Optimizing Outcomes for Students who are Deaf or Hard of Hearing
Educational Service Guidelines

Third Edition
National Association of State Directors of Special Education, Inc.
In this book we have emphasized the diversity of the deaf and hard of hearing student population, the range of services and supports that must be available, and the idea that “one size does not fit all.” We believe this illustration captures many of the points we make in a simple and colorful way. While everyone brings their own interpretation to any work of art, in this picture we see spoken language represented by listening technology, visual communication such as American Sign Language represented by the hand shape, and the important role of trained professionals represented by the attentive and involved teacher.

What do you see?

The artist, Rebecca Witzofsky, is a Deaf college student who grew up oral and learned American Sign Language later in life.
Optimizing Outcomes for Students who are Deaf or Hard of Hearing

Educational Service Guidelines

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Children and youth who are deaf or hard of hearing reach their potential, like their hearing peers, when they are motivated to succeed and are supported by caring professionals and families. Education standards, instruction and services must be the same or consistent with what is provided to all children and youth and supplemented with specially designed instruction and services when special education services are needed. Their opportunity for successful outcomes must not be dictated by disability or low expectations.

This purpose of these guidelines is to supplement and update the information needed by teachers, leaders, families, school instructional support personnel and other stakeholders to have the knowledge, skills and vision to help children be successful. Persons using these guidelines must understand the guidelines supplement and update what they need to know and do in working on behalf of children and youth who are deaf or hard of hearing; the guidelines do not provide the totality of what they need. Fast emerging knowledge and technological advances make it imperative that continuous learning be an important goal.

This publication, Optimizing Outcomes for Students who are Deaf or Hard of Hearing: Education Service Guidelines, revises and updates two previous NASDSE publications, Deaf and Hard of Hearing Students: Education Service Guidelines (1994); and Meeting the Needs of Students Who Are Deaf or Hard of Hearing: Educational Service Guidelines (2006). State directors of special education support children and youth who are deaf or hard of hearing, their families and the many professionals working to ensure successful outcomes for all children and youth. NASDSE is pleased to a partner in the development of these guidelines.

NASDSE recognizes and thanks Cathy Macleod and Louise Tripoli for their support and encouragement. Thank you to the writing team and contributors who shared their time and expertise in developing and editing the content for the guidelines. A special thanks to lead writers, editors and collaborators, Barbara Raimondo, Cheryl Johnson and Nancy Reder for their expertise and hard work in making the publication a reality.

Theron (Bill) East, Jr., Executive Director
National Association of State Directors of Special Education
September 2018
The needs of children and youth who are deaf or hard of hearing are diverse, ranging from a need for access supports to highly specialized instruction. For all children, and especially children who are deaf or hard of hearing, there are windows of opportunity for learning that should be maximized. When children, along with their families, are supported with appropriate language and learning opportunities that address the nuances of their hearing status, most will thrive and achieve their chosen educational and occupational aspirations. This third edition of the National Association of State Directors of Special Education (NASDSE)’s *Optimizing Outcomes for Students Who Are Deaf or Hard of Hearing: Educational Service Guidelines* is designed to assist special and general education administrators, teachers, specialized instructional support personnel (i.e., related service providers) and family members with essential guidelines and principles that will promote this shared goal. Figure 1 illustrates the various components that should be considered for each child.

**Figure 1.** The array of considerations when developing services for children who are deaf or hard of hearing.

Education of children who are deaf or hard of hearing is complex and often challenging for educators to effectively foster a student’s optimal development. Deaf education has a long history of controversy with varying perspectives regarding the preferred modes and methods of communication and instruction to be used with

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1While the Deaf community prefers Deaf first language (i.e., “a deaf or hard of hearing student”) NASDSE’s editorial policy is to use “people first” terminology.
children who are deaf or hard of hearing. The centuries-long "oral-manual" controversy in its current iteration focuses on whether children should develop listening and speaking skills, acquire American Sign Language (ASL), implement a version of English-based sign, or use a combination of those approaches, and perhaps additional methods as well, to best help each individual student who is deaf or hard of hearing to reach his or her potential.

The complexity of educating students who are deaf or hard of hearing extends beyond communication approaches. Educational teams, including parents as vital members, must also determine the services and placement that best meet each student’s needs. The Individuals with Disabilities Education Act (IDEA) requires that a continuum of placements be considered, including neighborhood schools (closest to home), center-based programs (serving larger groupings of students who are deaf or hard of hearing clustered at selected schools) and specialized day schools, some with residential components, designed specifically for students who are deaf or hard of hearing. To further complicate the situation, as many as 40% of students who are deaf or hard of hearing have additional disabilities that require more specialized supports and services (Mitchell & Karchmer, 2006). Even with today’s benefits of early identification and intervention and constantly improving technology, educators continue to see children who are deaf or hard of hearing start school without a sufficient linguistic foundation from which to build language, cognition and literacy skills. Specialists must analyze and interpret each student’s current level of functioning to plan and deliver appropriate services that address the student’s language and communication needs as a foundation for successful educational performance.

**Ten Essential Principles for Effective Education of Students who are Deaf or Hard of Hearing**

Ten key principles guide educational practices for students who are deaf or hard of hearing. Overarching these principles is the administrator’s responsibility to ensure a Free Appropriate Public Education (FAPE) designed to meet the individual needs of each student. The essential principles that follow are expanded and discussed in subsequent chapters of this book, as indicated, including regulations and evidenced-based practices when applicable. Chapter 9 contains a self-assessment to evaluate current services and identify, when needed, program and service improvements.

1. **Each student is unique.** Children and youth who are deaf or hard of hearing have the same diversity as their peers encompassing a wide range of abilities and learning styles. Students who are deaf or hard of hearing use a variety of communication modes and access accommodations so they can fully engage in their educational programs. Their hearing levels do not necessarily predict their speech ability or use of sign language, nor can educators assume that students can hear because they can talk or use hearing aids or have cochlear implants. Many students who are deaf or hard of hearing have additional challenges and/or disabilities requiring very specialized services that further impact their education. In addition, students who are deaf or hard of hearing experience a significantly higher rate of child abuse and bullying than their nondisabled peers. (Chapters 4, 5)

2. **High expectations drive educational programming and future employment opportunities.** Deaf and hard of hearing children, when provided access to appropriate language, learning and academic opportunities designed to enhance their abilities, not their disabilities, can and do attain high levels of achievement that increase their later employment opportunities. A statewide database of students’ linguistic and academic progress should be maintained, and intervention implemented and/or modified when students do not meet their language and academic benchmarks. (Chapter 5)

3. **Families are critical partners.** Educators should recognize and promote the principle that high levels of family involvement contribute significantly to positive results. Parents have the right to be informed and engaged participants in their child’s educational planning. Educators should respect and consider parent preferences and choices even when at odds with local educational placement options. Parent involvement should be encouraged at all levels of planning and decision-making, and accessibility provided for those parents who require accommodations. Families may need extra support during times of transition: from early intervention to preschool, preschool to kindergarten, elementary to secondary and high school to postsecondary programs and employment. Parents of children who did not receive early intervention services may need additional supports to foster their child’s success. (Chapters 3, 4, 5, 6)

4. **Early language development is critical to cognition, literacy and academic achievement.** The first five years of a child’s life are critical for language development. Language competence, whether spoken and/or signed, is the foundation upon which social-communication and social-cognitive skills are developed and it underlies literacy and academic achievement. Students who are also English language learners may require additional program supports and services. (Chapter 3)

5. **Specially designed instruction is individualized.** One size does not fit all. Instruction, assistive technology and accommodations should be individually designed to
help students use their strengths to become confident, independent and full participants in their educational experiences. Parents and students should have a voice, and a choice, in the technologies and accommodations that are recommended, ensuring they are effective for the student’s age and developmental level. Training, consistent monitoring and ongoing support for students, teachers and other staff is essential to safeguard the effectiveness of instruction. Technical assistance also supports general education teachers and specialized instructional support personnel in understanding the communication, language and literacy needs of their students. (Chapters 5, 6, 7)

6. Least restrictive environment (LRE) is student-based. The LRE is driven by a student’s language, communication, academic and social needs. An environment is restrictive unless it provides full, direct and clear access to meaningful language, communication, instruction and social opportunities designed to meet the individual educational needs of the student. “Full inclusion” may not be the LRE for students who are deaf or hard of hearing. Each local education agency (LEA) must ensure that a continuum of educational placements is available. Consequently, decision makers must be knowledgeable about the full continuum, including state schools for the deaf, special schools, charter schools and other unique placement options in a specific area or state, including collaboration with other LEAs to share services and resources. (Chapter 5)

7. Educational progress must be carefully monitored. The Supreme Court reviewed and clarified the IDEA’s responsibility in 2017, stating that each child’s Individualized Education Program (IEP) “must be appropriately ambitious in light of the child’s circumstances” (Endrew F. v. Douglas County School District (137 S.Ct. 988)). Language, literacy, academic progress and social-emotional health should be monitored frequently and reported according to the same requirements for all students. For most students who are deaf or hard of hearing, goals and services should minimally result in one year’s growth in one year based on relevant assessment and progress monitoring tools. If students are not working on grade level, or not making appropriate developmental progress, it may be necessary to evaluate the services students are receiving to intensify or modify them to close gaps between the student’s present level of functioning and the level of typically developing peers. If otherwise typical students are not making expected annual progress, the services and/or their placement must be examined and modified. Services must be based on individual needs rather than available resources. (Chapter 5)

8. Access to peers and adults who are deaf or hard of hearing is critical. Children and youth need ongoing access to students like them. If students use ASL, signs or cued speech, fluent adult and student signers with whom they can communicate effectively are especially critical. Adult and peer role models are beneficial to self-awareness, social communication and overall social-emotional well-being. For students with IEPs, the IDEA “special factors” requirement includes “opportunities for direct communications with peers and professional personnel in the child’s language and communication mode” (34 C.F.R.§ 300.324(2)). (Chapters 4, 5, 8)

9. Qualified providers are critical to a child’s success. Early intervention providers must have core knowledge and skills to assist families in promoting language development and other pertinent developmental growth for their infants and toddlers. Teachers of students who are deaf or hard of hearing, speech-language pathologists, educational interpreters, educational audiologists and other specialized instructional support personnel must meet professional standards that include minimal qualifications and ongoing performance monitoring. State and local education agencies should provide professional development and training specific to the needs of infants, toddlers and students who are deaf or hard of hearing. Without qualified staff and appropriate support services, the ability of children to achieve appropriate outcomes is jeopardized. (Chapter 8)

10. State leadership and collaboration is essential. Strong state and local leadership with effective collaboration among key stakeholders, including parents, deaf or hard of hearing consumers, state and local educators, university teacher preparation programs, and advocacy organizations, is the key to successful systems of delivery of programs and services. A core group of strong deaf education leaders can promote high quality educational services for students, considering each state’s unique context, by providing guidance to local school districts, teachers, professionals and families and addressing issues when they arise. Local education agencies must maintain connections with the state department of education, schools for the deaf, specialized day schools and other entities that provide professional development in deaf education and associated areas. Advocacy organizations can provide information and education that can lead to administrative, procedural and legislative changes that may be more successful than efforts coming from within state agencies. (Chapter 2)

Summary

These ten principles are the building blocks for programs and services educating students who are deaf or hard of hearing.
Effective implementation of these critical educational practices will enhance student opportunities and prepare them for further education, employment and independent living.

References


School personnel must be aware of and able to implement several federal laws that impact the education of students who are deaf or hard of hearing including:

- Section 504 of the Rehabilitation Act of 1973, as amended;
- the Americans with Disabilities Act;
- the Individuals with Disabilities Education Act (IDEA); and
- the Every Student Succeeds Act (ESSA).

School districts must comply with these laws. Figure 2.1 illustrates their relationships to each other in terms of individual school responsibilities.

Key Points

- Section 504 of the Rehabilitation Act of 1973, as amended (most recently by the Workforce Innovation and Opportunity Act), and the Americans with Disabilities Act require schools to provide students who are deaf or hard of hearing equal communication access to all school related programs and activities.

- The Individuals with Disabilities Education Act (IDEA, most recently reauthorized in 2004) spells out requirements for individualized education programming for eligible students with disabilities, including programming that supports the language and communication access and development of students who are deaf or hard of hearing.

- The Every Student Succeeds Act (ESSA), which amended the Elementary and Secondary Education Act in 2015, is currently our nation’s primary general education law, applies to all students in public schools, and sets out accountability requirements at the school, district and state levels.

Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA)

Section 504, the ADA, and IDEA are similar in that they specifically address students with disabilities. Their goals, while parallel, are slightly different. Section 504 and the ADA prohibit schools from excluding, denying benefits to or otherwise discriminating against students who are deaf or hard of hearing (34 C.F.R. § 104.4, 28 C.F.R. § 35.104). In general, this means that schools must provide accommodations when appropriate to give children who are deaf or hard of hearing equitable opportunities to participate in, and benefit from, school programs. Schools must ensure that students who are deaf or hard of hearing receive classroom accommodations, modifications and auxiliary aids and services so that they can access all programs and activities offered. IDEA, described below, goes further outlining the supports and services necessary for students to make progress in the
Accommodations, modifications and auxiliary aids and services may include sign language interpreters, visual technologies such as captioning, auditory technologies such as assistive listening systems, notetaking, and/or other services. They may also include modifications to school policies and procedures, such as allowing extended time to complete assignments, rearranging seating and providing testing accommodations (see Chapter 6).

Section 504 and the ADA apply to all activities of the school, including non-academic and extracurricular activities (34 C.F.R. § 104.37, 28 C.F.R. § 35.102).

Schools must evaluate students to determine whether they have a disability within the meaning of Section 504 and to determine their educational access needs. Tests and evaluation materials must be nondiscriminatory and must be administered by trained personnel who are skilled in the student’s language preference or skilled in the use of an interpreter. Students must be reevaluated periodically. A reevaluation procedure consistent with IDEA is one means of meeting this requirement (34 C.F.R. § 104.35(a)).

For purposes of Section 504 and the ADA, the determination of whether a child has a disability must be based on the functioning of that individual without “mitigating measures” (28 C.F.R. § 35.108(d)(viii)). In other words, in evaluating a child who is deaf or hard of hearing, the school must consider how well the child can hear without a hearing aid, cochlear implant, other device or compensatory strategies.

In addition to being eligible for 504 and ADA based on disability, the child also must be “qualified” for the program in question. This means the child must meet the program’s entrance requirements. For example, he/she must be at the age at which nondisabled children can enroll in the program, and must meet the academic standards involved, such as completing prerequisite math classes prior to being accepted into a higher-level math class. Being eligible for 504 and ADA, and being qualified for the program, are separate determinations.

Often students eligible for 504 and ADA are served through a “504 Plan,” which outlines the services and accommodations necessary to give them full communication access.

Section 504 specifically mandates that schools provide eligible students with a Free Appropriate Public Education (FAPE). In addition to accomplishing this through a 504 Plan, this requirement can be met by implementing an Individualized Education Program (IEP) under the Individuals with Disabilities Education Act (see Chapters 5 and 6).

Section 504 pertains to all entities that receive federal financial assistance. Since all public elementary and secondary schools receive federal financial assistance, all must implement Section 504. The ADA covers activities of state and local governments regardless of their receipt of federal financial assistance. Public schools are a function of state and local government; therefore, they are required to implement the ADA as well.

Under Section 504 and the ADA, educational agencies must designate at least one person to coordinate compliance efforts and provide for a complaint process for alleged violations (34 C.F.R. § 104.7, 28 C.F.R. § 35.107).

As mentioned previously, the ADA prohibits discrimination in ways similar to 504. The ADA also provides more detail than Section 504 regarding communication access requirements (28 C.F.R § 35.160). Schools must ensure that communications with students who are deaf or hard of hearing, their family members and other associates are as effective as communications with others (28 C.F.R. §35.160(a)(1)). Schools must do so by providing appropriate auxiliary aids and services (28 C.F.R. §35.160(b)(1)). Further, in determining the necessary types of auxiliary aids and services, the school must give “primary consideration” to the request of the individual with a disability or the parent (28 C.F.R. § 35.160(b)(2)).

There are many types of auxiliary aids and services cited in the ADA regulations although some are no longer in common use (e.g., TTY, decoders, and telephone amplification handsets) (28 C.F.R. §35.104). ADA specifies the following types of auxiliary aids and services:

- Qualified interpreters on-site or through video remote interpreting (VRI) services; (Qualified interpreter means an interpreter who, via a video remote interpreting (VRI) service or an on-site appearance, is able to interpret effectively, accurately and impartially, both receptively and expressively, using any necessary specialized vocabulary. Qualified interpreters include, for example, sign language interpreters, oral transliterators and cued-language transliterators);
- notetakers;
- real-time computer-aided transcription services;
- written materials;
- exchange of written notes;
- telephone handset amplifiers;
- assistive listening devices;
- assistive listening systems;
- telephones compatible with hearing aids;
- closed caption decoders;
Chapter 2  Federal Laws and Policies

Is the aid or service required by the IDEA?

Yes

Provide the service.

No

Has the student* made a choice of aid or service?

Yes

School selects an aid or service that meets “effective communication” requirement.

No

Can the school prove that its alternative aid or service is “as effective as” communication to students without disabilities?

Yes

School provides its alternative aid or service.

No

Would the student-selected aid/service cause a fundamental alteration/undue burden?

Yes

Meet the effective communication requirement in some other way.

No

Provide the student-selected aid/service.

Figure 2.2. Effective communication decision tree for determining services under IDEA and ADA. Note. * Student, “...or an appropriate family member, such as parent or guardian.”
open and closed captioning, including real-time captioning; voice, text, and video-based telecommunications products and systems, including text telephones (TTYS), videophones, and captioned telephones, or equally effective telecommunications devices;
- videotext displays;
- accessible electronic and information technology;
- or other effective methods of making aurally delivered information available to individuals who are deaf or hard of hearing.

There is no one auxiliary aid or service that must be used in all cases. The auxiliary aid(s) or service(s) necessary to ensure effective communication will vary in accordance with the method(s) of communication used by the individual; the nature, length and complexity of the communication involved; and the context in which the communication is taking place (28 C.F.R. § 35.160(b)(2)). Schools should ensure that they are carefully considering each of these factors as well as giving primary consideration to the student’s or parent’s request (28 C.F.R. § 35.160).

Schools do not have to take actions that would result in a “fundamental alteration” of a service, program or activity. Schools also do not have to take actions that would result in “undue financial and administrative burdens.” The school has the burden of proving a particular action would result in a fundamental alteration or an undue burden. In determining this burden, the school must consider all resources available for use in the funding and operation of the service, program or activity. The school must also provide a written statement of the reasons for reaching its conclusion. If a fundamental alteration or undue burden is shown vis-a-vis a particular action, the school must take another action that would not result in such an alteration or such burdens, but would nevertheless ensure that, to the maximum extent possible, individuals with disabilities receive the benefits or services provided by the school (28 C.F.R. § 35.164).

Complaint procedures are available for students and families to enforce their ADA rights.

The U.S. Departments of Justice and Education clarified the communication access rights of deaf or hard of hearing individuals, including students, in its Effective Communication guidance document (U.S. Department of Justice, 2014).

The ADA also includes rules for the use of service animals in schools (see Appendix C).

An effective communication decision tree, developed by the Iowa Department of Education (2017), is shown in Figure 2.2. The decision tree illustrates steps to consider when determining ADA services. Another resource is the ADA Checklist, published by Hands & Voices (Hands & Voices, n.d.)

The Individuals with Disabilities Education Act (IDEA)

Many students who are deaf or hard of hearing receive special education and related services through IDEA. Part B of IDEA applies to students ages 3 through 21 and is described in this chapter. (Part C of IDEA for children birth through two is discussed in Chapter 3.) The implementing regulations for Part B of IDEA include the following definitions:
- “Deafness means a hearing impairment that is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification that adversely affects a child’s educational performance” (34 C.F.R. § 300.8(c)(3)).
- “Hearing impairment means an impairment in hearing, whether permanent or fluctuating, that adversely affects a child’s educational performance but that is not included under the definition of deafness in this section” (34 C.F.R. § 300.8(c)(5)).

Research indicates that even mild and/or unilateral (one ear only) hearing losses can cause language and cognitive delays, and can be correlated with academic failure (CDC, 2005). School personnel should be mindful to consider any level of hearing loss when determining a student’s eligibility.

Students who are deaf or hard of hearing who do not qualify for IDEA are still eligible for Section 504 and ADA services as long as they meet the criteria for those laws. Schools, school districts, and states must be sure to comply with all relevant requirements of Section 504, ADA and IDEA.

When determining eligibility for IDEA, schools must ensure that the assessments are comprehensive (see Chapter 4) and conducted by personnel with expertise in evaluating children who are deaf or hard of hearing.

Under IDEA, schools must provide eligible students with a Free Appropriate Public Education (FAPE) based on the student’s Individualized Education Program (IEP) developed by the IEP team. The IEP must be based on evaluations and assessments performed by qualified evaluators.

A recent federal court case highlights the importance of properly labeling a student with the accurate disability and collecting evaluation data based on the disability. In that case the school district did not properly categorize the student in the “hearing impairment” category (34 C.F.R. § 300.8(5)). The court found that the school violated IDEA, writing: “[W]ithout evaluative information regarding [the student’s] hearing impairment, “it was not possible for the IEP team to develop a plan reasonably calculated to provide [her] with a meaningful educational benefit” (S.P. v. East Whittier City School District, 2018). The IEP must address specific language
and communication “special factors” outlined in IDEA. The student must be placed in the least restrictive environment (LRE) based on the student’s needs. Parents and students have a right to be involved in decisions about their services. The rights of students and parents are protected through a set of procedural safeguards. Services under IDEA are explored further in Chapters 5 and 6.

The three pertinent laws discussed in this chapter are compared in Table 2.1. Courts and the U.S. Departments of Justice and Education have made it clear that schools must consider how all these laws apply in the public education setting.

Table 2.1. IDEA 504 and ADA Comparison for Services in Public Schools (Note: In some cases, services may be identical.)

<table>
<thead>
<tr>
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<th>IDEA</th>
<th>504</th>
<th>ADA Title II (State, Local Government)</th>
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<tr>
<td><strong>Who is covered?</strong></td>
<td>Children, ages 3-21, who fall into one of 13 disability categories such as “deafness” or “hearing impairment” and require special education and related services as a result of the disability.</td>
<td>Individuals with physical or mental impairments that substantially limit one or more major life activities (hearing is a major life activity); record of such impairment; or regarded as having such impairment.</td>
<td>Individuals with physical or mental impairments that substantially limit one or more major life activities (hearing is a major life activity); record of such impairment; or regarded as having such impairment.</td>
</tr>
<tr>
<td><strong>What’s the plan?</strong></td>
<td>Written Individualized Education Program -includes present levels of performance, annual goals, services, and placement - that provides meaningful educational benefit.</td>
<td>504 Plan designed to meet students’ needs as adequately as those of nondisabled students. Schools also must ensure access for parents and community members with disabilities to programs and services that are offered to all parents and community members.</td>
<td>Schools must provide auxiliary aids and services to ensure “effective communication;” communications with students, parents and members of the public that are as “effective as communications with others.” In determining what types of auxiliary aids and services are necessary, schools must give “primary consideration” to requests of individuals with disabilities.</td>
</tr>
<tr>
<td><strong>Is access to the general education curriculum required?</strong></td>
<td>Yes, through special education, which is specially designed instruction to meet the student’s needs and related services, if needed.</td>
<td>Yes, through regular education and/or special education as appropriate.</td>
<td>Yes, through regular education.</td>
</tr>
<tr>
<td><strong>Depending on the needs of the child, what aids or services might be provided?</strong></td>
<td>Teacher of the deaf, audiology, speech-language pathology, hearing assistive technologies, sign language interpreters, captioning, priority seating, any aid or service determined by the IEP team to be necessary for the student to receive a Free Appropriate Public Education.</td>
<td>Teacher of the deaf, audiology, speech-language pathology, hearing assistive technologies, sign language interpreters, captioning, priority seating, any aid or service determined by the 504 team to be necessary for the student to receive a Free Appropriate Public Education.</td>
<td>Hearing assistive technologies, sign language interpreters, captioning, priority seating, other effective methods of making aurally delivered information available to individuals who are deaf or hard of hearing.</td>
</tr>
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</table>
Sources of funding for the law?

Federal, state and local funding.  

No additional funding.  

No additional funding.

Are there limitations on what must be provided?

Schools must document IEP team’s identification of student’s needs, services and supports, and provide what is listed on the IEP. Considerations regarding cost cannot be used to deny or limit services or supports.

Schools must document the 504 team’s identification of the student’s needs, services and supports and provide what is listed on the 504 Plan. Considerations regarding cost cannot be used to deny or limit services or supports.

Schools do not have to take action that would result in “fundamental alteration” of a program or “undue financial and administrative burdens.” All available resources must be considered.

What are parent and student safeguards?

Parents have the right to:
Examine all records relating to their child and participate in meetings.

“Prior Written Notice” if the school proposes to change, or refuses to change, the identification of the disability, the evaluation of the child, the placement of the child, and the provision of a Free Appropriate Public Education to the child.

Process for mediation, due process hearing, and/or lawsuit.

Parents have the right to:
Notice about child’s eligibility, evaluation;
Examine relevant records; and
Process for hearing and appeals.

Parents can file complaint with U.S. Department of Education Office for Civil Rights.

Note: Adapted from Laurent Clerc National Deaf Education Center.

Schools and school districts also need to ensure that the education they provide adheres to standards set by courts. For many years, courts followed the standard set by the Supreme Court decision in its landmark decision in Board of Education of the Hendrick Hudson Central School District v. Rowley, 458 U. S. 176 (1982).

That case set forth the principle that if schools complied with the procedural requirements of IDEA and the child in question received “some educational benefit,” the requirements of the law were met. Schools were not required to provide “equal opportunity” of education or be bound to any particular outcome for a child.

This standard prevailed even though IDEA and the Elementary and Secondary Education Act were amended over time to require goals for students with disabilities that are consistent with goals and academic standards for nondisabled peers (35 C.F.R. § 300.157, 20 U.S.C. § 6311(b)(1)(B)).

The Supreme Court, in the case of Endrew F. v. Douglas County School District (137 S. Ct. 988, 2017) established criteria for determining the sufficiency of an IDEA-mandated education:

- The IEP must be “reasonably calculated to enable a child to make progress appropriate in light of the child’s circumstances.”
- The student’s “educational program must be appropriately ambitious in light of his circumstances, just as advancement from grade to grade is appropriately ambitious for most children in the regular classroom. The goals may differ, but every child should have the chance to meet challenging objectives.”
American Sign Language videos and captioning. For more information on Smarter Balanced assessment accessibility go to https://www.smarterbalanced.org/assessments/accessibility-and-accommodations/.

The Partnership for Assessment of Readiness for College and Careers (http://parcc-assessment.org) also has developed accessibility tools that include American Sign Language (videos and in-person) and captioning. For more information on PARCC assessment accessibility, go to http://parcc-assessment.org/accessibilities/accessibility.

The consortia have carefully considered the needs of students with disabilities to ensure that their assessments are accessible. However, the student’s needs as identified on the IEP must take priority. If the student needs an accommodation that is not listed in the manual that accommodation must be provided. For example, although a human signer is an accommodation specifically mentioned by PARCC, but not by Smarter Balance, that does not mean it is not available under Smarter Balance. The student’s needs come first.


The World-Class Instructional Design and Assessment (WIDA) Consortium has developed assessments for English language learners, including those with significant cognitive disabilities. It also has developed an accessibility and accommodations supplement. See https://www.wida.us/assessment/access%202.0/documents/AccessibilityandAccommodationsSupplement.pdf

Two other consortia have developed assessments for students with significant cognitive disabilities and have provided accessibility manuals: Dynamic Learning Maps http://dynamiclearningmaps.org and the National Center and State Collaborative (now transferred to the Multi-State Alternate Assessment https://www.msaaassessment.org).

English Language Proficiency Assessment for the 21st Century (ELPA21) has designed tests to measure the

Assessment results are reported based on the overall student population and various subgroups, including students with disabilities. Students who are deaf or hard of hearing are included in that subgroup. Some states, such as Colorado and Minnesota, collect and report this data specifically for students who are deaf or hard of hearing. This helps to identify areas of success and areas where states need to improve to ensure college- and career-ready outcomes for deaf and hard of hearing students.

State assessments also must produce individual student interpretive, descriptive and diagnostic reports regarding achievement on these assessments. These reports should allow parents, teachers, principals and other school leaders to understand and address the specific academic needs of students. These reports also must be provided to parents, teachers, and school leaders, as soon as is practicable after the assessment is given, in an understandable and uniform format, and to the extent practicable, in a language that parents can understand (20 U.S.C. § 6311(b)(3)(C)(xi)).


IDEA Final Rule, 34 C.F.R. Part 300.


Multi-State Alternate Assessment [https://www.msaaassessment.org](https://www.msaaassessment.org)


Section 504 of the Rehabilitation Act of 1973 (Section 504), as amended, 29 U.S.C. § 794 et seq.

Section 504 Final Rule, 34 C.F.R. § 104.1 et seq.

Smarter Balanced [https://www.smarterbalanced.org](https://www.smarterbalanced.org)


WIDA [https://www.wida.us](https://www.wida.us)

References


ADA Final Rule, 28 C.F.R. § 35.101 et seq.


Dynamic Learning Maps [http://dynamiclearningmaps.org](http://dynamiclearningmaps.org)


Early Identification and Intervention

**Key Points:**

- Early hearing detection and intervention (EHDI) improves outcomes.
- Specialized providers with expertise working with infants and toddlers who are deaf or hard of hearing are essential to achieving the best outcomes.
- Even with appropriate early intervention, children who are deaf or hard of hearing remain at risk, requiring continued supports, including specially designed instruction, and close monitoring when transitioning to Part B services.
- Thorough assessments must guide a child’s transition from Part C to Part B services.

Early identification of, and intervention for, infants and toddlers who are deaf or hard of hearing are most effective when conducted according to established guidelines (JCIH 2007, 2013). Children who are identified as deaf or hard of hearing by one month of age, and who receive appropriate early intervention services, including consistent and accessible language immersion, are more likely to have outcomes similar to their hearing peers (Yoshinaga-Itano, 2003; Moeller, 2000; Vohr, Topol, Girard, St. Pierre, Watson, & Tucker, 2011). Access to audiological follow-up and optimal amplification is critical for the development of spoken language. Similarly, access to fluent visual language models, such as native users of American Sign Language, is critical for the development of sign language. Both auditory and visual aspects of language are part of an essential foundation of early intervention for children who are deaf or hard of hearing. Research demonstrates that parent engagement, education and support is critical to successful child outcomes. However, the advantage provided by early intervention can only be maintained if these children continue to be supported throughout early childhood and in their educational programs in the areas of communication, language, cognition, social-emotional growth and academics.

**Early Identification**

**Universal Newborn Hearing Screening**

Universal Newborn Hearing Screening (UNHS) programs throughout the United States have led to increased numbers of newborns having their hearing levels screened prior to hospital discharge (White & Munoz, 2014). This has resulted in earlier identification, amplification, auditory and visual language exposure and provision of family-centered intervention services. Early provision of communication and language intervention (before 6 months of age) as well as high levels of family engagement contribute significantly to positive outcomes in language development for children who are deaf or hard of hearing (Meinzen-Derr, Wiley, & Choo, 2011; Moeller, 2000).

Prior to the establishment of UNHS programs in the United States, the average age of identification of children who are deaf or hard of hearing was between 2 and 3 years of age. All babies should now be screened at birth, and hearing status for those who do not pass should be confirmed between 2 to 3 months of age (Munoz, Bradham & Nelson 2011). The Summary of Centers for Disease Control (CDC) Early Hearing Detection and Intervention (EHDI) data (2014) reported 97.9% of infants were screened according to 56 respondents (50 states, 5 territories, and the District of Columbia). Newborn hearing screening should be completed before a baby is one month of age, ideally, prior to hospital discharge. Infants who do not
pass the screening require further diagnostic testing. These diagnostic tests should be completed before three months of age. A challenge that remains for states, according to the 2014 CDC EHDI Summary report, is that 34.4% of infants referred are “lost to follow-up”; i.e., they do not receive, or have a record of having received, follow-up for diagnostic audiological assessment. It is imperative that states have an effective method for tracking infants through the screening, referral and diagnostic process. Families of infants identified as deaf or hard of hearing should receive appropriate early medical services (including vision screening and genetic services), audiological services (including hearing aid fitting if appropriate) and language services (including spoken and/or sign language services) through early intervention programs by six months of age (NCHAM, n.d.; White & Munoz, 2014), as appropriate to the specific needs of the family and child.

Support for Parents and Families in UNHS

It is very important that parents understand the importance and complexity of their child’s hearing. For a child that passes the hearing screening, parents should be advised to monitor their child’s language development, be aware of any indications that may reflect a change in hearing and know where they can turn if they suspect an issue. For children who do not pass the hearing screening, professionals must be sensitive to how parents may feel when they receive the news that their baby did not “pass the test.” Parents who are deaf may feel happy because their child is also deaf. But parents who are hearing may experience sadness or other emotions. For both sets of parents, professionals need to help them understand that timely follow-up for further diagnostic testing must be done to confirm their baby’s hearing status. Timely follow-up has a significant effect on the identification of a child as being deaf or hard of hearing, the fitting of hearing aid technology, and the implementation of early intervention services that focus on communication and language development (White & Munoz, 2014) as needed.

Support for parents and families should also come from others who have shared the same or similar experience, if desired. Professionals should be aware of this vital resource and ask families if they wish to be connected to other families or members of the deaf community. Some families may jump at the chance and others may need time to absorb information and internalize the situation in their own way and on their own terms.

UNHS is a crucial first step for identifying children who are deaf or hard of hearing. Providing support through the diagnosis, connecting parents with others and prompt initiation of quality early intervention services rounds out the first set of steps. However, for services to be effective, knowledgeable early intervention providers partnering with parents and using research-based best practices that result in improved education outcomes for children are necessary (JCIH, 2007). One good resource, A Parent’s Guide to Deaf and Hard of Hearing Early Intervention Recommendations (2017), was developed by a diverse group of parents to provide guidelines to assist EHDI programs to establish strong early intervention systems with expertise to meet the needs of children who are deaf or hard of hearing (https://www.handsandvoices.org/resources/jcih-parent-guide.html).

Early Intervention

Early intervention programs for infants and toddlers with sensory impairments, including those who are deaf or hard of hearing, existed in many states prior to IDEA, Part C, the OSEP-funded grant program for states to support programs and services for infants and toddlers, birth to three, and their families. Even though “early” was, on average, 2-3 years of age, programs generally recognized the importance of educating and training parents to support their child’s developing communication and language abilities. Programs were often based in hospital or university speech and hearing clinics and providers may or may not have had specialized training working with children who were deaf or hard of hearing and their families. As mentioned previously, UNHS has led to earlier identification and, as a result, earlier intervention. However, finding specialized providers who understand the communication and language needs of children who are deaf or hard of hearing and their families is still an issue and is addressed in further detail below.

These early services support families as they engage in communication and language stimulation during this critical neurological period of language development (Wolfe & Smith, 2016). When adults do not provide a rich language and communication environment (auditory, visual, or a combination of both) that is accessible to the child during this critical period of development, children are more likely to fall behind in the development of their speech and language skills, sign language development, social skills, academic performance and their future career options.

Early Brain Development

Input, regardless of how it is received, is processed in the brain. The ears, eyes and other senses are vehicles that transmit information to the cortical centers. During the first few years of life, the brain’s neural system is most malleable. This window of opportunity is critical to maximize cognitive and linguistic development, stimulating the appropriate centers of the brain. Therefore, a primary goal of early intervention is to capitalize on typical developmental periods. Whether exposure to language occurs primarily through auditory or visual stimulation or both, the integrity of the input is critical to provide the brain the best possible material from which to work. Redundancy through meaningful
language experiences also increases the quantity of information transmitted to the brain. The work of researchers has demonstrated the benefits of early intervention on brain and language development for children who are deaf or hard of hearing (Gallaudet University Visual Language and Visual Learning (VL2); Geers, Mitchell & Warner-Czyz, 2017; Wake, Ching, Wirth et al, 2016; Yoshinaga-Itano, Sedey, Wiggin, & Chung, 2017).

Importance of Specialized Providers

All early intervention (EI) providers need education and training that support early childhood best practices (Francois, Coufal, & Subramanian, 2015). Examples include: practices that support culturally responsive, family-centered services in naturally occurring environments, routines and everyday activities; coaching families to implement Individualized Family Service Plan (IFSP) goals; writing developmentally appropriate goals for the child; monitoring development and making recommendations to the IFSP team about modifications to service provision; knowledge of community resources families can access; and recognizing abuse and neglect and reporting it accordingly. What separates an EI provider for children who are deaf or hard of hearing from a general EI provider? In addition to the general knowledge that all EI providers must have, EI providers for children who are deaf or hard of hearing require formal, specialized education and training in deafness.

The Joint Committee on Infant Hearing (JCIH) is a group of experts who develop recommendations and periodic position statements on best practices in EHDI. Included in the most recent JCIH position statement (JCIH, Appendix 1, 2013) is a description of important knowledge and skills, such as:

- anatomy and physiology of the ear;
- causes of hearing loss;
- risk factors associated with hearing loss;
- audiological screenings, diagnostic evaluations, and amplification devices;
- the array of auditory and visual language and communication approaches and development;
- knowledge of typical child development including auditory, speech and language development (including ASL and/or spoken language development); and
- the use of appropriate strategies and techniques to foster a child’s development in all areas.

In addition, effective early intervention (EI) programs should ensure that:

- the EI provider is either a native signer or a fluent signer for families who wish to use sign language with their child, and who understands how to develop sign language in children;
- the EI provider has very specific skills in the development of listening and spoken language for families who wish to develop spoken language with their child; and
- EI specialists working with deaf and hard of hearing children who have additional disabilities are able to monitor a child’s development in other areas and have access to other team members with specialized skills in other disability areas.

The Individualized Family Service Plan (IFSP)

The IFSP offers support to families as they begin their journey understanding factors associated with raising a child who is deaf or hard of hearing. While parents are central members of the team, the specialists who support them provide critical guidance and support. To do so, these specialists must not only be experts in matters related to raising a deaf or hard of hearing child, but also know the specific resources and programs to which they can connect families.

The IFSP has required components under Part C of IDEA. Table 3.1 integrates these components with the Goals of the JCIH Principles and Guidelines for Early Intervention After Confirmation that a Child is Deaf or Hard of Hearing (2013). Note that JCIH Goals 8 and 10 are not addressed in Part C and there is not a JCIH goal that addresses settings where children receive services.

<table>
<thead>
<tr>
<th>Components of an IFSP</th>
<th>JCIH Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral</td>
<td>Goal 1. All children who are deaf or hard of hearing and their families have access to timely and coordinated entry into EI programs supported by a data management system capable of tracking families and children from confirmation of hearing loss to enrollment into EI services.</td>
</tr>
<tr>
<td>Service coordination as single point of entry</td>
<td>Goal 2. All children who are deaf or hard of hearing and their families experience timely access to service coordinators who have specialized knowledge and skills related to working with individuals who are deaf or hard of hearing.</td>
</tr>
<tr>
<td><strong>Conducted in the family’s native language</strong></td>
<td><strong>Goal 5. All children who are deaf or hard of hearing and their families from culturally diverse backgrounds and/or from non-English speaking homes have access to culturally competent services with provision of the same quality and quantity of information given to families from the majority culture.</strong></td>
</tr>
<tr>
<td><strong>Current levels of functioning</strong></td>
<td><strong>Goal 6. All children who are deaf or hard of hearing should have their progress monitored every six months from birth to 36 months of age, through a protocol that includes the use of standardized, norm-referenced developmental evaluations, for language (spoken and/or signed), the modality of communication (auditory, visual, and/or augmentative), social-emotional, cognitive and fine and gross motor skills.</strong></td>
</tr>
</tbody>
</table>
| **Family’s resources** | **Goal 5. All children who are deaf or hard of hearing and their families from culturally diverse backgrounds and/or from non–English-speaking homes have access to culturally competent services with provision of the same quality and quantity of information given to families from the majority culture.**  
**Goal 9. All families will have access to other families who have children who are deaf or hard of hearing and who are appropriately trained to provide culturally and linguistically sensitive support, mentorship and guidance.** |
| **Family’s priorities and concerns about their child’s development** | **Goal 4. All children who are deaf or hard of hearing with additional disabilities and their families have access to specialists who have the professional qualifications and specialized knowledge and skills to support and promote optimal developmental outcomes.** |
| **Child’s measurable outcomes to be achieved** | **Goal 12. As best practices are increasingly identified and implemented, all children who are deaf or hard of hearing and their families will be ensured of fidelity in the implementation of the intervention they receive.** |
| **Early intervention services provided based on the child’s needs; services are reviewed at least every six months plus an annual review with service coordinator and IFSP team to review progress and make changes to services, if needed** | **Goal 3. All children who are deaf or hard of hearing from birth to three years of age and their families have EI providers who have the professional qualifications and core knowledge and skills to optimize the child’s development and child and family well-being.**  
**Goal 3a. Intervention services to teach ASL will be provided by professionals who have native or fluent skills and are trained to teach parents/families and young children.**  
**Goal 3b. Intervention services to develop listening and spoken language will be provided by professionals who have specialized skills and knowledge.**  
**Goal 11. All children who are D/HH and their families have access to support, mentorship, and guidance from individuals who are D/HH.** |
| **Settings where services will be provided; natural environments to the extent appropriate and justification when not provided in natural environment** | **There is no JCIH Goal that aligns with this IFSP component.** |
| **Other services the child will receive** | **Goal 7. All children who are identified with a hearing loss of any degree, including those with unilateral or slight hearing loss, those with auditory neural hearing loss (auditory neuropathy), and those with progressive or fluctuating hearing loss, receive appropriate monitoring and follow-up intervention services, where appropriate.** |
Goals 8 and 10 below address state systems and are not part of IFSP development:

- **Goal 8:** Families will be active participants in the development and implementation of EHDI systems at the state/territory and local levels.
- **Goal 10:** Individuals Who Are D/HH will be active participants in the development and implementation of EHDI systems at the national, state/territory, and local levels; their participation will be an expected and integral component of the EHDI systems.

## Language and Communication Outcomes

Children who are deaf or hard of hearing must have opportunities for meaningful and natural language acquisition at an early age – preferably from birth. Since parents are a child’s first and primary teacher, they have the right to know and fully understand, the different ways in which people with varying hearing levels use language to communicate. This knowledge, including access to individuals who use these approaches, will help parents decide the vision they have for the future of their child.

No one language and communication approach is better than another and every approach has the potential for positive outcomes if implemented with fidelity and if the child has full access to the language. When parents make an initial decision about the language and communication approach or approaches that are best for their family, it becomes the professional’s responsibility to assist parents in helping their child reach his or her goals. Based on a child’s and family’s needs, language and communication goals may change over time. Regardless, the professional’s responsibility to assist a family in helping their child meet those language and communication goals remains. Support may also mean connecting parents with a professional with expertise in a specific approach.

Each language and communication approach should include a set of guiding principles that, when implemented as intended, has the potential for positive language and communication outcomes for a child and his/her family. Regardless of the desired language and communication goals a family has for their child, careful, ongoing assessment of the child’s development in all areas of communication, language, social-emotional and cognitive growth is critical. These assessments help determine whether the significant goal of developing a complete language is being met. Without a complete language, the development of the whole child is compromised.

For children who are deaf or hard of hearing in the United States, complete languages include American Sign Language (ASL) - a completely visual language, English - a spoken and written language, or one of hundreds of other spoken languages that may be signed, spoken and/or written in the home or community (e.g. Mexican Sign Language (LSM), Spanish, French, Hebrew). One misconception is that the general term of “sign language” implies a complete language. This notion is not true however. ASL is recognized as a complete language containing its own unique grammatical rules. Signed English systems, such as Signing Exact English, match signs to English word order and often include additional signs for morphological markers. Families of children who are deaf or hard of hearing may choose one approach to develop language, while others choose a combination of approaches. Common communication approaches, are described in Table 3.2. Signed English, simultaneous communication, sign-supported speech, and Pidgin Signed English are not recommended for infants and toddlers developing language because they are not complete languages.

Table 3.2. Communication Approaches.

<table>
<thead>
<tr>
<th>Communication Approach</th>
<th>Description</th>
<th>Languages Incorporated</th>
<th>Modalities Incorporated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bilingual-Bimodal</td>
<td>Incorporates the separate use of two languages, one visual and one spoken. American Sign Language (ASL) is a full and complete visual language with complex grammatical structures that incorporate signs and non-manual markers expressed on the face and body. Spoken and signed languages are used in the same environment, with intentional times and roles. The two languages are given equal value and equal representation.</td>
<td>ASL or a native sign language and English or another spoken language</td>
<td>Listening/speaking Print Sign language or visual cues that represent a spoken language Facial/body expression/ gestures Speechreading</td>
</tr>
<tr>
<td><strong>Cued Speech</strong></td>
<td>A system of eight hand shapes placed in one of four positions near the face that visually presents a phonetic representation of syllables used in spoken English. Cued speech systems have been created to represent the sounds in 48 different languages to make visual the phonemes that are spoken that cannot be visually distinguished through lipreading.</td>
<td>Spoken English or another spoken language</td>
<td>Listening/speaking Speechreading System of cues that phonetically represents a spoken language Facial/body expression/gestures</td>
</tr>
<tr>
<td><strong>Listening and Spoken Language (includes approaches previously known as auditory-oral and auditory-verbal)</strong></td>
<td>Using primarily listening to understand spoken language and using spoken language to interact and communicate with others.</td>
<td>Spoken English or another spoken language</td>
<td>Listening Speaking</td>
</tr>
<tr>
<td><strong>Pidgin Signed English (PSE)</strong></td>
<td>Used when native English speakers are learning ASL and use ASL signs without using appropriate ASL grammar and sign in an incomplete way. Used as a bridge to link spoken and signed language and is not seen as a true representation of either language.</td>
<td>Parts of spoken language and parts of ASL or a signed English system</td>
<td>Listening/speaking Signs (may be ASL signs or signs from an English-based sign system) Facial/body expressions/gestures Speechreading</td>
</tr>
<tr>
<td><strong>Sign-supported Speech</strong></td>
<td>Signs are used to clarify and support the use of spoken language. Primarily used when children rely on mostly audition and spoken language to communicate but may need visual support to understand spoken language in loud settings or for new information.</td>
<td>Spoken English or another spoken language</td>
<td>Listening/speaking Visual system of signs that represent a spoken language visually Facial/body expression/gestures Speechreading</td>
</tr>
<tr>
<td><strong>Simultaneous Communication</strong></td>
<td>A spoken language is used simultaneously with a system of signs (not a true visual language) that borrow from ASL, but are put in English order and then said and signed simultaneously.</td>
<td>Spoken English or another spoken language</td>
<td>Visual system of signs or cues that represent a spoken language visually Facial/body expression/gestures Listening/speaking</td>
</tr>
</tbody>
</table>


Regardless of the language, approach or approaches used, children are highly vulnerable to the “Swiss cheese” effect. That is, the holes or gaps that arise when the message expressed is incomplete, or when all parts of the message are not received due to visual or auditory interruptions. Young children do not have the language foundation to fill in what they do not receive, leading to receptive and expressive language deficits and subsequent literacy gaps. Other areas of development that are often affected include speech, pragmatic language, vocabulary, academics, social communication, relationships and more. These potential challenges are not directly tied to hearing levels; any hearing condition
can result in learning problems. They are tied to lack of access to language, communication and information.

**Children with Additional Needs**

Approximately 40% of children who are deaf or hard of hearing have other issues affecting their development (Mitchell & Karchmer, 2006). These issues may be associated with diagnosed genetic or acquired causes or be unknown. They may result in physical, cognitive and/or developmental challenges. Determining hearing levels when additional challenges are present can be difficult. Additionally, parents and professionals may not be concerned about hearing status in the presence of other challenges. All babies with risk factors must be assessed and have their hearing levels monitored closely, including checking for later onset hearing loss. This will allow early intervention services to be adjusted to address the language and communication needs. Often, methodologies and technologies are blended and tailored to meet a child’s individual needs. It takes a diverse and competent team approach to support the family to determine and implement an effective program with them and their child. The following websites provide additional information about deafness and additional disabilities.

- [https://www.handsandvoices.org/comcon/articles/deaf-plus.htm](https://www.handsandvoices.org/comcon/articles/deaf-plus.htm)
- [https://successforkidswithhearingloss.com](https://successforkidswithhearingloss.com)
- [https://deafwdisabilities.grou.ps/home](https://deafwdisabilities.grou.ps/home)

**Service Delivery Considerations**

“Natural environments” are the settings that are typical for same aged-infants and toddlers without disabilities (35 C.F.R. § 303.25). IDEA promotes these settings for early intervention and requires justification when services are provided elsewhere. Because of this requirement, most Part C-eligible early intervention services are provided in the home. However, there are specific services that parents may desire that may not be located in typical “natural environments” (35 C.F.R. § 303.126), such as speech and hearing centers and other specialized programs for early speech and language development, early childhood centers for deaf and hard of hearing children that use ASL and/or spoken language, specialized parent-toddler groups and deaf and hard of hearing mentor programs that occur through deaf services programs. All options should be explored with families as they develop their IFSP, including when necessary, a written justification if the services are to be provided by Part C.

The use of telepractice\(^2\) is increasing as models are developed that meet family needs as well as state and local Part C procedures. Examples of services include listening, speech and/or language development guidance, sign language classes, deaf or hard of hearing mentors, developmental consultations, early literacy activities and audiology. Telepractice offers families in rural areas access to special expertise or supports that may not be available within their geographic area. Other families may have reasons or limitations whereby home visits or attending sessions in the community is not possible (e.g., transportation issues, language barriers, religious or cultural restraints) and some families may simply prefer telepractice for the ease and convenience over home-based or center-based intervention. In the telepractice model, the services may supplement those of a local home intervention provider by having the specialist tune in remotely to the home visit. Other delivery models involve a combination of face-to-face home intervention along with remote telepractice sessions. Telepractice requires either good Internet or cell phone access as well as families who can manage the associated technical issues independently or with local support.

While the U.S. Departments of Education and Health and Human Services declared their support for “inclusive” early childhood programs in their 2015 Policy Statement on Inclusion of Children with Disabilities in Early Childhood Programs, the reality of providing high quality, meaningful, fully accessible early childhood programs remain challenging, especially for children who have very specialized needs for communication and language.

There are a variety of placement opportunities for children who are deaf or hard of hearing and no one size fits all. The IFSP team must ensure that the necessary services are in place to support the family’s preferred language and communication access, as well as the child’s general development. Support for the family’s adjustment and skill development such as providing classes (ASL, spoken language strategies), transportation to specific classes, and provision of deaf or hard of hearing mentors should also be considered. Data should drive all placement decisions made by the IFSP Team. Some children will do well in “inclusive” settings while other may do better in settings with other children who are deaf or hard of hearing. Considerations for placement in early childhood settings include (Johnson, 2016):

- How is the quality and appropriateness of the setting, teachers and other providers evaluated and determined?
- What meaningful options exist for young children who are deaf or hard of hearing within their local communities? Are there programs available that provide language rich environments that are fully accessible to young children who are deaf or hard of hearing in their local communities?

\(^2\)For more information regarding telepractice, see Telepractice in Speech-Language Pathology by K. Todd Houston (2013), Plural Publishing Inc.
The preschool years represent a critical time in a child’s development as well as a period when they are the most vulnerable. Special factors considerations (34 C.F.R. § 300.324 (2)(iv-v)) outline essential elements to be addressed in the provision of services. These include: the child’s communication and language needs, opportunities for direct communication with peers and professionals in the child’s language and communication mode, academic level, full range of needs, and opportunities for direct instruction in the child’s language and communication mode. Additionally, IEP teams should consider parent counseling and training as a related service to assist a child in benefiting from special education when the parents need help understanding the special needs of their child, need information about child development, and need assistance in acquiring the necessary skills to assist them in supporting the implementation of the IEP. When children are not eligible for Part B services under IDEA, they may be eligible for other services through a Section 504 Plan.

All young children benefit from an early start to education. Children who are deaf or hard of hearing deserve an early start that identifies their strengths and needs, as well as effective family support and education. The goal is for all children to achieve their potential.

References


IDEA, 34 C.F.R. Parts 300 and 303.

Communicator, XIX (4).


Identification of children who are deaf or hard of hearing is the first step in ensuring appropriate intervention. Child Find was established in the Individuals with Disabilities Education Act (IDEA) to ensure that all students with disabilities are identified and evaluated. According to IDEA, through their Child Find activities (34 C.F.R. § 300.111), states must ensure that all children residing in the state who need special education are identified, located and evaluated. Today, although all states screen the hearing of babies, many infants who do not pass the screening are lost to follow up. Other children may not be screened because they were birthed at home or moved to the U.S. from another country. Some children may pass newborn screening but have late onset hearing conditions. These children are identified later, either when a concern is raised or upon school entry when they participate in their local school hearing screening programs. Children who are not identified until they enter kindergarten do not receive the benefits of early intervention services. For more information regarding early hearing detection and intervention, see Chapter 3.

Child Find personnel may collaborate with other agencies, including state and local offices of the Department of Human Services, Department of Mental Health, Department of Health, Department of Corrections, Juvenile Detention Centers, Schools for Deaf and Blind, Head Start agencies, university-based programs, physicians, nurse practitioners and other primary health care providers.

Child Find Requests and Special Education Referral Procedures

Anyone who is knowledgeable about the child in question may make a request for an evaluation if the child is suspected of having a disability, including being deaf or hard of hearing. After the request is made, a multidisciplinary team, composed of the parent, child (if appropriate) and qualified professionals, must meet to review the documentation and determine if the child needs an evaluation. If the team agrees to proceed, the child is evaluated to determine if he/she is eligible for special education services. Schools are required to conduct a comprehensive individual initial evaluation, in accordance with IDEA, before initiating special education and related services (34 C.F.R. § 300.301). Re-evaluations must be conducted at least once every three years or sooner, if needed. (34 C.F.R. § 300.303).

Evaluations are conducted to determine whether the child is eligible for IDEA and to inform the content of his Individualized Education Program.
(34 C.F.R. § 300.304). Assessments and other evaluation materials must be provided and administered in the child’s native language or other mode of communication and in the form most likely to yield accurate information on what the child knows and can do academically, developmentally and functionally, unless it is clearly not feasible to provide or administer. Assessments and other evaluation materials must be used for the purposes for which the assessments or measures are valid and reliable, administered by trained and knowledgeable personnel and administered in accordance with any instructions provided by the producer of the assessments (34 C.F.R. § 300.304). Once eligibility is determined, the Individualized Education Program (IEP) is developed.

Assessment Components for Students who are Deaf and Hard of Hearing

Audiologic Assessment

One of the first steps in eligibility determination is documentation of the child’s hearing status. While most babies are identified and assessed through the newborn hearing program, some babies who pass the hearing screening may later acquire hearing loss due to illnesses, injury, or genetic conditions. Because these late onset hearing conditions are often unnoticed until preschool, or the start of school, language and learning problems may be mistakenly attributed to other developmental factors.

Audiology assessment services under IDEA (34.CFR § 300.34(c)(1)) are required to identify children with hearing loss, determine the range, nature and degree of hearing loss, and determine and provide group and individual hearing technology, including evaluation of the effectiveness of that technology. In addition to characterizing hearing sensitivity, pediatric and educational audiologists assess the impact of auditory function on language and communication, including listening in noise to determine classroom listening ability. Generally, assessments can be conducted using standard behavioral procedures, but some children, especially those with significant developmental disabilities, may require sedation to perform auditory biological tests (e.g., auditory brainstem response or ABR) to determine their hearing status. These tests are performed in hospitals or similar settings where the sedation can be delivered.

Audiologic assessment is performed by licensed or certified pediatric or educational audiologists who are employed (most common) or contracted by the schools or intermediate educational agencies, and who are members of the school multidisciplinary teams.

Educational Assessment

IDEA requires the school to fully evaluate children in all areas of suspected disability. This means:

- using “a variety of assessment tools and strategies to gather relevant functional, developmental, and academic information about the child, including information from the parent” (34 C.F.R. § 300.304(a)(1));
- using “technically sound instruments that may assess the relative contribution of cognitive and behavioral factors, in addition to physical or developmental factors” (34 C.F.R. § 300.304(a)(3)); and
- administering the assessment “in the child’s native language or other mode of communication and in the form most likely to yield accurate information” (34 C.F.R. § 300.304(c)(ii)).

For children who are deaf or hard of hearing, regardless of the level, or whether one or both ears are affected, areas that should be considered include:

- Auditory status and auditory function
  - acuity
  - speech discrimination in optimal (quiet) and typical classroom settings (noise, distance, without visual access)
  - performance and use of personal hearing instruments and hearing assistive technology (HAT)
  - auditory skill development
- Vision (acuity and functional vision)
- Spoken Language (comprehension and production)
  - phonology (sounds)
  - vocabulary/semantics (word meanings) – receptive and expressive
  - syntax (grammar) receptive and expressive
  - morphology (word endings) – receptive and expressive
  - pragmatics (social use of language)
- American Sign Language
  - vocabulary
  - fluency – receptive and expressive
  - phonology
  - semantics – receptive and expressive
  - syntax – receptive and expressive
  - morphology
  - pragmatics
- Speech
  - oral-motor
  - articulation
  - intelligibility
- Cognitive and academic performance
Use a Variety of Assessments

Tests alone will not provide a comprehensive picture of how a child performs or what he or she knows or does not know. Only by collecting data through a variety of approaches (e.g., observations, interviews, tests, curriculum-based assessment, self-assessments) and from a variety of sources (parents, teachers, specialists, child) can the team develop a complete picture of the child’s strengths and needs.

Use a Variety of Professional Expertise

Different components of the evaluation may need to be administered by professionals with different areas of expertise. For example, think of a young student who is deaf and blind. To understand the functional, developmental, and academic needs of the student, the evaluation must include information about hearing, vision, cognition, speech, language, motor, and social/behavioral skills. With this example, any of the following individuals might be part of this child’s evaluation team: audiologist, psychologist, speech-language pathologist, teacher of the deaf and hard of hearing, social worker, occupational or physical therapist, hearing specialist, vision specialist, regular classroom teacher, or others. Each of these professionals brings a unique perspective to consider the needs of the whole child in the context of his/her learning environment.

Use Valid and Reliable Measures

Schools are expected to use valid and reliable instruments and processes in conducting an evaluation. The assessments and other evaluation materials must be administered by trained and knowledgeable personnel, in accordance with the instructions provided by the publisher, and used for the purposes for which the assessments or measures are shown through research to be valid and reliable. In general, individuals who are qualified to administer assessments have received specialized training in evaluation and have received training specific to the instrument(s) used to evaluate the child. For each area of concern, it is important to have a professional with the right knowledge, training, and expertise to select and conduct the assessment. States may have different requirements for the type of qualifications required to administer specific kinds of assessments; therefore, it is important to be familiar with the expectations in your area.

Assure Access When Including the Student

The IDEA describes a student’s right to participate in an evaluation in his or her primary language. To satisfy this requirement, a professional conducting an assessment with students who are deaf or hard of hearing must be proficient in the student’s preferred language or communication mode. In some cases, this may mean contracting with a state agency, regional program, school for the deaf, or nearby district to access professionals with the necessary expertise. When such a professional is not available, an interpreter should be enlisted as a last resort. It is the responsibility of the evaluator to ensure that the interpreter is qualified and has experience with educational assessments. When use of an interpreter is necessary, only interpreters or transliterators certified by the state certifying agency, including certification by a national organization where appropriate, should be used.

Eligibility Determination

For children ages 3-21 (Part B of the IDEA) special education eligibility is a three-pronged process that includes: 1) identifying a disability; 2) determining whether the disability has an adverse effect on the student’s educational performance; and 3) whether that effect requires specially designed instruction, i.e., special education. State eligibility definitions vary; some states use the federal definition while others use hearing-level criteria. Table 4.1 contains the federal IDEA definition for disability and eligibility and Colorado’s regulations as one example of how a state’s regulations may amplify the federal definitions with more detailed eligibility criteria www.cde.state.co.us/cdesped/sd-hearing_serviceprograms.
Once a comprehensive audiologic assessment has confirmed deafness or hearing impairment, the child is determined to have a disability. The remaining components of the comprehensive evaluation provide evidence for special education eligibility. Some students who are deaf or hard of hearing do not meet the criteria for special education eligibility. In these cases, performance should be monitored to ensure they continue to meet grade level expectations. A 504 Plan to access accommodations and protections under Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (28 C.F.R. Part 35) is also recommended for these students. For preschool-aged children who are attending private preschools, parents may pursue access supports under ADA.

When determining eligibility, it is important that students who are deaf or hard of hearing be identified and labeled according to the category of either deafness or hearing impairment, as appropriate, in addition to any co-occurring conditions such as autism, developmental disability, emotional disability or other genetic or syndromic issues. While there are many students with additional concerns and/or conditions, such as ADD, ADHD, language, learning or behavior problems, it may be difficult to sort out the primary cause. Children with co-occurring conditions should still receive support from the multidisciplinary team in these areas, but the deafness/hearing impairment label ensures that their language and communication needs will be addressed including the special considerations component of the IEP (34 C.F.R. § 303.324 (2) (iv-v)).

### Table 4.1. Comparison of federal and Colorado IDEA Part B definitions for disability and eligibility

**IDEA Part B Disability/Eligibility Definitions**

34 C.F.R. § 300.8(c)(3): Deafness means a hearing impairment that is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification that adversely affects a child’s educational performance.

34 C.F.R. § 300.8(c)(5): Hearing impairment means an impairment in hearing, whether permanent or fluctuating, that adversely affects a child’s educational performance but that is not included under the definition of deafness in this section.

**2.08(2)(b) Colorado Hearing Eligibility Definition**

The Hearing Impairment, including Deafness, as described above, prevents the child from receiving reasonable educational benefit from general education as evidenced by one or more of the following:

2.08 (2) (b) (i) Delay in auditory skills and/or functional auditory performance including speech perception scores (in quiet or noise), which demonstrates the need for specialized instruction in auditory skill development or assistive technology use;

2.08 (2) (b) (ii) Receptive and/or expressive language (spoken or signed) delay including a delay in syntax, pragmatics, semantics, or if there is a significant discrepancy between the receptive and expressive language scores and/or function which adversely impacts communication and learning;

2.08 (2) (b) (iii) An impairment of speech articulation, voice and/or fluency;

2.08 (2) (b) (iv) Lack of adequate academic achievement and/or sufficient progress to meet age or state-approved grade-level standards in reading, writing, and/or math;

2.08 (2) (b) (v) Inconsistent performance in social and learning environments compared to typically developing peers; and/or

2.08 (2) (b) (vi) Inability to demonstrate self-advocacy skills or utilize specialized technology/resources to access instruction.

### Additional Assessment Considerations

**Assessment of Co-Occurring Disabilities**

Students who are deaf or hard of hearing may have physical, emotional or learning needs that are not related to their hearing status. The term “deaf plus” is often used to describe this group of students, which is estimated to be approximately 40% of children who are identified as deaf or hard of hearing (Mitchell & Karchmer, 2006). The conditions impacting these children are varied and may include deafblindness, autism, cognitive impairment, learning disability, a language other than ASL or English used in the home or physical disabilities. The presence of a hearing condition can make it more challenging to diagnose these disabilities, and the presence of other disabilities may mask the hearing status, which can make it difficult to identify.

Few assessment instruments are designed to specifically target the needs of children who are deaf or hard of hearing, which means that all assessment results must be considered
with caution. Often, communication barriers exist and the evaluator cannot reliably determine the student’s cognitive, social and functional capabilities (Caemmerer, Cawthon, & Bond, 2016). The evaluation process can be frustrating to both the student and the evaluator if only standardized assessments are used. Results of the assessment, such as standard scores, IQ, or age equivalents, may mask a person’s true skills and competencies (Mar, 2010).

For students with co-occurring disabilities, the comprehensive evaluation may include the use of observations, interviews, tests, scales, checklists and other instruments to provide information about the child’s cognitive, sensorimotor, communication, academic, social skills, behavior and emotional functioning.

- Cognitive assessments typically measure skills involving general knowledge, memorization, calculation, reasoning, visual-motor coordination, classification, problem solving and perceptual organization.
- Sensorimotor assessments are used with children to measure how they explore and manipulate objects; perceive and respond to visual, tactile and auditory events; coordinate motor activity; acquire new concepts; and engage in social play.
- Communication and language assessments are used to examine the child’s means of expression (gesture, words, signs), vocabulary, comprehension, use of symbols, and social interaction skills.
- Academic achievement assessments are used to identify the proficiency or progress in academic areas such as literacy, numeracy and concept development.
- Social and adaptive assessments investigate basic life skills such as self-care, play, chores, routines, eating, dressing, community experience, work and interpersonal relationships.
- Behavior and emotional functioning assessments are used when there are concerns related to self-esteem, problem behaviors, anxiety, attention span, mood swings and social interactions.
- Fine and gross motor assessments are used to provide information about the student’s functional physical ability within the school environment, with a focus on what is expected of the student in his/her natural educational environment in comparison with same-age peers.

Guidance assessing children with co-occurring disabilities should be available through the special education division of state education agencies or special schools for the deaf. School psychologists or educational diagnosticians who are trained and specialize in working with students who are deaf or hard of hearing are excellent resources. LEAs should include these outside experts in these assessments.

### The Evaluation Report

IDEA requires a written report as part of the evaluation process. Teams may develop a comprehensive evaluation report that contains all information from the assessments completed by various professionals. This format allows for integration of all perspectives and presents a more holistic view of the child. Where possible, it is best practice to present families with a brief and clear summary of the comprehensive assessment report, including charts or graphs, if available, that show how their child is performing in various areas. The report should also be discussed directly with the parents so that they understand the information, its implications and can ask questions and/or seek further explanation.

The evaluation report should include quantitative data from all the assessment instruments that were used as well as qualitative data from less formal sources. The representation of the data should express results that maximize comparability across measures (i.e., standard scores). While age or grade equivalents may not be as accurate as standard scores, they do help parents understand their child’s performance in relation to their peers. Confidence intervals and standard error of measure data should be provided when available. Any adjustments or special circumstances related to the administration of the assessments must be noted. For example, the evaluator should be familiar with the variety of personal hearing instruments, such as hearing aids and cochlear implants and assistive technologies, such as remote microphone hearing assistive technology (e.g., FM/DM, classroom audio distribution systems), that students may use, and note the potential impact of these technologies on the assessment results (see Chapter 6, School Environment Access and Accommodations, for more information).

The report should lead the team toward a balanced discussion of the information gathered from both standardized and non-standardized data, that describes the student’s present level of academic performance and functional skills and informs decisions about identification, eligibility, services and instructional planning. Data from continuous progress monitoring and curriculum-based measures, as well as results concerning developmental, cognitive, communication, learning, academic and behavioral/social areas, are important in program planning for young children. For older students, functional, organizational, self-determination, self-advocacy, intrapersonal, work-related and independent living areas also should be summarized to inform the program planning process.

### Assessment Resources


National Association of School Psychologists (NASP), Serving Students who are Deaf or Hard of Hearing. [https://]
Evaluation and Eligibility Chapter 4

www.nasponline.org
National Deaf Children’s Society (NDCS), United Kingdom, Additional and Complex Needs.
http://www.ndcs.org.uk/family_support/additional_and_complex_needs/#contentblock8

References


IDEA Final Rule, 34 C.F.R. Part 300.
Schools must ensure that all children eligible for IDEA are provided a Free Appropriate Public Education (FAPE). FAPE means special education and related services that:

▪ are provided at public expense, under public supervision and direction, and without charge;
▪ meet the standards of the state education agency, including the requirements of IDEA;
▪ include an appropriate preschool, elementary school or secondary school education in the state the student is in; and
▪ are provided in conformity with a properly developed individualized education program (IEP) (34 C.F.R. § 300.101).

As part of FAPE, schools also must provide support services to access and participate in nonacademic and extracurricular activities such as counseling, athletics, transportation, health programs, recreational activities and special interest groups or clubs in the manner necessary to afford students an equal opportunity for participation (34 C.F.R. § 300.107). Setting appropriate academic and functional goals for the student, determining and providing appropriate specially designed instruction and related services, and placing the student in the appropriate education setting are necessary to ensure that the student receives FAPE.

**Academic and Functional Goals**

Chapter 4 described determining present levels of academic achievement and functional performance as derived from appropriate evaluations by qualified evaluators. These levels serve as a baseline for monitoring progress towards goals. They should include information about the student himself/herself, keeping in mind the individualized aspect of the IEP, as well as information about what all students in the same grade level are expected to do. Using present levels, the IEP team identifies areas of need to be addressed as formal goals during the next year. Goals must be based on the unique needs of each student resulting from the disability as identified through current, relevant and appropriate data sources. **The goals must account for annual and accelerated progress toward age- and grade-level standards in academic and functional areas.** Goals must address the gaps between those standards and the student’s present level of performance as identified in the evaluation process.

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3Every Student Succeeds Act (2015) refers to related services providers as “specialized instructional support personnel.”
SMART Goals

One common approach to goal development is use of the SMART acronym. For each area of need identified by the team, a measurable annual goal is required. These goals must be reviewed and updated annually and are used as the basis to determine the supports, specially designed instruction, related services and placement required for each student. Annual goals should be clear, specific recommendations for improvement. Well-written IEP goals help the IEP team determine whether the child is making sufficient progress through the school year or if additional supports are required. There are many ways that teams can develop goals to ensure they are measurable. States may have specific requirements for the components that must be included in a measurable goal; it is therefore important to be familiar with the expectations in a given district or state.

A “SMART” IEP contains goals that are specific, measurable, achievable, relevant and time-bound.

- **Specific:** The goal targets an area of academic achievement and/or functional performance and includes a clear description of the knowledge and skills that will be learned.
- **Measurable:** The goal is stated in a way that the student’s progress can be measured using standardized tests, curriculum-based measurements or observations.
- **Achievable:** The goal is appropriately challenging, yet reasonably calculated, to enable the student to make progress in the general education curriculum in light of the student’s circumstances.
- **Relevant:** The goal is based on the unique needs of the student and is designed to enable the student to be involved and make progress in the general education curriculum that is appropriate for his or her age.
- **Time-bound:** The goal is something the student can achieve within one year, with special education and related services, and can be monitored and reported on throughout the year.

Special Factors/Communication Plan

When developing IEP goals, IEP teams must consider several “special factors” (34 C.F.R. § 300.324(a)(2)). For a child who is deaf or hard of hearing, the IEP team must consider the communication needs of the child, including:

- language and communication needs;
- opportunities for direct communications with peers and professional personnel in the child’s language and communication mode;
- academic level; and
- full range of needs, including opportunities for direct instruction in the child’s language and communication mode.

Other special factors specifically included in the law address behavior needs, Braille instruction for children who are blind or visually impaired and the need for assistive technology:

- For children whose behavior impedes the child’s learning or that of others, the IEP team must consider the use of positive behavioral interventions and supports and other strategies to address that behavior.
- For children who are blind or visually impaired, provide for instruction in Braille, and the use of Braille unless the IEP team determines, after an evaluation of the child’s reading and writing skills, needs and appropriate reading and writing media (including an evaluation of the child’s future needs for instruction in Braille or the use of Braille) that instruction in Braille or the use of Braille is not appropriate for the child.
- The IEP Team must consider whether the child needs assistive technology devices and services.

Determinations for these factors must be made based on an assessment and are critical to helping the child succeed academically and functionally. To consider these language and communication special factors, the IEP team should ask:

- What is the child’s primary language and mode of communication?
- What communicative needs and opportunities does the child have?
- Does the child have the skills and strategies necessary to meet those communicative needs and take advantage of communication opportunities?
- Can the child fulfill his or her need to communicate in different settings?
- Does the child communicate appropriately and effectively, and if not, why not? How would the deficit in communication be described? (Center for Parent Information and Resources, 2017).

Many states have used the special factors provision of the law as a basis for a "communication plan" that is developed by the IEP team and becomes part of the student’s IEP. Generally, these communication plans identify the child’s primary language and/or mode of communication and describe what the school will do to support the child’s language development and communication access needs. They also address the other elements of special factors such as opportunities for direct communication with peers and professionals in the child’s language and communication mode. Having such a plan can be an effective way for IEP teams to successfully ensure that IDEA’s special factors mandates are met as well as justify opportunities for peer-to-peer activities. Links to several state Communication Plans can be found in Appendix A.
Expanded Core Curriculum (ECC)

In addition to each student’s unique academic instruction needs for the general education curriculum, functional needs must also be addressed. The Expanded Core Curriculum for Students Who Are Deaf or Hard of Hearing (Iowa Department of Education, 2013) is a helpful guidance for addressing these unique areas of learning. The ECC covers:

- audiology – the student’s understanding of his/her hearing levels, benefits and limitations of hearing technologies;
- career education – information about and experience with work-study, vocational rehabilitation services, and post-secondary training;
- communication – listening skills development, ASL or other English-based visual communication development, speech development, receptive communication and expressive communication;
- family education – understanding hearing levels, amplification, family and child interactions, communication strategies, education/transition, and resources and technology;
- functional skills for academic success – concept development, comprehension and study and organization;
- self-determination and advocacy – self-determination, community advocacy, community resources and supports, cultural awareness and using interpreters and transliterators;
- social emotional skills – self-awareness (personal qualities), self-management, support networks, personal responsibility, decision making, social awareness, social interaction including conversation skills and conflict resolution; and
- technology – learning about the various types of visual and auditory technologies, how to properly use, maintain and troubleshoot and where to obtain the technology.

ASL instruction should be guided by the ASL Content Standards for Kindergarten through Grade 12 (Laurent Clerc National Deaf Education Center, 2018) developed by a consortium of researchers, ASL teachers and specialists under the direction of the Laurent Clerc National Deaf Education Center at Gallaudet University (www.gallaudet.edu/k-12-asl-content-standards). These standards are intended to serve as a resource so that teachers know what they are supposed to teach and at what point they are supposed to teach it.

Wellness, child safety, school safety and anti-bullying goals may be included in the IEP when the IEP Team determines they are necessary. Information is available on these topics from the National Association of School Psychologists (2012) (www.nasponline.org) and, specifically regarding child safety for children who are deaf or hard of hearing, from the Hands & Voices O.U.R. Project (https://www.handsandvoices.org/resources/OUR/index.htm).

When knowledge and skills are developed in these expanded core curricular areas, students and their families have a greater understanding of the implications of their hearing status and students are better able to access the general curriculum and be full participants in the classroom and school.

State Legislation

Some states have passed, or are considering, a state-level Deaf Children’s Bill of Rights (DCBR) (see example of North Carolina's DCBR in text box below). Another national movement, Language Equality & Acquisition – Deaf Kids (LEAD-K)

North Carolina Deaf Child Bill of Rights

The North Carolina law (General Assembly of North Carolina, 2013) includes these requirements:

Develop assessment procedures and protocols to measure, at least annually or more frequently if specified in a child’s Individualized Education Program (IEP), the acquisition of language skills necessary for literacy using linguistically and culturally appropriate assessment tools. The results of these assessments shall be used to determine whether further support and services, if any, are needed for a child.

Require an IEP team to use the Communication Plan Worksheet for a Student Who is Deaf or Hard of Hearing to document:

- the team’s consideration of the language and communication needs of the individual child as the IEP is developed, reviewed, or revised,
- data to be used in the placement decisions made for that child, and
- the team’s review, at least annually, of the child’s placement and language and communication needs.

Ensure that personnel who are highly qualified in the education of children who are deaf or hard of hearing are available to meet the unique needs of each child, including interactions in the child’s language and communication modality to meet academic and social goals.

Develop and implement strategies to ensure that parents of a child who is deaf or hard of hearing know they are entitled to request that the child’s IEP team consider placement of their child in a residential setting and, if such a request is made, that a representative from one of the two North Carolina residential/day program schools for the deaf shall be a member of the IEP team.
promotes early language evaluations and data tracking to ensure that children who are deaf or hard of hearing are kindergarten-ready. IEP teams should be aware of any state legislation or policies that impact IEP development and services in their state.

State-level statutes and their regulations also build on the special factors provisions, as well as other IDEA requirements. Some of them require a communication plan such as those identified in Appendix A.

**Services to Meet the Unique Needs of Students**

IDEA requires schools to provide specially designed instruction and specialized instructional support (i.e., related services) to meet the unique needs of a child served through IDEA. Specially designed instruction is the core of special education. It means:

“Adapting, as appropriate to the needs of an eligible child under this part, the content, methodology, or delivery of instruction--

“To address the unique needs of the child that result from the child’s disability; and

“To ensure access of the child to the general curriculum, so that the child can meet the educational standards within the jurisdiction of the public agency that apply to all children (34 C.F.R. § 300.39(b)(3)).”

The unique needs of every child, including those who are deaf or hard of hearing, are not limited to academic areas as illustrated with the Expanded Core Curriculum. Unique needs may also include specific interventions to respond to social, health, emotional, physical and vocational needs. A child’s unique needs should be revealed through current, relevant and appropriate academic and functional data sources that may be formal and/or informal.

Specially designed instruction is customized and individualized instruction. It is described in the IEP and is informed by evaluation results and student performance data, is based on peer-reviewed research to the extent practicable (34 C.F.R. § 300.320(a)(4)), and uses methods known to be effective with students who are deaf or hard of hearing. The specially designed instruction addresses academic, behavioral and/or functional needs, including a student’s language levels and hearing levels and acquisition, retention, expression and/or application of knowledge and skills in general education. For example, a student with goals in mathematical problem-solving might require specially designed instruction so that s/he can effectively read, understand and solve story problems.

The specially designed instruction needs vary from student to student. Some students require specially designed instruction in a variety of areas (e.g., reading, math, expressive/receptive language, vocabulary) daily, while others need less intensive instruction.

When an IEP team is determining the specially designed instruction for an individual student, it must also determine the amount of time and frequency the student will receive the instruction (e.g., in all academic classes, or three times a week for 30 minutes at a time). For IEP teams to accurately design specially designed instruction, it is important to ensure all the student’s needs are appropriately reflected in the goals. The IEP team should also consider service delivery models such as small groups, co-teaching, collaboration and consultation.

The type and amount of specially designed instruction and specialized instructional support a student receives must be tailored to his/her unique needs based on his/her evaluation and goals. IEP Teams should design instruction that will help the student meet his/her annual goals.

**Progress Monitoring**

Progress monitoring of specially designed instruction is critical to ensure students are making short term and annual growth as well as accelerated progress to close gaps. Ultimately, it is the LEA's responsibility to ensure that the IEP is being implemented as written. Professionals should routinely (i.e., daily, weekly, monthly and quarterly) use multiple data sources to indicate that the specially designed education program is resulting in the intended outcomes for students.

Through data analysis, questions such as the following should be answered:

- Is the specially designed instruction being delivered with fidelity?
- Does the specially designed instruction need to be reviewed?
- Do the goals need to be advanced or adjusted?
- Is specially designed instruction still required?

Teachers of deaf and hard of hearing students have the specific training to know and address the learning needs of their students through specially designed instruction and the Expanded Core Curriculum.

Teachers of deaf and hard of hearing students are skilled in strategies and approaches to support and accelerate students’ learning. States, school districts and schools must ensure sufficient availability of teachers of deaf and hard of hearing students to meet students’ needs. General education teachers and special education teachers may have not been trained in the areas unique to students who are deaf
or hard of hearing and so additional support may be needed for them. (see Appendix B. Position Statement: Teachers of Students who are Deaf or Hard of Hearing: A Critical Resource Needed for Legal Compliance, Council for Exceptional Children, Division for Communication, Language, and Deaf/Hard of Hearing, 2017).

The expectation is that most students who are deaf or hard of hearing, including those who are deaf with additional disabilities, can achieve the same or higher levels as their peers. Professionals should maintain high expectations for the achievement of these students. For more information about the roles and responsibilities of teachers of deaf and hard of hearing students, see Chapter 8, Personnel.

**Related Services/Specialized Instructional Support Services**

Specialized instructional support services, also known as related services, are required to assist a child with a disability to benefit from special education. Specialized instructional support services include speech-language pathology, audiology, interpreting, psychological services, physical and occupational therapy, recreation, including therapeutic recreation, early identification and assessment of disabilities in children, counseling services, orientation and mobility and medical services for diagnostic or evaluation purposes, health services and school nurse services, social work in schools, parent counseling and training and transportation (34 C.F.R. § 300.34).

Appropriate evaluation data is critical to assist the IEP team in determining which related services are necessary for a student to benefit from special education. Common support services for deaf or hard of hearing students are speech-language pathology, audiology and interpreting services. Students with additional needs may receive further supports such as occupational and/or physical therapy. However, all specialized instructional support services must be available to a student should data support the need.

A particularly important specialized instructional support for students who are deaf or hard of hearing is parent counseling and training (34 C.F.R. § 300.34(c)(8)). Parents of children with disabilities need support and guidance even if they have received early intervention services. Child development continues well beyond age three, and parents’ learning about how they can continue to support their child’s education continues as well. Parents are an integral part of the IEP team, not only in the development of the IEP itself, but in acquiring necessary skills to support IEP implementation. Some parents may need intensive support while others may need minimal or no assistance. Three examples of parent counseling and training services are:

- Parents of children who use a visual language approach to communication (e.g. ASL, Cued Speech) receive training to develop the skills necessary to communicate with their child.
- Parents of a child who lost his hearing at age seven from an illness receive assistance in finding resources to meet the special needs of their child.
- Parents of a child who uses hearing technology receive guidance to maximize the use of the technology and to support their child’s auditory learning of language, vocabulary and academic content.

There are other instances when parent counseling and training may be required and IEP teams should carefully consider the need for this specialized instructional support service.

**Supplementary Aids and Services**

Students who are deaf or hard of hearing who are placed in the general education setting frequently need support to effectively participate in this learning environment. These supports are called supplementary aids and services and, they are “aids, services, and other supports that are provided in regular education classes, other education-related settings, and in extracurricular and nonacademic settings, to enable children with disabilities to be educated with nondisabled children to the maximum extent appropriate” in accordance with the LRE and continuum provisions of IDEA (34 C.F.R. § 300.42).

Supplementary aids and services may include supports to address environmental needs such as strategic or priority seating, specialized equipment and materials, testing accommodations and social interaction supports. Supplementary aids and services are not just for the student. Professionals and other staff members can also be provided assistance on behalf of the student, such as specialized training on a device used by a student or specific strategies and techniques needed to support a student. The Center for Parent Information and Resources provides information and guidance about supplementary aids and services that may be useful to IEP teams (Center for Parent Information and Resources, n.d.). An IEP/504 Plan Checklist to identify accommodations and modifications for students who are deaf or hard of hearing is available through Hands & Voices (n.d.).

**Placement**

After the IEP team determines present levels of performance, goals for the child and supports and services necessary to achieve those goals, a decision must be made about the setting in which the child will be placed. Placement decisions must be made by the IEP team, considering evaluation data and placement options.
Least Restrictive Environment (LRE) principles should guide placement decisions.

Public agencies must ensure that—

“To the maximum extent appropriate, children with disabilities . . . are educated with children who are nondisabled; and

“Special classes, separate schooling, or other removal of children with disabilities from the regular educational environment occurs only if the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily” (34 C.F.R. § 300.114).

Further, state funding mechanisms must not result in placements that violate the LRE requirements (34 C.F.R. § 300.114). In other words, cost should not drive placement decisions. Funding mechanisms should support all placements along the continuum of alternative placements. States must ensure that a continuum of alternative placements is available which includes: instruction in regular classes, special classes, special schools, home instruction, and instruction in hospitals and institutions (34 C.F.R. § 300.115).

States must carry out monitoring activities to ensure that placements are made in conformity with the LRE provisions. If there is evidence that an LEA’s placements do not comply with these provisions, the state must review the LEA’s justification for its actions and assist in planning and implementing any necessary corrective action (34 C.F.R. § 300.120).

If the IEP team has used appropriate data sources to determine the student’s academic and functional strengths and needs, written appropriate goals and determined the necessary type and amount of specially designed instruction and necessary services, placement determinations should be clear. On the other hand, if an IEP is poorly constructed and does not meet a student’s academic and functional needs, placement in and of itself will not meet the student’s needs.

**Specific LRE Considerations for Students who are Deaf or Hard of Hearing**

There is often confusion and misunderstanding about the educational placement of students who are deaf or hard of hearing. The concept of educational inclusion, that is, placing every child in a local neighborhood school, is often promoted as a way of achieving equity for students with disabilities. However, that inclusion model may not be the most appropriate for some students with disabilities, including students who are deaf or hard of hearing.

Placement is an individualized decision that is based on the goals and services necessary to meet the student’s academic and functional needs. IDEA does not require that every child be placed in his/her local neighborhood school classroom. Placement decisions must be made by “individualized inquiry, not a ‘one size fits all’ approach.” The placement options outlined in IDEA must be available to the extent necessary to implement the child’s IEP (71 Fed. Reg. 46587). The U.S. Department of Education has made clear:

Any setting that does not meet the communication and related needs of a child who is deaf does not allow for the provision of FAPE and cannot be the LRE for that child. Just as the IDEA requires placement in the regular education setting when it is appropriate for the unique needs of a child who is deaf, it also requires placement outside the regular education setting when the child’s needs cannot be met in that setting (Deaf Students Education Services Policy Guidance 57 Fed. Reg. 49274, Office of Special Education Programs, Letter to Bosso, August 23, 2010, Letter to Stern, September 30, 2011).

The setting also must provide for supplementary services, as needed, such as a resource room or itinerant instruction if the child is placed in a regular class (34 C.F.R. § 300.115).

A common interpretation of LRE for a deaf or hard of hearing student is a “language rich environment.” To provide this, an appropriate educational placement in the LRE for a deaf or hard of hearing child is one that:

- ensures full development of language for the child;
- enhances the child’s cognitive, social, and emotional development;
- is based on the language abilities of the child;
- offers direct language and communication access to teachers and other professionals;
- has a sufficient number of age-appropriate and level-appropriate peers who share the child’s language and communication preferences;
- takes into consideration the child’s hearing level and abilities;
- is staffed by certified and qualified personnel trained to work with children who are deaf or hard of hearing;
- provides access to the general education curriculum with modifications in pedagogy to account for the child’s unique language, learning, and communication needs;
- provides full access to all curricular and extra-curricular offerings customarily found in educational settings;
- has an adequate number of role models who are deaf or hard of hearing, including adults;
- provides full access to support services;
- has the support of informed parents; and
• is equipped with appropriate communication and learning technologies. (National Association of the Deaf, 2002).

For some students, a specialized school for the deaf is the LRE, for others the regular class is the LRE, and for others, some combination of settings may constitute the LRE.

Schools for the deaf provide immersion in an environment that emphasizes communication access, language development, specialized instruction and social and emotional development opportunities for all students. They could be state schools, public charter schools, or private schools. Depending on their philosophy, these schools use various communication approaches, including ASL, and spoken English with or without visual supports. Regardless of approaches, teachers at specialized schools are trained in language and communication as well as evidence-based teaching methodologies. Schools for the deaf provide a critical mass of age-level and communication peers for the students, as well as adult deaf role models. Many provide specialized parent counseling and training. They also have information about other resources that may be beneficial to students who are deaf or hard of hearing, such as national advocacy organizations and deaf-focused academic programs. IEP teams should be aware of the resources, personnel and programs available at schools for the deaf so that they can make informed decisions about placement. Accurate information about schools for the deaf should be shared with parents to help them with decision making. Too often, placement at a school for the deaf is not considered until the child experiences severe language delays and academic failure.

Many schools for the deaf also provide an outreach component, offering technical assistance and support to schools in the state. They may have an on-site evaluation center, allowing students to be evaluating by qualified evaluators, who may not be available within the school district. In addition, they may offer summer camps and enrichment programs available to all students who are deaf or hard of hearing within the state. IEP teams should be aware of all the services a school for the deaf provides, even if the student is not being placed in the school for the deaf at that time.

Some school districts have an agreement in place with the nearby school for the deaf to allow a deaf or hard of hearing student to attend both schools for a portion of the day, including after school programs. This blend of services is a good solution for some students who are deaf or hard of hearing.

Some state education agencies have established a regional network of deaf or hard of hearing programs at select schools. These regional programs allow districts to pool and optimize resources and classroom settings. Teachers and other professionals can collaborate with other specialists. Providing these settings is one way of meeting the LRE provisions and should be encouraged.

Regardless of the placement location, the IEP team also must ensure that the related service of transportation (34 C.F.R. § 300.34(c)(16)) is provided to the student, wherever the LRE for that student is. Figure 5.1 below summarizes the IEP process.
When considering the continuum in this manner, any of the placements below could be considered the LRE for a student:

- a local/neighborhood school with consultation or itinerant support from teacher of the deaf;
- a district or state regional program for students who are deaf or hard of hearing;
- a special day school (public, including charter school, or private) for students who are deaf or hard of hearing;
- a state-supported school for the deaf;
- a residential facility; or
- a combination of the above.

**References**

34 C.F.R. § 300.1 et seq.


IDEA Final Rule, 34 C.F.R. Part 300.


This chapter addresses key concepts that facilitate access to learning for all students, including students who are deaf or hard of hearing. Environmental accessibility strategies and accommodations reduce educational obstacles while providing students who are deaf or hard of hearing significant opportunities to participate in their classrooms and extracurricular activities. A school’s lack of ability to address students’ varying language backgrounds and skills creates barriers that impede education. Poor communication accessibility, through poor visual and/or auditory access in schools, compounds the issue as it hinders even students with strong language foundations. School environments must be able to provide full and consistent access to language, communication and information in and out of the classroom for students who are deaf or hard of hearing to have the same opportunity to access their educational programs as their hearing peers.

Several federal laws are pertinent when considering accessibility: the Americans with Disabilities Act (ADA), Section 504 of the Rehabilitation Act (Section 504), the Individuals with Disabilities Education Act (IDEA) and the Higher Education Act (HEA). The ADA and Section 504 require local educational agencies provide students with disabilities free, equal and effective educational access, while IDEA and 504 shape the accommodations those students receive to ensure they have a Free Appropriate Public Education (FAPE). Students eligible for IDEA are also eligible for the higher “effective communication” standard afforded through the ADA. However, the most important consideration when thinking about accessibility is remembering that one size does not fit all. Each child’s needs, situations and accommodations must be considered individually. See Chapter 2 for more specific information on these requirements as well as the joint guidance from the U.S. Departments of Justice and Education, Frequently Asked Questions on Effective Communication for Students with Hearing, Vision, or Speech Disabilities in Public Elementary and Secondary Schools. https://www2.ed.gov/about/offices/list/ocr/docs/dcl-faqs-effective-communication-201411.pdf.

Accommodations are practices and procedures that provide equitable access during instruction and assessments for students with special needs that do not alter the validity, score interpretation, reliability, or security of the assessment. Accommodations are intended to reduce or even eliminate the effects of a student’s disability; they do not reduce learning expectations. The accommodations provided to a student should be the same for classroom instruction, classroom assessments, and LEA and state assessments.

Key Points

- Full access is essential.
- Access and accommodations are an education system’s responsibility.
- Gaps in access limit access to content.
- Accommodations are personal; one size does not fit all.
- Recommended accommodations are only as good as how well they are implemented.
- Teachers need support to implement accommodations with fidelity.
Universal Design for Learning (UDL)

Universal Design for Learning (UDL) (National Center on Universal Design for Learning, n.d.) is a framework for providing multiple means of representation to ensure student access to the subject being taught. The Every Student Succeeds Act (ESSA) specifically references UDL in the context of assessment. UDL is important for all students including those with disabilities, English learners, economically disadvantaged students, students from major racial and ethnic groups, gifted and talented students, homeless students, migratory students, and students in foster care. UDL accelerates the learning process by offering multiple ways of engaging students, representing information and demonstrating mastery.

The Higher Education Opportunity Act (HEOA) of 2008, which amended the Higher Education Act, was the first federal law to include a definition of UDL as “a scientifically valid framework for guiding educational practice that provides flexibility in the ways information is presented, in the ways students respond or demonstrate knowledge and skills, and in the ways students are engaged.” It also noted, “UDL reduces barriers in instruction, provides appropriate accommodations and challenges, and maintains high achievement expectations for all students, including students with disabilities” and those who are deaf or hard of hearing (HEOA, 2008[1]). Since its appearance in the HEOA of 2008, UDL has been incorporated in the National Education Technology Plan (2010, 2016), the Ed Tech Developer’s Guide (U.S. Office of Education, 2015), and in several parts of the Every Student Succeeds Act (ESSA, 2015). Figure 6.1 summarizes the key features of UDL.

UDL: Three Key Principles

The instructional flexibility of the UDL Guidelines supports the unique language and communication needs of students who are deaf or hard of hearing. The goal of UDL is to present instructional content so that all learners can access the information and to give learners different ways to demonstrate their knowledge. UDL is based on three main principles: engagement, representation, and action and expression (http://www.udlcenter.org/aboutudl/whatisudl/3principles):

- **Engagement:** UDL looks for different ways to engage students. Letting students make choices and giving them assignments that feel relevant to their lives are some examples of how teachers can sustain students’ interest. Children who are deaf or hard of hearing appreciate teachers who engage them in conversation, ask about their preferred strategies for communication access, and who support and understand that without access, they are unable to fully participate in class discussions and other activities.
- **Representation:** UDL asks educators to create equal access to information by providing students multiple formats to interact with. For example, textbooks are primarily visual, but if text is combined with audio, video with captions, hands-on learning opportunities and peer support systems, educational barriers diminish, and information is equally understandable to all students (National Center on Universal Design for Learning).
- **Action and Expression:** There is no one specific means of action and expression that is best for all learners (National Center on Universal Design for Learning). Because of this, UDL classrooms give students more than one way to interact with material and to demonstrate what they have learned. For example, teachers can assess students using pencil and paper or electronic methods, oral presentations or group projects. Students who are deaf or hard of hearing may also communicate through interpreters and/or assistive technology.

UDL Scenarios

By reading and thinking about educational scenarios while considering UDL principles like those shown in Figure 6.1, teachers will gain a better understanding of UDL and begin planning how to create and support flexible learning experiences supported by technology. The state’s technical assistance should address using technology, consistent with the principles of UDL, to support the learning needs of all students, including children with disabilities and English learners.

Every Student Succeeds Act and UDL

UDL references in ESSA include the following:

States must assess all students, including offering appropriate accommodations for English language learners and children with disabilities, and, to the extent practical, must develop assessments using the principles of universal design for learning, which intentionally reduce barriers and improve flexibility in how students receive information or demonstrate knowledge requirements (Sec. 1111 & Sec. 1204).

States must incorporate the UDL framework into assessments addressing fundamental physical, sensory and cognitive accessibility requirements for all students (Sec. 1111).

States must incorporate UDL principles in Student Support and Academic Enrichment (SSAE) Grants: States may use SSAE funds to support local educational agencies in increasing access to personalized, rigorous learning experiences supported by technology. The state’s technical assistance should address using technology, consistent with the principles of UDL, to support the learning needs of all students, including children with disabilities and English learners.
environments designed for all students. While thinking about the scenarios below, ask yourself how your ideas meet possible learner goals, account for learner variability and provide a safe learning environment (National Center on Universal Design for Learning).

Scenario One: For the day’s assignment, a teacher asks students to read an electronic text and then begin brainstorming what a poster depicting its subject matter might look like. Throughout the assignment, the teacher walks around the room, helping students when asked. With 15 minutes left in the class, the teacher asks students to share their thoughts. While a student is sharing, another student, who is hard of hearing, continues working on his brainstorm. What should the teacher do, and what could she/he consider doing in the future?

Scenario Two: A teacher learns a new student who is deaf will begin at his school in two weeks. As a traditional classroom lecture-styled teacher, he is concerned how the student is going to do in his class. What can he do to help the student transition to the new school and succeed in his class?

Scenario Three: After class, a student reports to a teacher that another student who is hard of hearing posted on social media that he hates his hearing aids and frequently gets away with hiding them in his school bag. What are some measures the teacher can take to explore this issue with the student and ensure that he is fully accessing educational information?

Accommodations Versus Modifications

Teachers often question whether the accommodations change the nature of the instruction and content by providing an advantage to students who receive them. However, accommodations are designed to give all students equal access to learning in the classroom. The following questions are helpful when determining essential course requirements and potential accommodations (Scott, 1998):
What is the purpose of the course?
What methods of instruction are absolutely necessary? Why?
What outcomes are absolutely required of all students? Why?
What methods of assessing student outcomes are absolutely necessary? Why?
What are acceptable levels of performance on these student outcome measures?

Addressing these questions can lead to viable options for engagement, representation, and action and expression.

The SETT Framework

The Student, Environments, Tasks, and Tools (SETT) Framework (Zabala, n.d.) is a four-part model designed to promote collaborative decision-making in all phases of service design and delivery, including implementation and evaluation of the effectiveness of the service. In this framework, educators should fully explore student, environments and tasks before considering or selecting tools to use to improve services.

The SETT Framework was originally developed to support assistive technology selection and use in educational settings. Today, however, its principles are used to guide decisions about a much broader range of educational services. Also, with minor adjustments, the framework has been successfully used in non-educational environments and service plans.

The SETT scaffolds are a series of forms that, like architectural scaffolds, can be adapted to meet the needs of the people who are using them as long as credits to the original source are maintained. Current scaffolds include:


Accommodations and Management of the School Environment

A well-managed environment is essential to ensure accessibility to communication and instruction as well as participation in school activities for all students who are deaf or hard of hearing. In addition to the classroom, this accessibility includes locations such as resource rooms, computer labs, the lunch room, the playground and the school bus among others, as well as extra-curricular activities, wherever they take place. In addition to accessibility, listening effort (Hornsby, Werfel, Camarata, & Bess, 2014) and visual fatigue (speech reading and following sign) are hidden variables that require consideration because they play a prominent role in how children process information and function throughout the school day. The IEP team must consider all aspects of each student’s school environment and plan for accommodations and services where and when needed. The primary access areas that should be considered include visual, auditory and communication. Of equal importance is the overall school culture and its norms of acceptance, attention to student variability and linguistic competence and flexibility to support recommended accommodations.

Cultural and Linguistic Diversity

Today’s classrooms educate increasingly diverse students who participate in an interconnected and globalized world. This diversity includes students with disabilities, students for whom English is their second or perhaps third language, and students with a variety of cultural experiences. Thus, it is now more imperative than ever for educators to develop the capacity to understand diversity as an asset, to be sensitive to students’ wide-ranging perspectives and experiences, and to leverage diversity for the benefit of all students. Therefore, to respond to current and projected demographic changes in our schools and to eliminate longstanding disparities in skill proficiency levels across different student demographics, schools are suggested to implement Culturally and Linguistically Appropriate Services (CLAS) Standards. The National CLAS Standards are a set of 15 action steps intended to advance health equity, improve quality and help eliminate health care disparities by providing a blueprint for individuals and health and health care organizations to implement culturally and linguistically appropriate services ([https://www.thinkculturalhealth.hhs.gov/clas](https://www.thinkculturalhealth.hhs.gov/clas)). Although these standards were developed for the health care system, much of their content
correlates to the education system, especially social and emotional development. Furthermore, states are encouraging more school-based activities that promote student wellness in conjunction with community-based mental health services.

The cultural experiences of students who are deaf or hard of hearing range from those who are fully immersed in Deaf culture to those who move in and out depending on their preferences and communication partners, to those who do not participate in the culture at all. For Deaf individuals, the language, i.e., American Sign Language, is integral to the culture and may be considered the glue that binds its members together (Lindsey, Robins, & Terrell, 2009). There is also a subtler culture of students who are hard of hearing. These are often students who communicate by speaking yet they share similar communication and language challenges as their ASL peers. Also needing consideration are the unique home cultures: deaf children of hearing parents, and hearing children of deaf parents, that also require bilingual and bilingual experiences. Regardless of the language or communication approach, the reliance on visual communication is common to all groups and requires a unique cultural responsiveness to meaningfully include deaf and hearing conversational and learning partners. There is often a perception that students who are deaf or hard of hearing are less capable without this understanding.

To increase understanding and acceptance of students who are deaf or hard of hearing, schools need to commit to building a district-wide capacity for cultural competence trainings and ensure necessary financial resources are allocated to implement CLAS standards. When schools make sure that all programs and departments infuse CLAS into their policies and procedures, staff gain awareness of how culture impacts conflict resolution, evaluation processes, communication styles and behaviors. As a result, schools improve their quality of services and educational outcomes as well as meet legislative mandates.

**Visual Environment Access**

Every student who is deaf or hard of hearing relies on visual input regardless of the communication modality utilized. Therefore, visual characteristics of instruction need to be considered and, when necessary, adaptations such as those that follow, are necessary to maximize access to communication and activities occurring in the classroom.

- Adequate lighting is essential for the students to be able to discern facial expressions, lip movements, signs, body movements and gestures. Controlled lighting through such strategies as non-glare lighting, curtains, blinds and shades promote visual concentration and reduce eyestrain. Students benefit from solid and uncluttered backgrounds for ease in speechreading and using sign language or Cued Speech.
- Sign language interpreters may require risers in large rooms or special lighting, especially when rooms are darkened for video.
- High contrast and large print are necessary for PowerPoint or other text that is projected for classroom instruction.
- Visual graphics and pictures are helpful to support English word concepts.
- Appropriate signage and other visual displays and message boards provide continual access to daily announcements, critical messages and other important information.
- Flashing fire and smoke alarms are required by ADA and other visual alerting and signaling devices (e.g., flashing lights and bells that begin and end classes) are important to support independence and personal responsibility.

**Auditory Environment Access**

For students who rely, to any degree, on residual hearing to access their educational program, management of the auditory components of the environment is critically important. Reverberation, speech-to-noise ratio and distance from the speaker are three conditions that significantly influence a student’s ability to hear and understand in the classroom. Sound reflects from the floors, walls and ceilings of rooms. These reflections result in a prolongation of the sound, which is known as reverberation. The amount of reverberant energy in a room depends on the types of materials from which the surface of the floor, walls and ceiling are made. A common example of a highly reverberant room is a school gymnasium where the reverberation is perceived as echoes. The ability to understand speech diminishes as the reverberation time increases.

Ambient noise refers to environmental sounds in a room which may emanate from heating/ventilation systems, computers, projectors or other electronic teaching equipment, chairs moving, children talking and noise from hallways, playgrounds or outside traffic. Frequently these sounds are louder than the teacher or speaker’s voice. This comparison is referred to as the speech-to-noise ratio. If the teacher’s speaking voice is measured at 60 decibels (dBA) and the background noise is measured at 55 dBA, the speech has only a +5 dB advantage. The teacher’s voice level must exceed the sound level of the room noise. For students who are deaf or hard of hearing to benefit from hearing verbal input, speech-to-noise ratios of at least +15 to +20 dB are recommended (AAA, 2008). Distance further hinders the ability to accurately hear and understand spoken information.
In addition to these environmental considerations, reduced hearing has been shown to result in greater listening effort, fatigue, and stress levels compared to normally hearing peers (Bess, Gustafson, & Hornsby 2014; Tharpe, 2008; Lieu et al., 2012) which lead to a negative impact on learning and academic achievement (McGarrigle, Gustafson, Hornsby, & Bess, 2018).

The classroom acoustical standards for core learning spaces (American National Standards Institute (ANSI)/Acoustical Society of America (ASA) S12.60) state:

- ambient noise levels of 35 dBA or less; and
- reverberation times of .6 seconds or less for permanent classrooms and .5 seconds or less for relocatable classrooms; for children with special listening needs, e.g., deaf or hard of hearing, classrooms should be readily adaptable to allow reduction to .3 seconds.

It is not uncommon for ambient noise levels to be in the range of 40-50 dBA and reverberation times from .4 sec to 1.2 seconds. The measurement of reverberation, noise levels and speech-to-noise ratios by an audiologist are important to determine the accommodations needed to provide more viable listening environments. The following guidelines are useful for providing appropriate classroom accommodations to promote auditory access:

- Select classrooms away from the street, playground, boiler room and electrical transformers.
- Situate the student away from noise-producing equipment such as air conditioners, fans or computer stations. As an alternative, baffle the vents, mount compressors on rubber pads or insulate the equipment in some way.
- Utilize carpets, acoustic ceiling tiles and rubber seals around the doors and drapes. Angled room corners cause less reverberation than squared corners. Modify hard surfaced walls with bulletin boards, drapes, cloth, wallpaper or any other absorbing medium.
- Where possible, situate the student in a classroom with walls and doors. Avoid an open environment such as more than one class sharing the same space.
- It is important to recognize that shuffling of chairs, coughing, opening/closing of doors, background music, or any environmental sound will interfere with a student’s ability to hear.

### Communication Environment Access

Common communication approaches are described in Chapter 3, Table 3.2. Strategies for how these approaches are accommodated with deaf and hearing persons are described in Table 6.1. These strategies may be helpful for IEP teams when considering the various communication partners and communication options used by students. Deaf children whose primary sign language is foreign require special teaming to facilitate acquisition of ASL.

#### Table 6.1. Suggested Accommodations for Implementing Common Communication Approaches with Deaf and Hearing Persons

<table>
<thead>
<tr>
<th>Communication Approaches</th>
<th>Communication with Deaf Persons</th>
<th>Communication with Hearing Persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Sign Language (ASL)/English Bilingualism</td>
<td>1:1 Communication with no interpreter needed; or Interpreter may be needed to facilitate communication with deaf persons who do not know American Sign Language</td>
<td>Use of an interpreter and/or written English</td>
</tr>
<tr>
<td>Cued Speech</td>
<td>1:1 Communication with other deaf persons that use Cued Language; or Use of an interpreter and/or Cued Language Transliterator; written English</td>
<td>Cued speech transliterator may be needed; written English</td>
</tr>
<tr>
<td>Listening and Spoken Language</td>
<td>1:1 Communication with other deaf persons that use spoken language; or Use of an interpreter; or written English for communication with other deaf persons who use signed language, but not spoken language</td>
<td>1:1 Communication using spoken language</td>
</tr>
</tbody>
</table>
Educational interpreting provides the key link to communication access in the classroom and for participation in extracurricular activities. Interpreting services should be provided by an appropriately certified interpreter and may include oral language transliteration, cued language transliteration, American Sign Language interpreting, and close vision, tactile or protactile interpreting for children who are deaf-blind. Interpreting approaches should be adapted to the language modality identified in the IEP and at the language and cognitive level of the student.

### Assistive Technology Services

Assistive technology devices and other access accommodations range from low tech to high tech. The school team must consider each student individually to determine which assistive technologies will best support and accommodate a student in his/her learning environments. Figure 6.2 illustrates some of the assistive technologies that might be considered. As a fundamental aspect of IDEA, the procuring and maintenance of any assistive technology device is the responsibility of the school, not the student’s family, and must be provided to the student at no cost. Hearing technologies, assistive and instructional technologies are considered in the following paragraphs.

#### Hearing Assistive Technology Systems

Schools have several requirements under IDEA for providing and managing hearing technology used by students. These requirements can be addressed in two primary categories, personal hearing devices and hearing assistive technology (HAT), as illustrated in Table 6.2. The child’s personal audiologist, in consultation with the child’s parents, selects and fits the appropriate personal hearing technology for each individual child. Hearing assistive technology (HAT), however, is generally school-owned and selected by the educational audiologist in consultation with the student and school multidisciplinary team and documented on the student’s IEP or 504 Plan. The student’s personal and educational audiologists must work together to ensure compatibility of personally-owned and school-owned technology. There are four basic wireless HAT options (AAA, 2008) that use remote microphone technology to deliver the teacher/speaker’s voice or desired audio signal to the student via digital frequency modulation (DM), analogue frequency modulation (FM), infrared, Bluetooth streaming or induction loop methods:

1. The signal is transmitted to a receiver connected to the student’s personal hearing technology (e.g., hearing aid, cochlear implant, bone anchored hearing aid).
2. The signal is transmitted to a receiver worn in the student’s ear (without personal hearing technology).
3. Classroom audio distribution systems (also known as classroom sound field systems) in which the desired signal is transmitted to one or more strategically-positioned loudspeakers for classroom-wide sound distribution or for a targeted area.
4. Induction loop systems in which the desired signal is transmitted to the telecoil of the student’s personal hearing aid, cochlear implant or other hearing device via a magnetic signal generated by a loop of wire or another inductor.

Once a student has been identified as a candidate for HAT, there are several considerations to determine the best option. These include the acoustics of the classrooms where the system will be used, social or emotional issues such as motivation, self-esteem, social acceptance and self-advocacy; functional status including age, hearing status, academic performance, communication skills, attention and fatigue and ability to use and manage technology; and support including family support, classroom culture and school support.

Once HAT is selected and fitted, the audiologist should provide services to instruct teachers, parents and the student about the components of the systems, about what it can and cannot do, and continue to support the student until there is a clear understanding of the system and how it will function to enhance the student’s communication access.

Management of the technology is critical. Personal hearing technology and HAT are of little use if they are not working
properly. Classroom teachers need continuous support to understand how to ensure the systems are being used as intended. Statistics have shown consistence HAT use rates as low as 12% (Davis, Gustafson, Hornsby, & Bess, 2015). Yet when there is a vigilant system of monitoring and listening checks and an emergency plan for swift repair, the malfunction rate is greatly reduced, thereby increasing the frequency of use (Bullard, 2003).

**Assistive and Instructional Technology**

Special equipment is frequently needed to connect students’ hearing technologies to telephones, computers, video, Smart Boards and other instructional media. Many students who are deaf or hard of hearing require video capability for phone access and captioning of all audio. Advance transcripts of the audio portion of movies and video is helpful to preview content or pre-teach vocabulary prior to the scheduled showing so that students have background on the content. YouTube and other internet media should not be used without accurate caption accessibility. The Described and Captioned Media Program (DCMP) is a free loan library of accessible media funded by the U.S. Department of Education for use by teachers and family members of K-12 students (www.dcmp.org).

The IEP may include instruction in the use of the special equipment, video relay services, e-mail and instant messaging. At least one school phone should be compatible with video for video relay services and text access. State relay system numbers and information should be prominently posted.

Smart pens, the modern version of note taking, capture what is said, and anything the student writes, into an electronic format that can be transferred to a phone, tablet or computer. The pens provide an audio recording for later review of lessons that is useful for students who can utilize such recordings. Traditional notetaking may be provided by another student in the classroom who is identified as a “good notetaker” or by a classroom aide who is designated as a notetaker. Notes could be hand written and copied for the student or taken on the computer and provided electronically to the student. Teacher PowerPoints and lesson outlines may also be used as notes.

Other assistive technologies to support augmentative and alternative communication are utilized with children who have additional disabilities and learning challenges. These include computers and tablets with special communication software for production and comprehension of speech. These devices are provided through the school but may also be available through state assistive technology service centers.

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**Caution**

Captions on YouTube should be prescreened to ensure that they match with what is being said in the video. YouTube’s automatic captioning feature can make significant mistakes, but media that has been professionally captioned is usually accurate.
Table 6.2. IDEA requirements for provision and maintenance of amplification technology used by students in school.

<table>
<thead>
<tr>
<th>Hearing Technology</th>
<th>IDEA Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal hearing devices:</td>
<td>Part B Routine Checking of Hearing Aids and External Components of Surgically Implanted Medical Devices (34 C.F.R. § 300.113)</td>
</tr>
<tr>
<td>Hearing aids</td>
<td>Hearing aids. Schools must ensure that hearing aids worn in school are functioning properly.</td>
</tr>
<tr>
<td>Implantable devices (cochlear implants and bone-anchored implants)</td>
<td>Schools must ensure that the external components of surgically implanted medical devices, such as cochlear implants, are functioning properly.</td>
</tr>
<tr>
<td>Schools are not responsible for the post-surgical maintenance, programming or replacement of medical devices such as cochlear implants, or for the external component of the surgically implanted medical device such as a cochlear implant.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>School-provided hearing assistive technology (HAT)</th>
<th>Assistsive Technology Part B (34 C.F.R. § 300.5-.6) and Part C (34 C.F.R. § 303.13(b)(1)(i))</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assistive technology device means any item, piece of equipment or product system . . . that is used to increase, maintain, or improve the functional capabilities of a child with a disability. (This does not include a medical device that is surgically implanted, such as a cochlear implant.)</td>
<td></td>
</tr>
<tr>
<td>Assistive technology service means any service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device. The term includes:</td>
<td></td>
</tr>
<tr>
<td>Evaluating the needs of the child. This could include providing a functional evaluation of the child in the child’s customary environment, such as the classroom.</td>
<td></td>
</tr>
<tr>
<td>Acquiring the device(s) for the child. This can be done through purchase, lease, or other means.</td>
<td></td>
</tr>
<tr>
<td>Selecting, designing, fitting, customizing, adapting, applying, maintaining repairing, or replacing assistive technology devices.</td>
<td></td>
</tr>
<tr>
<td>Providing training or technical assistance for the child, or, where appropriate, the family of the child.</td>
<td></td>
</tr>
<tr>
<td>Providing training for professionals who work closely with the child.</td>
<td></td>
</tr>
<tr>
<td>On a case-by-case basis the child may be permitted to use school-purchased assistive technology devices at home or in other settings if the IEP team determines that the child needs access to those devices to receive FAPE.</td>
<td></td>
</tr>
</tbody>
</table>

Speech-To-Text Services

There are three main systems of speech-to-text services:

- **Computer-Assisted Real-Time Transcription** (also known as CART) is word-for-word transcription. Trained transcribers should deliver the text with at least 80% accuracy. The student should have reasonably good reading skills to derive meaning from the transcript.

- **TypeWell** ([www.typewell.com](http://www.typewell.com)) is meaning-for-meaning transcription to convey the meaning of what is said in fewer words so the reader can quickly assimilate the content and participate in the discussion as it happens. TypeWell uses computer software to transcribe speech into abbreviated text that is delivered by a trained Typewell captionist.

- **C-Print** ([https://www.rit.edu/ntid/cprint/](https://www.rit.edu/ntid/cprint/)) uses an abbreviated software system that results in a meaning for meaning transcript. The C-Print captionist inputs text using a keyboard abbreviation system that is based on phonetics (how words sound). C-Print can also use automatic speech recognition applications. Training is provided through Rochester Institute of Technology, National Technical Institute for the Deaf.

For individual applications, captions from these systems are delivered wirelessly and generally displayed on computers or tablets at the students’ desks or cell phones as a mobile application that is useful in labs and other non-traditional classrooms. Captioning for groups may appear on a TV monitor or large screen and can be delivered by an onsite transcriber or remotely. Caption providers are expected to
School Environment Access and Accommodations

Chapter 6

Communication Accommodations

- Priority seating arrangement (avoid front and center)
  - Near teacher
  - Side seat with full visual access to all classmates (for auditory learners chose side with better ear towards class)
  - Good lighting
  - Flexibility to change seats based on instruction or activity
- Ensure student’s attention prior to speaking
- Reduce auditory distractions (background noise)
- Reduce glare and visual distractions
- Enhance speechreading conditions (face student, avoid hands in front of face, mustaches well-trimmed, no gum chewing)
- Provide a “reader” for speechreading access
- Present information in simple, structured, sequential manner
- Enunciate speech clearly
- In group discussion, talker should visually identify him/herself and allow student time to locate talker
- Allow extra time for processing information
- Repeat or rephrase information when necessary
- Frequently check for understanding
- Use speech to text software (speech recognition)
- Provide interpreting (e.g., ASL, signed English, cued speech, oral)
- Consider providing notes to students in advance so they are familiar with topics covered in class
- Pass around microphone for HAT system
- During instruction, taking pauses often and pacing discussion to allow students time to keep up with what is being said.

Instructional Accommodations

- Use visual supplements graphic organizers, vocabulary lists, lecture outlines)
- Interactive whiteboard (e.g., Smartboard, Mimio)
- Classroom captioning (CART, CPrint, TypeWell)
- Captioning and/or transcripts for television, videos, movies
- Buddy system for notes, extra explanations/directions
- Check for understanding of information
- Down time/break from listening/watching
- Extra time to complete assignments
- Step-by-step directions
- Tutoring
- Notetaker
- Pre-teach, teach, post-teach vocabulary, concepts
- Direct instruction (indicate classes)
- Assessments: extra time, distraction-free setting
- Consult with or direct instruction from teacher of the deaf and hard of hearing.

Table 6.3. Basic Classroom Accommodations

Note: Adapted from Johnson & Seaton (2012), IEP/504 Plan Checklist, pp. 528-529.

follow the same code of ethics as sign language interpreters. Captioning can be provided onsite or remotely using an Internet connection. Captioning can produce notes from the class if programmed in advance to do so.

A growing number of applications provide speech-to-text capabilities using speech recognition software. A common challenge for students is small group discussions. Phone apps are capable of translating speech into text on the cell phones that are connected with the app providing text access to participating students. However, as with speech recognition software in general, the accuracy must be assessed to determine the benefit of these applications. Even a small number of errors in the transcription can significantly alter the understanding of the message.

Summary: School Environment Accommodations

Basic classroom accommodations are summarized in Table 6.3. Teachers who are implementing technology and access accommodations need ongoing support to implement them appropriately. Use of technology and other accommodations are only as good as the teacher who is implementing them in the classroom.

Assessment Accommodations

Beginning with the No Child Left Behind (NCLB) Act in 2002, there has been a greater emphasis on accountability for all students and, for the first time, students with disabilities were included in assessments and factored into school
performance ratings. School teams must carefully consider the selection, administration and evaluation of assessment accommodations for students who are deaf or hard of hearing. To assist with that process, educators should examine the philosophical foundation outlined below. This foundation is built upon a five step process for planning teams selecting accommodations for students with special needs. The five essential steps are:

1. Expect students to participate in grade level assessments and achieve grade level academic content standards.
2. Learn about accommodations and resources for instruction and assessment.
3. Select accommodations and resources for instruction and assessments as needed for individual students.
4. Ensure that access is provided for accommodations and resources during instruction and assessments.
5. Evaluate and improve accommodation use for instruction and assessment.

It is critical to note that although some accommodations may be appropriate for instructional use, they may not be appropriate for use on a standardized assessment. For example, providing a spell check on a spelling assessment item or providing a calculator on a math item designed to assess a student’s computation skill would alter the validity, score interpretation, reliability or security of the assessment.

Educators must be familiar with state policies regarding accommodations during assessments. Accommodations should be provided routinely for instruction and assessment during the school year to be used for state assessments. Students should take advantage of computer based training tests to be familiar with how accommodations will be made available on computer based assessments.

In accommodations, research indicates that more is not necessarily better, and that providing students with accommodations that are not truly needed may have a negative impact on performance. The most appropriate approach to accommodations is to focus on students’ identified needs within the general education curriculum.

Typically, accommodations use does not begin and end in school. Students who use accommodations will generally also need them at home, in the community, and, as they get older, in post secondary education and at work. Accommodations for instruction and assessment are integrally intertwined.

Recent and ongoing advances in assistive technologies are changing the ways in which many accommodations may be provided, and some tools that once were available only as accommodations are now available to all students. As states move to conducting assessments on computer based platforms, the IEP team must ensure that students have opportunities to become familiar with the technological aspects of the assessment process. Of concern is the use of signing avatars, or other computer-based interpreting services. Often the signs used are not familiar or intelligible to the students, are signed too quickly, or are not in the same sign system or language used by the student. There is little data to support their use in assessment situations. The World Federation of the Deaf and World Association of Sign Language Interpreters caution against using signing avatars for sophisticated content (World Federation of the Deaf and World Association of Sign Language Interpreters, 2018).

In addition to training, it is also important for educators to provide opportunities for all students to use technology for learning and in formative assessment activities as well.

According to the Every Student Succeeds Act (ESSA) states must develop assessments using the principles of universal design for learning, which intentionally reduce barriers and improve flexibility in how students receive information or demonstrate knowledge requirements. The National Education Technology Plan (2010, 2016) supports that assessments conform to the Web Content Accessibility Guidelines 2, AA (WCAG 2) [https://www.w3.org/TR/WCAG20/]. The Web Content Accessibility Guidelines 2, AA, are organized around the following National Education Technology Plan (2010, 2016) four principles:

1. Perceivable - Information must be presented to users in ways they can perceive. This means that users must be able to perceive the information being presented. (It cannot be invisible to all their senses.)
2. Operable - User interface components and navigation must be operable. This means that users must be able to operate the interface (The interface cannot require interaction that a user cannot perform.)
3. Understandable - Information and the operation of the user interface must be understandable. This means that users must be able to understand the information as well as the operation of the user interface. (The content or operation cannot be beyond their understanding.)
4. Robust - Content must be robust enough that it can be interpreted reliably by a wide variety of user agents, including assistive technologies. This means that users must be able to access the content as technologies advance. (As technologies and user agents evolve, the content should remain accessible.)
Applying the SETT Framework

To summarize this chapter, the SETT process is used to illustrate how this framework can be applied to students who are deaf or hard of hearing. The SETT framework begins with considering the language, communication and learning preferences of the student, the characteristics of the environment where the activity is occurring, and the task of interest. Once the Student, Environment, and Task areas are discussed, Tool options are considered, analyzed through a trial, and then selected. This process should consider many of the concepts and recommendations discussed in this chapter.

<table>
<thead>
<tr>
<th>Questions to Consider</th>
<th>Considerations for Students who are Deaf or Hard of Hearing</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The Student</strong></td>
<td>Function areas to consider:</td>
</tr>
<tr>
<td></td>
<td>Language competence</td>
</tr>
<tr>
<td></td>
<td>Communication preferences</td>
</tr>
<tr>
<td></td>
<td>Accessibility in the environment</td>
</tr>
<tr>
<td></td>
<td>Social /emotional/identity status</td>
</tr>
<tr>
<td></td>
<td>Academic levels</td>
</tr>
<tr>
<td></td>
<td>Connection to deaf/hard of hearing peers</td>
</tr>
<tr>
<td></td>
<td>Motivation</td>
</tr>
<tr>
<td>What are the functional area(s) of concern? What does the student need to be able to do that is difficult, or impossible, to do independently currently?</td>
<td></td>
</tr>
<tr>
<td>What are the student’s special needs related to area of concern?</td>
<td></td>
</tr>
<tr>
<td>What are the student’s current abilities (related to area of concern)?</td>
<td></td>
</tr>
<tr>
<td>What are the student’s expectations and concerns?</td>
<td></td>
</tr>
<tr>
<td>What are the student’s interests and preferences?</td>
<td></td>
</tr>
<tr>
<td><strong>The Environments</strong></td>
<td>Physical/Instructional: acoustics (reverberation, noise levels) and speech-to-noise ratios; lighting, seating arrangements and visual proximity to talker’s faces, interpreters and/or captioning</td>
</tr>
<tr>
<td></td>
<td>Current educational technology used in the classroom that may present a barrier (e.g., video, computers, white boards, website)</td>
</tr>
<tr>
<td></td>
<td>Web content that is perceivable, operable, understandable, and robust (WCAG)</td>
</tr>
<tr>
<td></td>
<td>Communication access accommodations for educational technology and instruction (UDL)</td>
</tr>
<tr>
<td></td>
<td>Speech-to-text</td>
</tr>
<tr>
<td></td>
<td>Interpreters</td>
</tr>
<tr>
<td></td>
<td>Hearing Assistance Technology (HAT)</td>
</tr>
<tr>
<td></td>
<td>Talking stick</td>
</tr>
<tr>
<td></td>
<td>To establish effective communication and language support, all staff in school understand and use appropriate communication accommodations</td>
</tr>
</tbody>
</table>
### The Tasks

<table>
<thead>
<tr>
<th>The Tasks</th>
<th>What specific tasks occur in the student’s natural environments that enable progress toward mastery of IEP goals and objectives?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Classroom instruction (large group teacher presentation and discussion, small group activity with discussion)</td>
</tr>
<tr>
<td></td>
<td>Independent work assignments</td>
</tr>
<tr>
<td></td>
<td>Assessments</td>
</tr>
<tr>
<td></td>
<td>Extra-curricular: Theater (memorizing lines for part); sports (signs, cues)</td>
</tr>
<tr>
<td></td>
<td>Media (videos, web content)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The Tasks</th>
<th>What specific tasks are required for active involvement in identified environments related to communication, instruction, participation, productivity, environmental control?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Classroom instruction (large group teacher presentation and discussion, small group activity with discussion)</td>
</tr>
<tr>
<td></td>
<td>Independent work assignments</td>
</tr>
<tr>
<td></td>
<td>Assessments</td>
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<td></td>
<td>Extra-curricular: Theater (memorizing lines for part); sports (signs, cues)</td>
</tr>
<tr>
<td></td>
<td>Media (videos, web content)</td>
</tr>
</tbody>
</table>

### The Tools

<table>
<thead>
<tr>
<th>The Tools</th>
<th>How is the S-E-T information used to think about Tools?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Discuss access tools options with student (e.g., speech-to-text, HAT, Smart Pens)</td>
</tr>
<tr>
<td></td>
<td>Provide training on the tools how to use, what it does and does not do;</td>
</tr>
<tr>
<td></td>
<td>Develop a plan to trial selected tools – identify when, how long, criteria to evaluate the effectiveness of each tool</td>
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<tr>
<td></td>
<td>Identify best tool(s) for each instructional or participatory situation.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The Tools</th>
<th>Is it expected that the student will not be able to make reasonable progress toward educational goals without assistive technology devices and services?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Brainstorm specific tools that could be included in a system that addresses student needs.</td>
</tr>
<tr>
<td></td>
<td>Select the most promising tools for trials in the natural environments.</td>
</tr>
<tr>
<td></td>
<td>Plan the specifics of the trial (expected changes, when/how tools will be used, cues, etc.)</td>
</tr>
<tr>
<td></td>
<td>Collect data on effectiveness.</td>
</tr>
</tbody>
</table>

### Resources

**Center for Applied Special Technology (CAST):**

CAST is a nonprofit education research and development organization that works to expand learning opportunities for all individuals through Universal Design for Learning. [http://www.cast.org/](http://www.cast.org/)

**Quality Indicators for Assistive Technology Services (QIAT):**

QIAT is a set of quality indicators, intent statements and common errors for eight areas important to the development and delivery of assistive technology services. Each of the eight areas - Consideration, Assessment, AT in the IEP, Implementation, Evaluation of Effectiveness, Transition, Administrative Support and Professional Development - should be fully explored because the areas are complementary in nature. Learn more about QIAT at [https://www.qiat.org](https://www.qiat.org). Join in QIAT Conversations on the QIAT List.

**Accessible Educational Materials (AEM):**

Provisions within the Individuals with Disabilities Education Improvement Act (IDEA) require state and local education agencies to ensure that specialized formats - Braille, large print, audio, and digital - of textbooks and related instructional materials are provided in a timely manner to student with disabilities who need them. Visit the National Center on Accessible Educational Materials (AEM Center) for background information about AEM, experience interactive tools, supports, and learning opportunities and collaborate with others around issues related to the provision of AEM across the country.

**SETT Framework:**

The SETT Framework website invites you to explore ideas and documents shared on the website to find out more about the Framework publications particularly how the information might be considered for students who are deaf or hard of hearing.


SETT Up Staff and Supporters http://www.joyzabala.com/uploads/Zabala_CTG_SETTing_Up_Staff_and_Supporters.pdf

References


IDEA Final Rule, 34 C.F.R. Part 300.


Web Content Accessibility Guidelines (WCAG) 2.0. Retrieved from https://www.w3.org/TR/WCAG20/


Effective post-secondary transition planning is essential to equip students for life after high school graduation or their aging out of IDEA. All students who are deaf or hard of hearing, regardless of language and communication mode, need guidance in planning for post-secondary outcomes commensurate with their skills, abilities, knowledge and preferences. Although there have been advancements in access and opportunity for students who are deaf or hard of hearing, limitations, barriers and access issues remain. Many adults with disabilities continue to experience higher levels of both unemployment and underemployment than the general population. For instance, in 2014 only 48% of deaf people (including individuals who may identify as deaf, hard of hearing, hearing impaired, late deafened, or deafplus) were employed, compared to 72% of hearing people (Garberoglio, Cawthon, & Bond, 2016). There are barriers still to overcome in postsecondary education and training as well.

Although the percentage of students who are deaf or hard of hearing who have access to postsecondary education has increased since 2008, many barriers still exist that prevent them from attaining high levels of education as compared to hearing people. In 2015, only 18% of deaf adults in the United States had completed a bachelor’s degree or more, compared to 33% of hearing adults (Garberoglio, Cawthon, & Sales, 2017). This research demonstrates the need for educators to review and assess transition education provided to students who are deaf or hard of hearing.

Over the past three decades, transition practices research has demonstrated that post-school outcomes of students with disabilities improve when educators, families, students and community members and organizations work together to implement transition-focused education (Kohler, Gothberg, Fowler, & Coyle, 2016). This collaboration is critical because approximately 85% of deaf or hard of hearing students attend general education classrooms (U.S. Department of Education, 2013). Often, these programs do not have access to deafness-specific experts; as a result, schools are moving away from disability-specific transition services by providing generic preparation for work or postsecondary training. Because of these standard and nonspecific transition services, many deaf or hard of hearing students who attend public schools fail to acquire key transition competencies (e.g. adult literacy skills, career exploration, employment soft skills, self-advocacy skills, postsecondary readiness, independent living skills, accommodation training) in comparison to their peers with other disabilities (Luft & Huff, 2011; Newman, et al., 2011). Restricted language and communication access and missed opportunities of incidental learning can also negatively affect a student’s ability to gain the knowledge and life skills necessary to make appropriate decisions about his/her employment, postsecondary education and daily living needs.
Educational planning must maintain a balance between meeting required, standardized expectations, and addressing the unique needs of deaf or hard of hearing students. Accomplishing this balance will allow these students to succeed (Luft, 2016).

### Transition Laws

Two important statutes address student transition services: the Individuals with Disabilities Education Act (IDEA) and the Rehabilitation Act of 1973 as amended by Title IV of the Workforce Innovation and Opportunity Act (WIOA). The U.S. Department of Education, Office of Special Education Programs (OSEP), and Rehabilitation Services Administration (RSA), both departments of the Office of Special Education and Rehabilitative Services (OSERS), provide oversight and guidance regarding the administration and provision of transition services by state educational agencies (SEAs), local educational agencies (LEAs), and state vocational rehabilitation (VR) agencies. According to the U.S. Department of Education,

> “Both the IDEA and the Rehabilitation Act make clear that transition services require a coordinated set of activities for a student with a disability within an outcome-oriented process. This process promotes movement from school to post-school activities, such as postsecondary education, and includes vocational training, and competitive integrated employment. Active student involvement, family engagement, and cooperative implementation of transition activities, as well as coordination and collaboration between the VR agency, the SEA, and the LEAs are essential to the creation of a process that results in no undue delay or disruption in service delivery. The student’s transition from school to post-school activities is a shared responsibility.” (U.S. Department of Education, 2017, p iv.)

In the 2004, regulations promulgated after the reauthorization of the IDEA added to the purpose statement to focus on transition to post-secondary opportunities: The purpose of IDEA is to “ensure that all children with disabilities have available to them a free and appropriate public education (FAPE) that emphasizes special education and related services designed to meet their unique needs and prepare them for further education, employment and independent living” (34 C.F.R. § 300.1(a)). Under IDEA, transition planning from school to adult life begins by age 16, or younger if determined appropriate by the IEP team, and must be updated annually thereafter. Many states begin planning earlier, by age 14 or younger, due to the large amount of time it takes to prepare students to meet their future goals in postsecondary education, employment and independent living.

### IEP Considerations for Transition Planning

Careful consideration should be given to identify members of an IEP team during a student’s transition years. It is critical that students who are deaf or hard of hearing have knowledgeable IEP team members who maintain a focus on meeting the unique needs of these students. IEP teams should include members who are experts in transition planning, communication accessibility and accommodation options that students will need in the adult world. Further, IEP members who are aware of resources and supports that are available through community and state agencies for individuals who are deaf or hard of hearing are valuable. Students who are deaf or hard of hearing may require extra assistance to find employment and gain work skills; for this reason, vocational rehabilitation (VR) counselors are often invited to IEP meetings to explain their services and eligibility requirements to both students and their families. Of all the team members, the students should be actively sharing their strengths, needs, interests and preferences for their future with the IEP team.

During the secondary transition planning process, IEP team members work collaboratively to ensure the student’s IEP includes:

- appropriate measurable postsecondary goals related to training, education, employment and, where appropriate, independent living skills;
- transition services (including courses of study) needed to assist the student in reaching their transition goals; and
- age-appropriate transition assessments based on the individual needs of the student. These assessments are used to determine the appropriate measurable postsecondary goals.

In addition to IDEA requirements, the WIOA authorizes a continuum of services, such as pre-employment transition services, transition services, job placement services, other VR services, and supported employment services for students and youth with disabilities, as appropriate, to secure meaningful careers. Regulations for both the schools and the state VR services program define transition services similarly. It is important to remember that providing transition services is a shared responsibility between the school and VR agency (U.S. Department of Education, 2017).

Overall, transition services are best delivered within a framework of structured planning, meaningful youth and family engagement, and state agency coordination and accountability. During transition planning, the IEP teams should help empower students to advocate and engage in their postsecondary planning and goal setting. Planning can be a
challenging task for some students who are deaf or hard of hearing who, because of language deprivation, communication barriers or gaps in learning, may have limited knowledge of career and postsecondary possibilities. As the planning moves closer to graduation, it is important that a student’s vision for his/her future be as realistic as possible based on current performance and assessment data. Each year, the student’s future vision should be reviewed and revised into measurable postsecondary goals.

Prior to graduation, IDEA requires that school personnel, with student input, prepare a Summary of Performance (SOP). The specific requirements for the SOP are found in the Federal Regulations at 34 C.F.R. § 300.305(e)(3). The SOP document is a summary of a student’s academic achievement and functional performance as well as transition planning information. This summary can be used to assist the student and adult service providers in accessing postsecondary education, employment services, and/or other community and independent living activities.

For more information on laws and transition services, see the 2017 guide from the U.S. Department of Education, Office of Special Education and Rehabilitative Services (OSERS), A Transition Guide to Postsecondary Education and Employment for Students and Youth with Disabilities. This transition guide is also useful for students and their families. The guide addresses the following topics to help facilitate a seamless transition from school to post-school activities:

- transition planning: opportunities and programs;
- transition services and requirements, as authorized by IDEA and the Rehabilitation Act;
- education and employment options for students and youth with disabilities after leaving secondary school;
- supporting decisions made by students and youth with disabilities; and
- “real life” examples, a sample flow chart of the transition process and a glossary of key terms used in the transition process.

**Transition Assessments**

The purpose of transition assessments is to gather data and information on the student’s strengths, preferences and interests as they relate to the skills needed for employment, education and independent living. Transition assessments are a crucial part of the transition planning process because they offer information to help build the transition plan. The assessment data serves as the foundation for defining measurable postsecondary goals, annual instructional goals and transition services.

Transition assessment must be age-appropriate and result in data from multiple sources, including both formal and informal assessments. To appropriately evaluate and plan for a student’s secondary transition, additional IEP team members may be necessary and may include professionals with expertise in deafness, assistive technology and vocational education, as well as other community agency representatives, family members and staff who have the skills and knowledge of the student’s language and communication needs. As discussed in chapter 4, it is important to note that standardized tests applied to special populations, such as deaf or hard of hearing students, may not be entirely valid. Assumptions about English language proficiency with test constructs and interpreted assessments, which may rely on content proficiency of the interpreters or diagnosticians, are just a few of the challenges of test validity when assessing students who are deaf or hard of hearing. In addition, a students’ lack of experience in performing self-ratings can affect the validity and reliability of transition test results. A study using self-assessment of technology skills with secondary-aged students who are deaf or hard of hearing found that many students self-rated based on desired skills or what they thought was important, while others had a very unrealistic assessment of themselves (Luft, Bonello, & Zirzow, 2009). For these reasons, designing a transition assessment plan can be challenging for IEP teams.

What kind of transition information should be gathered? This decision depends on the student’s unique transition needs and outcomes. Due to difficulties with incidental learning and access to communication, some students who are deaf or hard of hearing may have gaps in social learning and communication and other life skills, even if they are performing on or close to grade level academically. Transition assessments may target areas including independent living skills, postsecondary readiness skills, reasoning and problem solving, communication preferences, hearing status knowledge, functional skills, social skills, self-determination, self-advocacy, assistive technology, literacy and academics, career development and employability skills. Transition assessments may be informal or formal. Informal assessments may include interviews/questionnaires, direct observations, environmental or situational analysis, curriculum-based assessments, rating scales or transition planning and interest inventories. Formal assessments (standardized or criterion-referenced) may include aptitude tests, interest assessments, adaptive behavior, independent living assessments, personality and preference tests, career development measures or measures of self-determination. Examples of some specific transition assessments can be found in Appendix A.

Age-appropriate transition assessment is essential in developing quality transition plans and services. Unfortunately, finding disability-appropriate assessments for adolescents who are deaf or hard of hearing can be extremely challenging. Interpreting the results from formal or informal transition...
assessments can also be difficult. For these reasons, having a well-informed IEP team that actively seeks expertise from knowledgeable professionals who understand deaf or hard of hearing issues, whether internal or external, is critical to high-quality transition planning and positive postsecondary outcomes.

**Self-Determination and Self-Advocacy**

Self-determination and self-advocacy are among the most important skills that enable students to be productive independent adults. Research has shown that students with higher self-determination skills, measured one year post high school graduation, were more likely to have experienced more positive adult outcomes, including a higher likelihood of being employed and earning more per hour, than those who were not self-determined (Wehmeyer & Schwartz, 1997). In fact, equipping students with the skills, attitudes and opportunities to direct their learning and planning for the future is now considered a best practice in the field for special education. Development of components of self-determination such as self-awareness, self-regulation, self-knowledge and self-advocacy lead to success in postsecondary education and employment (Carter et al., 2013; Grigal, Hart, & Weir, 2013). Self-determination skills are a prerequisite to successful self-advocacy. Teaching self-determination and self-advocacy skills begins in early childhood and continues throughout high school. Students, with the help of families and teachers, should find opportunities to practice these skills at school, home and in the community. Direct teaching of skills, such as self-awareness, goal setting, choice-making, problem solving, decision making, leadership skills and taking responsibility for communication accommodations are examples of the skills to be taught. Some schools and programs offer classes, sometimes led by an ADA coordinator focusing on teaching students their legal rights under the Americans with Disabilities Act including the utilization of interpreters and development of self-advocacy skills. The classes are based on IEP goals focusing on increasing advocacy, independence and knowledge of services. Information for parents is also important so that they have tools to support development of these skills in their children. Hands & Voice’s *Post-Secondary Transition Module for Parents and Transition Age Teens* is one example of a program that can be provided to parents or utilized in the classes (Hands & Voices [https://handsandvoices.org/hvcourses](https://handsandvoices.org/hvcourses)).

Using a self-determined learning model (Wehmeyer, Palmer, Agran, Mithaug, & Martin, 2000) to teach goal attainment, strategies for participation in IEP meetings, and transition planning have been cited as effective evidence-based practices from the National Technical Assistance Center on Transition (NTACT, 2017). When students are actively engaged in their own transition planning, successful post-school transitions are most likely to occur. For this reason, having students become active participants during their IEP meetings becomes a real-world, self-advocacy activity that is especially effective because these students are often disengaged at these meetings due to communication barriers. Students can share information at IEP meetings through presentations, discussions, picture boards, and other strategies they have found that are appropriate and comfortable to use. When these students are active participants and trained to conduct a student-led IEP meeting, meaningful transition planning is more likely to occur. Students share their strengths, needs and interests, their postsecondary goals, and participate in their own transition planning for the next IEP year. Some students are also able to discuss their present level of performance. Although this training and support requires time for staff to work with students to reach participation at this level, the benefits and payoff for the students and their future independence is readily justified.

**Postsecondary Education and Training**

Postsecondary education can have positive long-term impacts on earning potential and career advancement (Walter & Dirmyer, 2013). Training settings may include vocational and career schools, community and technical colleges, and four-year colleges or universities. Other types of educational training include military training, short-term vocational schools, on-the-job training, apprenticeships, Adult Basic Education (ABE), or community education classes. While determining post-secondary options, students and families should look closely at the quality of accommodations and services and determine which best fits their needs. This is especially important because, the passage of ADA has provided increased options for students that are deaf or hard of hearing due to all colleges and universities now being required to provide accommodations. The accommodations are often coordinated by a general disability or academic support services program or coordinator, but some state universities and community colleges have a smaller program designated for the deaf or hard of hearing student population, with levels of services varying from college to college.

The U.S. Department of Education partially funds two large postsecondary education programs uniquely designed for individuals who are deaf or hard of hearing: Gallaudet University in Washington, DC and the National Technical Institute for the Deaf at the Rochester Institute of Technology (RIT/NTID) in Rochester, New York. Gallaudet University is a bilingual, diverse, multicultural institution of higher education that offers more than 40 majors leading to a Bachelor of Arts or a Bachelor of Science degree. Instruction is conducted in American Sign Language and in English. RIT/NTID’s faculty members also specialize in educating students who are
Chapter 7  Postsecondary Transition: From Part B to Education/Training, Employment and Independent Living

deaf or hard of hearing. RIT/NTID offers students two-year, career-focused degree programs, opportunities to transfer into Rochester Institute of Technology (RIT) after two years at NTID, and direct enrollment after high school into RIT’s numerous, innovative, four-year degree programs with accommodations support from NTID.

In postsecondary planning, IEP teams should be prepared to discuss how a student’s academic skills and high school coursework may impact enrollment in the variety of training options available. A large percentage of individuals who are deaf or hard of hearing have an additional disability, which results in unique strengths and challenges when preparing these students for postsecondary education. Students who are deaf or hard of hearing with additional disabilities often demonstrate lower educational attainment levels (Garberoglio, Cawthon, & Sales, 2017). Because some of these students lack the academic skills necessary for postsecondary enrollment and completion, continuing to increase their skills via tutoring, secondary transition programs until age 21 or through Adult Basic Education programs should be a consideration for students and their IEP teams.

The number of students who are deaf or hard of hearing enrolling in postsecondary educational opportunities is increasing. However, retention rates are not as promising. Recent statistics show that 12.8% of hearing students graduate from college compared to only 5.1% of students who are deaf or hard of hearing, (Reilly & Qi, 2011). Similar results are reported for graduate degrees with a 9.2% completion rate for hearing students, compared to a 4.8% rate for students who are deaf or hard of hearing (Reilly & Qi, 2011). While studies like the National Longitudinal Transition Study (NLT2) report that youth who are deaf or hard of hearing are increasingly attending postsecondary education programs, they take longer to complete these programs, not achieving high rates of completion until eight years after leaving high school (Newman et al., 2011). As a result, transition teams, including students, family and adult agencies, need to anticipate and plan for an extended time for program completion and financial dependence.

Another significant barrier to postsecondary education is the graduation rate with high school diplomas. Federal data suggest that only 61.7% of students who are deaf or hard of hearing graduate high school with a diploma (US Department of Education, 2011). Since many postsecondary and training programs require a high school diploma for eligibility, students who are unable to obtain a regular diploma are severely limited in their postsecondary education options. It is important to discuss the student’s eligibility for a regular diploma or the lack thereof at an IEP meeting before the student enters high school. Often the student or family does not realize that the student is not receiving a regular diploma until graduation time, and this leads to disappointment and unnecessary increased hardship for the student. Having this knowledge early helps students and their families develop appropriate and realistic post-secondary goals or design a course to accomplish a diploma.

What transition skills are important to develop for postsecondary education success? First, students who are deaf or hard of hearing need to have the academic skills for enrollment and completion of postsecondary programs. Well before high school begins, IEP teams should be discussing postsecondary readiness and evaluating current programming and course selections to assess if they are in line with a student’s postsecondary goals and preparation. IEP teams, including parents and students, should be informed regarding how current educational programming decisions and a student’s current academic progress impacts future postsecondary plans. When deciding on course enrollment, another consideration is a STEM-related curriculum (Science, Technology, Engineering, and Mathematics). For students who are deaf or hard of hearing, training for a STEM career is a particularly smart decision since, on average, workers who are deaf or hard of hearing in STEM careers earn 30% more than workers who are deaf in non-STEM careers (Walter, 2010). For more information on STEM and school resources, visit the Technological Education Center for Deaf and Hard of Hearing Students website (www.DeafTEC.org).

For students nearing graduation with postsecondary goals that include a college setting, the IEP team should review the current accommodations and/or modifications used in high school. Modifications that decrease the rigor or expectations of a course are generally not accepted at the college level. A student’s current accommodations should match what is acceptable at the postsecondary level to ensure a smoother and more successful transition to postsecondary education.

In addition to improving academic skills, students should increase their abilities in self-determination and self-advocacy. Since laws differ in the postsecondary setting from the FAPE requirements of IDEA or Section 504 of the Rehabilitation Act, students and their families need to be well informed about their rights and responsibilities as adults, as well as the responsibilities of postsecondary schools. Students who are deaf or hard of hearing that know their rights and responsibilities are much better equipped to succeed in postsecondary settings. Students need to be knowledgeable about their own accommodations and be open to new ones that may provide better access in the postsecondary setting. Students should practice advocating for themselves well before leaving high school so they can independently negotiate for needed services and accommodations in the postsecondary environment. Postsecondary transition skills include being able to describe their hearing level and how it impacts learning and daily living, knowing
how to use accommodations in a variety of settings, and the ability to solve problems, which includes where to go for assistance and how to access resources. Disability disclosure is another complex skill students need that includes making decisions about to whom to disclose to, how and what to disclose, and when to disclose. Finally, when deciding about a higher education or training program, students and their families should be encouraged to consider and seek out postsecondary environments that provide the best educational program and support services to assist students who are deaf or hard of hearing with meeting their unique communication and learning needs.

**Employment**

Employment readiness and career planning is a major component in transition education. Employment is often tied to a person’s quality of life and self-concept based on the social and economic benefits of the job and work environment. Labor statistics show that for 2014, almost half of people who are deaf (47%) were not in the labor force, compared to less than a quarter (23%) of hearing individuals (Garberoglio, Cawthon, & Bond, 2016). Job retention and advancement disparities are also a concern (Walter & Dirmyer, 2013). Students who are deaf or hard of hearing who have additional disabilities experience the most employment challenges (Garberoglio, Cawthon, & Bond, 2016). Access, discrimination and communication barriers are the primary areas that contribute to employment struggles. For these reasons, general education and generic transition planning may not be sufficient to meet the unique employment needs of students who are deaf or hard of hearing.

Transition programming in employment may include:

- career awareness;
- career interest and aptitude assessments;
- career exploration;
- career and technical education;
- employment seeking skills;
- soft skills development;
- occupation-specific skills development;
- career placement;
- work-related experiences (e.g., job shadowing, internships, work-study);
- paid work experiences prior to school exit;
- graduation credit provided for work experiences; and
- workplace accommodation skills and job placement services.

These activities and strategies are predictors of post-school success (Kohler et al, 2016) yet incorporating them into public school education can be overwhelming. However, the benefits provide justification for why effective transition programming and planning should include vocational educators, vocational rehabilitation counselors, work experience educators and outside employment agencies as part of a student’s transition IEP team.

In 2014, President Obama signed the Workforce Innovation and Opportunity Act (WIOA) into law. States are implementing plans that ensure that youth with disabilities receive extensive pre-employment transition services to obtain and retain competitive integrated employment. Under this program, students who are deaf or hard of hearing may qualify to work with vocational rehabilitation counselors before graduation or even beginning at age 14. In this case, VR counselors work with students to develop an Individual Plan for Employment (IPE). VR agencies, state educational agencies (SEAs), community rehabilitation programs, and other community partners work together to provide a range of resources to facilitate the objectives and goals of the IPE. State departments of education or state vocational rehabilitation offices provide information about how WIOA is working with youth who are deaf or hard of hearing locally.

Students who are deaf or hard of hearing with additional significant disabilities generally need long-term on-site assistance beyond the first few months on a job. For these students, IEP teams should discuss and explore supported employment services after high school and may need to add county social workers, vocational rehabilitation, or adult employment agencies to the IEP team. These outside agencies help the IEP team with discussions regarding funding sources and potential service providers after high school. Because it can be difficult to locate supported employment resources for individuals who are deaf or hard of hearing with additional significant disabilities, early planning is critical.

In addition to general employment skills and career planning strategies, students who are deaf or hard of hearing may benefit from disability-specific training to gain knowledge and exposure to a variety of careers and workplace rules and cultures. Whether it is within school, out in the community, or through conversations with family and peers, language delays and communication barriers often complicate learning about careers and the employment cultures through incidental means. For this reason, career exploration activities such as bringing in adult deaf role models to discuss their career success or having a Career Day need to begin well before high school. Students must be exposed to and experience a variety of occupations before they can begin to decide on their own career preferences and goals. To support students in developing their work skill competencies, assessment and direct instruction are often required. Several disability specific resources are available and referenced at the end of this chapter.
It is important for students who are deaf or hard of hearing to obtain entry-level work experiences during high school, whether school-supported or independent jobs after school or during the summer. These experiences can include both paying jobs and volunteer experiences. Work experiences are critical in building a resume, which will help these students compete with their hearing peers. In addition, these real-world experiences help students practice communication skills with co-workers, develop employability skills and gain a better understanding of workplace culture. To obtain entry-level work experiences, some students will need the support of schools, families and communities to help break through entry-level employment barriers and workplace discrimination.

Some students may seek eligibility for social security disability benefits. The individual and his/her family should consider the impact that receiving social security disability benefits may have on their decisions related to work, income, a stable, productive and self-satisfying life, and participating in their communities. Meaningful work is often considered a source of self-satisfaction, security, achievement and participation. There are few circumstances in which a person who is deaf or hard of hearing should not be gainfully employed, with attention given to appropriate workplace accommodations and supports.

Finally, students benefit from self-determination and self-advocacy skills when communicating about their hearing status to employers, supervisors and co-workers. Learning about workplace accommodations is essential knowledge for students transitioning to the world of work. Individuals who are deaf or hard of hearing can be affected by many environmental issues such as background noise, visual obstructions and distractions, acoustics, lighting and seating arrangements. Knowing ways to overcome workplace obstacles in communication, learning about laws that affect workers with disabilities, such as the American with Disabilities Act, and discussing disability disclosure are critical topics students need to understand and be able to discuss before entering the world of work.

Independent Living

Independent living skills are necessary to be a self-sufficient adult in the community and vary greatly among students. There is a wide variety of skills leading to independence, including home management, meal preparation and planning, money management, social skills and relationships, social communication, self-advocacy, personal health care, community participation, travel and transportation and recreation/leisure. These skills are essential because a lack of independent living skills can have adverse effects on employment or postsecondary education success as well as self-esteem and confidence.

For students who are deaf or hard of hearing, acquiring independent living skills informally may be difficult through interactions with families or peers. In fact, studies suggest that many of these students are not acquiring the daily living skills that they need, even those students who are college-bound (Luft & Huff, 2011; Luft, 2012). Research also indicates that young adults who are deaf or hard of hearing tend to live with their parents for an extended period of time compared to peers with other disabilities (Wagner, Newman, Cameto, Garza, & Levine, 2005; Newman et al., 2011). One contribution to this statistic may be language deprivation or poor reading skills along with the lack of knowledge about adult activities, such as understanding contracts for credit cards, rent, or financial situations and understanding medical information or prescriptions. Classes may be necessary to supplement this knowledge, including hands-on activities and community-based objectives such as filling out credit card applications on-site or seeking a place to rent. Some students may need direct training to increase communication skills in the community, assistive technology for the home environment or understanding their rights and responsibilities for communication access in the community, especially regarding interpreters. Therefore, transition team members need to carefully assess independent living skills and address them in the IEP, when necessary. It is also valuable to have IEP team members who have knowledge of adult services for people who are deaf or hard of hearing in the community, county or state. Carving out time to provide independent living skills training can be challenging for educators given the constraints of the school day schedules for academic instruction and inclusive programming in public schools. If independent living skills are needed, IEP teams should work cooperatively with families, vocational rehabilitation and community agencies to share the responsibility and develop a plan that will provide instruction prior to graduation to enable students to achieve their independent living goals, which may include enrollment in general education classes, special classes, direct instruction or collaboration with outside agencies.

Students who are deaf or hard of hearing deserve to reach their full potential by acquiring the knowledge and skills to overcome the negative statistics in employment and postsecondary education. To achieve this goal, IEP transition teams need to be knowledgeable about the student’s special needs, including the impact of deafness or hard of hearing issues on further education, employment and independent living. IEP teams need to recognize that general education and generic transition planning may not be sufficient to meet the unique needs of these students. Designing special education and related services during the transition years requires student and family participation as well as coordinated efforts with educators, and state and community agencies. Successful transition planning and programming will empower and equip students to reach their future goals after graduation.
Transition Resources

The transition resources listed below were either referenced directly in this chapter or chosen because they may be helpful for staff working with families and students who are deaf or hard of hearing. This is not an exhaustive list of transition resources but may serve as a starting point for additional information and support.

General

Map It: What Comes Next? Module is a free, online, interactive training designed for transition-aged students who are deaf or hard of hearing. This free learning module and teacher curriculum is available at the Described and Captioned Media Program (DCMP) website: https://dcmp.org/learn/465-map-it-what-comes-next-module

Minnesota Transition Guide for Teachers of Deaf/Hard of Hearing
Transition training, education resources and online videos for Teachers of the Deaf/Hard of Hearing. Available at the University of Minnesota website: www.cehd.umn.edu/DHH-Resources/Transition-Guide/default.html

National Deaf Center (NDC) on Postsecondary Outcomes is a site for online professional development courses, engagement, resources, research, and expert assistance on a variety of topics. Available at: https://www.nationaldeafcenter.org

National Technical Assistance Center on Transition - NTACT’s purpose is to assist state education agencies, local education agencies, state VR agencies, and VR service providers in implementing evidence-based and promising practices ensuring students with disabilities, including those with significant disabilities, graduate prepared for success in postsecondary education and employment. Available at: https://www.transitionta.org

Post-Secondary Transition Module for Parents and Transition Age Teens The goal of this training module is to equip parents of children who are deaf or hard of hearing with information and resources about the transition process. This free learning module was developed by Hands and Voices and is available at their website: https://handsandvoices.org/hvcourses

Assessments

Age Appropriate Transition Assessment Toolkit 4.0
Now in its fourth addition, the toolkit developed by the National Technical Assistance Center on Transition (NTACT) overviews the purposes and process of transition assessment and provides guidance for practitioners in selecting and using formal and informal assessments to help students and families plan for their future after high school. Available at: https://transitionta.org/toolkit-resources

Guide to Access Planning (GAP): Communication Access and Hearing Assistance Technologies for Teens and Young Adults
This guide, developed by Phonak, is for teenagers and young adults with hearing loss and was put together by a team of audiologists and deaf educators. It provides information, assessments and tools to help in planning transition to college and/or the workplace. Available at: https://www.phonak.com/us/en/support/children-and-parents/planning-guide-for-teens.html

Casey Life Skills (CLS) is a free tool that assesses the behaviors and competencies youth need to achieve their long-term goals. It aims to set youth on their way toward developing healthy, productive lives. Examples of the life skills CLS helps youth self-evaluate include: maintaining healthy relationships, work and study habits, planning and goal-setting, using community resources, daily living activities, budgeting and paying bills, computer literacy, and their permanent connections to caring adults. Available at: https://www.casey.org/casey-life-skills-resources

Self-Advocacy

DEAFVERSE: Choose Your Future
As deaf youth prepare for life after high school, feelings of anticipation and uncertainty are to be expected. Deafverse is based on choose your own adventure games, which offer a safe environment to apply critical thinking skills while engaging in problem-based learning by testing a variety of responses to challenges and conflicts. This game is designed to strengthen deaf students’ self-determination skills. https://www.nationaldeafcenter.org/game

The 411 on Disability Disclosure: A Workbook for Youth with Disabilities is designed for youth and adults working with them to learn about disability disclosure. This workbook helps young people make informed decisions about whether or not to disclose their disability and understand how that decision may impact their education, employment, and social lives. Based on the premise that disclosure is a very personal decision, the Workbook helps young people think about and practice disclosing their disability. This free resource is available at the National Collaborative Workforce and Disability (NCWD) website: http://www.ncwd-youth.info/publications/the-411-on-disability-disclosure-a-workbook-for-families-educators-youth-service-professionals-and-adult-allies-who-care-about-youth-with-disabilities/

Student Involvement in the IEP
The I’m Determined! project, a state-directed project funded
by the Virginia Department of Education, focuses on providing direct instruction, models and opportunities to practice skills associated with self-determined behavior. The Student Involvement section, under the Quick Links tab, contains information and resources to help students become involved in their IEP at any age. Available at: https://www.imdetermined.org/quick-links/student-involvement

Education

The Expanded Core Curriculum for Students Who Are Deaf or Hard of Hearing

In addition to the essential skills and concepts of the Iowa core curriculum students who are deaf or hard of hearing have specialized needs not covered in the general education curriculum. The purpose of the Expanded Core Curriculum for Students who are Deaf or Hard of Hearing (ECC-DHH) is to be a resource for IFSP and IEP team members when developing educational plans for a student who is deaf or hard of hearing. Retrieved from Iowa Department of Education. (2013). Available at: https://www.educateiowa.gov/pk-12/special-education/special-education-programs-services/audiology-deaf-and-hard-hearing

Technical Education Center for Deaf and Hard-of-Hearing Students (DeafTEC)

DeafTEC provides resources for high schools and community colleges that educate deaf and hard-of-hearing students in STEM-related programs. Available at: https://www.deaftec.org

Employment

Jobs Accommodation Network (JAN)

Employment resources and accommodations ideas for employers and their employees who are deaf or hard of hearing. Available at: https://askjan.org/disabilities/Hearing-Impairment.cfm

Getting a Job! Module

This training was developed and designed for students who are deaf or hard of hearing and the professionals who work with them. Focusing on the transition from school to work, the training offers a series of activities, supporting documents and topical videos designed to help the job seeker prepare for the world of work. All the videos in the modules are presented in ASL and are also voiced in English and captioned. Available at the Described and Captioned Media Program (DCMP) website: https://dcmp.org/learn/466-getting-a-job-module

References


IDEA Final Rule, 34 C.F.R. Part 300.


Section 504 of the Rehabilitation Act of 1973 (Section 504), as amended, 29 U.S.C. § 794 et seq.


Key Points

- Providers of services to students who are deaf or hard of hearing require specialized expertise to address the unique language, communication and social implications of their hearing status.
- Each student has complex individual characteristics that require consideration and planning by a multidisciplinary team.
- Outside support from state schools for the deaf, regional day school programs serving students who are deaf or hard of hearing, or the state education agency may be necessary to appropriately evaluate, plan, and serve students.

This chapter describes the knowledge and skills needed by personnel who work with students who are deaf or hard of hearing. The guidelines referenced in this chapter are based on standards and guidelines from professional organizations, guidelines of selected state departments of education and recommendations of professionals working with individuals who are deaf or hard of hearing. The recommendations are based on the principle that individual hearing-level configurations plus the unique communication and language abilities of students who are deaf or hard of hearing require professionals who fully understand the associated learning implications and can provide appropriate programs and services that meet their students’ needs.

The Individuals with Disabilities Education Act (IDEA) regulations, require that state education agencies (SEAs) establish and maintain qualifications to ensure that necessary personnel are appropriately and adequately prepared and trained to serve students with disabilities (34 C.F.R. § 300.156). This requirement includes qualifications for specialized instructional support personnel (SISPs). These qualifications must be consistent with state-approved or state recognized certifications, licensing or registrations that apply to the professional’s discipline. Personnel must be fully certified according to state laws and regulations. SISPs (e.g. educational audiologists, educational interpreters, school psychologists) must have training that adapts their clinical profession to the needs of children in educational settings.

Personnel Considerations for Students who are Deaf or Hard of Hearing

Education personnel who work with students who are deaf or hard of hearing encompass a wide range of knowledge, skills and abilities to meet the variety of services and supports needed by each child. Collaboration among SISPs, families, students and communities is a key component to successful provision of services. Education personnel should also exercise interprofessional collaboration strategies to ensure that all supports are understood and implemented consistently across providers as well as to maximize resources.

Training and Supervision

A variety of language and communication approaches are used by students who are deaf or hard of hearing (see Chapter 3, Table 3.2). Instructional

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4To be consistent with current language in the Every Student Succeeds Act, the most recently enacted K-12 federal education legislation, the term Specialized Instructional Support Personnel (SISP) will be used throughout this chapter to refer to personnel previously referred to as “related service providers” in the IDEA.
practices often reflect the communication approach and strategies that were emphasized in the teachers’ personnel preparation programs, which may not always be appropriately matched to the needs of their students. Some professionals seek special training, guidance or coaching to earn additional skills and certifications. It is the responsibility of the school or school district administrator to ensure that professionals working with students who are deaf or hard of hearing have the appropriate knowledge and skills to implement language and communication approaches and other instructional strategies with fidelity. If the administrator has no expertise or experience in deaf education, assistance from a school for the deaf, regional program serving deaf or hard of hearing children, specialist at the state department of education, or deaf education teacher preparation program should be sought. This support is necessary for supervision of teachers, including those in itinerant roles who are often supervised by special-education-generalist administrators.

Stakeholder Communities

School personnel and administrators must begin by recognizing that students, families and schools are members of a community and some may have natural and/or other affiliations with several communities of support. These support communities are stakeholders in support systems and are potentially valuable collaborators in providing educational programs for students who are deaf or hard of hearing. Schools should not function as isolated entities. The various communities that professionals may encounter include:

- the neighborhood surrounding the school or program;
- the home communities of students and their families;
- ethnic and culturally-based communities in which students and families reside and are affiliated;
- the communities of individuals who are deaf;
- the communities of individuals who are hard of hearing;
- the local, state and national professional education and special education communities; and
- the health care and medical communities.

Relationships and Collaborations

To forge effective relationships, professionals must strive for authentic collaboration that recognizes the difference between collaboration and cooperation. Cooperation exists when one entity engages another entity to achieve the goals of the initiating party. Collaboration, on the other hand, occurs when two or more co-equal entities engage in a relationship that is mutually beneficial and allows both or all entities to achieve their goals while remaining true to their respective missions. Among the characteristics that foster successful collaborations are:

- recognizing the validity and value of multiple perspectives, especially the perspectives of families and individuals who have experienced deafness or other hearing conditions and the students themselves;
- understanding the social construction of deafness in various communities and how that impacts the context that partners and entities bring to collaborative relationships;
- recognizing that "expertise" comes in many forms and may be expressed in a variety of ways;
- conscientiously working to reduce the "professional as sole expert" perception;
- recognizing that, while all collaboration partners can contribute equally to a collaboration, not all partners can contribute in the same way;
- having a willingness to share power and decision-making authority;
- recognizing that collaboration yields greater benefits than any entity could achieve alone;
- recognizing that there will be new learning in the process of collaboration for all participants; and
- focusing on how the collaboration positively impacts the education of students who are deaf or hard of hearing students rather than on the entities themselves.5

Educational personnel should work collaboratively with personnel in their school as well as other schools and programs to share resources, utilize agencies, organizations and centers of excellence (e.g., Laurent Clerc National Deaf Education Center at Gallaudet University, the Council for Exceptional Children - Division for Communication, Language, and Deaf/Hard of Hearing, the Alexander Graham Bell Academy for Listening and Spoken Language, local or regional OPTION Schools, Boys Town Center for Childhood Deafness, DeafTEC Center: Technological Education Center for Deaf and Hard-of-Hearing Students at the National Technical Institute for the Deaf, Center on Literacy and Deafness (CLAD), National Deaf Center on Postsecondary Outcomes) to promote research-based and promising educational practices for students who are deaf or hard of hearing.

Recruitment and Retention

Personnel positions serving students who are deaf or hard of hearing are often difficult to fill in rural areas or when less than full-time positions are available. Schools may need to create recruitment and retention incentives to attract and maintain staff. When qualified personnel are not available within an LEA, schools should work with their state department of education and available training programs to provide opportunities and incentives for individuals who are interested in pursuing coursework leading to certification.

5For more information on effective communication, see NASDSE’s Leading By Convening materials at www.ideapartnership.org/building-connections/the-partnership-way.html.
in areas of need. This may mean providing interested staff with release time or tuition reimbursement. When sufficient qualified personnel are not available, schools should arrange for supervision and mentoring of staff in training, contracting with consultants, sharing services with another school district, or regionalizing programs and services.

**Multidisciplinary Team Approach**

All personnel who provide services identified on the Individual Family Service Plan (IFSP), Individual Education Program (IEP), or 504 Plan, form a multidisciplinary team that works collaboratively and flexibly to meet the child/youth’s needs. The team must include the personnel necessary to conduct a comprehensive evaluation resulting in recommendations that are based on valid and reliable data. Each of the multidisciplinary team members helps to develop the child/youth’s early intervention or educational program. Parents are full and equal participants in the educational programs of their children or youth and are a vital component of the multidisciplinary team. Where appropriate, the student should also be included as part of the team. Individual progress monitoring of a student’s growth as outlined in the IFSP/IEP/504 Plan, is an essential responsibility of the team and requires regular communication with all members of the team, including parents and, when appropriate, students.

Each team member provides services in the content area(s) for which she or he has expertise and shares knowledge, successful techniques and strategies with the other team members. Members of the multidisciplinary team may include, but are not limited to the following:

- ASL specialist
- Behavior specialist
- Counselor
- Educational audiologist
- Educational interpreter
- General education teacher
- Listening and spoken language specialist
- Media and technology specialist
- Multiple disability specialist
- Occupational therapist
- Parents
- Physical therapist
- School district representative
- School psychologist
- School social worker
- Special education teacher
- Speech-language pathologist
- Student
- Teacher of students who are deafblind
- Teacher of students who are deaf or hard of hearing

Other specialists may be called upon to serve as consultants when additional expertise is required.

**Licensure and Certification**

Licensure is generally conferred by states as validation of an individual’s credentials for meeting the state’s standards to practice. Specific teaching requirements vary from state to state and may be categorical (i.e., minimum standards and teacher licenses for each disability category area, e.g., hearing impaired, visually impaired, learning disabilities), non-categorical (i.e., special education teacher license for all disability categories or groups of categories such as low incidence) with or without specialty endorsements, or general education with some level of specialty endorsement. Initial licensure may require a passing score on a Praxis® examination (Educational Testing Service) to demonstrate subject matter competence or on the edTPA (https://edtpa.aacte.org), a performance-based assessment that has gained prominence both in teacher preparation programs and state educator licensing programs. Continuing education is typically required to maintain licensure.

Certification is provided to individuals by their professional organizations based on specific standards and qualifications. Teachers of deaf and hard of hearing students may obtain certification through the Council on Education of the Deaf (CED) if they have successfully completed an accredited CED teacher preparation program (http://councilondeafed.org/certification/). Advanced deaf education certification is provided through the National Board Teacher Certification program. Other specialty certifications, such as K-12 Educational Interpreting certification, certification by the Registry of Interpreters for the Deaf, Deaf Mentor certification by the SKI-HI Institute, and Listening and Spoken Language Specialist (LSLS) by the AG Bell Academy for Listening and Spoken Language, or American Sign Language Proficiency Interview scores, are available for individuals who demonstrate the specific knowledge and skills.

Standards for professionals from other related disciplines (e.g., speech-language, audiology, counseling) must meet the certification standards outlined by their respective professional organizations as well as their state’s licensure requirements.

**Knowledge and Skills for Teachers of Students who are Deaf or Hard of Hearing**

School personnel whose primary responsibility is to instruct and support students who are deaf or hard of
hearing should possess key knowledge and skills specific to educating this population of students. The Council for Exceptional Children (CEC), Division for Communication, Language, and Deaf/Hard of Hearing (DCD) developed Knowledge and Skill Specialty Sets for entry level teachers of students who are deaf or hard of hearing (https://www.cec.sped.org/~/media/Files/Standards/CEC%20Initial%20and%20Advanced%20Specialty%20Sets/Initial%20Specialty%20Set%20%20Deaf%20and%20Hard%20of%20Hearing.pdf). This knowledge and these skills are an extension of the initial preparation standards that are the basis for all special education areas. In addition there are advanced standards for individuals who wish to deepen their skills through advanced study (https://www.cec.sped.org/~/media/Files/Standards/CEC%20Initial%20and%20Advanced%20Specialty%20Sets/Advanced%20Specialty%20Set%20%20Special%20Education%20Deaf%20and%20Hard%20of%20Hearing%20Specialist.pdf). Table 8.1 outlines both levels of these specialty knowledge and skills.

**Table 8.1.** CEC Key Knowledge and Skill Areas for Teachers of Students who are Deaf or Hard of Hearing

### Initial Preparation

#### Standard 1: Learner Development and Individual Learning Differences

**Knowledge**

- Cognitive and language development of students who are deaf and hard of hearing
- Effects of the interrelationship among onset of hearing loss, age of identification and provision of services on the development of the students who are deaf and hard of hearing
- Influence of experience and educational placement on all developmental domains
- Influence of cultural identity and language on all developmental domains
- Components of linguistic and nonlinguistic communication
- Importance of early intervention to language development
- Effects of sensory input on the development of language and learning
- Spoken and visual communication modes
- Current theories of the development of spoken language and signed languages

#### Standard 2: Learning Environments

**Knowledge**

- Influence of family communication and culture on all developmental domains knowledge of principles of child growth and development with an emphasis on age and developmentally appropriate expectations;

**Skills**

- Provide ongoing opportunities for interactions between students who are deaf and hard of hearing and peers and role models who are deaf and hard of hearing
- Provide access to incidental language experiences
- Prepare students who are deaf and hard of hearing to use interpreters
- Manage assistive technology for students who are deaf and hard of hearing
- Design a classroom environment that maximizes opportunities for visual and auditory learning and meets developmental and learning needs

#### Standard 3: Curricular Content Knowledge

**Skills**

- Plan and implement transitions across service continuums
- Integrate language instruction into academic areas
Standard 4: Assessment

Knowledge

• Specialized terminology used in assessing students who are deaf and hard of hearing

Skills

• Administer assessment tools using the student’s preferred mode and language of communication
• Develop specialized assessment procedures that allow for alternate forms of expression
• Collect and analyze spoken, signed or written communication samples

Standard 5: Instructional Planning and Strategies

Knowledge

• Visual tools and organizers that support content mastery and retention by students who are deaf and hard of hearing

Skills

• Apply strategies to facilitate cognitive and communicative development
• Implement strategies for stimulating and using residual hearing
• Facilitate independent communication in all contexts
• Implement strategies for developing spoken language in orally communicating individuals and sign language proficiency in students who sign
• Use specialized technologies, resources, and instructional strategies unique to students who are deaf and hard of hearing
• Develop successful inclusion experiences
• Develop proficiency in the languages used to teach students who are deaf and hard of hearing
• Provide activities to promote print literacy and content-area reading and writing through instruction via spoken language or the signed language indigenous to the deaf community
• Apply first- and second-language-teaching strategies to the instruction of the student
• Provide balance among explicit instruction, guided instruction, peer learning and reflection

Standard 6: Professional Learning and Ethical Practice

Knowledge

• Model programs for students who are deaf and hard of hearing
• Roles and responsibilities of teachers and support personnel in educational practice for students who are deaf and hard of hearing
• Professional resources relevant to the field of education of students who are deaf and hard of hearing
• Knowledge of professional organizations in the field of deaf education
• Incidence and prevalence figures for individuals who are deaf and hard of hearing
• Sociocultural, historical and political forces unique to deaf education
• Etiologies of hearing loss that can result in additional learning challenges

Skills

• Communicate proficiently in spoken language or the sign language indigenous to the deaf community
• Increase proficiency and sustain a life-long commitment to maintaining instructional language competence
• Explain historical foundations and research evidence upon which educational practice is based
• Develop and enrich cultural competence relative to the deaf community
Standard 7: Collaboration

Knowledge

• Services, organizations and networks that support students who are deaf and hard of hearing

Skills

• Provide families with support to make informed choices regarding communication modes, philosophies, and educational options

Advanced Preparation

Standard 1: Assessment

Knowledge:

• Policy and research implications that promote recommended practices in assessment and evaluation

Standard 2: Curricular Content Knowledge

Standard 3. Programs, Services and Outcomes

Knowledge

• Multiple service options for students who are deaf and hard of hearing, including mental health services
• Means for assisting pre-incarcerated and incarcerated youth who are deaf and hard of hearing

Skills

• Address all aspects of the communication environment that lead to inadequate learning
• Structure the learning environment to encourage self-advocacy

Standard 4. Research and Inquiry

Skills

• Disseminate new advances and evidence-based practices
• Actively engage in research

Standard 5. Leadership and Policy

Knowledge

• Sociocultural, historical and political forces that influence diverse delivery systems
• Standards for universal newborn hearing screening and early intervention

Skills

• Provide guidance on policy and recommended practices for individuals who are deaf and hard of hearing
• Advocate to improve educational policy related to students who are deaf and hard of hearing
• Advocate for the provision of advanced language and communication skills for teachers, families and students who are deaf and hard of hearing

• Standards for interpreters
• Standards for teachers of students who are deaf and hard of hearing and have additional disabilities

Skills

• Design and implement literacy development programs and transition programs
• Provide leadership for transition among programs and communication options
• Coordinate activities of related service providers, including interpreters and paraeducators
Standard 6. Professional and Ethical Practice

Knowledge

• Ethical practices that acknowledge diversity among the deaf, hard of hearing and hearing communities

Skills

• Ethically implement current assistive and instructional technologies
• Acquire advanced qualifications and skills

Standard 7: Collaboration

Skills:

• Collaborate with stakeholders in developing and implementing equal access to programs in urban, suburban, rural and rural-urban fringe settings

Note. Adapted from Council for Exceptional Children, 2017.

Roles and Responsibilities of Personnel Serving Children who are Deaf or Hard of Hearing

Early Intervention Provider

Early intervention providers (birth to age 3) are most often teachers of deaf and hard of hearing students, speech-language pathologists, audiologists or early intervention specialists. Providers for families with children who are deaf or hard of hearing must demonstrate competency in all state-identified areas to deliver services and family support for infants and toddlers as well as the knowledge and skills that address the developmental, linguistic, communication and social-emotional needs associated with deafness or other levels of hearing. Chapter 3 further discusses early intervention provider qualifications.

Teachers of Deaf and Hard of Hearing Students

Children and youth who are deaf or hard of hearing are primarily educated and/or supported by teachers who are specifically trained in deaf education practices, i.e., the knowledge and skills identified in Table 8.1. These teachers serve children in a variety of capacities based on the educational setting and the needs of the students, including those who are deaf or hard of hearing and have other disabilities. The CEC document, Teachers of Students Who are Deaf or Hard of Hearing: A Critical Resource Needed for Legal Compliance (CEC, DCD, 2017), describes the teacher’s essential role in evaluation, educational programming and planning and student-centered instruction (see Appendix B).

Early Childhood Education Teacher

Early education deaf and hard of hearing teachers serve young children, generally ages 3 to 5, focusing on the development of language, social communication and pre-literacy skills. These teachers bridge early intervention and elementary education, one of the most critical periods in a child’s development. The development of positive family-child relationships during the early years is foundational to the child’s later cognitive, linguistic and social-emotional growth. Therefore, it is critical that early education teachers and other professional support personnel focus their services on the family as well as on the child. The child’s full access to language and communication is integral to the development of a positive family-child relationship.

Early education deaf and hard of hearing teachers may serve children in preschool classrooms that are designed specifically for children who are deaf or hard of hearing or support these children in other preschool settings (e.g., neighborhood preschools, at-risk preschools, special education preschools and Head Start programs). The expertise of teachers of deaf and hard of hearing students is essential for developing and managing this stage of development to ensure that language and other learning milestone trajectories are on target.

Typical duties of the early education teacher of deaf and hard of hearing children may include, but are not limited to:

• working as a part of a multidisciplinary team in the assessment of the child’s needs, the development and implementation of the IEP and monitoring of the child’s progress;
• providing support services to the family, as determined
by the IEP, to facilitate the development of the child’s language, cognitive, communication and social skills;

- providing direct and consultative support to preschool teachers and other relevant personnel for children placed in preschools and other settings that are not specific to the development and education of children who are deaf or hard of hearing; and

- providing ongoing access to informational programs and resources that help the family learn about deafness, various hearing levels, assessment, personal hearing instruments, accessible technology, communication and educational options, legal rights under state and federal special education laws and community services available for children who are deaf or hard of hearing and their families.

Center-Based Program/School for the Deaf Teacher

Teachers in schools for the deaf educate their students within fully accessible environments. Teachers in center-based programs, which are generally housed in general education schools, have greater responsibility to orchestrate the environment to support students and maximize accessibility. In both situations, the teachers are part of a multidisciplinary team with expertise in the development, education and well-being of their students. Teachers in schools for the deaf provide direct instruction for all classes while students in center-based programs generally have some classes taught by the teacher of the deaf and other courses in general education classes.

The center-based program teacher, in addition to providing instruction, assumes responsibility for the basic coordination of their students’ IEPs. This teacher also supports the general education teacher, the principal, and the parents of the students regarding implementation of the IEP goals and accommodations. Furthermore, the center-based program teacher must respect, and be proficient in, the language approaches of the students s/he is responsible for.

Typical duties for center-based program and school for the deaf teachers should include, but are not be limited to:

- assessing students’ pre-academic/academic achievement, making recommendations for academic goals and objectives for the IEP, and providing academic instruction to the students;
- assessing students’ language and communication skills, recommending goals and objectives for language/communication skills for the IEP, and providing instruction for language and communication skills to the students (may work in conjunction with the speech/language pathologist and/or educational audiologist);
- aligning instruction with the school curriculum and state standards;
- adapting the curriculum to make subject matter accessible to students who are deaf or hard of hearing

- teaching social-emotional, self-determination and self-advocacy;
- fostering development of auditory skills and maximizing amplification use (when appropriate);
- assisting in the appropriate placement of students;
- monitoring students’ progress;
- coordinating required services for students;
- providing daily monitoring of personal hearing instruments, assistive listening devices and other classroom technologies devices as appropriate;
- teaching daily living and independent living skills in conjunction with other specialists, as appropriate, and
- working with the transition specialist to provide transition activities for students.

Additional responsibilities for center-based program teachers include:

- providing information to other teachers and parents regarding the education of students who are deaf or hard of hearing;
- providing Deaf awareness and Deaf culture in-service training to general education staff and students; and
- collaborating with general education teachers and educational interpreters regarding the needs of students when in general education classes.

Co-Teacher

Schools may consider providing additional classroom resources through a co-teaching model, where two teachers work side-by-side in the classroom. In a co-teaching model, both teachers provide instruction. When there are students who are deaf or hard of hearing in the classroom, one teacher may have additional experience in working with these students and may be more familiar with the student’s communication needs. Duties of the co-teacher are similar to those of center-based/school for the deaf teachers but are shared with the general classroom teacher.

Itinerant Teacher

Itinerant teachers of deaf and hard of hearing students provide consultation and specialized direct instruction to the students on their caseloads who attend general education classes. They may also provide services to children in home or hospital settings. Itinerant teachers could be employed by an LEA, regional program, or school for the deaf providing services through the school’s outreach program. The frequency, duration and content of the sessions are determined by the IEP and generally range from daily to monthly. In addition to providing instruction, the teacher should assume responsibility for the basic coordination of the students’ programs. This teacher also assists the general education teacher, the principal and the parents of the students in the program. The itinerant teacher of deaf and hard of hearing
students must be proficient in the language and communication mode(s) of the students for whom he/she is responsible. Caution should be exercised to avoid over reliance on itinerant teachers who often are not able to provide sufficient support to students due to caseload time constraints.

Typical duties include but not be limited to:

- assessing students’ pre-academic/academic achievement, making recommendations for academic goals and objectives for the IEP, and providing academic instruction to the students;
- monitoring test accommodations and accessibility;
- assessing students’ language and communication skills; recommending goals and objectives for language/communication skills for the IEP and providing instruction for language and communication skills to the students (may work in conjunction with the speech/language pathologist and/or educational audiologist);
- providing specialized instruction to students who are deaf or hard of hearing regarding their hearing levels, deaf culture, assistive devices, various communication approaches used by students who are deaf or hard of hearing and self-advocacy;
- assisting in the appropriate placement/setting of students; and
- collaborating with general education teachers and educational interpreters regarding the needs of students when in general education classes.

**Teacher Consultant**

Teacher consultants generally do not provide direct instruction to students who are deaf or hard of hearing. Instead, their services are focused on supporting school-based personnel to ensure that students who are deaf or hard of hearing, like their peers, have access to programs with direct and appropriate access to all components of the education program, including but not limited to recess, lunch, and extracurricular social and athletic activities.

Typical responsibilities of the teacher consultant may include, but are not limited to:

- providing inservice training for general education administration and staff regarding the specific communication and educational needs of students who are deaf or hard of hearing, and ways to include students who are deaf or hard of hearing in various situations and group settings;
- monitoring test accommodations and accessibility;
- recommending specialized services, materials or equipment for students who are deaf or hard of hearing to use in the general education classroom and providing specialized resources and visual aids;
- recommending the inclusion of students who are deaf or hard of hearing in activities;
- facilitating opportunities for students who are deaf or hard of hearing to interact socially with other students who are deaf or hard of hearing and with deaf and hard-of-hearing role models;
- keeping parents informed of the school curriculum and methods and techniques to reinforce language and academic development;
- evaluating and recommending appropriate environmental modifications, such as lighting and acoustics, to meet the unique communication needs of students who are deaf or hard of hearing;
- assessing students in the areas of academic achievement, language, communication, social-emotional learning and transition;
- making recommendations for IEP goals and objectives for academic achievement;
- assisting the IEP team in developing appropriate placement with the continuum of services that results in the achievement goal of one year’s growth in one year’s time;
- coordinating required services for students;
- monitoring personal hearing instruments and hearing assistance technology;
- meeting regularly with program coordinators or program specialists to discuss problems or concerns regarding services for students; and
- meeting regularly with general education teachers, educational interpreters, and other support personnel to discuss areas of concern and to ensure communication is effective.

**Specialized Instructional Support Personnel (SISPs)**

Each student needs to be served by qualified professionals, including SISPs, who have the skills necessary to provide instruction and services that meet the academic, communication, social-emotional and transition needs of students who are deaf or hard of hearing. All specialized personnel must meet state licensing requirements and where applicable, hold appropriate professional certification.

**Educational Audiologist**

Educational audiologists specialize in the effects of hearing, listening, and auditory processing deficits on the ability of children and youth to access communication and learning through audition. These students may be served under IDEA or 504. While the work of educational audiologists may vary from one educational setting to another, they must address the practice areas identified within IDEA for audiologists: screening, assessment, amplification, habilitation, counseling and prevention (34 C.F.R. § 300.34(c)(1)); assistive technology
and assistive technology services (34 C.F.R. § 300.5–6); and routine checking of amplification devices and external components of surgically implanted medical devices worn by children in school (34 C.F.R. § 300.113).

Based on professional scopes of practice in audiology (AAA, 2004; ASHA, 2002), speech-language pathology (ASHA, 2017), and deaf education (CEC-CED, 2015), the audiologist is the only professional who is qualified to fit and verify hearing aids and personal hearing assistance technology (Educational Audiology Association, 2009). School-based educational audiologists must work in collaboration with the student's private audiologist who provides and manages personal hearing technologies (e.g., hearing aids, cochlear implants, bone anchored hearing aids) to maximize use of hearing technology in the educational environment.

IDEA regulations (34 C.F.R. § 300.34(c)(1)) define audiology services as:
- identification of children with hearing loss;
- determination of the range, nature and degree of hearing loss, including referral for medical or other professional attention for the habilitation of hearing;
- provision of habilitation activities, such as language habilitation, auditory training, speechreading (lip-reading), hearing evaluation and speech conservation;
- creation and administration of programs for prevention of hearing loss;
- counseling and guidance of children, parents and teachers regarding hearing loss; and
- determination of children’s needs for group and individual amplification, selecting and fitting an appropriate aid, and evaluating the effectiveness of amplification.

Educational audiologists support the school's responsibility of "ensuring that the hearing aids worn in school by children with hearing impairments, including deafness, are functioning properly" and "that the external components of surgically implanted medical devices are functioning properly" (34 C.F.R. § 300.113).

The educational audiologist may perform the following duties in schools (American Speech-Language-Hearing Association Guidelines for Audiology Service Provision in and for Schools, 2002, and the Educational Audiology Association, 2009):
- providing community leadership to ensure that all infants, toddlers and youth with impaired hearing are promptly identified, evaluated and provided with appropriate intervention services;
- collaborating with community resources to implement an early hearing loss detection and intervention program and follow-up;
- developing and supervising a hearing screening program for preschool and school-aged children;
- training audiometric technicians or other appropriate personnel to screen for hearing loss;
- performing comprehensive follow-up audiological evaluations;
- assessing central auditory function;
- making appropriate referrals for further audiological, communication, educational, psychosocial or medical assessment;
- interpreting audiological assessment results to other school personnel;
- serving as a member of the educational team in the evaluation, planning and placement process, to make recommendations regarding placement, related service needs and modification of classroom environments for students with hearing loss or other auditory problems;
- providing inservice training regarding hearing, hearing loss prevention, and hearing loss and its resulting implications for communication and learning to school personnel about hearing loss prevention;
- making recommendations about the use of hearing aids, implanted devices, group and classroom amplification and hearing assistive technology;
- ensuring the proper fit and functioning of hearing aids, implanted devices, group and classroom amplification and assistive devices;
- analyzing classroom noise and acoustics and make recommendations for improving the listening environment;
- managing the use and calibration of audiometric equipment;
- collaborating with the school, parents, teachers, special support personnel and relevant community agencies and professionals to ensure delivery of appropriate services;
- making recommendations for assistive devices (television, computer, telephone) for students who are deaf or hard of hearing;
- providing services, including parent counseling and training when appropriate, in the areas of speech reading, listening, communication strategies, use and care of amplification, including implanted devices and self-advocacy of hearing needs; and
- administrating protocols that document students’ progress in relation to intervention strategies.

Some of these responsibilities may be shared with the teacher of deaf and hard of hearing students and/or the
speech language pathologist. With the overlap in the training and skills of these professionals, it is imperative that the professionals work collaboratively in their school setting to provide collaborative team-based services to students who are deaf or hard of hearing and their families. To assist teams in this process, the checklist, Supporting Students Who are Deaf and Hard of Hearing: Shared and Suggested Roles of Educational Audiologists, Teachers of the Deaf and Hard of Hearing and Speech-Language Pathologists (Educational Audiology Association, 2018) was developed for teams to review and determine the member most appropriate to serve the various needs of the student. Schools without educational audiologists on staff should contract with pediatric audiologists from their communities for these services.

In working with students who are deaf or hard of hearing, the educational audiologist must utilize the language and communication approaches of the students for whom s/he is responsible.

**Educational Interpreter/Transliterator**

Under the IDEA, “interpreting services” includes:

- oral language transliteration (silent oral techniques and natural gestures to transliterate a spoken message)
- cued language transliteration (hand shapes located near the mouth that represent English phonetic markers)
- sign language transliteration and interpreting (between spoken English and a sign representation of English that follows English word order, or between spoken English and a visual language such as American Sign Language).
- transcription such as CART, C-Print and Typewell (transcription providers are addressed later in this chapter), and
- special interpreting for children who are deaf-blind (tactile interpreting where signs are created in the person’s hand in addition to other tactile cues) (34 C.F.R. § 300.34(c)(4)).

Educational interpreters and transliterators provide translation or transliteration based on the decision of the IEP team. As the professional providing access to, and observing, the day-to-day events and circumstances of the student’s language exposure in the academic setting, the educational interpreter/transliterator is an integral member of the IEP team. Educational interpreters/transliterators must be competent in both expressive and receptive skills and matched to the communication language and approach used by the student. Qualifications vary from state to state, but more than 30 states require some type of certification (National Interpreter Certification, www.rid.org), a minimum score on the Educational Interpreter Performance Assessment (www.classroominterpreting.org), the Cued Language Transliterator State Level Assessment (www.tecu-nit.org), or other similar assessment.

It is the goal of every education program to prepare students to become independent, including becoming knowledgeable consumers of interpreting/transliteration services. A common concern is that a student may develop an inappropriate dependency on the interpreter/transliterator. Therefore, roles and responsibilities for the interpreting/transliteration process must be clearly outlined and explained. The Davino model (1985), illustrated in Figure 8.1, is a valuable tool to assess or discuss the independence and responsibilities of the interpreter/transliterator and student(s) who are deaf or hard of hearing. The model provides a visual representation of the student’s increasing independence. As the student learns to be a responsible consumer of support services, the responsibilities of the educational interpreter/transliterator shifts. For example, the interpreter/transliterator in kindergarten may share responsibilities with the teacher for keeping the student on task. Conversely, the interpreter/transliterator in a high school setting usually assumes no responsibility for the student staying on task.

The responsibilities of the educational interpreter/transliterator may include but are not limited to the following:

- facilitating communication between all members of the school team interpreting/transliterating instructional content and non-instructional content, classroom environment and peer interaction, both in and out of the classroom;
- interpreting/transliterating assemblies, field trips and school functions (may mean additional contract time for events outside of school day);
- adapting interpreting approaches in the language modality identified in the student’s IEP and at the language and cognitive level of the student; adaptations may include strategies such as expanding explanation of new vocabulary, repeating and reinforcing new concepts and re-explaining information in a more spatial/ASL-grammatical manner;
- assisting the student(s) and the professionals in understanding the role and responsibilities of the interpreter/transliterator;
- facilitating development of age-appropriate use of working with an interpreter/transliterator;
- ensuring an appropriate visual/auditory communication environment (e.g., lighting, seating);
- preparing for content and message delivery including class content and securing resources to support student language development as well as subject specific vocabulary;
- providing clear and appropriate information for substitute interpreters/transliterators; and
• attending IEP meetings as a member of the team to provide information on the student’s use and benefit of the interpreter/transliterator. This may necessitate having another interpreter/transliterator at the meeting if a participant also needs an interpreter/transliterator.

As an IEP team member, the educational interpreter/transliterator collaborates with the classroom teacher, the teacher of deaf and hard of hearing students and other team members to:

• promote student independence and self-advocacy;
• encourage direct communication access;
• determine appropriate language modality and address concerns related to a student’s language, communication, and interpreting/transliterating needs; and
• act as a resource for the multidisciplinary team on students working with an interpreter/transliterator for language modality and the roles and responsibilities of the position.

Figure 8.1. The Inverted Pyramid for Educational Interpreter/transliterator Responsibilities Note. Used with permission from Susan E. Brown, M.Ed., Ed.K12, University of Northern Colorado.

Tutor

Tutors provide tutoring services under the direction of the teacher (classroom teacher or teacher of deaf and hard of hearing students). Interpreters may also provide tutoring support to students. Regardless of the provider, the tutor must understand the tutoring role and pedagogy. The tutoring role may include:

• pre-teaching of classroom instruction and vocabulary;
• preparing materials to effectively tutor;
• implementing instructional strategies identified by the IFSP/IEP/504 Plan team; and
• assisting students and other professionals to understand the role of the tutor.

Classroom Real-Time Speech to Text Provider

Many students who are deaf or hard of hearing benefit from text support. For some, real-time captioning provides the most effective access to communication in the general education classroom. Communication Access Realtime Translation (CART) is delivered by a captioner in the classroom or remotely using the Internet. Variations of CART through programs such as C-Print and TypeWell offer text interpreting options that are individualized to the language and learning needs of the student. Speech-to-text software provides another option but must be used cautiously as it often contains many errors that impede comprehension. These options provide immediate electronic printouts of spoken communication in the classroom. Individuals providing these services must be appropriately trained.

Classroom Notetaker

When students who are deaf or hard of hearing participate in general education classes, they must visually attend to the teacher or educational interpreter to access and understand the instructional material presented. Thus, it is often harder for them to take notes simultaneously like their hearing peers. However, with the aid of classroom notetakers, information can be recorded accurately and, in a form, conducive for study. Selection of notetakers should be based on criteria such as interest, ability to organize thoughts and clarity of handwriting. Electronic notetaking should be provided whenever possible. The teacher of deaf and hard of hearing students should have the responsibility of providing the necessary training and materials for classroom notetakers. Notetakers are often paraprofessionals who are not licensed by the state, but who must meet local school district qualifications to work in the schools.

Speech-Language Pathologist

The speech-language pathologist (SLP) must demonstrate appropriate competencies to work with children and youth who are deaf or hard of hearing to provide diagnostic, instructional and consultative services as determined by the IEP team.
Typical responsibilities include, but are not limited to:

- providing assessment of spoken language, speechreading, auditory and listening skills and social communication skills;
- providing communication and language assessment and instruction via ASL or the communication modality used by the student;
- collaborating with the teacher of deaf and hard of hearing students, educational audiologist, ASL specialist, LSL specialist and other support personnel in the assessment of receptive and expressive language and social communication skills;
- providing direct instruction in speech, language, speechreading, auditory and listening, social communication and self-advocacy skills;
- working in cooperation with the early intervention provider (for birth-3) or teacher of deaf and hard of hearing students, ASL specialist, LSL specialist and/or educational interpreter to identify and implement strategies that develop communication, language, literacy and other related academic skills;
- assisting the early intervention provider, school personnel and parents in enhancing the child or youth’s overall communication skills;
- assessing the child’s communication abilities including gestures, spoken language, speech and/or sign skills; and
- monitoring and troubleshooting personal hearing instruments and hearing assistive technology.

Oral language instruction and listening skill development may be provided by the SLP or by an appropriately trained early intervention provider, teacher of deaf and hard of hearing students, or educational audiologist. When a child or youth who is deaf or hard of hearing has speech production issues not typically related to hearing ability (e.g., cleft palate), speech therapy must involve an SLP. An interpreter should accompany a child or youth for speech and language services in situations where the SLP is not sufficiently competent in the child’s communication approach to communicate instructions and other information.

**ASL Specialist**

An American Sign Language (ASL) specialist serves as a resource to school staff, students and families in areas of staff professional development, evaluation of student sign communication, appropriate classroom instructional use of sign language, and sign language classes and support. ASL specialists generally have a background in linguistics, ASL or sign language studies/deaf studies. They may hold either a bachelor’s or a master’s degree. They have native or native-like fluency in ASL. Duties include but are not limited to:

- working with classroom teachers to develop ASL/English dual language instructional programs and models;
- teaching classes or providing one-on-one support to students with undeveloped or delayed ASL skills;
- providing leadership in the evaluation of students’ receptive and expressive sign communication abilities for reports in Individualized Education Program (IEP) meetings;
- assisting teachers and support staff to design appropriate instructional environments to support students’ sign communication needs;
- acting as a sign language resource to instructional staff related to language use, variation, technical signs, communication strategies, etc.; and
- participating in the development of student evaluation reports by evaluating students sign communication abilities and participating in decision-making as a member of the evaluation team.

**Deaf Mentor**

A Deaf Mentor is a certified Deaf adult that provides home-based services to families with deaf or hard of hearing children, often from birth to five years, but can be through high school. The Deaf mentor’s primary roles are: 1) to provide the family with instruction in American Sign Language (ASL), 2) how to use ASL effectively with their child throughout their daily routines, 3) to invite the family into the Deaf Community and 4) to teach the family about Deaf Culture and the Deaf Community. Deaf Mentors are required to have formal training by an organization and to be certified (primarily through the SKI-HI Institute at www.deaf-mentor.skihi.org). The minimum expectation of formal education is a high school degree, but additional degrees are encouraged, particularly those focused on early childhood education or bilingual education. Deaf Mentors are expected to have native or native-like fluency in ASL. Duties include but are not limited to:

- Performing weekly home visits with children and families in their homes or in the environments where the child and family live and play;
- Serving as a role model to educate families about life as a deaf adult, including career possibilities, independent

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*There are other similar types of professionals who provide children and their families with insight into life experiences as an adult who is deaf or hard of hearing. “In their position as an Adult Role Model, they do not teach ASL. The full range of hearing levels, communication modalities, technology use, educational placement are ideal for diverse staffing of a comprehensive Adult Role Model program. Role models typically are more likely to engage with a family on a short-term basis” (Hands & Voices Family Leadership in Language and Learning, FL3, p.2).
living, and intersectional identities;

- Teaching families about available language-based resources via technology (apps, websites, DVDs, videos) or print materials (books, brochures, guidelines);
- Showing and guiding families with how to use available and accessible technologies (aural, tactile and visual);
- Studying and following the provided curriculum to share well prepared and organized lessons to the entire family, including modeling the activities for caretakers to work on with the child during the week;
- Guiding families access to Deaf community activities and events;
- Applying ASL/English bilingual strategies to promote the child's natural acquisition of both languages and to assist parents and family members in incorporating those strategies into everyday life;
- Incorporating early reading and literacy skills into home visits and assisting parents in learning how to read and make stories come to life in ASL;
- Collaborating and participating in reflective sessions with other early intervention staff, especially with Parent Advisors/Deaf-specific early interventionists who serve the same families;
- Assessing early ASL skills and development as well as early communication skills with parents and others with the aim to move the child from one language level to a more advanced level;
- Assessing family needs and adapting teaching methods to meet the needs of each individual family;
- Promoting the child’s positive identity as a deaf child (to ensure healthy mental health and self-esteem) to foster lifelong self-independence;
- Encouraging and supporting families in their use of ASL and abilities to interact effectively with their child;
- Guiding the parent on transition under applicable federal laws, including transition from Part C of the Individuals with Disabilities Education Act to Part B of the same law, including advocacy strategies to ensure the child's optimal access and success in education; and
- Educating the parents on the full spectrum of academic experiences that deaf children experience, ranging from mainstreamed public schools to schools for the deaf.

Listening and Spoken Language Specialist

A professional who specializes in listening and spoken language (LSL) serves students who access communication, language, and the academic program and instruction as auditory learners through developing or developed spoken language (English and possibly other languages). LSL specialists have in-depth training and mentoring as part of their professional preparation program and/or post-graduate experience by a certified Listening and Spoken Language Specialist. An LSL specialist has a bachelor or master’s degree in at least one of the following fields of study: deaf education, speech-language pathology, or audiology. LSL specialists may act in the role of early interventionist, primary teacher (e.g. in a preschool program) and/or clinician. They may also act as an itinerant resource to administrators, school staff, students and families in areas of staff professional development, functional listening and spoken language assessment, goals and objectives, placement recommendations, classroom instructional strategies, principles, strategies and techniques used to develop listening and spoken language for the purpose of understanding spoken instruction. An LSL specialist possesses knowledge and skills in the areas of hearing science and audiology, functional use of audition, hearing technology, speech-language development, auditory and spoken language development strategies, child development, parent guidance, education processes, and emergent literacy as related to children who are deaf or hard of hearing. Duties include but are not limited to:

- Serving as a member of the educational team in the evaluation, planning and placement and annual IEP process to make recommendations regarding goals, placement, related service needs and modification of classroom environments for students with hearing loss or other auditory problems;
- Providing guidance and participating in the assessment and evaluation of a student's receptive and expressive spoken language and related areas, including functional listening assessments in the school environment;
- Providing direct instruction in speech, language, auditory and listening, social communication and self-advocacy skills;
- Working with classroom teachers to develop and use strategies that maximize auditory development and access for students during classroom instruction;
- Working with school personnel to integrate spoken language and curricular instruction, and;
- Working in cooperation with the child’s early intervention providers (e.g., teacher of the deaf and hard of hearing, ASL specialist, educational interpreter, speech-language pathologist) to identify and implement strategies that develop communication, language, literacy and other related academic skills.

LSL professionals who are certified (Cert. LSLS) have 3-5 years of post-graduate training and mentoring and have passed a certification examination.

Occupational Therapist

An occupational therapist provides therapy in sensory processing, visual-motor skills, fine-motor dexterity, self-help skills and use of communication systems. A student who has difficulty learning motor tasks, poor organization and
sequencing of tasks, poor hand use, difficulty accomplishing
tasks without adaptive equipment, unusual or limited play
patterns, deficits in self-help skills, poor attention to task, or
hypo- or hypersensitivity to touch would be appropriately
referred for an assessment by an occupational therapist.

Physical Therapist

A physical therapist provides therapy in postural stability and
movement, muscle stability and strengthening, management
of trunk stability, orthopedic problems, range of motion,
positioning, bracing and casting, transfer skills, gait training
and cardiovascular and respiratory health. Indicators that a
student should be referred for an assessment by a physical
therapist include delayed gross-motor skills, difficulty learn-
ing motor tasks, unusual walking or motor patterns, difficulty
moving safely in the school environment, difficulty maintain-
ing sitting posture, poor balance, difficulty accomplishing
tasks without the use of adaptive equipment, postural or
orthopedic abnormalities or reduced endurance.

Counselor or Social Worker

The primary role of a counselor or social worker is support-
ing mental health for students and their families. In this way
positive self-concepts, coping skills, self-determination and
problem-solving abilities in deaf or hard of hearing students
are developed. Typical duties may include, but are not limited
to:

▪ being knowledgeable in the psychosocial and sociolog-
ical aspects of deafness and the implications for family
dynamics;
▪ being knowledgeable about postsecondary programs
for students who are deaf or hard of hearing;
▪ being knowledgeable about services available for indi-
viduals who are deaf or hard of hearing at community,
city, state, and national levels;
▪ being knowledgeable about counseling philosophies
and theories and their application to those who are deaf
or hard of hearing;
▪ providing psychosocial, developmental, self-determi-
nation and coping skills training;
▪ communicating proficiently with students who are
deaf or hard of hearing in their primary language and
preferred communication mode; and
▪ understanding practices and procedures and demon-
strating skills for individual and group counseling.

School Nurse

School nurses guide and manage health-related services
in the schools. While many schools have increased the
use of health aides for day-to-day care of students, school
nurses are required to perform many of the medical proce-
dures needed by some children receiving special education
services. The responsibilities of the school nurse with
students who are deaf or hard of hearing may include, but
not be limited to:

▪ demonstrating effective communication techniques
including direct communication and/or use of an
interpreter;
▪ establishing procedures for hearing and vision screening
and follow-up;
▪ conducting health and developmental assessments;
▪ serving as an instructional resource to staff regarding
health education; and
▪ serving as a resource to staff regarding community
resources for health and human services for students
who are deaf or hard of hearing.

School Psychologist

The school psychologist must have specialized competen-
cies to work with children and youth who are deaf or hard of
hearing to provide accurate diagnostic, interpretative and
consultative services as determined by the IEP team. These
competencies include:

▪ training or background in the psychological and socio-
logical aspects of deafness and varying hearing levels;
▪ training and knowledge to assess cultural and linguistic
factors related to deafness and varying hearing levels
and their implications on performance;
▪ knowledge of issues related to non-discriminatory
assessment, particularly as it pertains to children and
youth who are deaf or hard of hearing who are from
racial, ethnic and cultural minorities; and
▪ proficiency in the child or youth’s primary mode of
communication for direct communication during
assessment, counseling and other interactions. When
the psychologist lacks communication proficiency, an
interpreter should facilitate communication between the
student and the psychologist always ensuring that the
interaction and student’s intent is conveyed accurately.

The responsibilities of the school psychologist include, but
are not limited to:

▪ selecting, administering and interpreting verbal and
nonverbal assessment instruments appropriate for chil-
dren and youth who are deaf or hard of hearing;
▪ assessing areas of cognitive/intellectual, psychosocial
and independent living skills of children and youth who
are deaf or hard of hearing;
▪ assessing social and emotional aspects of behavior
and their implications for educational placement and
achievement;
▪ providing group and individual counseling when identified on the IEP;
▪ providing family training and counseling when identified on the IFSP or IEP;
▪ consulting with school personnel regarding the needs of children and youth who are deaf or hard of hearing; and
▪ completing of functional behavior assessments and the development of behavior intervention plans for students.

**Educational Diagnostician**

The educational diagnostician is a qualified examiner who conducts formal assessment for eligibility for special education as well as the IEP updates and reviews. In some states and schools, this person is the school psychologist. It is most important that the professional assessing students who are deaf or hard of hearing has the necessary knowledge and language proficiencies as outlined for the assessment functions of the school psychologist.

**Transition Specialist**

The transition specialist addresses the post-secondary education and career opportunities for students. The specialist must work closely with the team of professionals serving students who are deaf or hard of hearing to adapt and should develop and enhance programs that will provide preparatory experiences for students who are deaf or hard of hearing. This individual must collaborate with teacher(s) of deaf and hard of hearing students and, when working with students directly, demonstrate effective communication techniques, including the use of the educational interpreter(s), if needed.

Typical responsibilities of the career/vocational specialist may include, but not be limited to:

▪ designing and implementing programs for career education within the structure of the existing curriculum for high school program completion;
▪ providing training in the student’s specific occupational interests;
▪ conducting individual career assessments;
▪ interpreting and utilizing career assessment results in the development of a transition plan for the student;
▪ assisting classroom teachers with career awareness, interests, and aptitudes for supporting students’ aspirations;
▪ assisting classroom teachers to make use of results from career assessments at various levels;
▪ identifying and obtaining materials for staff in-service training;
▪ working with job training facilities to provide experiences for on-the-job training;
▪ identifying other job sites for students’ observation and on-the-job-training;
▪ providing outreach support to the community; and
▪ providing students with information regarding safety requirements and occupational safety concerns of various employment situations.

**Instructional Assistants/Paraeducator**

The special education instructional assistant/paraeducator/tutor, working under the supervision of the teacher for deaf and hard of hearing students or general education teacher, plays a vital role in the educational program. These individuals must be skilled in basic child development and demonstrate proficiency in communicating with students who are deaf or hard of hearing in their preferred language and communication mode. Special education instructional assistants and paraeducators are not sign language interpreters and should not be used as such.

**Other Support Specialists**

Some programs for students who are deaf or hard of hearing may employ specialists to address unique individual student characteristics. In addition to those described above, specialty areas might include bilingualism, behavior management or mental health. The support specialists may assist with evaluations and writing educational goals and objectives that focus on the child or youth’s individual needs. They should be available to provide individual or small group instruction as appropriate. Any support specialist should have the applicable credentials and competencies to educate students who are deaf or hard of hearing, including proficiency in their primary language and communication mode. When these specialists are not teachers of deaf and hard of hearing students, they should have ongoing monitoring and support from an appropriately certified/licensed teacher of deaf and hard of hearing students. If the support specialist is not proficient in the student’s primary language and communication mode, the specialist should utilize the services of a certified educational interpreter.

**Professional Development for Specialists**

Specialists serving students who are deaf or hard of hearing should participate in relevant ongoing professional development activities to provide the most effective programs and instructional approaches and methods for their students. School districts should provide opportunities for professional development that pertain to the specialist’s unique scope of work in addition to schoolwide in-service programs. These opportunities help ensure provision of services by personnel whose knowledge and skills meet professional
standards and reflect current practices in the field.

Instructional quality and strong administrative leadership are paramount to improving outcomes for all children and youth who are deaf or hard of hearing. Staff development should be relevant, focused on techniques and strategies that are research-based, and known to improve outcomes for students who are deaf or hard of hearing. Staff development also should include mentoring activities to ensure appropriate follow through and implementation of strategies into the instructional process. Depending on the needs of the program and the staff, program planners should provide opportunities for a variety of training activities.

Staff and professional development topics may include:

- the educational impact of being deaf or hard of hearing;
- audiometry and simulation of various levels of hearing;
- the use of technology to enhance student learning;
- the use of technology to enhance networking among students who are deaf or hard of hearing;
- behavior intervention skills;
- services for students who are deaf or hard of hearing with co-occurring disabilities or other additional special needs;
- communication skills (e.g., sign language, listening and spoken language);
- strategies for differentiated instruction;
- curricular adaptations and teaching strategies known to benefit children and youth who are deaf or hard of hearing (e.g., use of visual aids, multisensory teaching);
- use and maintenance of equipment including assistive technology; and
- facilities requirements and acoustical accommodations.

Administrators should consider supporting and facilitating networking through collaborative professional development activities, video conferencing and computer networking.

Training for General Educational Personnel

Teachers of deaf and hard of hearing students and other knowledgeable specialists should provide training to general education personnel serving students who are deaf or hard of hearing regarding communication accommodations, acoustic accommodations and modifications, assistive technology, modifications of the curriculum and understanding of the impact of hearing loss on development and learning.

General early intervention providers, preschool, K-12+ teachers and special education teachers (other than providers and teachers of deaf and hard of hearing students) who provide instruction to children and youth who are deaf or hard of hearing should be given inservice training by qualified personnel based on the topic (i.e., specialists in hearing disabilities such as a teacher of the deaf or educational audiologist, sign language interpreter). When possible, training should occur prior to the placement of any student who is deaf or hard of hearing.

Staff and professional development topics may include, but not be limited to:

- understanding hearing levels and, specifically, the implications of being deaf or hard of hearing relative to the students whom they serve;
- modifying communication teaching techniques to accommodate the unique communication needs of students who are deaf or hard of hearing, whether the student’s preferred communication approach is spoken, signed or spoken in combination with signs or cues;
- understanding and monitoring the use of hearing aids, implanted devices, and hearing assistive technology;
- creating a visual environment through visual aids and equipment;
- creating an acoustically appropriate environment through acoustical modifications and amplification devices;
- collaborating and/or team teaching with support personnel (e.g., early intervention provider, itinerant teacher for deaf and hard of hearing students, speech language pathologist, educational audiologist);
- collaborating with the student and related personnel to ensure that students who use their hearing to access spoken language are able to access instruction in each of their educational environments;
- working with educational interpreters;
- utilizing a notetaking or speech-to-text service; and
- providing full access for students who are deaf or hard of hearing to all educational and school-related activities.

Specialists serving students who are deaf or hard of hearing should receive ongoing support from deaf or hard of hearing specialists.

Performance Evaluations

Several states have implemented statewide performance evaluation systems that base teacher evaluation, in part, on student performance. States have also developed performance evaluations systems specifically for specialized services personnel. One of the controversies and challenges is determining how to evaluate special education teachers and specialized support personnel based on student performance when these professionals may have little or no direct
instruction responsibility. However, these systems attempt to recognize that all personnel have a role in supporting students and the classroom environments in which they are educated.

When designing these systems, or any type of evaluation, it is critical to include the personnel who are impacted. Administrators and school human resource personnel often have little knowledge of the specific roles and responsibilities of their specialized staff. The evaluations need to be based on relevant and measurable components of each profession’s role and expectations. The added time for this evaluation process also needs to be considered.

Summary

Each student must receive instruction and services by qualified professionals, including support personnel, who have the specialized skills necessary to meet the academic, communication, social-emotional and transition needs of students who are deaf or hard of hearing. Even though there are many challenges to locating and maintaining these professionals, a quality teacher can make a significant difference in a student's educational outcomes. Therefore, SEAs and LEAs should explore creative ways for schools to collaborate, including across districts and with special schools, so that limited resources are maximized.

References


IDEA Final Rule, 34 C.F.R. Part 300.

Purpose

This checklist synthesizes the essential recommended practices identified in Chapter 1 and further described in the subsequent chapters of these Optimizing Outcomes for Students who are Deaf and Hard of Hearing: Educational Service Guidelines. The purpose of this checklist is to provide a practical and systematic method for schools and programs to reflect upon their current practices, stimulate serious conversations about them and guide improvements that impact student outcomes. The content of each chapter in this volume provides expanded and detailed information on the recommended practices that are described. This checklist is not exhaustive; the areas that follow can be expanded and/or additional items may be added at the discretion of the reviewing team.

How to Use

This checklist encompasses the ten essential areas outlined in this volume that support educational programs and outcomes for students who deaf or hard of hearing. To get started with your review:

1. Identify your review team. The team should include staff who provide services and supports to students and supervisors or other administrative decision makers responsible for the programs and services. Parent participation in the review team is also highly recommended.

2. After reading these Educational Service Guidelines, review each item, evaluating whether the practice is in place, partially in place or is currently not available. Provide documentation for your responses. Due to the length of the checklist, consider completing it over multiple sessions.

3. Based on the findings, develop next steps using the form at the end of the checklist.

The proposed steps should be the basis for an improvement plan with prioritized objectives, activities, identification of required resources, timelines, persons responsible and measurable outcomes that verify that improvements will have the intended results. The full descriptions of practices contained in the Guidelines may be used as goals for improvement plans.
1. Considering the Unique Needs of Each Student

Students who are deaf or hard of hearing are diverse, encompassing a wide range of abilities, learning styles and often co-occurring disabilities. Schools are required to make available a full continuum of services individualized to the needs of each student for full engagement in all the school's programs, including educational and extracurricular activities.

This area considers how the school recognizes that reduced hearing of any level can result in language, learning, social, emotional and/or communication access barriers and understanding how these factors interact with one another. The recognition of each child's unique situation is paramount to appropriate assessment and services.

A. Is the impact on language, learning, social, emotional and/or communication access of each student’s hearing status considered?
   - regardless of hearing level or whether one or both ears are affected?
   - whether co-occurring disabilities or other challenges are present?
   - when language appears on target and speech is clear?
   - whether sign language is used for communication?

   Meeting the practice ○ Gap in Practice
   Documentation (describe how practice is met or list gaps in practice)

B. Are the cultural values and goals of the student and his/her family represented and integrated in the services and programs that are determined?

   Meeting the practice ○ Gap in Practice
   Documentation (describe how practice is met or list gaps in practice)

C. Are educational services available to students who are deaf or hard of hearing:
   - to support individual language and communication modes?
   - to address the unique ways that students learn?

   Meeting the practice ○ Gap in Practice
   Documentation (describe how practice is met or list gaps in practice)
2. Expectations, Educational Programming, and Future Employment

When children who are deaf or hard of hearing are provided access to appropriate language, learning and academic opportunities that are designed to enhance their abilities, they can -- and do -- attain high levels of achievement that also increase later employment opportunities.

This section examines how programs and staff facilitate student learning. Expectations for student achievement, how programming is determined and delivered and how progress is monitored are key components.

A. Are students who are deaf or hard of hearing actively engaged in their own transition planning?

   - Meeting the practice
   - Gap in Practice
   - Documentation (describe how practice is met or list gaps in practice)

B. Is instruction determined by the individual student’s profiles, the IEP, and modified based on student’s progress and instruction subsequently modified to meet the student’s needs?

   - Meeting the practice
   - Gap in Practice
   - Documentation (describe how practice is met or list gaps in practice)

C. Is there an expectation for data-driven instruction and evidenced-based practices?

   - Meeting the practice
   - Gap in Practice
   - Documentation (describe how practice is met or list gaps in practice)

D. Do opportunities exist within the school district for specialized instruction in areas unique to deafness and reduced hearing e.g., the expanded core curriculum (academic areas of reading, math, and writing, communication and language development (signed, spoken or both), auditory and listening skill development, use of technology, self-determination and self-advocacy, social skills, deaf studies, and transition (postsecondary readiness, employment training, independent skills)?

   - Meeting the practice
   - Gap in Practice
   - Documentation (describe how practice is met or list gaps in practice)
<table>
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<tr>
<th>E.</th>
<th>Are supports in place specifically for underserved populations e.g., students with additional disabilities or challenges, from non-English speaking homes, from diverse cultural and ethnic backgrounds, from rural areas) or for children who are struggling learners?</th>
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<th>F.</th>
<th>Are universal design for learning strategies employed that result in accessible assessment, instruction and activities for all students regardless of their communication mode or learning style?</th>
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<th>G.</th>
<th>Whether provided through the local school district or another agency, are providers of early intervention services for children and their families birth to age 3 knowledgeable in early childhood deaf education, including assessment of language and communication development (signed, spoken, or both) and strategies for developing skills in these areas?</th>
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<th>H.</th>
<th>Are developmental milestones, including language, assessed at regular intervals in the early intervention program?</th>
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<th>I.</th>
<th>Are the quantity and quality of the assessments at transition from Part C to Part B thorough enough to identify gaps in language, listening, communication and learning skills?</th>
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Chapter 9  IMPLEMENTATION: DEAF AND HARD OF HEARING PROGRAM AND SERVICE REVIEW CHECKLIST

J. Do transition services from Part C to Part B inform and enable families to support their children?

- Meeting the practice
- Gap in Practice
Documentation (describe how practice is met or list gaps in practice)

K. Are preschool services structured to provide the specialized support necessary?

- Meeting the practice
- Gap in Practice
Documentation (describe how practice is met or list gaps in practice)

L. Does your district provide supports for pre-school children who were eligible for early intervention services but are transitioning out of that program and are not eligible for Part B services, e.g., providing supports under the ADA or 504?

- Meeting the practice
- Gap in Practice
Documentation (describe how practice is met or list gaps in practice)

M. Are teachers and specialized instructional support personnel provided professional development opportunities and ongoing mentoring regarding the variety of needs of, and appropriate practices for, students who are deaf or hard of hearing, including those students with co-occurring disabilities?

- Meeting the practice
- Gap in Practice
Documentation (describe how practice is met or list gaps in practice)

N. Are teachers and specialized instructional support personnel provided support for implementation of curricular and instructional practices?

- Meeting the practice
- Gap in Practice
Documentation (describe how practice is met or list gaps in practice)
O. Are students who are deaf or hard of hearing, who are not eligible for special education, supported in their general education classrooms through an appropriate 504 Plan?

- [ ] Meeting the practice
- [ ] Gap in Practice

Documentation (describe how practice is met or list gaps in practice)

P. Are all students supported by the “effective communication” provisions of the Americans with Disabilities Act?

- [ ] Meeting the practice
- [ ] Gap in Practice

Documentation (describe how practice is met or list gaps in practice)

Q. Are post-high school transition supports and services available that are specialized for students who are deaf or hard of hearing?

- [ ] Meeting the practice
- [ ] Gap in Practice

Documentation (describe how practice is met or list gaps in practice)

3. Families as Critical Partners

High levels of family involvement contribute to positive results for children. Parents have the right to be informed and engaged participants in their child’s educational program as well as being respected for their preferences and choices. Transition from early intervention to school age services, elementary to middle school and from high school to post-secondary training and education are particularly vulnerable times.

This area addresses practices that include parents in all levels of planning and decision-making, including providing accessibility for parents who require accommodations. Opportunities for parents to meet and share experiences, as well as the availability of specific parent counseling and training services through the IEP, are important components of educational programming for students.

A. Are specific strategies used to include parents in all levels of planning and decision making for their children?

- [ ] Meeting the practice
- [ ] Gap in Practice

Documentation (describe how practice is met or list gaps in practice)
### Chapter 9 IMPLEMENTATION: DEAF AND HARD OF HEARING PROGRAM AND SERVICE REVIEW CHECKLIST

<table>
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<th>B. Are parents’ preferences and choices valued throughout educational planning?</th>
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<th>C. Are specialized activities and programs available for parents, such as:</th>
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<th>D. Are parent counseling and training services routinely provided through the IEP to assist parents to support their child’s:</th>
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<th>E. Are parents and families involved in discussions about a student’s eligibility for a obtaining a regular diploma, or lack thereof, at IEP meetings before and during high school?</th>
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F. Are specific strategies used to include parents of children who are deaf or hard of hearing in general school activities?

- Meeting the practice
- Gap in Practice
- Documentation (describe how practice is met or list gaps in practice)

4. Language and Communication Access

Early language development is critical to cognition, literacy and academic achievement. Language competence, whether spoken and/or signed, is the foundation upon which social-communication and social-cognitive skills are developed. While development begins at birth, it continues through preschool, elementary school and beyond as academic and social language skills evolve. Even if language ability is on target at age three when children typically transition into preschool, attention must be maintained through these critical and vulnerable years so that consistent, full access to language is provided and gaps are immediately identified.

This area addresses how individual language and communication needs are considered and accommodated in the student’s learning environment, including the application of the “special factors” or the Communication Plan. Universal design, classroom acoustics, instructional technologies and other access requirements are included in the considerations.

A. Does your school collaborate with the local or state early intervention program to ensure the early intervention program is meeting the language and communication needs of the children and their families?

- Meeting the practice
- Gap in Practice
- Documentation (describe how practice is met or list gaps in practice)

B. Is the assessment of language at the time of each transition (e.g., from early intervention to preschool, kindergarten, middle school, high school, post-secondary education and employment), and all other times, comprehensive to identify all gaps?

- Meeting the practice
- Gap in Practice
- Documentation (describe how practice is met or list gaps in practice)

C. Regarding the language and communication needs addressed in the IEP: According to the requirements of IDEA, are the child’s language and communication needs considered?

- Meeting the practice
- Gap in Practice
- Documentation (describe how practice is met or list gaps in practice)
D. Regarding the language and communication needs addressed in the IEP: According to requirements of IDEA, are opportunities for direct communication with the child’s peers and professional personnel in the child’s language and communication mode considered?

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E. Regarding the language and communication needs addressed in the IEP: According to requirements of IDEA, are the child’s academic level and full range of needs considered?

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F. Regarding the language and communication needs addressed in the IEP: According to requirements of IDEA, are opportunities for direct instruction in the child’s language and communication mode considered and implemented?

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G. Regarding the language and communication needs addressed in the IEP: According to requirements of IDEA, are the student’s needs for assistive technology devices and services considered and provided, where appropriate?

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H. Are communication opportunities available in each student’s language and communication mode?

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I. Are communication opportunities flexible based upon the access needs of each classroom or activity?

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J. Is there a continuum of placement opportunities available for students whose language and/or communication mode(s) cannot be met within available school services?

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K. Are specific strategies used to ensure full communication access in the classroom? Outside of the classroom (at school)? In extracurricular activities?

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L. Are staff familiar with the principles of universal design for learning and specific strategies that support students who are deaf or hard of hearing?

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M. Do classrooms meet the ANSI S12 acoustical recommendations for noise and reverberation levels in classrooms?

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Chapter 9  IMPLEMENTATION: DEAF AND HARD OF HEARING PROGRAM AND SERVICE REVIEW CHECKLIST

N. Do schools comply with the “effective communication” provisions of the Americans with Disabilities Act?

O. Does the IEP transition team include members who have specialized knowledge of the unique communication and language challenges students who are deaf or hard of hearing may encounter in postsecondary education, employment and independent living settings? Can these IEP members contribute ideas, strategies and resources to help teach students to successfully navigate these communication and language challenges?

5. Individualized Specially Designed Instruction and Evidence-based Practices

Instruction and accommodations should be individually designed to help students use their strengths to become confident and independent. Assistive technologies provide critical access that can mitigate the effects of deafness or reduced hearing. Although students who are deaf or hard of hearing have diverse needs, there is a growing body of specific evidenced-based practices as well as practices utilized in general education and special education that can be modified for students who are deaf or hard of hearing. Use of evidenced-based practices increases accountability for instruction and learning.

This area addresses how staff determine its approaches to instruction, use of curriculum and assistive technologies, and how progress is monitored to ensure the effectiveness of instruction. Support for general education teachers and specialized instructional support personnel to understand the language, communication and literacy needs of their students is also important to ensure the IEP goals and accommodations are implemented as intended.

A. Are decisions about programs and strategies that are used with students guided by recent research and evidence-based practices?
B. Is training provided to general education teachers, specialized instructional support personnel and others to understand the language, communication and literacy needs of their students?

- Meeting the practice
- Gap in Practice
  Documentation (describe how practice is met or list gaps in practice)

C. Are classroom technologies used to enhance instruction?

- Meeting the practice
- Gap in Practice
  Documentation (describe how practice is met or list gaps in practice)

D. Does the use of assistive technologies include a functional evaluation as to whether the technologies are appropriate, effective and beneficial to the student, both in the classroom and in other environments?

- Meeting the practice
- Gap in Practice
  Documentation (describe how practice is met or list gaps in practice)

E. Do parents and students have a voice and choice in the assistive technologies and accommodations that are recommended?

- Meeting the practice
- Gap in Practice
  Documentation (describe how practice is met or list gaps in practice)

F. Is there a monitoring plan to ensure that hearing aids, cochlear implants and hearing assistance technologies used by students are working consistently as required by IDEA.

- Meeting the practice
- Gap in Practice
  Documentation (describe how practice is met or list gaps in practice)
G. Is there an annual budget to purchase hearing and other assistive technologies so that they can be replaced as technology advancements are made?

- Meeting the practice
- Gap in Practice

Documentation (describe how practice is met or list gaps in practice)

H. Is training provided to the student, staff and parents on the use of the technologies and accommodations?

- Meeting the practice
- Gap in Practice

Documentation (describe how practice is met or list gaps in practice)

I. Are general educators and other staff trained and supported so that technologies and accommodations are implemented as intended?

- Meeting the practice
- Gap in Practice

Documentation (describe how practice is met or list gaps in practice)

J. Are instructional supports and accommodations available and provided to students on 504 Plans?

- Meeting the practice
- Gap in Practice

Documentation (describe how practice is met or list gaps in practice)

K. Is there a person on the educational team responsible for monitoring 504 plans? If so, do other school personnel know who this person(s) is?

- Meeting the practice
- Gap in Practice

Documentation (describe how practice is met or list gaps in practice)
6. Least Restrictive Environment (LRE)

The LRE is driven by a student’s language, communication, academic and social needs. Full inclusion may not be the LRE for students who are deaf or hard of hearing. An environment is restrictive unless it provides full, direct and clear access to meaningful language, communication, instruction and social opportunities. Decision makers must be knowledgeable about the full continuum of available options, including special schools for the deaf on a full or part-time basis.

This area considers appropriate components of an LRE for students who are deaf or hard of hearing.

A. Are decision makers aware of the unique language, communication, academic and social needs of students who are deaf or hard of hearing?

- Meeting the practice
- Gap in Practice

  Documentation (describe how practice is met or list gaps in practice)

B. Are decision makers aware of all educational placements in the state that are available to students who are deaf or hard of hearing? If an appropriate placement is not available in the state, are decision makers aware of possible out-of-state placements?

- Meeting the practice
- Gap in Practice

  Documentation (describe how practice is met or list gaps in practice)

C. Are relevant school staff knowledgeable about strategies for addressing the requirements of the IEP, including full access to instruction? (see #4 above, Language & Communication Access).

- Meeting the practice
- Gap in Practice

  Documentation (describe how practice is met or list gaps in practice)

D. Does the recommended placement provide full, direct and clear access to meaningful language, communication, instruction and social opportunities?

- Meeting the practice
- Gap in Practice

  Documentation (describe how practice is met or list gaps in practice)
E. Do funding mechanisms support placements in the appropriate settings?

Meeting the practice  
Gap in Practice
Documentation (describe how practice is met or list gaps in practice)

F. If a student is placed in a specialized setting, is transportation provided on an equitable basis?

Meeting the practice  
Gap in Practice
Documentation (describe how practice is met or list gaps in practice)

7. Educational Progress, Accountability and Oversight

Language, literacy, academic progress and social emotional wellness should be monitored frequently and reported according to the same requirements for all students. For most students who are deaf or hard of hearing, goals and services should minimally result in one year’s growth in one year based on relevant assessment and progress monitoring tools.

This area considers the knowledge of the responsible administrator(s) regarding deaf education issues, the knowledge of staff in current practices and how they work together to support each other and ensure appropriate services within the program, including student assessment and progress monitoring, and program development and evaluation. Appropriate accountability and oversight measures are essential to ensuring that the findings of a self-assessment are analyzed and discussed with the goal focused on high quality educational opportunities for students who are deaf or hard of hearing.

A. Does the program/school administrator(s) have knowledge of best practices in deaf education, educational interpreting, educational audiology and other practices specific to students who are deaf or hard of hearing?

Meeting the practice  
Gap in Practice
Documentation (describe how practice is met or list gaps in practice)

B. Does the program have a mechanism in place to evaluate providers of services to students who are deaf or hard of hearing such as sign language interpreters?

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<th>C. Is the administrator(s) committed to high quality programs and services to meet the unique needs of its students?</th>
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<td>D. Are efforts in place to maximize the use of funds to support services for students who are deaf or hard of hearing?</td>
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<td>E. Is the district/school aware of the availability of Medicaid funds to support students who are deaf or hard of hearing? If so, are the funds being accessed and used to support these students?</td>
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<td>F. Are programs and services routinely evaluated? Is there an on-going process and are there resources for reviewing student outcomes, developing, recommending, implementing and monitoring individual student and district-wide service improvements?</td>
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<td>G. Is statewide assessment data disaggregated by disability to track and analyze performance of students to inform program and service improvements?</td>
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H. Do teachers and administrators have high expectations for all students?

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I. When students are not achieving progress on their benchmarks, how is the situation evaluated? Are IEP modifications made to the services, placement or other facets of the program?

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J. Is the IEP developed based on individual student needs rather than available services?

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K. Is common planning time available for school district or agency-wide programming, including placements and disciplines to establish common knowledge, maintain communication and ensure continuity of services?

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L. Is the deaf education team provided opportunities to meet periodically to discuss roles and responsibilities, share ideas and current practices and to attend training specifically related to their professional capacity?

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M. Does the supervision process include individuals with expertise in the same areas as the service providers being supervised and evaluated?

- Meeting the practice
- Gap in Practice

Documentation (describe how practice is met or list gaps in practice)

8. Access to Peers and Adults who are Deaf or Hard of Hearing

Children and youth need ongoing access to students and adults like them. If students use ASL, signs or cued speech, fluent adult and student signers with whom they can communicate effectively are especially critical. Adult role models are beneficial to self-awareness, social communication and overall social and emotional wellness as well as learning about access and other personal technologies.

This area considers program considerations to promote peer and adult interactions.

A. Are opportunities for direct communication with peers and professional personnel in the child’s language and communication mode, as required by IDEA’s Special Factors requirements, documented in the IEP?

- Meeting the practice
- Gap in Practice

Documentation (describe how practice is met or list gaps in practice)

B. Are peer social opportunities with similar age and grade-level students who are deaf or hard of hearing provided and supported?

Consider:
- How often?
- With whom (with the school district, with other schools, regional)?
- Who organizes?
- What types of activities?

- Meeting the practice
- Gap in Practice

Documentation (describe how practice is met or list gaps in practice)

C. Is access to professional personnel provided in the child’s language and communication mode provided?

- Meeting the practice
- Gap in Practice

Documentation (describe how practice is met or list gaps in practice)
D. Are adults who are deaf or hard of hearing utilized as mentors? If so, consider:
   ▪ How often?
   ▪ What type of training do they receive?
   ▪ Who organizes?
   ▪ What types of activities?

9. Qualified Providers

Early intervention providers, teachers of the deaf and specialized instructional support personnel are the primary providers supporting students throughout their developmental and educational programs. These providers must meet professional standards that include minimal qualifications and ongoing performance evaluations and be provided relevant professional development opportunities.

This area considers staffing and staff shortages as well as specific efforts to recruit and retain them.

A. Are all staff (e.g., early intervention providers, teachers of deaf/hard of hearing students, educational audiologists, educational interpreters, speech-language pathologists, school psychologists) associated with service delivery to students who are deaf or hard of hearing appropriately licensed/certified and trained regarding the unique needs of this population?

B. Is relevant professional development available to all staff on a regular basis?

C. Are all providers appropriately evaluated by a professional from their field?
D. Are efforts being made to recruit and retain early intervention providers, teachers of deaf/hard of hearing students and specialized instructional support personnel? Are there any special provisions or incentives for these providers?

- Meeting the practice
- Gap in Practice
  Documentation (describe how practice is met or list gaps in practice)

E. Are additional supports provided to staff who serve students in rural areas to address their travel, working in isolation and other conditions unique to rural settings?

- Meeting the practice
- Gap in Practice
  Documentation (describe how practice is met or list gaps in practice)

10. State leadership and Collaboration

Strong state and local leadership with effective collaboration among key stakeholders (parents, deaf and hard of hearing consumers, state and local educators, university teacher preparation programs and advocacy organizations) is key to successful systems of delivery of programs and services. To provide a perspective on how students who are deaf or hard of hearing are performing from year to year, the state department should report annual student assessment results for language and literacy.

This area considers components of various collaboration efforts.

A. Do the various state agencies, programs and schools for the deaf collaborate to provide a seamless continuum of placements, services and supports for children and their families through age 21?

- Meeting the practice
- Gap in Practice
  Documentation (describe how practice is met or list gaps in practice)
B. Is there a core group of strong deaf education leaders and parents in the state to promote high quality educational services?

- Meeting the practice
- Gap in Practice
  Documentation (describe how practice is met or list gaps in practice)

C. Does this group of leaders consider the state's unique context, student assessment performance and other key indicators when addressing issues and providing guidance to the state, local school districts, teachers, professionals and families?

- Meeting the practice
- Gap in Practice
  Documentation (describe how practice is met or list gaps in practice)

D. Does the school district maintain connections with the state department of education, schools for the deaf, and entities that provide professional development in deaf education and associated areas?

- Meeting the practice
- Gap in Practice
  Documentation (describe how practice is met or list gaps in practice)

E. Does the school district collaborate with advocacy and other family support organizations for information that can lead to successful administrative, procedural and legislative changes to improve outcomes for students who are deaf or hard of hearing?

- Meeting the practice
- Gap in Practice
  Documentation (describe how practice is met or list gaps in practice)
DEAF AND HARD OF HEARING PROGRAM AND SERVICE REVIEW:
STEPS FOR IMPROVEMENT

1. Considering the Unique Needs of Each Student

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2. Expectations, Educational Programming, and Future Employment

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3. Families as Critical Partners

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4. Language and Communication Access

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5. Individualized Specially Designed Instruction and Evidence-based Practices

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<td><strong>6. Least Restrictive Environment (LRE)</strong></td>
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<td><strong>7. Educational Progress, Accountability and Oversight</strong></td>
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<td><strong>9. Qualified Providers</strong></td>
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<td><strong>10. State Leadership and Collaboration</strong></td>
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I. Federal Legislation


U.S. Department of Education Policy Interpretation


II. Additional Federal Resources, and State Guidance


State Communication Plans


Colorado Communication Plan Retrieved from https://www.cde.state.co.us/cdesped/sd-hearing_servicessupportprograms


III. Professional Guidance


Laurent Clerc National Deaf Education Center. (n.d.). Tips
Appendix A

Legal Citations, State and Professional Guidance, National Organizations, Resources

IV. National Organizations

Alexander Graham Bell Association for the Deaf and Hard of Hearing http://www.agbell.org

Association of College Educators – Deaf and Hard of Hearing http://www.acedhh.org

American Society for Deaf Children http://deafchildren.org

American Speech-Language-Hearing Association https://www.asha.org

Conference of Educational Administrators of Schools and Programs for the Deaf http://www.ceasd.org

Council de Manos https://www.councildemanos.org

Council on Education of the Deaf http://councilondeafed.org

Educational Audiology Association https://edaud.org

Hands & Voices https://www.handsandvoices.org

Joint Committee on Infant Hearing www.jcih.org

National Asian Deaf Congress http://www.nadcusa.org

National Association of Interpreters in Education http://naiedu.org

National Association of the Deaf https://www.nad.org

National Black Deaf Advocates www.nbda.org

National Cued Speech Association www.cuedspeech.org

OPTION Schools https://www.optionschools.org

Registry of Interpreters for the Deaf www.rid.org

V. Additional Resources

What is C-Print? Retrieved from https://www.rit.edu/ntid/cprint/

Center on Literacy and Deafness (CLAD) http://clad.education.gsu.edu/

Central Institute for the Deaf Remote Training www.cid.edu/professionals

Classroom Interpreting for Deaf and Hard of Hearing Students https://www.classroominterpreting.org/

DeafTEC Center: Technological Education Center for Deaf and Hard-of-Hearing Students at the National Technical Institute for the Deaf https://www.deaftec.org/

Hands Land http://www.handsland.com/

Hearing First www.hearingfirst.org

National Deaf Center on Postsecondary Outcomes https://www.nationaldeafcenter.org/

Raising and Educating Deaf Children http://www.raisingandeducatingdeafchildren.org

The Listening Room https://thelisteningroom.com

Typewell http://typewell.com

University of Minnesota Education Resources for Teacher of Deaf/Hard of Hearing http://www.cehd.umn.edu/dhh-resources/
Appendix B

DCD Guidance Documents


TEACHERS OF STUDENTS WHO ARE DEAF OR HARD OF HEARING:
A CRITICAL RESOURCE NEEDED FOR LEGAL COMPLIANCE

On Behalf of the Board of Directors of the Division for Communicative Disabilities and Deafness Becca Jackson, Ph.D., Anna Paulson, M. Ed., Suzanne Raschke, M.A.

“SUCCESSFUL TEACHERS TEND TO HAVE BOTH TRAINING IN THE SUBJECT MATTER BEING TAUGHT AND KNOWLEDGE ABOUT THE LEARNING STYLES AND PATTERNS OF STUDENTS WHO ARE DEAF OR HARD OF HEARING” (SPENCER & MARSCHARK, 2010, P. 151).

Position Statement

It is the position of the Council for Exceptional Children (CEC) Division for Communication, Language, and Deaf/Hard of Hearing (DCD) that, for students who are deaf or hard of hearing (DHH), credentialed teachers of students who are DHH (TODHH) are critical to the provision of appropriate evaluation, educational programming and planning, and student-centered instruction. They are essential to students’ achievement of their academic, linguistic, and social–emotional potential. As a part of the educational team, qualified TODHH enable schools to meet the requirements of the Individuals with Disabilities Education Act (IDEA, 2006) and the Americans with Disabilities Act (ADA, as amended by the ADA Amendments Act, 2009), while also securing positive outcomes for students.

Although there is a high level of variation in service delivery across education settings, the specialized instruction and support from TODHH remain the preferred model to meet the specific language, communication, academic, and social needs of students who are DHH. DCD recognizes TODHH as the expert educational team member and service provider qualified to promote and provide these services. DCD recommends that all Local Education Agencies (LEAs) ensure the services of credentialed TODHH, in order to appropriately meet the needs of students who are DHH, as required by IDEA and ADA.
CODE OF ETHICAL CONDUCT
FOR TEACHERS OF STUDENTS WHO ARE
DEAF OR HARD OF HEARING

Approved by of the Board of Directors of the Division for Communication, Language, and Deaf/Hard of Hearing on August 27, 2018

Becca Jackson, Ph.D., Debra Lively, Ph.D., Kevin Miller, Ph.D., Anna Paulson, M.Ed., Suzanne Raschke, M.A.T., Susan Rose, Ph.D.

The Council for Exceptional Children's (CEC) Division for Communication, Language, and Deaf/Hard of Hearing (DCD) recognizes that those who work with infants, children, and youth who are deaf or hard of hearing face decisions that have ethical implications for trust, respect, care and integrity. The Code of Ethical Conduct for Teachers of Students who are Deaf or Hard of Hearing and the Commitment to Professional Practice were developed to address issues of ethics. The Deaf/Hard of Hearing Specialty Sets to CEC's Professional Preparation Standards were the foundation for the creation of these documents.

The Code of Ethical Conduct provides guidelines for those who support infants, children, and youth who are deaf or hard of hearing and their families. The primary focus of the Code is on professional practices including assessment, school placement, service delivery models, cultural orientation, communication modalities, language options, and social-emotional support systems with infants, children, youth and their families from birth through post-secondary years. These guidelines apply to all personnel who may work with children who are deaf or hard of hearing, including early interventionists, service coordinators, general education teachers, deaf education teachers, principals, program administrators, parent educators, early childhood educators, adult educators, related service providers such as speech-language pathologists, audiologists, and educational interpreters, and officials with responsibility for program monitoring and licensing.

The Code of Ethical Conduct addresses five areas of ethical responsibilities that are influenced by the beliefs, actions, and general professional practices of the teacher of students who are deaf or hard of hearing. The focus of the Code is on the child, as a student served by the teacher of students who are deaf or hard of hearing. The ethical practices also focus on the child and family, the community and culture supporting the growth and maturation of the child, and colleagues and collaborators providing specialized services that assist in promoting child development, communication and learning. Finally, the Code focuses on the teacher of students who are deaf or hard of hearing as a professional pursuing lifelong learning.

The Commitment to Professional Practice is a personal acknowledgement of an individual's willingness to fulfill and promote the highest values and ideals of the field of education for infants, children, and youth who are deaf or hard of hearing. Commitment to these values and ideals impacts the capacity to promote professional advocacy and growth.
Service Animals and the ADA – What you need to know

Some students require the use of a service animal to help them access the environment. The U.S. Department of Justice has issued rules that apply to service animals in schools or other settings. These Q and A are based on those rules.

Q: Can any animal be a service animal?
A: No. Under the ADA, a service animal is any dog that is individually trained to do work or perform tasks for the benefit of an individual with a disability. This includes students with a sensory disability, such as deafness, blindness, or deafblindness. Further, the work or tasks performed by a service animal must be directly related to the individual’s disability, for example, alerting individuals who are deaf or hard of hearing to the presence of people or sounds.

Q: Must schools allow service animals?
A: Generally, yes, schools must modify policies, practices, or procedures to permit the use of a service animal.

Q: Are there any circumstances under which schools can exclude a service animal?
A: Yes. The animal may be excluded if it is out of control and the animal’s handler does not take effective action to control it; or the animal is not housebroken.

If an animal is properly excluded, the school still must give the student an opportunity to participate in the service, program, or activity without the service animal.

Q: Are schools permitted to ask any questions to determine whether an animal qualifies as a service animal?
A: Yes. The school may make two inquiries: whether the animal is required because of a disability; and what work or task the animal has been trained to perform.

Q: Can schools require documentation such as proof that the animal has been certified, trained, or licensed as a service animal?
A: No. The school cannot require such documentation.

Q: Can the service animal go anywhere in the school?
A: A service animal may accompany a person with a disability in all areas of school’s facilities where members of the public, participants in services, programs or activities, or invitees are allowed to go.

Did you know?

Miniature Horses

Schools must also make reasonable modifications in policies, practices, or procedures to permit the use of a miniature horse by an individual with a disability - if the miniature horse has been individually trained to do work or perform tasks for the benefit of the individual.

In determining whether these modifications can be made the school must consider several factors:

- The type, size, and weight of the miniature horse and whether the facility can accommodate these features;
- Whether the handler has sufficient control of the miniature horse;
- Whether the miniature horse is housebroken; and
- Whether the miniature horse’s presence in a specific facility compromises legitimate safety requirements that are necessary for safe operation.

Other requirements that apply to service animals, listed above, also apply to miniature horses.

Citation: 28 C.F.R. § 35.136