

# **PARC: Placement And Readiness Checklists** **Part 2A: Placement Checklist for Children who are Deaf and Hard of Hearing** **PRESCHOOL/KINDERGARTEN**

Before making a decision regarding services and placement for a child who is deaf or hard of hearing, two areas must be considered. First, is the child ready for the placement under consideration and, second, is the classroom environment under consideration sufficiently prepared to support the child? This checklist is the *Placement* component of this two part instrument. Its purpose is to guide considerations and decisions related to placement and service options for children who are deaf or hard of hearing for preschool and kindergarten. The companion set of checklists consider the readiness of the child for the various learning environments and situations under consideration.

The information to complete this placement checklist should be obtained through observation and discussion with the current early intervention provider, the prospective teacher(s), the parents and other members of the IEP team. Placement decisions should consider the child's communication, language, pre-academic, and social needs in the context of the proposed learning environment.

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Person completing this form: \_\_\_\_\_ Title: \_\_\_\_\_

Name of School: \_\_\_\_\_ Level: ☐ PS ☐ K

Type of Classroom: ☐ Special education class ☐ General education class ☐ At-risk class  
☐ Deaf education class ☐ Co-taught class ☐ Other \_\_\_\_\_

Primary Instructor: ☐ Deaf education teacher ☐ Preschool or Kindergarten teacher  
☐ Special education teacher ☐ Other \_\_\_\_\_

If not a deaf education teacher/specialist, describe previous experience with children who are deaf or hard of hearing: \_\_\_\_\_

IEP Deaf education services: ☐ Consultation ☐ Direct- in classroom ☐ Direct- out of classroom ☐ other \_\_\_\_\_

Days/week program offered: \_\_\_\_\_ Hours per day: \_\_\_\_\_

Child's communication mode(s): \_\_\_\_\_ Mode(s) observed in classroom: \_\_\_\_\_

Total number of children in classroom: \_\_\_\_\_ Number of children with hearing loss: \_\_\_\_\_ Child: adult ratio: \_\_\_\_\_

Age span of children: \_\_\_\_\_ to \_\_\_\_\_ yrs Number of children who are typical language models: \_\_\_\_\_

Amplification used or available: ☐ Personal FM ☐ Classroom FM/Infrared ☐ Other \_\_\_\_\_

<u>Area</u>	<u>Available?</u>	<u>Has had training</u> <u>with D/HH?</u>	<u>If available, is service...</u>
Speech-language therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	In class: <input type="checkbox"/> Out of class <input type="checkbox"/>
English Language Learner (ELL)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	In class: <input type="checkbox"/> Out of class <input type="checkbox"/>
Educational audiology	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Occupational therapy/physical therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Psychology/mental health	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Counseling (by psychologist or social worker)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Behavioral/Positive Behavior Support Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other support services available:		<input type="checkbox"/> Deaf/Hard of Hearing Role Models	
<input type="checkbox"/> Parent counseling and training		<input type="checkbox"/> Parent Support Groups/Activities	
<input type="checkbox"/> Transportation		<input type="checkbox"/> After school programs	

Comments \_\_\_\_\_

I. Classroom- Physical Environment	YES	NO
1. Is the room size conducive to learning? (A large room/high ceiling can distort sound; a small room may be noisier.)	_____	_____
2. Is the room adequately lit? (Lighting and shadows may affect speechreading and signing abilities.)	_____	_____
3. Is the ambient noise level for the classroom within recommended standards (noise $\leq 35$ dbA and reverberation $\leq 6$ msec, ANSI S12.60.2002)?	_____	_____
4. Is the room treated to reduce noise (carpet on floor, acoustical ceiling tiles, window coverings, cork or other wall coverings)?	_____	_____
5. Are noise sources in the classroom minimized (e.g., fish tanks, ventilation/heater fans, computers)?	_____	_____
6. Does noise from adjacent spaces (hallways, outside the building) spill over into classroom?	_____	_____
Comments _____		

II. General Learning Environment	YES	NO
7. Does teacher(s)/adult(s) use a variety of techniques to elicit positive behavior from children?	_____	_____
8. Are there a variety of centers (fine motor, art, manipulatives, science, music, dramatic play, sensory, literacy)?	_____	_____
9. Is there a visual schedule identifying daily routines and child expectations?	_____	_____
10. Is there a visual behavior management system that provides clear structure for the class and consistent rules?	_____	_____
11. Does the curriculum standards-based including a variety of themes, topics, and children's literature?	_____	_____
12. Does the teacher use lesson plans to guide daily activities?	_____	_____
13. Are activities modified to meet a variety of children's needs?	_____	_____
14. Are special services children receive		
a. usually in the general education classroom?	_____	_____
b. supporting the general education content?	_____	_____
Comments _____		

III. Instructional Style	YES	NO
14. Classroom Discourse and Language		
a. Are the teacher(s) and other adults good language models for the children?	_____	_____
b. Is language consistently accessible to the child?	_____	_____
(If sign/cuing is used, do all adults in the classroom consistently sign/cue, including their communications with other adults?)		
c. Are peer responses repeated?	_____	_____
d. Is vocabulary and language expanded by an adult?	_____	_____
15. Teacher's Speaking Skills		
a. Is enunciation clear?	_____	_____
b. Is rate appropriate?	_____	_____
c. Is loudness appropriate?	_____	_____
d. Is facial expression used to clarify the message?	_____	_____

e. Are gestures used appropriately?	_____	_____
f. Are teacher's (or other speaker's) lips available for speechreading?	_____	_____
g. Is teacher's style animated?	_____	_____
h. Is a buddy system available to provide additional assistance or clarification?	_____	_____
16. Use of Visual Information		
a. Are props or other visual materials used for stories and activities?	_____	_____
b. Are appropriate attention-getting strategies utilized?	_____	_____
c. Are fingerplays, action songs, and dramatic play used in circle time, story time, centers, etc.	_____	_____
17. Small Group/Circle Time		
a. Are all children encouraged to share and participate?	_____	_____
b. Does the teacher face children when speaking?	_____	_____
c. Do the children face one another when speaking?	_____	_____
d. Does the teacher lead group activities in an organized, but child-friendly manner?	_____	_____
e. Is appropriate wait time utilized to encourage children to think and participate?	_____	_____
f. Are children seated within the teacher's "arc of arms"?	_____	_____
g. Does teacher obtain eye contact prior to and while speaking?	_____	_____
h. Is the FM microphone passed around to all speakers?	_____	_____
18. Use of Sign (note: an interpreter/transliterator is not recommended for preschool children; the <i>Interpreted/Transliterated Education Readiness Checklist</i> should be completed prior to utilizing this service with kindergarten children).	<input type="checkbox"/> Not Applicable	
a. Is sign consistently used by all adults in the class?	_____	_____
b. Is sign consistently used by all children in the class?	_____	_____
c. Does the type of sign used in the classroom match the signs used by this child?	_____	_____
d. Is fingerspelling used?	_____	_____
e. Does the interpreter/transliterator adjust the language in order to make it more accessible to the child?	_____	_____
f. Does the interpreter/transliterator make changes to content vocabulary for the child?	_____	_____
g. Does the interpreter/transliterator expand on concepts presented in class?	_____	_____
h. Are gestures used appropriately?	_____	_____
i. Are there opportunities for parents and peers to learn to sign?	_____	_____
19. Opportunities for Hands-on Experience		
a. Are a variety of materials available?	_____	_____
Check those used: <input type="checkbox"/> books <input type="checkbox"/> visual props <input type="checkbox"/> audio tapes <input type="checkbox"/> video tapes		
<input type="checkbox"/> objects for dramatic play <input type="checkbox"/> manipulatives		
b. Are stories experienced in a variety of ways?	_____	_____
c. Are there field trips?	_____	_____
d. Are cooking experiences available?	_____	_____
e. Are art and sensory activities conducted?	_____	_____
20. Amplification/Equipment	<input type="checkbox"/> Not Applicable	
a. Are personal amplification (hearing aids/cochlear implant) and assistive devices (FM, infrared) checked at school each day?	_____	_____
b. Is amplification used consistently in all learning environments?	_____	_____

Comments\_\_\_\_\_

#### IV. School Culture

YES NO

- |     |  |       |       |
|-----|--|-------|-------|
| 21. | Is there evidence that the school administration supports children with disabilities?          | _____ | _____ |
| 22. | Is the school/district administrator knowledgeable about hearing loss?                         | _____ | _____ |
| 23. | Is the school committed to making the necessary accommodations for children with hearing loss? | _____ | _____ |
| 24. | Is the teacher open to consultation with other professionals or specialists?                   | _____ | _____ |
| 25. | Does the teacher provide opportunities for individualized attention?                           | _____ | _____ |
| 26. | Is the teacher welcoming of children with special needs?                                       | _____ | _____ |
| 27. | Is the teacher willing to use amplification technology (hearing aids, FMs, cochlear implants)? | _____ | _____ |

Comments\_\_\_\_\_

### Reflection

#### V. Individual Child Considerations

YES NO

- |     |   |       |       |
|-----|---|-------|-------|
| 28. | Communication and Language<br>Think about how your child communicates thoughts, ideas, and needs. Think about how your child interacts with other children. Are there opportunities for direct communication with peers and professionals in the child's language and communication mode and at the child's academic level? Is there direct instruction in the child's language and communication mode? Will your child's communication needs be nurtured in this classroom environment? Does the child have sufficient language abilities to benefit from instruction in the classroom? Will this child develop English language competency in this environment? | _____ | _____ |
| 29. | Social Interactions<br>Think about how your child plays alone and in groups. Think about how your child interacts with other children. Will your child's social needs be nurtured in this classroom environment? Will this child be encouraged to develop self-advocacy skills?   | _____ | _____ |
| 30. | Listening Skills<br>Does your child attend well? Is your child able to listen in noise? Think about what your child does when he/she cannot hear? Does your child take responsibility for his/her hearing aids? Will your child's auditory needs be supported in this classroom environment? In the lunchroom and other school environments? Is the staff qualified and able to support the child's listening needs?  | _____ | _____ |

☐ Not Applicable

Comments\_\_\_\_\_

