Communicative Competencies

Peer Learning Community

Agreement for Intensive Technical Assistance

# Purpose:

To pilot the use of the Communication Matrix and interventions with 2-4 students with dual sensory loss and additional disabilities. Families and support team members will engage in ongoing intensive technical assistance with the Montana Deaf-Blind Project and the Contractor, Philip Schweigert, M.Ed.

# Timeframe:

September 2021-May 2022

# Desired Outcomes for Each Student:

* Completed Communication Matrix
* Intervention plan
* Communication plan

# Expectations of Peer Learning Community Members:

* Identify a team leader who will gather team member contact information, monitor the team’s action plans and time lines, and communicate with the MT Deaf-Blind Project staff when needed
* Invite additional members to join the student’s PLC team from across daily environments (for example, family members, Montana School for the Deaf and Blind Outreach Consultant(s), Speech Language Pathologist, Occupational Therapist, DD service providers…)
* Participate in regularly scheduled meetings via Zoom
* Complete assigned homework between the meetings
* Watch the four hours of recorded Communicative Competence webinars (unless the PLC member already attended the sessions “live”)
* Complete the Communication Matrix for the student, with support from the Montana Deaf-Blind Project and the contractor
* Develop goals and an intervention plan based on the Communication Matrix, with support from the Montana Deaf-Blind Project and the contractor
* Measure progress by completing the Communication Matrix at the end of the pilot
* Develop a student-specific communication portfolio, with support from the Montana Deaf-Blind Project and the contractor
* Participate in a team debriefing at the project’s conclusion to discuss challenges, lessons learned, and recommendations for future practice

# Role of Montana Deaf-Blind Project Staff:

* Scheduling, development and dissemination of agendas, coordination and facilitation of interval meetings
* Respond to questions from PLC members
* Provide background and additional resources as requested/required
* Serve as the liaison between the Contractor, Philip Schweigert, M.Ed., and PLC members

# Student Privacy:

* The agency or school responsible for the Individualized Family Service Plan or Individualized Education Program will obtain and retain signed “consent to participate/authorization to share information” documentation.
* The agency or school responsible for the Individualized Family Service Plan or Individualized Education Program will obtain and retain signed permission to videotape the student for the purpose of assessing communication and developing an individualized plan of intervention.
* Information shared within the team will be limited to that which is necessary to meet the Desired Outcomes specified above.
* Information may be shared via: hard copy mail; email without referring to the student or family members by name; telephone using either individual person-to-person calling or password-protected conference calls; video call using a password-protected platform; and/or fax with a cover sheet that includes a confidentiality statement.
* Document and video sharing within the team will be done using the password-protected and encrypted University of Montana Box shared drive.

# Agreement to Participate:

By signing this form, I agree to participate in the Communicative Competencies Peer Learning Community. I understand and agree to meet the PLC expectations to the best of my ability. (All team members working on behalf of an individual student are asked to sign one form. Additional signature lines may be added as necessary.)

**Team member #1:**

Printed or Typed Name

Signature (electronic signatures are accepted)

Title/Role

Email Address

Date

**Team member #2:**

Printed or Typed Name

Signature (electronic signatures are accepted)

Title/Role

Email Address

Date

**Team member #3:**

Printed or Typed Name

Signature (electronic signatures are accepted)

Title/Role

Email Address

Date

**Team member #4:**

Printed or Typed Name

Signature (electronic signatures are accepted)

Title/Role

Email Address

Date

**Team member #5:**

Printed or Typed Name

Signature (electronic signatures are accepted)

Title/Role

Email Address

Date

**Team member #6:**

Printed or Typed Name

Signature (electronic signatures are accepted)

Title/Role

Email Address

Date