



Plan of Care- Hearing & Visual Support

This form is to be completed by a parent, guardian, or caregiver to support a student with hearing and/or visual differences in the AYS Program.

Process: Plan of Care forms are completed during enrollment to support each child’s success. When additional information or planning is needed, families may be invited to an intake meeting with the Site Leader and Regional Manager to discuss supports, answer questions, and set clear, shared expectations. Forms are valid for a period of two years.

Purpose: Communication access and environmental support during AYS Program

Student Information:

Student Name	
Date of Birth	
Age	
Program Site / Location	
Date Plan Completed	
Review Date	

Condition Overview:

Type of impairment:	<input type="checkbox"/> Hearing <input type="checkbox"/> Visual <input type="checkbox"/> Both
Describe your child’s hearing and/or visual support needs in your own words	
Does your child see a medical professional for this condition?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Name of Medical Professional and their specialty	
Medical professionals' contact information (phone number/ email address)	

Medication support:

Does your child take any medications related to this condition?	<input type="checkbox"/> YES <input type="checkbox"/> NO
What medication (include dosage and time given)	
Would medication need to be given during the AYS program?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Would medication need to be given during non-school days while at AYS?	<input type="checkbox"/> YES <input type="checkbox"/> NO

**Parents will need to complete a medication authorization form*

How does this condition affect your students' time at AYS?:

How may this hearing or visual difference affect your child during activities at AYS?	
Situations where your child may need additional support?	

Supports and Accommodations:

Assistive devices used:	<input type="checkbox"/> hearing aids <input type="checkbox"/> glasses <input type="checkbox"/> FM system <input type="checkbox"/> magnifier
Communication supports used:	<input type="checkbox"/> Face-to-face communication <input type="checkbox"/> Visual cues <input type="checkbox"/> Written instructions
Additional supports or accommodations that work well?	

Environmental considerations:

Lighting considerations <ul style="list-style-type: none"> • Brightness • Glare • positioning
Noise considerations <ul style="list-style-type: none"> • background noise • seating placement • group size • noise blocking device

Triggers/Warning Signs

Signs your child may be struggling to see or hear?	
Situations that increase difficulty or frustration?	

How Can Staff support your Student?:

How should staff communicate with and support your child?	
Strategies that help your child understand instructions	
What staff should avoid	

Safety Considerations During Transitions:

Safety concerns during transitions, movement, or crowded spaces?	
Specific instructions staff should follow to ensure safety?	

Emergency Procedures relate to the condition:

Emergency considerations related to hearing or visual needs	
When should emergency services (911) be contacted?	

Additional Information:

Additional information you want staff to know	
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Parent/Guardian Signature:

Parent / Guardian Name	
Signature	
Date	