



Texas School for the Blind and Visually Impaired Outreach Programs

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IEP Supplement for Students who are Deafblind

A guide to implementing existing law

Developed by the Texas Deafblind Project
at Texas School for the Blind & Visually Impaired

ARD/IEP Supplement for Students who are Deafblind

This supplement should be completed by the IEP team for any student with combined vision and hearing loss. In order to ensure FAPE for the student it is important that consideration has been given to the unique challenges the student may face due to limited access to instruction as a result of being deafblind. It should not supplant additional considerations of either the vision loss or hearing loss, but rather highlight additional considerations for this unique disability.

Name of Student:

ID#:

Medicaid #:

Date of Birth:

Date of ARD/IEP:

Campus:

Instructions

Review the IEP documents (assessment, meeting notes, etc.) and place checkboxes by each item for the 12 items listed below as they are addressed by the IEP team.

In developing the IEP the following mandates were considered for this student:

Comments / Explanations	Considered	Area of IEP where this item is documented
I. Eligibility and Reporting		
1. The student meets eligibility as deafblind	<input type="checkbox"/>	
2. Deafblind is reported as the primary disability in the IEP	<input type="checkbox"/>	
3. The student has been reported on the Deafblind Child Count	<input type="checkbox"/>	
4. In developing the Learning Media Assessment (LMA), the implication of the hearing loss was considered when determining:	<input type="checkbox"/>	
a. Primary Sensory Channel	<input type="checkbox"/>	
b. Appropriate Sensory Channel	<input type="checkbox"/>	
c. Need for ongoing evaluation in this area	<input type="checkbox"/>	
5. The description of the implications of hearing loss in a variety of settings with or without amplification addresses the student's vision loss on the following areas:	<input type="checkbox"/>	
a. Ability to speech read at near and distance in all types of lighting	<input type="checkbox"/>	
b. Identification of sound source at both near and distance in all types of lighting	<input type="checkbox"/>	
c. Ability to localize sound for orientation and mobility at both near and distance in all types of lighting	<input type="checkbox"/>	
d. Ability to see a referent under discussion at both near and distance in all types of lighting	<input type="checkbox"/>	

Comments / Explanations	Considered	Area of IEP where this item is documented
e. Interpretation of facial expressions and body language at both near and distance in all types of lighting	<input type="checkbox"/>	
II. Additional Assessment		
1. Orientation and Mobility Evaluation: The impact of the student's vision and hearing loss was considered and evaluated related to his/her ability to move and travel with purpose and safety in the environment of home, school and community.	<input type="checkbox"/>	
a. The child is able to use hearing (either aided or unaided) to identify dangers as well as locate people and objects as he/she moves about home, classroom, school and community settings.	<input type="checkbox"/>	
b. The student is appropriately fitted for and using assistive listening devices that gives access to sounds for orienting and traveling	<input type="checkbox"/>	
c. The student can appropriately locate and access support when necessary to orient and travel in both familiar and unfamiliar environments.	<input type="checkbox"/>	
2. Technology Evaluation: The extent to which the student's vision and hearing loss impacts his/her ability to access assistive technology is determined.	<input type="checkbox"/>	
a. Text to Speech	<input type="checkbox"/>	
b. Described video	<input type="checkbox"/>	
c. Captioning	<input type="checkbox"/>	
d. Low vision devices used to access sign, fingerspelling and speech reading	<input type="checkbox"/>	
e. The student needs assistive technology in the home to insure FAPE.	<input type="checkbox"/>	

Comments / Explanations	Considered	Area of IEP where this item is documented
3. Communication Evaluation: The impact of the child's vision loss was considered and evaluated to determine the child's potential for communication through a variety of means including oral, aural, fingerspelling or sign language:	<input type="checkbox"/>	
<ul style="list-style-type: none"> a. Visual access to sign and fingerspelling <ul style="list-style-type: none"> i. Appropriate distance and placement for receptive fingerspelling and signing. ii. Appropriate pacing for receptive fingerspelling and signing 	<input type="checkbox"/>	
<ul style="list-style-type: none"> b. Tactual access to sign and fingerspelling <ul style="list-style-type: none"> i. Tactile signing and fingerspelling ii. Hand tracking iii. Coactive Signing 	<input type="checkbox"/>	
<ul style="list-style-type: none"> c. Oral/Aural communication <ul style="list-style-type: none"> i. Ability to speech read at near and distance in all types of lighting ii. Ability to interpret facial expressions and body language at both near and distance in all types of lighting 	<input type="checkbox"/>	
4. The impact of the child's vision loss was considered and evaluated to determine the child's opportunities for direct communications with peers and professional personnel in his/her language and communication mode.	<input type="checkbox"/>	
<ul style="list-style-type: none"> a. The student has access to teacher instruction, one-on-one conversations and group discussions during classroom and extracurricular activities in his/her communication mode. 	<input type="checkbox"/>	
<ul style="list-style-type: none"> b. The student can visually locate and identify peers and others in order to initiate communication interactions. 	<input type="checkbox"/>	
5. Functional Behavior Assessment: The IEP committee must consider positive behavior support strategies in the case of a child who is deafblind and whose behavior impedes the child's learning or that of others.	<input type="checkbox"/>	

Comments / Explanations	Considered	Area of IEP where this item is documented
a. The child's etiology includes physical symptoms that might be causing the impeding behavior.	<input type="checkbox"/>	
b. The student's limited communication skills result in the use of impeding behavior to convey wants, needs and emotions.	<input type="checkbox"/>	
c. A change in vision, hearing or overall health is causing the impeding behavior.	<input type="checkbox"/>	
d. The student does not have access to understandable information about activities, surroundings, and expectations.	<input type="checkbox"/>	
e. The student has opportunities to feel safe, successful, independent and connected.	<input type="checkbox"/>	
III. Supplemental Aids and Services/Related Services		
1. To ensure appropriate access to instruction, the IEP Committee considers the need for related services and/or additional staff including but not limited to:	<input type="checkbox"/>	
a. An intervener	<input type="checkbox"/>	
b. Interpreting arrangement to address the vision loss	<input type="checkbox"/>	
2. Determine the need and provide training to family members and instructional staff on the impact of being deafblind on the child's development and learning, appropriate deafblind instructional strategies and resources to support the child in achieving a successful educational outcome.	<input type="checkbox"/>	
3. The impact of the child's vision loss was considered and evaluated to determine the student's full range of needs, including opportunities for direct instruction in the child's language and communication mode.	<input type="checkbox"/>	
a. All assigned instructional staff have the skills to communicate in the child's preferred mode during instruction and general interactions.	<input type="checkbox"/>	

Comments / Explanations	Considered	Area of IEP where this item is documented
b. There is a system in place to support the child's access to direct instruction in their preferred language and communication mode.	<input type="checkbox"/>	
IV. Resources		
1. The student who is deafblind or the student's legal guardian/parents, have been given written information about the programs offered by the state of Texas.	<input type="checkbox"/>	

Signature of Administrator

Date

Signature of Parent/Guardian

Date



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