



COMMUNICATION CONSIDERATIONS FOR OUR CHILD AND FAMILY

Name: _____ Date: ____ Completed by: _____

This Communication Considerations document will provide information that will help guide your family in preparing for the IFSP meeting. The purpose is to guide your family in considering communication development based on, your desired communication outcomes for your child, your ability to communicate with your child, and community resources available to your child and family.

1. Our family's Guide is: _____

2. Brief description of how your family communicates:

3. All available communication options and related resources have been provided to our family?
___yes ___no

This above mentioned information was provided *by (circle all that apply)*:

GBYS Parent Guide

SKI-HI Parent Advisor

Audiologist

First Steps

Speech/Language Pathologist

Other _____

3. Our family has chosen the following communication method(s), for now, to develop communication skills in our child and to facilitate communication in our family.

American Sign Language Auditory Verbal Auditory Oral Cued Speech

Signing Exact English Total Communication Other _____

Not yet decided / need more information

Comments:

4. Our family understands the importance of working with providers who have proficiency in and/or are able to accommodate for our child's primary communication mode or language.
_____ Yes _____ No

5. Our family needs additional information in order to understand our child's degree of hearing loss. ___ yes ___ no

Further inservice by the audiologist is desired. ___ yes ___ no

Comments:

6. Our family will be provided the opportunity to (*circle all that apply*):

- a. Network with community members or with other families of children who are deaf or hard of hearing
- b. Visit/observe programs offering various communication options
- c. Participate in activities related to communication development

Comments:

7. Our family understands the importance to learn strategies to (*circle all that apply*):

- a. Develop spoken and/or signed language
- b. Monitor the progress of our child's language development
- c. Monitor if the chosen communication mode is appropriate

Comments:

8. Our family understands (*circle all that apply*):

- a. Our child's hearing loss
- b. The impact of hearing loss on language development
- c. The general ways that children acquire language
- d. The different communication opportunities available for language development

Comments:

9. Our family has chosen to pursue amplification for our child ___ yes ___ no

not yet decided / need more information

10. Other Needs and Considerations (*circle all that apply*):

- a. Medical Follow up with PCP
- b. Vision Evaluation / screening
- c. Genetic Evaluation
- d. Parent Support Organizations