

Parent Checklist: Preschool/Kindergarten Placement for Children who are Deaf and Hard of Hearing

This checklist is intended to assist parents when considering preschool or kindergarten placement options for their deaf or hard of hearing child. The information should be obtained through observation and discussion with the current early intervention provider and the prospective teacher(s) and IEP team. Placement decisions should consider the child's communication, pre-academic, and social needs in the context of the proposed learning environment.

Part I: Teacher Interview

Name of School: _____ Date of Observation: _____

Individual Interviewed: _____

Title: ___ Deaf Education Teacher check type: classroom itinerant consultative
 ___ 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:

Days 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: _____

Age span of children: ___ to ___ Child: adult ratio: _____

Average speaking/signing distance between teacher and child: ___ft

Number of children who are typical language models: _____

Amplification used or available: ___Personal FM ___Classroom FM/Infrared Other _____

Related and Support Services:

Area	Available?		Has had training with D/HH?		# of hours in classroom/week
Speech-language therapy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
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	<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	_____
Other support services available:					
___Parent counseling and training	___Parent Support Groups/Activities				
___Transportation	___After school programs				

Part II: Classroom Observation

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 ≤ 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)?	_____	_____

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| 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? | _____ | _____ |

II. General Learning Environment	YES	NO
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| 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 schedule identifying daily routines? | _____ | _____ |
| 10. Is there a behavior management system that provides clear structure for the class and consistent rules? | _____ | _____ |
| 11. Does the curriculum include 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? | _____ | _____ |

III. Instructional Style	YES	NO
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| 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 is used, do all adults in the classroom consistently sign, 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 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 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? | _____ | _____ |

