category 3	Category 4
<b>Advocacy</b>	<input type="checkbox"/> Demonstrates knowledge of technology options and advocates for its use independently <input type="checkbox"/> Independently advocates for use of accommodations <input type="checkbox"/> Demonstrates use of resources in familiar and unfamiliar settings (i.e., provides examples, more specific language, extra help, captioning, H.A.T. etc.)	<input type="checkbox"/> Demonstrates knowledge of technology options and advocates for its use needing occasional reminders <input type="checkbox"/> Demonstrates knowledge of accommodations needing minimal support <input type="checkbox"/> Demonstrates use of resources in familiar settings	<input type="checkbox"/> Needs instruction of technology options and appropriate advocacy skills when requesting technology <input type="checkbox"/> Developing advocacy skills for accommodations with prompts (1-2 prompts per week) <input type="checkbox"/> Demonstrates use of few resources in current setting & needs support to adjust to unfamiliar settings	<input type="checkbox"/> Needs adult supervision regarding technology options and ongoing prompts to advocate for its use <input type="checkbox"/> Needs adult supervision when implementing appropriate accommodations <input type="checkbox"/> Needs information & training on using resources in unfamiliar settings
<b>Social Skills</b>	<input type="checkbox"/> Uses appropriate social language for interactions with others <input type="checkbox"/> Participates actively in classroom discussions and social activities <input type="checkbox"/> Interprets non-verbal cues appropriately in small and large social settings <input type="checkbox"/> Advocates for oneself when in difficult social situations (bullying, peer pressure)	<input type="checkbox"/> Needs cues for social language in small and large group settings <input type="checkbox"/> Participates passively in classroom discussions and social activities when encouraged <input type="checkbox"/> Benefits from review of social situations where non-verbal cues and etiquette are highlighted <input type="checkbox"/> Benefits from pre-teaching of advocacy skills for challenging social settings	<input type="checkbox"/> Requires modeling of social skills in small and large group settings <input type="checkbox"/> Participates in small group discussions and social activities with specific detailed prompts <input type="checkbox"/> Requires modeling and review of non-verbal cues in social settings <input type="checkbox"/> Benefits from peer support groups and/or counseling to address peer pressure, conflicts, and social isolation	<input type="checkbox"/> Requires specialized instruction for the development of social skills in small and large group settings <input type="checkbox"/> Participates in classroom and social interactions with adult guidance <input type="checkbox"/> Requires specialized curriculum in effective communication skills, including the use of non-verbal cues <input type="checkbox"/> Requires adult intervention to resolve interpersonal conflicts
<b>State Assessments</b>	<b>Advance Proficient:</b> <input type="checkbox"/> Language Arts/Literacy <input type="checkbox"/> Mathematics <input type="checkbox"/> Science, if applicable <input type="checkbox"/> Social Studies, if applicable	<b>Proficient:</b> <input type="checkbox"/> Language Arts/Literacy <input type="checkbox"/> Mathematics <input type="checkbox"/> Science, if applicable <input type="checkbox"/> Social Studies, if applicable	<b>Partially Proficient:</b> <input type="checkbox"/> Language Arts/Literacy <input type="checkbox"/> Mathematics <input type="checkbox"/> Science, if applicable <input type="checkbox"/> Social Studies, if applicable	<b>Alternate Proficiency Assessment:</b> <input type="checkbox"/> Language Arts/Literacy <input type="checkbox"/> Mathematics <input type="checkbox"/> Science, if applicable <input type="checkbox"/> Social Studies, if applicable
<b>District Assessments</b>	<input type="checkbox"/> Scores at or above 85 percentile rank on standardized assessments	<input type="checkbox"/> Scores within 84-68 percentile rank on standardized assessments	<input type="checkbox"/> Scores within 67-50 percentile rank on standardized assessments	<input type="checkbox"/> Scores below 50 percentile rank on standardized assessments
<b>CST/504 Assessments</b>	<input type="checkbox"/> At or above grade level on CST/504 assessments	<input type="checkbox"/> One (1) grade level below on CST/504 assessments	<input type="checkbox"/> Two (2) grade levels below on CST assessments	<input type="checkbox"/> Three (3) or more grade levels below on CST assessments
<b>Total:</b>				

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**Educational Rubric Summary**

Student Name \_\_\_\_\_ District \_\_\_\_\_ Grade/Year \_\_\_\_\_ Date \_\_\_\_\_

Domain	Category 1	Category 2	Category 3	Category 4	Domain	Category 1	Category 2	Category 3	Category 4
Hearing Assistive Technology					Classroom Performance				
Use of Assistive Technology					Advocacy				
Receptive Language					Social Skills				
Expressive Language					State Assessments				
Language Arts/Literacy					District Assessments				
ASL/ Other Sign System/ Visual Communication					CST/504 Assessments				

Additional Factors Impacting Educational Performance	
Attendance	
Schedule Concerns	
Behavior	
Additional Disabilities	
Multilingual Learner	
Other	

Recommended Instructional Support and Related Services	
Category 1	Consultation Services (monthly, bimonthly, quarterly, etc.) and/or annual staff in-service from a teacher of the deaf, speech and language specialist, and/or educational audiologist to ensure continued progress. educational interpreter services as needed.
Category 2	1-2 sessions per week of direct support and/or consult services from a teacher of the deaf, speech and language therapy, and/or educational audiology. educational interpreter services as needed.
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Category 4	The educational team should meet to discuss appropriate support or placement if services beyond category 3 are needed.

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**Comments**

Student Name \_\_\_\_\_ District \_\_\_\_\_ Grade/Year \_\_\_\_\_ Date \_\_\_\_\_

**Comments regarding areas to address as identified in the rubric:**