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| Unit Title: Support individuals with sensory loss with communication | | |
| URN: M/601/5252 |  |  |
| Credit Value: 5 |  |  |
| Level: 5 |  |  |

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|  | **Assessment Method** | **Evidence Ref.**  **Page number, Method** | **Assessor Decision**  **Sign and Date** |
| **You must be able to:** | | | |
| **1 Understand language development** | | | |
| 1.1 Explain the difference between language and communication |  |  |  |
| 1.2 Analyse the relationship between culture and language |  |  |  |
| 1.3 Explain how an understanding of language and communication informs practice |  |  |  |
| **2 Understand factors that affect the language and communication of an individual with sensory loss** | | | |
| 2.1 Compare and contrast the impact of congenital and acquired sensory loss on  • communication  • language |  |  |  |
| 2.2 Explain the potential impacts of a deteriorating condition on an individual’s communication |  |  |  |
| **3 Understand the complexities of specialist communication systems** | | | |
| 3.1 Identify when specialist communication systems may be used |  |  |  |
| 3.2 Evaluate the strengths and weakness of specialist communication systems |  |  |  |
| **4 Be able to support the individual with communication** | | | |
| 4.1 Evaluate the suitability of a range of communication methods to meet the needs of the individual |  |  |  |

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| 4.2 Demonstrate a range of suitable communication methods to the individual and/or others |  |  |  |
| 4.3 Adapt communication methods according to need and context |  |  |  |
| **5 Be able to support others to make use of specialist communication** | | | |
| 5.1 Advise others about specialist communication |  |  |  |
| 5.2 Support others to make use of specialist communication with the individual |  |  |  |
| **6 Review communication work** | | | |
| 6.1Review how communication support to individuals meets identified needs in relation to  • Own work  • Agreed ways of working  • Work with others |  |  |  |

**Learner declaration of authenticity:**

I declare that the work presented for this unit is entirely my own work.

Learner signature: Date:

**Assessor sign off of completed unit:**

I confirm that the learner has met the requirements for all assessment criteria demonstrating knowledge and skills for this unit.

Assessor name:

Signature: Date: