



STATE OF NEW JERSEY DEPARTMENT OF EDUCATION

New Jersey Communication Plan for Students who are Deaf, Hard of Hearing, or Deafblind¹

The New Jersey Department of Education has created a communication plan template to assist districts with meeting the requirements set forth in the Deaf Student's Bill of Rights (P.L. 2019, Chapter 204), which indicates that all students who are Deaf or Hard of Hearing are to have a communication plan in their IEP or 504 plans.² Additionally, N.J.A.C. 6A: 14-3.7(c) 9 indicates that a student's language and communication needs are to be considered when planning an educational program.³

The New Jersey Communication Plan template can be included/uploaded as an attachment to the student's IEP and referenced in the Present Levels of Academic Achievement and Functional Performance (PLAAFP) under the section for considering any special factors. The Communication Plan elements may be added to any electronic IEP program as well.

This template was developed in collaboration with Teachers of the Deaf, administrators from schools for the Deaf and Hard of Hearing, Deaf community members, and other experts in Deaf education and special education.

For any questions regarding the New Jersey Communication Plan, please email dhh.education@doe.nj.gov.

¹ Adapted from the "Communication Plan for Student who is Deaf/Hard of Hearing or DeafBlind" Colorado and Directions for the "New Hampshire Communication Plan for a Student who is Deaf or Hard of Hearing" New Hampshire

² P.L. 2019, Chapter 204: *Deaf Student's Bill of Rights*; "School districts shall include a communication plan in the Individualized Education Program of a student who is deaf, hard of hearing, or deaf-blind, and in the educational plan prepared pursuant to section 504 of the federal Rehabilitation Act of 1973, 29 U.S.C. s. 794 for a student who is deaf, hard of hearing, or deaf-blind."

³ N.J.A.C. 6A: 14-3.7(c) 9. "In the case of a student who is deaf or hard of hearing consider the student's language and communication needs, opportunities for direct communication with peers and professional personnel in the student's language and communication mode, academic level, and full range of opportunities for direct instruction in the student's language and communication mode."

Date:

1. Degree of hearing (e.g., mild, moderate, profound): Left: Right:

3. Is the student Deaf Plus? Yes No

b. How does the disability impact communication?

The IEP or 504 team has discussed and considered the student's communication needs when responding to items 1–6 below.

Language	Receptive	Expressive	Specify
Spoken English			n/a
American Sign Language (ASL)			n/a
Signed Language not ASL			
Other			

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2. Student's primary mode of **receptive** communication (check all that apply):

- | | | |
|--|--|---|
| <input type="checkbox"/> ASL | <input type="checkbox"/> Pidgin/Contact Sign | <input type="checkbox"/> Signed English/SEE |
| <input type="checkbox"/> Tactile Sign | <input type="checkbox"/> Protactile Sign | <input type="checkbox"/> Speechreading |
| <input type="checkbox"/> Cued Speech | <input type="checkbox"/> Auditory/Oral | <input type="checkbox"/> Home Signs |
| <input type="checkbox"/> Fingerspelling | <input type="checkbox"/> Gestures | |
| <input type="checkbox"/> Pictures/Symbols/Picture Exchange Communication System (PECS) | | |
| <input type="checkbox"/> Augmentative & Alternative Communication Device (AAC) | | |
| <input type="checkbox"/> Other : | | |

3. Student's primary mode of **expressive** communication (check all that apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> ASL | <input type="checkbox"/> Pidgin/Contact Sign Language | <input type="checkbox"/> Signed English/SEE |
| <input type="checkbox"/> Cued Speech | <input type="checkbox"/> Spoken Language | <input type="checkbox"/> Speechreading |
| <input type="checkbox"/> Fingerspelling | <input type="checkbox"/> Gestures | <input type="checkbox"/> Home Signs |
| <input type="checkbox"/> Pictures/Symbols | <input type="checkbox"/> Guiding/Leading | <input type="checkbox"/> Pointing |
| <input type="checkbox"/> Vocalizations | <input type="checkbox"/> Eye Gaze | <input type="checkbox"/> Facial Expressions: |
| <input type="checkbox"/> Pictures/Symbols/Picture Exchange Communication System (PECS) | | |
| <input type="checkbox"/> Augmentative & Alternative Communication Device (AAC) | | |
| <input type="checkbox"/> Other : | | |

4. Primary language at home:

5. What mode(s) of communication/strategies do family members use when communicating with the student (e.g., sign language, spoken language, gestures, writing, combination, etc.)?

6. What mode(s) of communication does the student use to communicate with family members (e.g., sign language, spoken language, gestures, pointing, writing, combination, etc.)?

7. What supports does the family need to increase communication proficiency with their child?

Section II

The IEP or 504 team has discussed and considered **opportunities for direct communication** in the student's primary expressive and receptive language and mode of communication. This is communication that does not require facilitation through an interpreter or other means.

1. Opportunities for direct communication with peers

Direct communication opportunities are available with peers who are hearing, Deaf, or Hard of Hearing in varied settings including in the classroom and during extracurricular activities.

Describe the opportunities for direct communication with peers:

2. Opportunities for direct communication with staff

Direct communication opportunities are available with staff, including teachers, related service providers, administration, office staff, lunchroom personnel, etc.

Describe the opportunities for direct communication with staff:

3. Direct Instruction Opportunities

Direct instruction opportunities are available using the student's primary mode of communication

Describe direct instruction opportunities:

Section III

1. The IEP or 504 team has considered the student's **academic level** and the language and communication supports necessary for the student to access and make progress in the curriculum. Select one:

- ☐ The student has the language and communication necessary to acquire grade-level academic skills and concepts in the general education setting.
- ☐ The student requires supports in order to increase proficiency in communication, language, and literacy in order to achieve grade-level academic skills.

2. If the student requires supports, describe the supports:

Section IV

The IEP or 504 team has considered the **full range of needs** of the student.

1. The student has access to all components of the school day including communication-accessible instruction, extracurricular activities, related services, assemblies, lunch, recess, etc.
 - a. If not, list the supports that are needed:

2. Opportunities for Deaf, Hard of Hearing, or DeafBlind peers and adult role models are provided.
 - a. Document who on the team will be responsible for arranging the opportunities:

Section V

The IEP or 504 team has considered the **assistive technology devices and services** required by the student.

1. Curriculum is delivered directly by a teacher proficient in the student's language(s) and mode(s) of communication identified in Section I.
2. Assistive devices and services required for the student to access the curriculum and educational environment. Check all that apply.

<input type="checkbox"/> Hearing Aid/Cochlear Implant	<input type="checkbox"/> FM/DM system
<input type="checkbox"/> Soundfield system	<input type="checkbox"/> Listening Technology not recommended
<input type="checkbox"/> Captioned Media	<input type="checkbox"/> CART, C-Print, or TypeWell
<input type="checkbox"/> Notetaker	<input type="checkbox"/> Communication Device
<input type="checkbox"/> Certified Educational Interpreter	Intervener

3. If certified educational interpreter was selected, what type of interpreter? Select all that apply.

- | | |
|---|---|
| <input type="checkbox"/> American Sign Language Interpreting | <input type="checkbox"/> Signed English Transliterating |
| <input type="checkbox"/> Contact/Pidgin Sign Language Interpreting | <input type="checkbox"/> Cued Speech Transliterating |
| <input type="checkbox"/> Oral Transliterating | |
| <input type="checkbox"/> Protactile Interpreting (for a student who is DeafBlind) | |
| <input type="checkbox"/> Tactile Interpreting (for a student who is DeafBlind) | |

4. Comments on the consistency of assistive technology and services use in school:

5. Comments on the consistency of assistive technology and services use at home: