SECTION 3: TEAM DISCUSSION TOOL AND TEAM SUMMARY SHEET THIS SECTION SHOULD BE COMPLETED BY THE GUIDELINES COORDINATOR.

THIS CHECKLIST IS INTENDED TO GUIDE DISCUSSION REGARDING:

- A) IS THE EDUCATIONAL PROGRAM (CURRENT OR ALTERNATE ONE BEING CONSIDERED) PROVIDING THE SUPPORTS NECESSARY TO MEET THE NEEDS OF THIS STUDENT?
- B) IF THE PROGRAM(S) DOES NOT MEET THE STUDENT'S NEEDS, WHAT MODIFICATIONS ARE RECOMMENDED AND CAN BE MADE TO
- C) IF RECOMMENDED ACCOMMODATIONS CANNOT BE MADE, WHAT ARE THE CHARACTERISTICS OF AN EDUCATIONAL PROGRAM TO BETTER MEET THE STUDENT'S NEEDS?

DESCRIBE THE	SETTING	RFING	RFV	IFWFD.
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CURRENT EDUCATIONAL PROGRAM

ALTERNATE EDUCATIONAL PROGRAM BEING CONSIDERED

LANGUAGE AND COMMUNICATION

1.	Does the educational setting provide accessible language for the development of academic achievement? Yes No
	If no, can a program modification be made? Yes No
	Describe possible program modification:
	Comments:
2.	Does the program provide direct instruction (i.e., not through a third party, such as an interpreter, transliterator, or realtime captioning) to this student? Yes No
	If yes, is direct instruction provided all day? Yes No
	If no, does the student perform equally well with direct and third party instruction? Yes No
	Comments:

3.	Does the program provide habilitation services to facilitate listening and spoken language skill development as recommended on a student's IFSP/IEP/504 plan? Yes No
	If no, can a program modification be made? Yes No
	Describe possible program modification:
	Comments:
4.	Does the program provide other recommended supports to facilitate a student's access to the curriculum as determined by the IFSP/IEP/504 plan (e.g., CART, communication facilitators)? Refer to the classroom strategies/accommodations appendix. Yes No
	If no, can a program modification be made? Yes No
	Describe possible program modification:
	Comments:
TAFF	AND TRAINING
5.	Are the services of an educational audiologist available to oversee and monitor a student's cochlear implant technology needs? Yes No
	If no, can a program modification be made? Yes No
	Describe possible program modification:

Comments:

6.	Are supports from other specialists (e.g., teacher of the deaf, certified educational interpreter) experienced in working with students who use cochlear implants available as recommended in a student's IFSP/IEP/504 plan? Yes No
	If no, can a program modification be made? Yes No
	Describe possible program modification:
	Comments:
7.	When listening and spoken language skill development services are recommended, does the service provider have training and experience working with students who have cochlear implants? Yes No
	If no, can a program modification be made? Yes No
	Describe possible program modification:
	Comments:
8.	Are teachers and staff members trained in understanding the needs of students with cochlear implants and implementing recommended accommodations and strategies? Yes No
	If no, can a program modification be made? Yes No
	Describe possible program modification:
	Comments:
9.	Is there consistent collaboration among educational professionals (e.g., teachers of the deaf, classroom teachers, special educators, other specialists) involved with the student? Yes No
	If no, can a program modification be made? Yes No
	Describe possible program modification:
	Comments:

EQUIPMENT AND TECHNOLOGY

10.	Is the acoustic environment (e.g., classroom and non-classroom settings) appropriate for a student with a cochlear implant? (Refer to the Accommodations appendices.) Yes No		
	If no, can a program modification be made? Yes No		
	Describe possible program modification:		
	Comments:		
11.	Are there appropriate hearing assistive technology systems (HATS) available and supported (e.g., FM systems, infrared systems)? Yes No		
	If no, can a program modification be made? Yes No		
	Describe possible program modification:		
	Comments:		
12.	Are there staff members identified, trained, and responsible for daily troubleshooting of the cochlear implant		
	and associated HATS to confirm their proper functioning? Yes No		
	If no, can a program modification be made? Yes No		
	Describe possible program modification:		
	Comments:		
13.	Is there a mechanism for ongoing home-school collaboration related to the cochlear implant (e.g., changes in mapping, maintaining spare parts at school, follow-up regarding functioning of the equipment)? Yes No		
	If no, can a program modification be made? Yes No		
	Describe possible program modification:		
	Comments:		

OTHER INTEGRAL CONSIDERATIONS

14.	Does the program provide an appropriate peer group and opportunities for social interactions? Yes No
	If no, can a program modification be made? Yes No
	Describe possible program modification:
	Comments:
15.	Does the program have a mechanism in place to help the student build a positive self-image as a child who is deaf (e.g., meeting/interacting with other students and adults who are deaf or hard of hearing)? Yes No
	If no, can a program modification be made? Yes No
	Describe possible program modification:
	Comments:
16.	Does the program facilitate student and/or family advocacy skills related to the use of a cochlear implant (e.g., informing others of the purpose and benefit of the device)? Yes No
	If no, can a program modification be made? Yes No
	Describe possible program modification:
	Comments:
17.	Does the program facilitate student/family advocacy skills (e.g., informing others when the educational program is not accessible for learning and/or social interaction) in an effort to build self-advocacy independence? Yes No
	If no, can a program modification be made? Yes No
	Describe possible program modification:
	Comments:

TEAM SUMMARY SHEET

The educational program meets the student's needs. No modifications are recommended.
The educational program can make the following accommodations to meet the student's needs. List the number(s) associated with the recommended practice described in the Team Discussion Tool.
An alternate educational setting could better meet the student's needs. List the recommended practices described in the Team Discussion Tool that cannot be offered in the placement under review.
Comments: