



Idaho Quality Standards

*Educational Programs and Services for Infants, Children, and Youth
Who Are Deaf or Hard of Hearing*

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Idaho Quality Standards

Educational Programs and Services for Infants, Children, and Students Who Are Deaf or Hard of Hearing

Preface

This document contains recommended standards for quality education programs serving infants, children/students who are deaf or hard of hearing. It is designed for use by parents, family members, teachers, administrators, governing boards, support staff and other interagency personnel, and community stakeholders. These standards provide guidance for identifying, referring, assessing, planning, providing, and monitoring communication-driven education programs that will result in higher academic achievement while supporting the social and emotional development of learners who are deaf or hard of hearing.

In preparing this document, two references were extensively cited:

California Programs for Deaf and Hard of Hearing Students: Guidelines for Quality Standards (California Department of Education, 2000) and

Colorado Quality Standards: Programs and Services for Students Who are Deaf and Hard of Hearing (Colorado Department of Education Exceptional Student Services, August 1, 2004).

The standards in this document were developed to be consistent with federal and state laws and regulations that govern educational services for infants, children/students (ages birth to twenty-one) who are deaf or hard of hearing in Idaho.

The following people gave generously of their time, talents, and labor to make this document possible. We would also like to extend our appreciation to the Idaho Deaf Education Transition Team for appointing the members of this Deaf Education Standards Writing Committee.

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The Standards at a Glance

Section One: Identification and Referral

Outcome: Children with hearing loss are identified and referred for assessment as early as possible to enable the best possible language, communication, social and emotional, and achievement outcomes.

Identification and Referral

Standard 1: Procedures exist for locating and referring infants, children, and students who are deaf or hard of hearing who may require early intervention and/or special education.

Resources

Standard 2: An unbiased, comprehensive resource information packet will be given to parents of recently identified children who are deaf or hard of hearing, regardless of the child's age.

Collaboration

Standard 3: Programs for infants, children, and students who are deaf or hard of hearing establish collaborative relationships with all health care providers, social services, school districts, and child care programs in order to ensure that infants, toddlers, preschoolers, and school-age children with identified hearing loss are promptly referred to the appropriate services.

Hearing Screening

Standard 4: Qualified personnel conduct hearing screenings to identify children who may have a hearing loss.

Audiological Referral

Standard 5: Children who fail hearing screenings receive an audiological evaluation by a pediatric or educational audiologist.

Vision Screening

Standard 6: Children and students who are deaf or hard of hearing will be screened for visual impairment.

Section Two: Assessment of Child's/Student's Needs

Outcome: An individualized intervention or education plan is developed based on assessment that yields valid and reliable information about the child.

Persons Conducting the Assessment

Standard 7: Each assessment of infants, children, and students who are deaf or hard of hearing, birth to twenty-one, is conducted by qualified, certified and licensed personnel who understand the unique nature of hearing loss and who are specifically trained to conduct these assessments.

Domains to be Assessed

Standard 8: Qualified professionals assess children/students and collaborate with parents and other professionals on all relevant areas of functioning to provide a comprehensive profile of the child/student with hearing loss.

Test Administration

Standard 9: Assessments are provided and administered using the student's primary language and preferred mode of communication by professionals proficient in that approach.

Specialized Services, Materials, and Equipment

Standard 10: An assessment report identifies the unique learning needs of the child/student related to the hearing loss, including needs for specialized services, materials, equipment, and accommodations in the learning environment.

Assessment Team

Standard 11: Children and students who are deaf or hard of hearing are referred to a specialized assessment team developed by the local school district or provided by the state when appropriate.

Eligibility Criteria

Standard 12: Eligibility criteria will be defined by the State of Idaho.

Placement Considerations

Standard 13: A continuum of service/placement options is reviewed with parents, and placement is determined by the Individual Family Service Plan/ Individualized Education Plan (IFSP/IEP) team (including parents) based on valid and reliable assessment data and other information that identifies individual needs across communication, developmental, academic, and social domains.

Section Three: Organization for Child's/Student's Learning and Support for Instruction

Outcome: Infants, children, and students who are deaf or hard of hearing share the same learning opportunities as their hearing peers and benefit from programs that support and provide equal opportunity for communication access.

Statement of Purpose

Standard 14: The program for infants, children, and students who are deaf or hard of hearing has a clear statement of purpose for both sign language based and oral based deaf education and services, including outcomes for expected learning, communication competency, and social/emotional well-being. This statement of purpose addresses the critical need for equal opportunity in each of these areas.

Policy on Language and Communication

Standard 15: The program has a written policy on the central role of language and communication as it relates to the cognitive, academic, social, and emotional development of infants, children, and students who are deaf or hard of hearing.

Instructional Delivery System

Standard 16: The instructional delivery system supports learning in a developmentally appropriate context and focuses on unique communication needs of infants, children, and students who are deaf or hard of hearing in order to support success.

Students with Multiple Disabilities; Deafblindness

Standard 17: Provision is made for appropriate services for infants, children, and students who are deaf or hard of hearing with multiple disabilities.

State Educational Program for the Deaf and the Hard of Hearing

Standard 18: The state educational program for the deaf and the hard of hearing consists of the Idaho State Board of Education and the Program Administration advised and assisted by such entities as a governor-appointed/state regulated advisory agency.

State Oversight

Standard 19: The state educational program for the deaf and the hard of hearing adopts policies that are consistent with the guidelines put forth in this document, delegates implementation of these policies to the administrative staff, and monitors results. These policies support the expected learning outcomes for children/students.

Continuum of Options

Standard 20: The state educational program for the deaf and the hard of hearing provides access to a full continuum of placement (residential placement to full inclusion mainstream), program, service, and communication options. The state educational program for the deaf and the hard of hearing collaborates with the early intervention and local education agencies, institutes of higher education, and other agencies to ensure provision of appropriate services for infants, children, and students who are deaf or hard of hearing.

Program Administrator

Standard 21: The Program Administrator is an experienced educator of students who are deaf or hard of hearing and appropriately credentialed school administrator, with skills to ensure that students who are deaf or hard of hearing are provided with appropriate instruction and designated services. The Program Administrator has the skills necessary for facilitating participation of staff, parents, and the deaf and hard of hearing community in program development related to a continuum of communication services.

Staff Qualifications

Standard 22: Infants, children, and students who are deaf or hard of hearing, birth to twenty-one, including those with multiple disabilities and blindness, are instructed by early intervention providers and teachers who are certified and/or licensed to teach these individuals.

Other Qualified Personnel

Standard 23: Each program has the necessary, specifically trained or certified sign language based and/or oral professionals, including paraprofessionals, who have the skills necessary to provide instruction and services that meet the academic, communication, social, emotional, assistive technology and transition needs of infants, children, and students who are deaf or hard of hearing.

Assurance of Pre-Service Training

Standard 24: The Idaho State Board of Education will ensure that programs are provided through public post-secondary institutions to prepare specifically trained, certified, and/or licensed early intervention providers, teachers, paraprofessionals, interpreters, and related service professionals in the continuum of communication options for infants, children, and students who are deaf or hard of hearing.

Workload Management

Standard 25: Class size and workloads of staff support the provision of specialized instruction and services based on the unique educational needs of infants, children, and students who are deaf or hard of hearing.

Staff Development

Standard 26: The program provides ongoing training and mentoring for all staff to enhance achievement of infants, children, and students who are deaf or hard of hearing across the communication continuum.

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Training for Early Intervention, General Education, and Special Education Personnel

Standard 27: The program provides training to early intervention, general education and special education personnel serving infants, children, and students who are deaf or hard of hearing regarding accommodations, modifications of the curriculum, and understanding of the impact of hearing loss on development and learning.

Facilities

Standard 28: Facilities are designed and maintained to enhance the provision of instruction and services to meet the unique communication, education, and safety needs of children/students who are deaf or hard of hearing.

School Safety

Standard 29: Facilities provide a safe and secure environment in which all student accommodations can be met.

Program Accountability

Standard 30: The school leadership, program administrators, and staff regularly assess each child's/student's progress toward accomplishing the expected state and school-wide learning results and report progress to the rest of the school community, including parents, the deaf and hard of hearing community, and related agencies and organizations. Program accountability reporting will be organized to assure confidentiality for each individual student.

Self-Assessment

Standard 31: The program conducts an annual self-assessment as part of the state monitoring process, using these standards and encompassing all areas of program quality, and provides annual written progress reports to parents, staff, and the community.

Compliance

Standard 32: The State Board of Education will adopt an accountability system, including corrective action plans and sanctions for programs that are out of compliance.

Section Four: Curriculum and Instruction to Meet Child's/Student's Academic and Social Needs

Outcome: Infants, children, and students who are deaf or hard of hearing thrive in linguistically rich natural/educational environments where language, communication, academics, and social opportunities are fully accessible.

Curriculum and Instruction – Birth to Three

Standard 33: Sign language based and orally based curricula and instruction for infants, toddlers, and preschoolers who are deaf and hard of hearing, including those with multiple disabilities and visual impairment, are family focused, developmentally appropriate, and focused on the development of communication skills, healthy attachments, and linguistic competence to ensure later academic, social, and vocational success.

Curriculum and Instruction – Three to Twenty-One

Standard 34: School-aged children who are deaf or hard of hearing, including those with multiple disabilities and visual impairment, are provided with a challenging, coherent, and relevant core and specialized curriculum to ensure students' achievement toward expected school-wide learning results. The professional staff implements a variety of engaging learning experiences based on up-to-date and research-based teaching and learning principles.

Cohesive Team

Standard 35: All persons identified on the IFSP/IEP who provide services will form a cohesive team that works collaboratively and flexibly to meet the infant's, children's, or student's needs.

Focus on Communication

Standard 36: Curriculum and instruction are delivered using the communication approach that meets the unique needs of the infant, child, or student as defined in his/her Communication Plan.

Equal Access

Standard 37: The program provides equal access for all students in curricular and extracurricular activities and designated and related services.

Natural Environment

Standard 38: The infant/toddler is provided services in the child's natural environment(s) in accordance with the child's IFSP.

Focus on Authentic Peer Interactions

Standard 39: The child/student has authentic peer interactions and is able to participate in social and academic discussions.

District Core Curriculum Standards

Standard 40: Infants, children, and students who are deaf or hard of hearing will be instructed using the early intervention and district core curriculum that are aligned with established state standards.

Supplemental Specialized Curricula

Standard 41: In addition to district and state core standards, infants, children, and students who are deaf or hard of hearing will be provided with supplemental specialized, research-based sign- language or oral curricula coordinated among service providers, which contains well-defined and relevant instruction in the areas of need as identified in the IFSP/IEP.

Transitions

Standard 42: Transitions occur periodically throughout a deaf and hard-of-hearing infant's, child's, or student's education: Early intervention to school services, preschool to elementary school, elementary school to middle school/high school, and high school to vocational, independent living, and/or post-secondary education. Planning and implementing support services must occur and be documented in a timely manner prior to each transition.

Purpose of Assessment

Standard 43: The program uses appropriate assessment to measure the infant's, children's, or student's achievement, design effective instruction, and communicate the program's effectiveness. Students who are deaf or hard of hearing are included in statewide and local assessments with the accommodations and adaptations that have been outlined in the IFSP/IEP.

Section Five: Parent, Family, and Community Involvement

Outcome: Family and community members are active, involved participants in the education process of children/students who are deaf or hard of hearing.

Parent Training and Support

Standard 44: The program provides continuous opportunities for parents to acquire the necessary skills and information, especially in communication and language development, to support the implementation of their infant's, child's, or student's IFSP/IEP.

Adults who are Deaf or Hard of Hearing and Community Development

Standard 45: The program involves deaf and hard of hearing communities in program development and encourages strong collaboration between school staff, parents, and community members who are deaf or hard of hearing.



Program Guidelines

Section One: Identification and Referral

Outcome: Children with hearing loss are identified and referred for assessment as early as possible to enable the best possible language, communication, social and emotional, and achievement outcomes.

From birth to three Idaho children are eligible for early intervention services when a hearing loss is present. From three to twenty-one Idaho children/students are eligible for special education services when hearing loss is present (permanent or fluctuating), if it adversely affects educational performance, and the child/student needs specially designed instruction.

Specific criteria for hearing loss are described below:

Birth to three:

Refer to the current Infant Toddler Program Implementation Manual.

School age:

Refer to the current Idaho Special Education Manual.

Under the Individuals with Disabilities Education Act (IDEA) 2004, hearing impairment means 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. 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.

Any hearing loss (mild to profound, bilateral or unilateral, reverse slope, cookie bite, permanent or fluctuating) may result in delays in the development of speech and language and restrict achievement of appropriate education.

The American Speech-Language-Hearing Association's (2002) *Guidelines for Audiology Service Provision in and for Schools* states:

A child with hearing loss experiences both auditory and sensory deprivation and its effects on communication, learning, and psychosocial development. Therefore the effective management of hearing loss must address medical, communication, education, and psychosocial considerations.

Any child, birth to three, with such an audiogram provided by a licensed audiologist should be referred for a multidisciplinary evaluation to the Infant Toddler Program and the Program Administration for deaf and hard of hearing services.

Any child or student, three to twenty-one, should be referred to the school's multidisciplinary team which includes a teacher of the deaf or hard of hearing or an Outreach Consultant for an evaluation, which may include appropriate language, communication, cognition, social and emotional needs, and developmental or educational components.

Identification - Child Find

Identification is the process of seeking out and locating all infants, children, and students who are deaf or hard of hearing from birth to twenty-one. Research studies have indicated that the earlier a child is identified as having a hearing loss and provided special services and a means of communication, the greater the chances are for that child to succeed later on (Yoshinaga-Itano, Sedey, Coulter, & Mehl, 1998).

The Child Find process for children under 36 months of age is described in the regulations of Part C of IDEA. For children three to twenty-one years, the process is defined in Part B of IDEA.

Identification and Referral

Standard 1: Procedures exist for locating and referring infants, children, and students who are deaf or hard of hearing who may require early intervention and/or special education.
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All primary referral sources (Idaho Sound Beginnings, hospitals, child care providers, physicians, audiologists, etc.) are responsible for referring all infants and toddlers identified with a hearing loss to the Infant Toddler Program and the Program Administration for deaf and hard of hearing services within two working days.

For specific information regarding Child Find for children birth to three, see the current Infant Toddler Program Implementation Manual.

The district is responsible for establishing and implementing an ongoing Child Find system. For further information regarding Child Find for children three to twenty-one, refer to the current Idaho Special Education Manual.

Child Find activities may include, but are not limited to:

- Producing and distributing public service announcements
- Producing pamphlets, brochures, and other written communications
- Making presentations and distributing information regarding hearing loss to local hospitals and other medical care providers and agencies, child care providers, social service agencies, educational agencies, parent organizations and support groups, professional organizations, philanthropic and service organizations, and other organizations established to inform or serve culturally diverse populations

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- Providing community-wide hearing screening in collaboration with hospitals, Idaho Sound Beginnings, health departments, Infant Toddler Programs, Head Start Programs, center-based programs, and school districts
- Tracking, follow up, and referral
- Developmental monitoring

Resources

Standard 2: An unbiased, comprehensive resource information packet will be given to parents of recently identified children who are deaf or hard of hearing, regardless of the child's age.

An Idaho resource guide such as the *Help and Hope Family Resource Guide* is distributed to every family of a newly identified deaf or hard of hearing child. These packets should include, but are not limited to, information regarding:

- First Steps
- Parent to Parent
- Hearing
- Early Intervention
- Communication
- Language and Learning
- Terms and Definitions
- Resources
- References

Copies will be made available through the Idaho Council for the Deaf and Hard of Hearing in cooperation with Idaho Sound Beginnings.

Collaboration

Standard 3: Programs for infants, children, and students who are deaf or hard of hearing establish collaborative relationships with all health care providers, social services, school districts, and child care programs in order to ensure that infants, toddlers, preschoolers, and school-age children with identified hearing loss are promptly referred to the appropriate services.

Infant Toddler Programs', center-based programs', and school districts' Child Find programs cooperate to identify:

- Potentially eligible children/students who may need early intervention or special education services.
- Types of programs and services available for individuals who are deaf and hard of hearing, birth to twenty-one.
- Contact persons and telephone numbers for regional resources and public school programs and services for students who are deaf or hard of hearing.

IDEA requires that a timely referral to the Infant Toddler Program (Part C) by all primary referral sources be made within two working days of identification of an infant or toddler with a hearing loss.

Hearing Screening

Standard 4: Qualified personnel conduct hearing screenings to identify children who may have a hearing loss.

Hearing screening is a procedure used to identify children who may require additional assessment to determine whether they have any special needs (e.g., special education and related services and/or medical treatment). Screening procedures generally are easily administered in a quiet environment, given in a brief period of time, inclusive of parents' observations and interviews, inexpensive, and indicative of the need for further evaluation. The screenings facilitate identification of a suspected hearing loss, but do not provide an analysis of the type or degree of hearing loss. A screening is not a substitute for a diagnostic assessment. According to IDEA regulations, information from a screening alone may not be used to determine a child's hearing loss, but the results are used as criteria for a referral for more extensive evaluations.

Infant Screening

At least 95% of all births will be screened prior to hospital discharge. Children who do not pass the newborn hearing screening are referred to a diagnostic audiologist and physician for follow-up. The recommended protocol for infant audiologic assessment should be completed no later than three months of age. Following confirmation of a hearing loss, the audiologist notifies the Infant Toddler Program and the Program Administration. The Infant Toddler Program and the Outreach Consultant provide support, information, or service coordination to assure families receive appropriate early intervention services no later than six months of age. If there is a suspicion of hearing loss, the child must be referred to the Infant Toddler Program and Program Administration to receive a hearing screening.

According to the American Speech-Language-Hearing Association (ASHA):

These [audiological and medical] evaluations confirm the presence of hearing loss; determine the type, nature, and (whenever possible) the cause of the hearing loss; and help identify options for treatment.

Early intervention professionals working with an infant with any of the following indicators for progressive or delayed-onset hearing loss will provide the family with audiological benchmarks at least annually until age three:

- Parental or caregiver concern regarding hearing, speech, language, and/or developmental delay
- Family history of permanent childhood hearing loss
- Characteristics or other findings associated with a syndrome known to include a sensorineural and/or conductive hearing loss
- Postnatal infections associated with sensorineural hearing loss, including bacterial meningitis

- In utero infections such as cytomegalovirus, herpes, rubella, syphilis, and toxoplasmosis
- Neonatal indicators—specifically hyperbilirubinemia and a serum level requiring exchange transfusion, persistent pulmonary hypertension of the newborn associated with mechanical ventilation, and conditions requiring the use of extracorporeal membrane oxygenation (ECMO)
- Syndromes associated with progressive hearing loss such as neurofibromatosis, osteopetrosis, and Usher syndrome
- Neurodegenerative disorders, such as Hunter syndrome, or sensory motor neuropathies, such as Friedreich ataxia and Charcot-Marie-Tooth syndrome
- Head trauma
- Recurrent or persistent otitis media with effusion for at least three months

Preschool and School-Age Screening

Children in schools must be given a hearing screening in the first quarter of kindergarten, first grade, third grade, and upon referral.

Audiological Referral

Standard 5: Children who fail hearing screenings receive an audiological evaluation by a pediatric or educational audiologist.
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When hearing screening is provided through school/Child Find based screenings, the lead agency must provide the parents or guardians of children who fail the hearing screening with written notification of the screening results and recommend that further audiological and/or otological evaluation be obtained. Audiological assessment by an audiologist should precede any referral for educational assessment or follow-up.

Upon confirmation of hearing loss, the child should be referred to the lead agency's multidisciplinary team (Infant Toddler Programs or school districts) to determine educational implications of hearing loss and the possible need for evaluation for special education and related services. The multidisciplinary team must include a specialist in the area of hearing loss. All relevant persons in the child's environment should be counseled about the implications of hearing loss. These persons include family members, service providers, teachers, and child care providers.

Determination of Etiology

The etiology of a child's hearing loss provides information regarding potential needs and services based on characteristics of that condition. Due to various etiologies that involve neurological components, such as cytomegalovirus (CMV), students with a hearing loss are at greater risk for secondary disorders, such as learning disabilities and attention deficits. Diseases and accidents that cause hearing loss may often cause physical disabilities as well as neurological and developmental disorders. Genetic origins may result in hearing loss or other disabilities long after birth. The etiology for each child's hearing loss should be identified when possible.

Vision Screening

Standard 6: Children and students who are deaf or hard of hearing will be screened for visual impairment.

Hearing loss places increased demands on visual functioning. Further, children/students with hearing loss have a higher incidence of visual problems than children without hearing loss. Visual impairments must be detected and treated to assist children who are deaf or hard of hearing to achieve their maximum potential.

Vision screening procedures for all children who are deaf or hard of hearing must be conducted prior to the child's first IFSP or IEP or when they enroll in school. In addition, annual vision screening is advised for all children who are deaf or hard of hearing receiving special education services.

All children with a hearing loss should be screened to determine the status of their visual acuity and functional vision skills. In rare circumstances, a child with a congenital hearing loss may have Usher Syndrome, which results in deafblindness due to a retinal condition (retinitis pigmentosa). Visual problems associated with this condition include poor night vision and visual field loss. Symptoms may manifest in early childhood but typically present in early to late adolescence. An audiologist can administer a checklist of early visual warning signs on an annual basis and the family should be advised to take their child to an eye-care specialist for regular examinations.

Section Two: Assessment of Child's/Student's Needs

Outcome: An individualized intervention or education plan is developed based on assessment that yields valid and reliable information about the child.

Purposes and Procedures of the Assessment Plan

Students who are deaf or hard of hearing are provided an assessment of their unique needs when they are initially identified and ongoing assessments completed at regular intervals. The first goal of the assessment process is to gather valid information about the child's present level of functioning/performance in the school or home setting, in order to construct a service/educational plan to meet the special needs of the child. The second goal is to obtain data for program accountability.

In assessing and identifying the unique needs of children with hearing loss, consideration of conditions that may affect individual performance is required. These include:

- Family history
- Health and developmental history
- Age of onset and age of diagnosis
- Type and severity of hearing loss
- Etiology of hearing loss
- Cognitive ability
- Visual acuity
- Multiple disabling conditions
- Potential benefit of residual hearing
- Type and effectiveness of amplification/cochlear implant
- Primary language used in the home
- Preferred communication approach
- Educational history
- Parent values, goals, and philosophy

Assessment data may be collected through:

- Play assessment
- Observations
- Parent interviews and/or questionnaires
- Medical history
- Audiological history and evaluations
- Developmental scales
- Gathering of educational information
- Norm and criterion-referenced tests
- Performance-based assessments
- Career/vocational interests/skills inventories
- Videotape & associated analyses

Standardized vs. Non-standardized Assessments

The nature of hearing loss and the linguistic differences of many students who are deaf or hard of hearing can affect the administration and scoring of assessment tools. Although very few instruments have been standardized for deaf and hard of hearing populations, this form of assessment is useful for some children. In addition, it is important to use assessments that are normed on children who are hearing. These assessments allow professionals to compare the development of children who are deaf or hard of hearing to children who are hearing. The ultimate goal of education for children with hearing loss is to develop at a commensurate level to their hearing peers. At some point, assessors need to decide whether to use a standardized instrument, to adapt standardized instruments developed for hearing populations, or to use instruments that have been standardized for the deaf or hard of hearing populations. The use of adaptations may affect the validity of the standardized procedures. But the appropriate interpretation of assessment data under these conditions may justify the use of adaptations. Adaptations may include, but are not limited to, substituting vocabulary, simplifying the question by breaking down the content and asking separate questions, and accepting a response that is different from what the test requires. Accommodations may include, but are not limited to, using a different communication approach (e.g., sign language or cued speech), using a different method to present the test (e.g., written, oral, or demonstration), and/or rephrasing questions.

When a standardized test, even with accommodations or adaptations, is determined by the evaluation team to be invalid for a specific student, alternative assessments are used, as specified in the IFSP/IEP. The results of the alternative assessments are then included in the assessment report.

Persons Conducting the Assessment

Standard 7: Each assessment of infants, children, and students who are deaf or hard of hearing, birth to twenty-one, is conducted by qualified, certified and licensed personnel who understand the unique nature of hearing loss and who are specifically trained to conduct these assessments.
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The assessment of students who are deaf or hard of hearing, including those with multiple disabilities and visual impairment, must be conducted by persons who are knowledgeable about hearing loss. They must be skilled in administering the assessment tools, be skilled in interpreting the results to ensure non-discriminatory testing, be knowledgeable about assistive listening devices, and have the requisite communication skills. In addition, the parents perform a vital role in providing information to the assessment team.

For children birth to three the Infant Toddler Program, in collaboration with Outreach Consultants, is responsible for the assessment process.

For preschool and school-age children the school districts are responsible for the assessment process. Outreach Consultants, itinerant teachers of the deaf and hard of hearing, or on-staff teachers of the deaf and hard of hearing will be included as part of the assessment process.

To determine eligibility for special education under the categories of deafness or hearing impairment, qualified professionals must administer tests in the following areas:

- Audiological, to be performed by an audiologist
- Pre-Academic/Academic, to be performed by a teacher
- Language, to be performed by a speech-language pathologist or a teacher of the deaf and hard of hearing

Other testing considerations may include:

- Health, to be performed by a nurse
- Vision, to be performed by a vision specialist
- Motor, to be performed by a physical therapist or occupational therapist
- Psychological, to be performed by a school psychologist or psychologist

For other areas, the professional selected to administer the assessment must have the requisite knowledge and skills in the area they are assessing. These areas include:

- Communication approach
- Educational performance
- Social and emotional development
- Cognitive development
- Developmental functioning
- Adaptive/self-help skills
- Family needs
- Career/vocational options

Domains to be Assessed

Standard 8: Qualified professionals assess children/students and collaborate with parents and other professionals on all relevant areas of functioning to provide a comprehensive profile of the child/student with hearing loss.

Because of the importance of communication and language, careful consideration should be given to the selection of the assessment tools used to evaluate children with hearing loss.

Those conducting the initial and subsequent assessments of a deaf or hard of hearing student should consider assessment in the following areas:

Audiological

An audiological assessment should provide necessary information regarding hearing acuity for pure tones, speech discrimination and recognition, auditory function, and amplification. In addition, specific information related to the implications of the hearing loss for learning and recommendations for classroom accommodations must be provided. Audiological assessment should include ideal testing conditions as well as classroom conditions. Specific information regarding assessment procedures are detailed by the American Speech-Language-Hearing Association (ASHA).

Following initial audiological assessment, it is recommended that infants, children, and students who are deaf or hard of hearing receive routine audiological assessments:

- Birth to three years of age, every three to six months
- Age three to twenty-one, annually

Although reevaluation every three years is required for IDEA, annual hearing evaluations should be written into every IFSP/IEP for a child/student who is deaf or hard of hearing to monitor hearing and amplification (if used). Evidence that hearing is changing, known conditions that affect hearing stability, or other unique situations may dictate more frequent assessment.

Auditory Function

Assessment of functional auditory skills should include information in the following areas:

- *Awareness and Meaning of Sounds:* The child is aware that an auditory stimulus is present. The child further identifies sounds by associating a variety of auditory stimuli with their sound source.
- *Auditory Feedback and Integration:* The child changes, notices, and monitors his/her own vocal productions. Furthermore, the child uses auditory information to produce an oral utterance that approximates or matches a spoken stimulus.
- *Localizing Sound Source:* The child searches for and/or finds the auditory stimulus.
- *Auditory Discrimination:* The child distinguishes the characteristics of different sounds including environmental sounds, non-word vocalizations, and true words.
- *Auditory Comprehension:* The child demonstrates understanding of linguistic information that is heard by identifying what is said, identifying critical elements in the message, and by following directions.
- *Short-term Auditory Memory:* The child can hear, remember, and repeat a sequence of numbers.
- *Linguistic Auditory Processing:* The child can utilize auditory information to process linguistic information (Stredler-Brown & Johnson, 2004).

Language

Assessment of language skills of infants, children, and students who are deaf or hard of hearing, including those with multiple disabilities and visual impairment, must be conducted by a teacher or specialist who is proficient using the child's language and communication approach. The assessor must be skilled in identifying, using, and analyzing the infant's, child's, or youth's language and communication, which may include the use of verbal and nonverbal communication, signed language, cued speech, speech, or a combination.

The assessment of language determines whether or not a child has age-appropriate communication and language skills, identifies deficits, and provides evidence of progress over time. Formal tests should provide norms to compare the student's performance to that of hearing peers. Other forms of assessment, such as language sampling, can provide useful diagnostic information regarding language competence.

A language assessment (signed, spoken, or written) should provide a comprehensive evaluation of language skills in all of the following areas:

- *Semantics*: Includes vocabulary mastery, multiple meanings, and basic concepts, both receptively and expressively.
- *Syntax*: Includes receptive and expressive abilities in the use of word order and morphemes to create grammatically correct sentences.
- *Morphology*: Includes receptive and expressive abilities to use affixes and inflections that change the meaning of spoken words or signs (e.g., to pluralize, to show verb tense, to show intensity or duration).
- *Pragmatics*: Includes the ability to use language for interpersonal communicative purposes (e.g. turn-taking skills, use of language to express needs, use of language to influence another's behavior, use of language to refer to experiences out of immediate context).

Manual Communication

Forms of manual communication may include but are not limited to:

- American Sign Language (ASL)
- Conceptually Accurate Signed English (CASE)
- Manually Coded English (MCE)
- Total Communication

For an individual who uses ASL or a sign system, an assessment of receptive and expressive communication skills leads to the development of a more effective instructional program. The evaluation of manual communication skills includes the testing and gathering of information in the following areas:

- Analysis and description of ASL or the sign system used (i.e. level of fluency, appropriate use of hand shapes, etc.)
- Visual and motor capabilities
- Semantic and grammatical accuracy pertinent to ASL or the sign system used
- Pragmatics
- If total communication is used, an analysis includes the quality of communication, including communicative intent, percentage of message signed, percentage spoken, and percentage both signed and spoken

Spoken Communication

For a deaf or hard of hearing individual who uses speech, a spoken communication assessment includes the use of speech and speechreading for oral communication in English (or native spoken language) or in combination with sign systems or with Cued Speech.

An assessment of speech production includes analysis of the following areas:

- Articulation/Phonology
- Voice (including prosodic features of intonation, pitch, rhythm, and stress)

- Fluency
- Speech intelligibility (connected speech)
- Oral motor

Written Language

A written language assessment can provide useful diagnostic information regarding the student's written English language proficiency. Formal, standardized assessments of written English are available. Informal assessment and analysis of written language samples can also provide useful information for educational planning.

Pre-Academic

For educational planning with young children who are deaf or hard of hearing, a thorough assessment of pre-academic skills is important. The areas requiring assessment are:

- Expressive and receptive language
- Auditory skill development
- Functional listening ability
- Speech intelligibility
- Pre-numeracy skills
- Pre-literacy skills
- Pragmatics
- Family participation

Academic Skills

Academic assessment provides information regarding the student's present level of performance and should, at the minimum, include the following areas:

- Math computation and application in all contexts (e.g., measurement, money, time, etc.).
- Reading comprehension including emergent reading abilities as well as words, phrases, sentences, passages, literal/inferential skills
- Style of decoding (e.g., phonetic-acoustic versus visual decoding)
- Reading in real world versus reduced context situations
- Reading preferences, including time spent reading independently
- Written English literacy, including word use, knowledge conveyed, structure, and cohesiveness
- Writing for specific purposes (e.g., messages, discourse, persuasion, narration, etc.)
- Spelling and penmanship

Standardized assessments of academic achievement may provide information regarding the student's achievement in comparison to that of hearing peers. A few academic tests have been normed on deaf and hard of hearing populations. Whether one uses instruments normed on hearing or on students who are deaf or hard of hearing, it is important to consider the assessment results in conjunction with other assessment information (e.g., criterion-referenced assessment, portfolio assessment) when developing the individualized education program

In addition to taking part in academic achievement testing for initial and triennial assessment, students who are deaf or hard of hearing must participate in all statewide and local assessment programs. In Idaho, the Idaho Standards Achievement Tests (Reading, Language usage, Math, Science) is an integral part of the school assessment process starting in 2nd grade. Therefore, ISAT scores are part of the child's evaluation profile.

In order to ensure validity, statewide and district assessments are administered in accordance with the student's IEP including accommodations as determined by the IEP team. When utilizing a sign language interpreter, one who is proficient in the method determined in the Communication Plan and who has been trained to interpret the assessment is required.

Psychological

A psychological evaluation of cognitive abilities provides information about a student's present level of performance in areas related to learning, such as verbal comprehension, non-verbal problem solving, spatial and abstract reasoning, memory and processing abilities. Most intelligence tests yield measures on subscales or clusters as well as an overall IQ score. For students who are deaf or hard of hearing, estimates of cognitive ability should be based primarily on subscales or clusters that are comprised of non-verbal tasks so that ability can be determined without the influence of vocabulary and language development that are impacted by hearing loss.

A qualified school psychologist who is proficient using the student's language and communication approach will conduct the assessment. A student should receive a psychological assessment in the early elementary years once it is determined that reliable results may be obtained and then again in high school as needed for transition planning. More frequent assessment may be indicated for some children when special conditions are present (e.g., behavioral concerns, other disabilities, emotional factors, etc). This may include the determination of the need for a Functional Behavioral Assessment.

A psychological assessment may also be used to identify students who may be gifted or talented (e.g. twice exceptional). Other areas of psychological assessment include social/emotional development and adaptive behavior/self-help skills.

Health

The overall physical health of the child, including nutrition and growth, medical and developmental history provides important information for the care of the child and the potential need for a health care plan as part of the IEP.

Vision/Deafblindness

Many children/students with hearing loss are dependent on their vision as a means to supplement information not received through hearing. Further, there are a variety of conditions and syndromes (e.g., Usher Syndrome) that can affect both hearing and vision, thereby impacting communication and language development. This dual involvement must be considered when developing the child's/student's intervention or educational plan. It is recommended that all children with hearing loss receive periodic assessments to include visual acuity, visual tracking, and visual field. In addition, a functional vision assessment may be completed for all children

with visual impairment and children with dual sensory loss. The functional vision assessment should be completed by a teacher certified in the area of vision impairment.

Multiple Disabilities

Children with multiple disabilities may have cognitive, motor, sensory, and/or communication issues in addition to hearing loss. Certified teachers of the deaf and hard of hearing are rarely trained to be proficient in assessing all areas of development. As a result, multidisciplinary assessment is essential in order to ensure that the evaluation team is addressing all areas of need. This multidisciplinary assessment should include general background information regarding the child and family, observations of the child, functional assessment, and discipline-specific information.

Motor

The assessment of motor skills may be especially significant for students who are deaf or hard of hearing. Etiologies that are neurologically based may result in vestibular damage affecting an individual's equilibrium, body awareness, and visual-motor functioning. If a student is referred for additional motor assessment, it should be conducted by an occupational or physical therapist experienced with children who are deaf or hard of hearing.

Telecommunications

When appropriate, the communication skills assessment should include an assessment of the student's ability to use telecommunication technology (e.g., amplified telephone, captioned telephone, TTY, video phone, Internet relay, wireless mobile device). The results of this assessment should be used to develop IEP goals and objectives or assistive technology plans related to the use of telecommunications in everyday activities. With the rapidly evolving nature of telecommunications, it is necessary to remain abreast of new developments in this field.

Career-Vocational

Students who are deaf or hard of hearing in secondary schools should be provided with an individual career/vocational assessment. Career/vocational assessments may include, but are not limited to, interest inventories, college aptitude tests, evaluation of prevocational skills, tests of physical dexterity, work samples, and interviews. Career/vocational education specialists should provide the assessments, interpret the results, provide information in a written report, and provide recommendations for transition services on the child's IEP. The law requires transition services as a component of the IEP for every student 16 years of age, or older, and may be deemed appropriate for students younger than 16.

Schools may have service agreements with the Department of Vocational Rehabilitation for the referral of students 16 years or older to determine their eligibility and to perform vocational assessments. It is important to ensure that those working with students who are deaf or hard of hearing be qualified to effectively serve this population.

Many community colleges and adult vocational training centers may also be used as resources for assessment and to obtain career/vocational information.

Family Needs

The ability of the family to understand and resolve issues related to the child's hearing loss should be discussed as part of the ongoing IFSP/IEP process. The knowledge they have about hearing loss, child development issues and their competence communicating with their child should be addressed. The needs of the family can be identified through interviews, surveys, or questionnaires.

For families of infants and toddlers, family needs are an integral part of the IFSP and part of family-centered intervention. For preschool and school-age children/students, parent support must be provided under the related service of parent counseling and training on the IEP. Parent counseling and training includes providing information to the family about child development, their child's disability, and resources the family may access for additional support. If specific training for the parents, such as sign language instruction, is required in order for the child to meet his/her IEP goals, it must be provided through the IEP.

Test Administration

Standard 9: Assessments are provided and administered using the student's primary language and preferred mode of communication by professionals proficient in that approach.
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When an assessment plan is being developed, the special language needs of infants, children, and students who are deaf or hard of hearing should be recognized. When there is a primary and preferred language (including ASL) other than English, assessments must be conducted in that language. The deaf or hard of hearing child's/student's preferred communication approach, which may be signed or spoken (with or without the support of signs or cues), must be utilized in the assessment. This practice assures assessments reflect an accurate measure of abilities regardless of mastery of spoken or written English.

Specialized Services, Materials, and Equipment

Standard 10: An assessment report identifies the unique learning needs of the child/student related to the hearing loss, including needs for specialized services, materials, equipment, and accommodations in the learning environment.
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The report identifies the unique educational needs of the child/student in order to have access to an appropriate education program. The IFSP/IEP team must identify:

- The specialized instruction required (e.g., language, reading, math, speech, auditory, social, behavior, advocacy, training in assistive technology devices)
- The specialized support services required (e.g., sign language interpreting, transliteration, notetaking, real-time captioning)
- The specialized training required for general education staff (e.g., instructional strategies, assistive listening devices, student self-advocacy, role of interpreters)
- The specialized equipment required (e.g., assistive listening device, closed-captioned television, communication devices, captioned media)
- Accommodations to the educational environment (e.g. acoustically appropriate classroom, preferential seating, lighting)

Assessment Team

Standard 11: Children and students who are deaf or hard of hearing are referred to a specialized assessment team developed by the local school district or provided by the state when appropriate.

Local educational agencies may refer to an assessment team for infants, children, and students who are deaf or hard of hearing (a multidisciplinary team of professionals with the necessary expertise to assess children with hearing loss). This team was established to assist local educational agencies in the assessment of infants, children, and students who are deaf or hard of hearing using their primary communication approach: sign language, oral communication, cued speech, or a combination. Referrals to the team may be made for a variety of reasons, including program placement concerns, lack of qualified assessment personnel in the local school district, concerns over lack of progress, behavioral problems, specific learning problems, or a need for further instructional programming guidance.

Refer to Standard 22 for staff qualifications.

In conjunction with local professionals, the assessment team, knowledgeable in the unique needs of infants, children, and students who are deaf or hard of hearing, conducts an intensive diagnostic study. A qualified sign language interpreter, who has received specific training in the assessment tools being used, may assist in the administration of the assessments in conjunction with the test administrator. The team collects information through formal and informal testing, observation, and parent interviews. At the end of the evaluation, the team meets with the parents and appropriate school personnel to discuss the diagnostic findings and to outline an educational program for the child/student.

Eligibility Criteria

Standard 12: Eligibility criteria will be defined by the State of Idaho.

In order to qualify for special education services, children/students must meet criteria determined by the state based upon federal standards.

Placement Considerations

Standard 13: A continuum of service/placement options is reviewed with parents, and placement is determined by the Individual Family Service Plan/ Individualized Education Plan (IFSP/IEP) team (including parents) based on valid and reliable assessment data and other information that identifies individual needs across communication, developmental, academic, and social domains.

A Communication Plan (see Appendix B) is required for all infants, children, and students who are deaf or hard of hearing who are found to be eligible for early intervention or special education services. The Communication Plan should be developed based on the individual communication needs of the child and should be discussed at the beginning of the IFSP/IEP meeting in order to initiate a discussion regarding placement options for the child/student. These options should be discussed with all IFSP/IEP participants and all placement decisions must be made with the parents.

Placement options may include but are not limited to:

Birth to three:

The preferred setting for intervention is a natural environment, as outlined in Part C of IDEA. However, in addition to providing services that involve the family and people in the child's everyday environment, consideration should be made to surround the child with peers and adults who are deaf or hard of hearing, especially those who utilize the same communication approach.

Preschool and school-age children:

Regional programs provide a critical mass of language and same-age peers as well as opportunities for direct communication. Regional programs also provide a continuum of services in a variety of school settings. When considering placement options all of the following options should be part of the continuum of services:

General education classrooms:

Placements with all necessary instructional, related, and support services including itinerant teachers credentialed in education of infants, children, and students who are deaf or hard of hearing, educational interpreters, and assistive listening technology

Center-based programs:

Programs may be in general education settings and include special classes, co-teaching classes, and resource room classes; these options include reverse mainstreaming, partial mainstreaming, and co-teaching opportunities.

State and Charter schools:

Programs in separate facilities that may include opportunities for mainstreaming in general education settings.

Nonpublic school programs:

Virtual (on-line) schools, home instruction, hospital instruction, and institutions are required by federal and state laws to meet the needs of students with disabilities that cannot be met within the traditional public school setting.

Section Three: Organization for Child's/Student's Learning and Support for Instruction

Outcome: Infants, children, and students who are deaf or hard of hearing share the same learning opportunities as their hearing peers and benefit from programs that support and provide equal opportunity for communication access.

A strong language foundation is critical to the instructional process. Hearing impairment and deafness compromise a most basic need – the ability to communicate effectively with other human beings. It is essential for the well-being and growth of children/students who are deaf or hard of hearing that educational programs recognize the unique nature of hearing loss and ensure that all children who are deaf or hard of hearing have appropriate, ongoing, and fully accessible educational opportunities.

Statement of Purpose

Standard 14: The program for infants, children, and students who are deaf or hard of hearing has a clear statement of purpose for both sign language based and oral based education and services, including outcomes for expected learning, communication competency, and social/emotional well-being. This statement of purpose addresses the critical need for equal opportunity in each of these areas.

An essential element of systematic program improvement is a clear statement of purpose. To ensure the statement truly guides the program and services, it must be developed as a result of wide community participation and reflect a consensus of all stakeholders. The statement provides the program's foundation for establishing expected program-wide learning results. The statement identifies the knowledge, skills, and understanding students should possess when they exit from the program. The statement supports the development of content and performance standards. The statement of purpose must refer to the vital role of communication in the development and education of infants, children, and students who are deaf or hard of hearing.

Policy on Language and Communication

Standard 15: The program has a written policy on the central role of language and communication as it relates to the cognitive, academic, social, and emotional development of infants, children, and students who are deaf or hard of hearing.

The development of receptive and expressive language is fundamental to any educational experience and is particularly crucial for children/students. Communication and educational growth depend on inclusion in a language-rich environment; an environment with consistent, direct, and age-appropriate language opportunities.

Infants, children, and students who are deaf or hard of hearing are distinct from other children because of their unique language needs. Children/students who are deaf or hard of hearing must have opportunities for direct communication with others. It is essential that these children, like all children, have an education in which their unique communication mode is respected, utilized, and developed to an appropriate level of proficiency.

The policy on language and communication should include the following elements:

- Recognition of the distinctive nature, and implications of hearing loss
- Recognition of the possible cultural implications for Deaf children
- Appropriate, early, and ongoing assessment of communication and language skills
- Appropriate, early, and ongoing parent training and support activities that promote the language and communication development of each child/student
- Appropriate, early, and ongoing communication development and communication access, which means a critical mass of language and same age peers and staff
- Appropriate, early, and ongoing development of communication with staff proficient in the child's communication mode
- Assurance that each child has full communication access to academic and extra-curricular activities (including qualified sign language interpreters, oral and Cued-Speech transliteration, electronic note-taking, and assistive technology devices)
- Assurance that language acquisition is recognized as the paramount factor in the design of programs and the selection of curricula, materials, and assessment instruments
- Recognition that American Sign Language is a distinct natural language
- Assurance that the communication and language needs of infants, children, and students who are deaf or hard of hearing who use ASL will be fully provided
- Assurance that sign language instruction is provided to students who are deaf or hard of hearing and their families when identified on their IFSP/IEP
- Assurance that the communication and language needs of students who are deaf or hard of hearing who rely on auditory/verbal or auditory/oral language are fully provided
- Assurance that the IFSP/IEP team, as required by law, determines placement that includes the identified and essential language and communication needs of the child/student

Instructional Delivery System

Standard 16: The instructional delivery system supports learning in a developmentally appropriate context and focuses on unique communication needs of infants, children, and students who are deaf or hard of hearing in order to support success.

Each Communication Plan is established by the IFSP/IEP team to meet the unique educational needs of the student.

Students with Multiple Disabilities; Deafblindness

Standard 17: Provision is made for appropriate services for infants, children, and students who are deaf or hard of hearing with multiple disabilities.

The unique needs resulting from multiple disabilities and deafblindness are so varied and complex that they should be dealt with on an individual basis through a collaborative effort among parents, educators, support personnel, and other professionals in direct contact with the child.

If a child has been diagnosed with any syndrome that puts hearing and vision at risk, support services, such as orientation and mobility, instruction, the use of braille, adaptive devices, and/or training in prescribed low vision devices by a teacher certified in the area of visual impairment, may be required to meet the child's educational needs.

The program provides appropriate services to children/students with hearing loss and multiple disabilities and children/students with deafblindness to ensure:

- Access to quality programs and services
- Functional age-appropriate curricula
- Services from professionals with expertise in the development and education of infants, children, and students who are deaf or hard of hearing and also in the other areas of the suspected or identified disabilities
- The required level of expertise and experience for professionals that are commensurate with the significance of the level of disability(s) present in the child/students
- Regional services where local programs cannot provide appropriate services

Programs and services are provided through or coordinated with regional and/or cooperative programs to more effectively serve children/students who are deaf or hard of hearing with additional disabilities.

State Educational Program for the Deaf and the Hard of Hearing

Standard 18: The state educational program for the deaf and the hard of hearing consists of the Idaho State Board of Education and the Program Administration advised and assisted by such entities as a governor-appointed/state regulated advisory agency.

Children who are deaf or hard of hearing, like all children, need to be in educational settings in which there is a sufficient number of language and same age peers, or "critical mass." The state educational program for the deaf and the hard of hearing recognizes the low incidence of hearing loss and provides placement options that will bring together a sufficient number of language and same age peers. As defined by the Conference of Educational Administrators Serving the Deaf (CEASD), a critical mass is composed of a minimum of 40 students at the elementary level and 150 students at the secondary level. **These numbers are goals to be strongly considered and are not absolute requirements for the establishment of regional programs.**

Those students who are deaf or hard of hearing who do not attend regional programs can benefit from them if the regional program coordinator supervises the staff. Provision of regionalized services can help ensure children/students who are deaf or hard of hearing in placements other than regional programs are served by appropriately qualified staff.

The development of regional programs and services encourages effective use of personnel, reduces duplication of services, and encourages better use of limited resources in order to ensure:

Cost-effective, appropriate staff development and training:

- Responsibility for the design, implantation and management of programs, state-wide, by individuals who are trained in deaf and hard of hearing education and are knowledgeable about students who are deaf or hard of hearing
- Provision and coordination of appropriate, quality services
- Appropriate assessment, accommodations, and early intervention procedures
- Parental involvement and appropriate training programs for parents
- Formation of peer groups, including hearing peers

State Oversight

Standard 19: The state educational program for the deaf and the hard of hearing adopts policies that are consistent with the guidelines put forth in this document, delegates implementation of these policies to the administrative staff, and monitors results. These policies support the expected learning outcomes for children/students.

Effective governance calls for policies that require programs to have a clear statement of purpose, a statement of expected developmental outcomes (birth to three) and a statement of expected learning results for students (preschool to high school). Districts, school boards, and school superintendents recognize the central role of communication access for students who are deaf or hard of hearing by adhering to the state-adopted policies that support and are consistent with the recommendations of these guidelines. These policies include a commitment to increased child outcomes and student achievement. Outcomes and achievement are documented through the development of content and performance standards and systems of assessment and accountability. The implementation of these policies is delegated to the professional staff of the regional programs. Implementation of these guidelines should be a part of the state and local monitoring process.

Continuum of Options

Standard 20: The state educational program for the deaf and the hard of hearing provides access to a full continuum of placement (residential placement to full inclusion mainstream), program, service, and communication options. The state educational program for the deaf and the hard of hearing collaborates with the early intervention and local education agencies, institutes of higher education, and other agencies to ensure provision of appropriate services for infants, children, and students who are deaf or hard of hearing.

When determining placement, it is important to adhere to the concept of least restrictive environment (LRE) as defined by the current Idaho Special Education Manual.

Placement Options

Children/students who are deaf or hard of hearing represent a low-incidence disability population with unique and varied needs. To ensure an appropriate education for these children/students, the program must provide access to a full continuum of placement, program, service, and communication options. Services to families of infants and toddlers must also be provided in accordance with the IFSP. In recognition of the difficulty of providing quality services to a low-incidence population, a regional system of programs and services is recommended. This system

enlists the collaboration of the Infant Toddler Program (Part C of IDEA), school districts, and cooperative education agencies. These agencies and administrative units share resources to expand service options and assure high quality programs which can eliminate school district boundaries and other barriers to enrollment. Each region in Idaho should offer family-centered, home-based early intervention services and center-based programs and services.

The placement and service options provide age-appropriate and language-appropriate peers and opportunities for direct instruction and direct communication with staff and peers. These will include but are not limited to:

- Early intervention services through the Infant Toddler Program and/or other appropriate programs of the parent's choosing
- General education placements with the necessary instructional, related, and support services
- Center-based or resource programs, which include co-teaching or inclusion opportunities
- Residential programs

The IEP team may determine that a non-public school or agency is the most appropriate program option when a public agency cannot meet a student's needs. These options include non-public schools, virtual (on-line) schools, home instruction, hospital instruction and other institutions as required by federal and state law.

The selection of a particular program option is determined by the unique communication, social and academic needs of each child/student who is deaf or hard of hearing. For infants and toddlers, services are determined with the family and the IFSP team. The IEP team is responsible for making placement decisions for students (age three to twenty-one) and for determining the related services necessary to meet the unique, identified needs of the students.

Typical services include but are not limited to:

Birth to three

- Communication strategies
- Language strategies
- Auditory skill development strategies
- Speech development strategies
- Cognitive and play development
- Parenting strategies
- Information regarding amplification options
- Sign language development
- Literacy development
- Role model and peer opportunities

Ages three to twenty-one

- Speech-language intervention
- Educational interpreting
- Note-taking
- Counseling
- Audiological management
- Assistive technology services
- Role model and peer opportunities

The following placement options should be available and considered for each child/student:

1. Early Intervention (birth to three)

The preferred setting for intervention is a “natural environment,” as outlined in Part C of IDEA. However, in addition to providing services that involve the family and people in the child’s everyday environment, consideration should be made to surround the child with peers and adults who are deaf or hard of hearing, especially those who utilize the same communication approach.

2. General Education Program for Preschool and School Age Students

For some students who are deaf or hard of hearing, the general education classroom, with accommodations and/or modifications, may be the most appropriate placement. Some students who are deaf or hard of hearing may be best served at their neighborhood schools. Others may be better served in a general education classroom in a school where a regional or center-based program for students who are deaf or hard of hearing is housed. Access to special materials, equipment, instruction, accommodations, and services must be assured.

Instructional Support Services

Students who are deaf or hard of hearing who require minimal specialized instruction may benefit from instructional support services from a special education resource teacher. Ongoing consultation services from an itinerant teacher of the deaf and hard of hearing must be provided to this resource teacher. Direct services by the itinerant teacher of the deaf and hard of hearing or by related service providers (e.g., speech and language), may be provided in conjunction with the instructional support services.

Factors to consider when determining a student’s participation in the general education classroom:

- Will the student have full communication access in the classroom?
- Is the student able to receive and express language through auditory, speech, or speech-reading sufficiently enough to have access to all information presented in the classroom?
- If not, is the student sufficiently able to access information through the use of support services (e.g., sign language interpreting, oral or Cued Speech transliteration, captioning, FM, notetaking)?
- Is a certified teacher of the deaf and hard of hearing available to provide ongoing direct and/or consultative services?
- Are qualified educational interpreters available for both classroom and extracurricular activities?
- Is a speech-language pathologist available to provide ongoing services?
- Is an audiologist available to provide support services?
- Does the general education class enrollment allow the teacher an opportunity to devote sufficient time to assist the student who is deaf or hard of hearing to meet the classroom or course requirements?
- Is the student’s social and emotional maturity level within the range of the students in the general classroom?
- Is the student able to direct attention to the assigned work and follow the directions given?

- Is the student's reading level at the approximate level of the general education class in which he or she is to be enrolled?
- Have environmental factors, such as lighting, ambient noise and reverberation, classroom location, and visual emergency warning devices, been considered?

3. Center-Based Programs

A center-based program provided by a school district or within a regionalized program provides specialized services to students who are deaf or hard of hearing. This program includes a sufficient number of peers using a common language approach and with direct access to teachers and other professionals who are proficient using the preferred communication mode. In a center-based program, direct instruction that emphasizes communication skills development, language acquisition, concept development, and development of academic skills using core and specialized curricula is provided by a teacher of the deaf and hard of hearing in coordination with other appropriate specialists. Many students who are deaf or hard of hearing benefit from participation in general education classes in selected academic subject areas, in non-academic areas, or both. Students can participate in center-based programs for all or part of the school day.

Co-Enrollment Model

Some center-based programs for students who are deaf or hard of hearing offer a co-enrollment model. In this model, students who are deaf, hard of hearing, and hearing are co-enrolled in a classroom that utilizes the general education curriculum. The class is co-taught by a general education teacher and a teacher of the deaf and hard of hearing. In a co-enrollment classroom, both the general education teacher and the teacher of the deaf and hard of hearing should be proficient in communicating with students who are deaf or hard of hearing in their primary language and preferred mode of communication.

The size of the geographic area served by a center-based program should be determined by the accessibility of other schools for students who are deaf or hard of hearing. Transportation within a reasonable time and distance should be arranged to accommodate the well-being and safety of the students. The bus driver or other transportation staff should be able to communicate with the students on the bus.

4. Residential Programs

The need for residential programs for an individual student will be based upon student data and IFSP/IEP teams together with families determining least restrictive environment.

Communication Options

When a child is identified as deaf or hard of hearing, professionals are responsible for providing the parents with unbiased, research-based information regarding the communication approaches that may be used with children who are deaf or hard of hearing. Because parental commitment and involvement are key factors in the success of children who are deaf or hard of hearing, parents must be actively involved in selecting the most appropriate communication option for their child. The early intervention provider(s) or school staff is responsible for providing parents with information that will empower them to participate as equal members of the IFSP/IEP team in determining the communication option that is most appropriate to meet the needs of their child and their

family. The early intervention provider(s) or school staff is also responsible for providing parent education so that parents can develop the knowledge and skills they need to be able to provide their child with a rich linguistic environment in the home.

Communication modes and strategy options include:

- ASL
- Auditory-Oral
- Auditory-Verbal
- Cued Speech
- Tactile Communication
- Total Communication

Program Administrator

Standard 21: The Program Administrator is an experienced educator of students who are deaf or hard of hearing and appropriately credentialed school administrator with skills to ensure that students who are deaf or hard of hearing are provided with appropriate instruction and designated services. The Program Administrator has the skills necessary for facilitating participation of staff, parents, and the deaf and hard of hearing community in program development related to a continuum of communication services.

The Program Administrator has the skills necessary to provide instructional leadership, staff supervision, and evaluation, and for facilitating participation of staff, parents, and the deaf and hard of hearing community in program development.

The program serving students who are deaf or hard of hearing should have the services of a Program Administrator who is a trained educator of students who are deaf or hard of hearing as well as a credentialed school administrator. The program administration is responsible for implementing the program's guidelines and for coordinating and supervising all educational services for students who are deaf or hard of hearing receiving services from the program. The administration must also be responsible for ensuring that programs are coordinated with other public and private agencies, including Infant Toddler Program, preschools, child development programs, non-public and nonsectarian schools, regional occupational centers and programs, post-secondary programs, adult programs for individuals with exceptional needs, and other community resources.

Of paramount importance is the program's ability to provide quality instruction and services to infants, children, and students who are deaf or hard of hearing. The program administration must be able to provide continuous feedback and mentoring support to the deaf and hard of hearing program staff.

The program administration has a number of responsibilities that may include:

- Collaborating with agencies in Child Find activities for the purpose of identifying students who may have hearing loss.

- Ensuring that appropriate assessment procedures and personnel trained to use these procedures are used in the evaluation of infants, children, and students who are deaf or hard of hearing.
- Coordinating appropriate personnel (e.g., teachers of deaf and hard of hearing, educational audiologists, speech and language pathologists, psychologists, educational interpreters) to provide direct and indirect services to infants, toddlers, and students who are deaf or hard of hearing.
- Evaluating staff employed in the deaf and hard of hearing program.
- Providing specialized training and staff development to parents, administrators, teachers, support staff, and instructional assistants regarding the unique needs of infants, children, and students who are deaf or hard of hearing.
- Ensuring that a full continuum of services, program options, and specialized equipment and material is available to all infants, children, and students who are deaf or hard of hearing.
- Establishing and coordinating a regional advisory committee composed of parents, consumers who are deaf and hard of hearing, and professionals.
- Advocating for programs serving infants, children, and students who are deaf or hard of hearing.
- Ensuring that resources are effectively allocated and utilized within the deaf and hard of hearing program.

Staff Qualifications

Standard 22: Infants, children, and students who are deaf or hard of hearing, birth to twenty-one, including those with multiple disabilities and blindness, are instructed by early intervention providers and teachers who are certified and/or licensed to teach these individuals.
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Early Education Provider

The development of positive family-child relationships during a child's early years is critical to the child's later cognitive, linguistic, and social-emotional growth. The child's full access to communication is integral to the development of a positive family-child relationship. Therefore, it is critical that providers in early education deaf and hard of hearing programs focus their service delivery on the family as well as on the child. Providers must be certified teachers of the deaf and hard of hearing, certified/licensed speech-language pathologists, audiologists, or early childhood providers and must also have the competencies related to the provision of services to infants, toddlers, preschoolers, and their families.

Center-Based Program Teacher of the Deaf and Hard of Hearing

The center-based program teacher of the deaf and hard of hearing is primarily responsible for the specialized direct instruction of assigned students. In addition to providing instruction, the center-based program teacher should assume responsibility for the basic coordination of the students' programs. This teacher collaborates with the IEP team. Furthermore, the certified, center-based program teacher of the deaf and hard of hearing must be proficient and possess specific training in the language mode(s) of the students for whom s/he is responsible.

Itinerant Teacher of the Deaf and Hard of Hearing

Itinerant teachers of the deaf and hard of hearing will provide direct instruction and consultative services for students who are deaf or hard of hearing for whom they serve enrolled in general education classes, state or charter school programs, or home or hospital programs.

Caseloads for itinerant teachers must be considered. Factors such as travel, age of students, number of students with additional disabilities, and dynamics of the school climate should be taken into consideration. A maximum ratio of 1:10 is an appropriate caseload.

Outreach Consultant

Outreach Consultants will provide consultative services for families who have a child who is deaf or hard of hearing aged birth to three. In addition to serving families of children birth to three, these consultants provide services in educational settings. These consultative services include but are not limited to:

- Inservice training to educational staff
- Direct support services to general education teachers, administrators, and other educational staff
- Program development and support

Due to the need for support in these settings, Outreach Consultant caseloads should be carefully considered. Factors such as travel, age of students, number of students with additional disabilities, and dynamics of the student's programs should be taken into consideration. A maximum ratio of 1:24 is an appropriate caseload.

Other Qualified Personnel

Standard 23: Each program has the necessary specifically trained or certified sign language based and/or oral professionals, including paraprofessionals, who have the skills necessary to provide instruction and services that meet the academic, communication, social, emotional, assistive technology and transition needs of infants, children, and students who are deaf or hard of hearing.

All infants, children, and students who are deaf or hard of hearing receive developmentally appropriate instruction and services from qualified professional and other support personnel who have the skills and abilities to meet their needs as identified in the IFSP/IEP. Skills include proficiency in the student's primary mode of communication, knowledge of accommodations necessary to meet the child/student's needs, knowledge of national, state, and local resources, and knowledge of selection, use, and maintenance of assistive devices. According to the National Association of State Directors of Special Education's *Students Who are Deaf or Hard of Hearing: Educational Service Guidelines* (1994):

All individuals, whether teachers, administrators, educational interpreters, or other support personnel, should demonstrate competency in all areas of knowledge and skills listed below:

- Ability to communicate proficiently with individuals who are deaf and hard of hearing

- Knowledge of principles of child growth and development with emphasis on age/developmentally appropriate practice
- Knowledge of the impact of hearing loss on socio-cultural, linguistic, and educational development
- Knowledge of the interrelationships of family, environment, culture, community, and language
- Knowledge of Deaf culture, history, literature, and folklore
- Knowledge of language development and use
- Knowledge of multicultural interactions and learning characteristics
- Ability and commitment to utilize adults who are deaf or hard of hearing as a resource for students, families, and professional staff
- Ability and commitment to promote high expectations and positive self-esteem
- Knowledge of learning styles and characteristics of learners
- Ability to use educational interpreters, and electronic note-takers
- Ability to work effectively as a member of an interdisciplinary team
- Ability to develop and implement an individualized education plan (IEP) in a given area of expertise
- Ability to provide consultation, education, and support to parents/caregivers and school personnel
- Ability to utilize resources essential for implementation of the educational program for students
- Knowledge of assessment procedures for providing appropriate services
- Knowledge of adaptations of physical environments to meet auditory/visual needs
- Knowledge of amplification, assistive listening, and augmentative communication devices
- Knowledge of assistive technology (telecommunication devices for the deaf, decoders, vibrotactile devices)
- Ability to implement techniques for facilitating the development of speech and spoken language including but not limited to speech-reading and auditory training
- Knowledge of signing varieties that include features of both English and ASL
- Knowledge of the Cued Speech system
- Ability to provide for one's own professional growth
- Knowledge of federal and state laws and regulations pertaining to the education and provision of services for individuals who are deaf and hard of hearing
- Knowledge of post-secondary educational and vocational options for students who are deaf or hard of hearing
- Knowledge of resources (local, state, national) for individuals who are deaf and hard of hearing and their families

Site Regional Coordinator

The site coordinator should be a credentialed, experienced educator of students who are deaf or hard of hearing. S/he should also seek input from the regional program administrator to facilitate the application of these standards to their program. The site regional coordinator should make classroom observations and perform teacher evaluations, including the assessment of teacher's sign language proficiency and the teacher's knowledge and expertise in the delivery of

specialized instruction. The site coordinator should also make suggestions for staff development, recommendations for appropriate modifications to facilities, and recommendations for delivery of instruction. The site regional coordinator ensures students who are deaf or hard of hearing have full and equal access to the curriculum, as well as to all school related activities, including extracurricular athletic and social activities.

The responsibilities of the site coordinator, in collaboration with the regional program administration, include:

- Providing community awareness/education
- Consulting with teachers, parents, administrators, and support staff
- Facilitating involvement of parents and members of the deaf community in program development
- Supervising deaf and hard of hearing program staff members to ensure that appropriate curriculum and instruction are being provided
- Providing instructional leadership
- Mentoring and classroom observations
- Monitoring efficacy of instruction and access to curriculum
- Designing and monitoring assessment procedures
- Monitoring program compliance
- Coordinating staff development
- Coordinating specialized equipment and materials
- Assessing program needs
- Providing technical assistance to programs

Educational Audiologist

The audiologist must hold an Idaho Education Credential with a Pupil Personnel Services Audiology endorsement (or be eligible to obtain the same). The audiologist also must either be certified in audiology from the American Speech and Hearing Association (ASHA) or be licensed in audiology by the Idaho State Speech and Hearing Services Licensure Board.

In addition to assessment, the educational audiologist is an integral member of the IFSP/IEP team contributing to the planning and delivery of (re)habilitation services. See current IDEA regulations to further define the role of the Educational Audiologist.

In working with students who are deaf or hard of hearing, the educational audiologist should utilize the preferred language and communication mode of the child/student as specified on the Communication Plan on the student's IFSP/IEP.

The educational audiologist is uniquely qualified to perform the following activities with children:

- Provide community leadership to ensure that all infants, toddlers, and youth with impaired hearing are promptly identified, evaluated, and provided with appropriate intervention services
- Collaborate with community resources to develop a high risk registry and follow-up

- Develop and supervise a hearing screening program for preschool and school-aged children
- Train audiometric technicians or other appropriate personnel to screen for hearing loss
- Perform comprehensive follow-up audiological evaluations
- Assess central auditory function
- Make appropriate referrals for further audiological, communication, educational, psychosocial, or medical assessment
- Interpret audiological assessment results to other school personnel
- Serve 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
- Provide in-service training on hearing and hearing loss and their implication to school personnel about hearing loss prevention
- Make recommendations about the use of hearing aids, cochlear implants, group and classroom amplification, and assistive listening devices
- Ensure the proper fit and functioning of hearing aids, cochlear implants, group and classroom amplification, and assistive devices
- Analyze classroom noise and acoustics and make recommendations for improving the listening environment
- Manage the use and calibration of audiometric equipment
- Collaborate with the school, parents, teachers, special support personnel, and relevant community agencies and professionals to ensure delivery of appropriate services
- Make recommendations for assistive devices (radio/television, telephone, alerting, convenience) for students with hearing loss
- Provide services, including home programming if appropriate, in the areas of speech-reading, listening, communication strategies, use and care of amplification, including cochlear implants, and self-management of hearing needs

Some of these responsibilities may be shared with the teacher of the deaf and hard of hearing and the speech language pathologist. Because of the overlap in the training and skills of these professionals, it is imperative that the professionals work collaboratively to provide team-based services to children who are deaf or hard of hearing and their families.

Educational Interpreter

Children who are deaf or hard of hearing may require the services of a sign language interpreter, or Cued Speech, or oral transliterator to have access to and understand the educational material presented by the teacher, other support personnel, and class discussions involving other students.

In accordance with the Individuals with Disabilities Education Act (IDEA), local school districts must employ educational interpreters for students who are deaf or hard of hearing. Idaho Code 33-1304 sets the minimum standards of skills and knowledge for educational interpreters serving Idaho children ages three to twenty-one.

Typical duties of educational interpreters include the following roles and responsibilities:

1. Educational Interpreter as an Interpreter:

- Facilitate communication during early intervention services
- Facilitate all communication in the classroom
- Interpret at school meetings (i.e., staff meetings, IEP meetings, etc.)
- Interpret at school functions as needed (may be additional contract time for events outside of school day)
- Adapt signing level to communication needs of the students
- Assist the student and other professionals in understanding the role of the interpreter
- Ensure an appropriate environment (e.g., lighting, seating)
- Prepare for content and message delivery to include securing resources for vocabulary development
- Provide clear and appropriate information for substitute interpreters
- Maintain requirements to satisfy the Idaho Educational Interpreter statutes
- Be familiar with and adhere to commonly accepted procedures and ethics regarding professional conduct within the educational setting (i.e., *Guidelines of Professional Conduct for Educational Interpreters* (Schick & Williams, 2003))

2. Educational Interpreter as a Team Member:

Collaborate with the teacher of the deaf or hard of hearing and other team members to:

- Promote student independence
- Encourage direct communication access in various interactions
- Interpret content and non-content areas
- Address concerns related to a student's needs
- Promote student participation in classroom discussions and activities
- Educate others regarding the implications of hearing loss

3. Educational Interpreter as a Tutor

Provide tutoring services under the direction of a licensed teacher including:

- Prepare content knowledge to effectively tutor
- Implement instructional strategies identified by the IEP team
- Assist students and other professionals to understand the role of the tutor
- Provide clear and appropriate information for substitute tutors

Computer-Assisted Note-taker

For some students who are deaf or hard of hearing, real-time captioning or electronic note-taking can provide the most appropriate access to communication in the general education classroom. Real-time captioning and electronic note-taking utilize specialized technology and equipment to

provide students who are deaf or hard of hearing with immediate electronic printouts of spoken communication in the classroom.

Classroom Note-taker

When students who are deaf or hard of hearing participate in general education classes, they must attend to the teacher, or educational interpreter, to understand the instructional material presented. Thus, they are unable to take notes, like their hearing peers. However, with the aid of classroom note-takers, information can be recorded accurately and in a form conducive for study. Selection of note-takers should be based on criteria such as interest, ability to organize thoughts, and clarity of handwriting. Electronic note-taking should be provided whenever possible. The teacher of the deaf and hard of hearing should have the responsibility of providing the necessary training and materials for classroom note-takers. Note-taking may also be provided by the educational interpreter so long as that responsibility does not interfere with the primary responsibility of interpreting.

Speech Language Pathologist (SLP)

To work with infants and toddlers, a speech-language pathologist must hold the Certificate of Clinical Competence (CCC) in Speech-Language Pathology from the ASHA and have an Idaho License in Speech/Language Pathology. The SLP must demonstrate appropriate competencies to work with infants and toddlers who are deaf and hard of hearing to provide diagnostic, instructional, and consultative services as determined by the IFSP team. The SLP should be able to communicate proficiently in the student's primary and preferred language mode.

To work with three through twenty-one year-olds, a speech-language pathologist must have an Idaho Education Credential with a Pupil Personnel Services, Speech/Language Pathology endorsement (or be eligible to obtain same). The SLP must demonstrate appropriate competencies to work with children and students who are deaf and hard of hearing to provide diagnostic, instructional, and consultative services as determined by the IEP team. The SLP should be able to communicate proficiently in the student's primary and preferred language mode.

Typical duties may include but are not limited to:

- Provide assessment of spoken language, speech-reading, auditory, and listening skills
- Collaborate with the early intervention provider or teacher of the deaf and hard of hearing, ASL specialist, and other school and/or support personnel in the assessment of receptive and expressive language skills
- Provide direct instruction in speech, language, speech-reading, auditory, and listening skills
- Work in cooperation with the early intervention provider or teacher of the deaf and hard of hearing, ASL specialist, school personnel, and/or educational interpreter, and parents to identify and implement strategies that develop communication, language, and related academic skills
- Assist the early intervention provider, school personnel and parents to enhance the child's/youth's overall communication skills

- Recommend and train others in the use of technological devices to enhance speech and language instruction.

Oral language instruction and auditory skill development may be provided by an SLP or trained and supervised assistants, or by an appropriately trained early intervention provider or teacher of the deaf and hard of hearing. If a child/student who is deaf or hard of hearing has speech production issues not typically related to hearing loss (e.g., cleft palate) speech therapy must be provided by an SLP or by trained and supervised assistants.

School Psychologist

The certified school psychologist working with infants, children, and students who are deaf or hard of hearing must use effective communication techniques. School psychologists may have the following responsibilities:

- Possess training/background in the psychological and sociological aspects of deafness
- Possess training and knowledge to assess cultural and linguistic factors related to deafness and their implications on performance
- Possess knowledge of issues related to non-discriminatory assessment, particularly as it pertains to children/students who are deaf or hard of hearing and who are from racial, ethnic, and cultural minorities
- Select, administer, and interpret nonverbal assessment instruments appropriate for children/students who are deaf or hard of hearing
- Assess areas of cognitive/intellectual, psychosocial, and independent living skills of students who are deaf or hard of hearing
- Assess social and emotional aspects of behavior and their implications for educational placement and achievement
- Provide group and individual counseling when needed
- Provide family training and counseling when identified on the IFSP/IEP
- Consult with school personnel

Post-Secondary Transition Coordinator

The post-secondary transition coordinator should develop and enhance programs that will provide preparatory experiences for students who are deaf or hard of hearing. This individual must demonstrate effective communication techniques with the students who are deaf or hard of hearing with whom they are working.

Typical responsibilities of the post-secondary transition coordinator may include:

- Design and implement programs for career education within the structure of the existing curriculum for preschool through 12th grade
- Provide training in the student's specific occupational interests
- Conduct individual career assessments
- Interpret and utilize career assessment results in the development of the individualized transition plan (ITP)
- Assist classroom teachers with the assessment of career awareness, interests, and aptitudes

- Assist classroom teachers to make use of results from career assessments at various levels
- Identify and obtain materials for staff in-service training
- Establish a career education resource center
- Coordinate job training facilities for classroom training and on-the-job training
- Identify job sites for students
- Observation and on-the-job training
- Provide outreach service to the community
- Provide students information regarding safety requirements and occupational safety concerns of various employment situations

Instructional Assistants/Paraprofessionals

The special education instructional assistant/paraprofessional, working under the supervision of a teacher for the deaf and hard of hearing, can play a vital role in the educational program for children/students who are deaf or hard of hearing. These individuals must be skilled and demonstrate proficiency in communicating with infants, children, and students who are deaf or hard of hearing in their preferred language and communication mode. Under the supervision of a credentialed teacher, the instructional assistant/paraprofessional may provide tutoring, reinforcement of instruction, and other duties as outlined in each IEP.

Other Support Specialists

Some programs for students who are deaf or hard of hearing may employ specialists to address unique individual student characteristics. Specialty areas might include American Sign Language, auditory oral therapy, behavior management, bilingual focus, therapy for cochlear implants, or mental health. The support specialists should provide diagnostic evaluations and assist in writing educational goals and objectives that focus on the child or student's individual needs. They should be available to provide individual or small group instruction. The support specialist should have the appropriate credentials and competencies to educate children/students who are deaf or hard of hearing, including proficiency in their primary language and communication mode. When these specialists are not teachers for the deaf and hard of hearing, they should have on-going monitoring and support from an appropriately certified teacher of students who are deaf or hard of hearing.

Assurance of Pre-Service Training

Standard 24: The Idaho State Board of Education will ensure that programs are provided through public post-secondary institutions to prepare specifically trained, certified, and/or licensed early intervention providers, teachers, paraprofessionals, interpreters, and related service professionals in the continuum of communication options for infants, children, and students who are deaf or hard of hearing.

Workload Management

Standard 25: Class size and workloads of staff support the provision of specialized instruction and services based on the unique educational needs of infants, children, and students who are deaf or hard of hearing.

When programs for infants, children, and students who are deaf or hard of hearing are provided, class size and workload will need to be flexible to accommodate various service delivery models.

However, class size guidelines become necessary when the composition of the deaf and hard of hearing group is influenced by multi-age or multi-grade factors, or additional disabling conditions that dictate the need for a unique classroom structure. Class size and caseloads must not be so large (or so small) that each child's/student's instructional or social development needs, as determined by the IFSP/IEP team, cannot be met.

Workload includes support of paraprofessionals, on-going staff training and in-services, travel time, assistive technology management, and data collection. Factors such as age/grade of students, the range of ages of the students, use of paraprofessionals, number of intervention or school sites, types of services, and severity of the child's/student's disabilities all contribute to workload considerations.

An appropriate caseload provision ensures that the students who are deaf or hard of hearing receive all of the education and support services identified on their IFSP/IEP as well as allowing time for their teachers to conduct testing, make observations, conduct teacher consultations, and attend IFSP/IEP meetings.

Staff Development

Standard 26: The program provides ongoing training and mentoring for all staff to enhance achievement of infants, children, and students who are deaf or hard of hearing across the communication continuum.
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Instructional quality is paramount to improve outcomes for all children/students who are deaf or hard of hearing. Therefore, staff development must be relevant, focused on techniques and strategies that are research-based and known to improve outcomes for infants, children, and students who are deaf or hard of hearing. Staff development also should include mentoring activities to ensure appropriate follow through and implementation of appropriate strategies into the instructional process.

Specialized staff development is critical for personnel working in programs for students who are deaf or hard of hearing.

The quality of educational programs serving students who are deaf or hard of hearing depends upon the specialized knowledge, skills, and attributes of all administrators, teachers, educational interpreters, certified personnel, support service personnel (e.g., school psychologists, audiologists, speech language pathologists), and other staff (e.g., note-takers, real-time captionists, computer-assisted note-takers). Historically there has always been a shortage of qualified providers to work with children who are deaf or hard of hearing. Activities that support this goal of staff development include recruitment, pre-service training, ongoing in-service training, and mentoring activities.

An annual needs assessment should be developed and used to plan staff development activities. Depending on the needs of the program and the staff, program planners should provide opportunities for a variety of training activities.

Examples of staff development topics include:

- The use of technology to enhance child/student learning
- The use of technology to enhance networking among students who are deaf or hard of hearing throughout the state
- Behavior intervention skills
- Services for infants, children, and students who are deaf or hard of hearing with special needs
- Communication skills (e.g., sign language, auditory oral)
- Differentiated instruction
- Curricular adaptations and teaching strategies known to benefit infants, children, and students who are deaf or hard of hearing

Administrators should support and facilitate networking through regionalized staff development activities, video conferencing, and computer networking. Networking is important to provide staff with disability-specific resources and to allow for the exchange of ideas and experiences. Networking may alleviate anxiety for isolated providers and provide motivation for innovative practices and high standards.

Training for Early Intervention, General Education, and Special Education Personnel

Standard 27: The program provides training to early intervention, general education and special education personnel serving infants, children, and students who are deaf or hard of hearing regarding accommodations, modifications of the curriculum, and understanding of the impact of hearing loss on development and learning.

Early intervention providers, preschool and K-12 teachers, and special education teachers (other than teachers for the deaf and hard of hearing) who provide instruction to infants, children, and students who are deaf or hard of hearing should be given in-service training by qualified personnel. Training should occur prior to any child/student who is deaf or hard of hearing being placed in those situations. In-service training should include but may not be limited to:

- Understanding hearing loss and specifically, the implications of hearing loss relative to the infants, children, and students who are deaf or hard of hearing they serve
- Modifying communication teaching techniques to accommodate the needs of infants, children, and students who are deaf or hard of hearing (specific accommodations need to meet each child's unique communication mode—spoken, signed, or spoken in combination with signs or cues)
- Understanding and monitoring the use of hearing aids, cochlear implants, and assistive listening devices
- Creating a visual environment through the use of visual aids and equipment
- Creating an acoustically appropriate environment through the use of acoustical modifications and amplification devices
- Collaborating and/or team teaching with support personnel (e.g., early intervention provider, itinerant teacher for the deaf, speech language pathologist, and audiologist)
- Working with an educational interpreter

- Establishing a note-taking program
- Ensuring that infants, children, and students who are deaf or hard of hearing will have access to, and will be included in, community activities and in all classroom and school-related activities

In addition, early intervention providers, general education, or special education teachers should receive ongoing support services of a credentialed itinerant teacher of the deaf and hard of hearing or services of an Outreach Consultant.

Facilities

Standard 28: Facilities are designed and maintained to enhance the provision of instruction and services to meet the unique communication, education, and safety needs of children/students who are deaf or hard of hearing.

The facilities in programs for students who are deaf or hard of hearing should include:

- Specialized materials, equipment, and services that provide communication access to the core curriculum
- Clean, well-lit, and acoustically appropriate classrooms including reduced background noise and reverberation, which is distracting to all learners and detrimental for students with hearing loss. Criterion for maximum ambient noise levels of typical unoccupied classrooms is 35 dBA; reverberation levels should not exceed 0.6 seconds (ANSI S12.60-2002)
- Visual emergency warning signals
- Technological tools and curriculum materials for learning
- Sufficient space to accommodate individual, small-group, or whole-class instruction as well as the use and storage of necessary special equipment and teaching materials
- Space for itinerant teachers of the deaf and hard of hearing, speech language pathologists, and other support personnel that is clean, well-lit, acoustically appropriate, and of adequate size for instruction and for the safe storage of instructional materials, assistive devices, and equipment
- Private space where parent conferences and IFSP/IEP meetings can be held

The facilities should permit changes that are dictated by the student's needs. Special attention should be given to the following aspects of the environment for individuals who are deaf and hard of hearing:

Color

Because of the importance of sensory clues, the visual environment should be warm, varied, cheerful, and restful to the eyes. Colors that will provide contrasting background for ease in speech-reading and reception of sign language is essential.

Acoustics

When hearing aids or assistive listening devices are used by infants, children, and students who are deaf or hard of hearing, or when a child/student with a cochlear implant is in a classroom, special consideration should be given to the control and reduction of *ambient noise* (background

noise that competes with the main speech signal) and *reverberation* (the prolongation of a sound after the sound source has ceased). Sources of ambient noise in classrooms may include, but are not limited to, heating and air conditioning units, fluorescent light ballasts, mechanical equipment, and outside noise. Reverberation is caused when sounds reflect off of non-absorptive surfaces, such as walls, ceilings, and doors. Excessive reverberation causes a speaker's words to become distorted and difficult to understand.

In order to achieve these acoustic criteria, classrooms where children who are deaf or hard of hearing are educated should be located as far as possible from noise sources, such as street noise, playground noise, gymnasium noise, and cafeteria noise. Air conditioning vents should be fitted with baffles or split to reduce noise caused by the air. Air conditioner compressors should be mounted on rubber pads and separated from the main building. Classrooms should have carpeted floors, acoustic ceiling tiles, rubber seals around doors, remote starter ballasts, drapes where necessary, and angled room corners. Walls should not be hard surfaced. The use of FM systems can also minimize distracting background noise and improve the clarity of the teacher's voice. An audiologist should be involved in the modification of a classroom to meet these criteria.

Antistatic Precautions

Reduction of electrostatic discharge should be attempted in any setting where children with cochlear implants are educated. Precautions include antistatic guards, glare guards, or both, for computer monitors as well as antistatic computer mats. Plastic playground equipment, plastic furniture, and nylon carpet should be avoided because of the added likelihood of damage to the speech processor from electrostatic discharge.

Lighting

Infants, children, and students who are deaf or hard of hearing must use their eyes extensively in the educational setting. Therefore, non-glare lighting is important. Lighting should be easily modified and controlled. Easy access to control switches is an important time saver.

Emergency Warning and Signaling Devices

Infants, children, and students who are deaf or hard of hearing often are unable to hear fire alarms, bells, or verbal commands. The Americans with Disabilities Act (ADA) requires that all classrooms, bathrooms, hallways, offices, and play areas be equipped with visual emergency warning devices, such as strobe lights or other electrical flashing devices, as an accommodation for individuals who are deaf and hard of hearing.

Technology and Teaching Equipment

Teachers frequently use multimedia equipment in their instructional activities for infants, children, and students who are deaf or hard of hearing. Because teachers usually face students to communicate, efficient and accessible audiovisual equipment, along with other equipment, is necessary. Specialized equipment may be kept in a centralized media facility within a school or program. The center should be located so that equipment, films, and materials can be obtained quickly.

The following equipment may be useful when teaching infants, children, and students who are deaf or hard of hearing:

- Computers with CD-ROM, multimedia, and high-speed internet access
- Computer software
- Televisions with closed captioning
- Videocassette recorders (VCRs)
- Tape recorders or compact disc players that can be connected to group amplification devices
- Slide and filmstrip projectors
- Overhead projectors
- DVD players
- Telecommunications devices for the deaf or telephone amplifiers
- Text-to-text pagers
- Video cameras
- Real-time captioning equipment
- Cameras (Polaroid™/35mm/digital)
- Copy stands
- Photocopy equipment for the production of both black-and-white and color transparencies and paper copies
- Laminators
- Tachistoscopes
- Video-conferencing equipment
- Computers with high-speed internet access
- Smartboards/interwrite boards

Audiological Equipment

A program for students who are deaf or hard of hearing should have access to the following equipment for audiological services, including assessment and rehabilitation:

- Otoscope
- Electro-acoustic immittance meter to conduct tests of static immittance, physical volume, tympanometry, and acoustic reflexes
- Clinical audiometer with pure tone, bone conduction, masking, and speech assessment capabilities
- Electro-acoustic hearing aid analyzer with real ear measurements
- Sound level meter
- Specialized lighting and reinforcement equipment for testing young or difficult-to-test children
- Stock of loaner hearing aids
- Individual FM systems with appropriate coupling options
- Group FM systems (sound field, tele-loop, or both)
- Equipment and supplies for making and modifying ear molds
- Tactile-kinesthetic aids

- Auditory skill development materials
- Materials and visual aids for in-service training
- Battery testers, stethosets, and cleaning materials for ear molds

School Safety

Standard 29: Facilities provide a safe and secure environment in which all student accommodations can be met.

The program has policies and procedures that ensure a safe, secure, and clean teaching and learning environment for its students and staff.

Those policies address the following:

- Collaborative interagency and community partnerships to support and ensure the safety and security of all students and staff through an effective safe program planning process
- Staff development activities that emphasize safe school strategies
- Standards for school cleanliness and lighting that provide a clean and visually appropriate environment supportive of the learning process
- Regular maintenance of the program's facilities to ensure the safety and well-being of all students and staff members
- Evaluation of the effectiveness of the program's safety plan
- Provisions for the upgrading of existing facilities to meet the specific educational, acoustic, and safety needs of the deaf or hard of hearing student

Program Accountability

Standard 30: The school leadership, program administrators, and staff regularly assess each child's/student's progress toward accomplishing the expected state and school-wide learning results and report progress to the rest of the school community, including parents, the deaf and hard of hearing community, and related agencies and organizations. Program accountability reporting will be organized to assure confidentiality for each individual student.

The program has established an assessment process that reports the extent to which every child/student is meeting content and performance standards and expected child/student development and learning results. The process includes the development of an assessment plan that provides valid and reliable information for:

- Student-based indicators including the achievement of every child/student related to content and performance standards
- School-based (program-based for early intervention) indicators that include what the program plans to do to increase the level of each student's achievement over time
- Parent input

The assessment plan includes a description of the following:

- The assessment formats and the types of information used to determine whether every child/student is meeting the content standards in each subject area
- The method employed to ensure the validity, reliability, and consistency of the evaluations of child/student development and achievement
- The method employed to combine various types of information about child/student development and achievement
- The method employed to ensure that all children/students are assessed appropriately on content standards
- The program's staff development process in the area of assessment, ensuring that staff can reliably evaluate the child/student's work relative to content standards

Self-Assessment

Standard 31: The program conducts an annual self-assessment as part of the state monitoring process, using these standards and encompassing all areas of program quality, and provides annual written progress reports to parents, staff, and the community.

The local program has approved a comprehensive program accountability plan, including a self-review process, using these standards. The plan provides appropriate information about the program and child's/student's achievement to school/program staff, students, parents, administrators, the local advisory board, the community, and the Idaho Department of Education.

The plan includes the following:

- A description of the types of information to be gathered and presented to school/program staff, students, parents, administrators, the local advisory board, the community, and the Idaho Department of Education
- A timeline for reporting information about student achievement and compliance with these standards
- A timeline for the improvement of child/student development and achievement
- A timeline for program standard compliance, including targets for improvement and for interventions if those targets are not met
- Procedures for the development and submittal of periodic reports to the advisory board, school/program staff, parents, and community

Compliance

Standard 32: The State Board of Education will adopt an accountability system, including corrective action plans and sanctions for programs that are out of compliance.

Refer to Idaho Statute.

Section Four: Curriculum and Instruction to Meet Child's/Student's Academic and Social Needs

Outcome: Infants, children, and students who are deaf or hard of hearing thrive in linguistically rich natural/educational environments where language, communication, academics, and social opportunities are fully accessible.

Curriculum and instruction are guided by educational standards. In addition to program, district, and state core standards, direct instruction to infants, children, and students who are deaf or hard of hearing frequently utilizes specialized curricula. These curricula help infants, children, and students who are deaf or hard of hearing to acquire skills in areas specifically impacted by hearing loss. These curricula focus on the development of communication, language, and learning. By aligning research-based curricula and appropriate assessment, educators determine effective methods of instruction in order to show adequate yearly progress (AYP) for all students as per No Child Left Behind (NCLB).

Curriculum and Instruction—Birth to Three

Standard 33: Sign language based and oral curricula and instruction for infants, toddlers, and preschoolers who are deaf and hard of hearing, including those with multiple disabilities, are family focused, developmentally appropriate, and focused on the development of communication skills, healthy attachments, and linguistic competence to ensure later academic, social, and vocational success.

Curriculum and Instruction – Three to Twenty-One

Standard 34: School-aged children who are deaf or hard of hearing, including those with multiple disabilities and visual impairment, are provided with a challenging, coherent, and relevant core and specialized curriculum to ensure students' achievement toward expected school-wide learning results. The professional staff implements a variety of engaging learning experiences based on up-to-date and research-based teaching and learning principles.

Refer to the State of Idaho educational standards and other research-based curricula specifically designed for use with students who are deaf or hard of hearing.

Cohesive Team

Standard 35: All persons identified on the IFSP/IEP who provide services will form a cohesive team that works collaboratively and flexibly to meet the infant's, children's, or student's needs.

Instructional services provided to children and students who are deaf or hard of hearing will be student-centered and family-supported. Parents must be treated as full and equal participants in the educational program of their child or student. Each team member provides services in the content area(s) for which they have expertise and shares their knowledge, curricula, and successful techniques and strategies with the other team members.

Members of the educational team may include, but are not limited to the:

- Student
- Parents
- Family members
- Early interventionist
- Audiologist
- Speech-language pathologist
- Psychologist
- Counselor for the deaf and hard of hearing
- Teacher for deaf and hard of hearing
- Educational interpreter
- Notetaker
- Instructional assistant/para-educator
- Career/vocational specialist
- General classroom teacher
- Program administrator

As outlined by the State of Idaho, an IEP team must include the following members:

- Parents
- General Education Teacher
- Teacher of the Deaf and the Hard of Hearing or Special Education Teacher
- Administrator

Accessing additional specialists to serve as consultants from other areas of the district, region, or state should be a viable option when considering a student-centered education plan. Each of the team members will agree to engage in anticipatory planning of a child's/student's early intervention or educational program. Continuous monitoring of a student's success in a variety of areas, as outlined in their IFSP/IEP, is an essential responsibility of the team as well. This is accomplished by engaging in more than the prescribed annual IEP review and triennial meetings. Regular communication must exist among professionals and with parents in order for the child/student to succeed.

Focus on Communication

Standard 36: Curriculum and instruction are delivered using the communication approach that meets the unique needs of the infant, child, or student as defined in his/her Communication Plan.

Children who are deaf or hard of hearing and students have the same ability to learn as their hearing peers. However, in order to learn, they, like all children, need to be in a linguistically-rich environment and in an environment in which language is *fully accessible* to them. It is the responsibility of the early intervention and educational programs to provide such an environment for children/students who are deaf or hard of hearing. It is also important to empower their parents with the knowledge, support, and skills they need to provide a linguistically-rich environment outside of school. Programs serving students who are deaf or hard of hearing

follow a well-defined model and philosophy that is communication based, and emphasizes parental and family involvement, training, and support. The team members function in partnership and ensure that the instructional and support service providers offer proficient language models for the child who is deaf or hard of hearing.

For children and students who are deaf or hard of hearing, communication access and direct communication with peers are the driving forces behind creation of the least restrictive educational environment. In all cases, the LRE should be in an environment that allows for free flowing communication between the student and his peers as well as between the student and the educational staff. When considering the Least Restrictive Environment for children with hearing loss, one must consult the Communication Plan. This Communication Plan specifically addresses the unique communication needs of the child and is used to guide the IFSP/IEP team during each review and eligibility meeting. At each meeting the team should review the current Communication Plan and assess its effectiveness in identifying the unique communication needs of the child with hearing loss.

If improvements are not evident in the areas of language acquisition, communication, academics, and social skills, the current communication mode and service delivery should be evaluated and alternative educational placement options should be explored. Instructional opportunity should not be denied based on the amount of the child's/student's residual hearing, the ability of the parents to communicate, nor the child's/student's experience with other communication modes. Individualized, relevant communication access, as identified in the Communication Plan, will also be provided during participation in extra-curricular activities. Such extra-curricular activities are necessary to promote the social and emotional as well as the intellectual development of children who are deaf or hard of hearing and students. Educational programs must provide resources to ensure that all extra-curricular activities are *fully accessible* to a child who is deaf or hard of hearing/students.

Areas addressed on the Communication Plan include:

- Identification of the child's primary communication mode
- Language development opportunities, communication modes, intervention program options, and all educational options
- Opportunities for intervention services from professionals who have demonstrated proficiencies in providing intervention services to children who are deaf or hard of hearing and who can directly communicate with the child in a manner consistent with the child's developmental level and communication mode
- Environments where intervention services are provided that offer active and consistent communication in the mode used by the child
- Opportunities for direct communication with peers and adults who are deaf or hard of hearing
- Availability of adult roles models and peer groups who are deaf and hard of hearing using the child/student's communication mode or language

Equal Access

Standard 37: The program provides equal access for all students in curricular and extracurricular activities and designated and related services.

Given equal access to educational and extracurricular activities and services allow the child/student with a hearing loss to make gains comparable to his/her hearing peers. Equal access ensures the student has the ability to participate fully in his/her entire educational program allowing him/her to succeed academically, developmentally, and socially.

Natural Environment

Standard 38: The infant/toddler is provided services in the child's natural environment(s) in accordance with the child's IFSP.

Policies and procedures ensure, to the maximum extent appropriate, that early intervention services are provided in natural environments. Additionally, the provision of early intervention services for any infant or toddler occurs in a setting other than a natural environment only if early intervention cannot be achieved satisfactorily for the infant or toddler in a natural environment.

For more information regarding natural environment, refer to the current Infant Toddler Implementation Manual.

Focus on Authentic Peer Interactions

Standard 39: The child/student has authentic peer interactions and is able to participate in social and academic discussions.

Peer interaction is essential for many aspects of human development, from birth onward. Children and students learn a great deal through interactions with others, and interactions with peers appear to be particularly important. The positive effects of having authentic peer interactions are widespread. Interactions with friends and classmates are essential to social-emotional development, as well as the development of personality. As importantly, being involved in discussions and arguments scaffolds the development of language and cognition. There are many skills that can only be learned during rich, cognitively interesting interactions.

Throughout childhood and adolescence, children learn to discuss, negotiate, argue, debate, and create emotional bonds during interactions. These interactions allow children to develop the language skills associated with a particular form of discourse, such as argumentation. There are also cognitive skills required for certain types of discourse, such as seeing a problem from multiple perspectives.

Often, interactions with peers are richer in terms of discussion and argumentation than interactions with adults. These discussions force children to think of alternative perspectives and to learn complex relationships. With peers, children learn what kinds of evidence are legitimate and what debate tactics are acceptable, credible, and productive. Quite literally, peer interactions are food for thought. Not only is interaction with peers essential to language and cognitive development, but interaction with friends seems to provide an even richer context for learning.

Children have been found to use better problem-solving skills, write richer and more elaborate text, and negotiate better and collaborate more when working with friends rather than other classmates. Children have more freedom to explore conflicts and resolve disputes with friends than with non-friends or adults. Despite the essential nature of peer interaction, children who are deaf or hard of hearing often have more difficulty accessing interactions with hearing peers than what is thought. This may be particularly true when a child or student needs the services of an interpreter to access interactions. The presence of an adult in peer interactions can interfere with some types of peer interactions. Children and students who are deaf or hard of hearing should be in a learning environment that allows and supports authentic peer interactions and opportunities for true friendships.

As required by the Communication Plan, the IEP team must consider the availability of role models who are deaf and hard of hearing and peers of the same communication mode and language. Educational placement, therefore, should provide social interaction with peers and friends, in addition to access to curricular materials. Children who have difficulty communicating with hearing peers, either through spoken English or an interpreter, may need an educational placement that includes more children who are deaf or hard of hearing to ensure peer interaction.

Various options for children who are deaf or hard of hearing to have contact with other peers who are deaf and hard of hearing must be considered. These include summer camp programs specifically for children who are deaf or hard of hearing. These programs also provide access to deaf role models. Similarly, older students can participate in organizations such as the Junior National Association of the Deaf. When placement options limit peer interaction, it is important for the child or student who is deaf or hard of hearing to have some rich peer experiences outside of the school day.

District Core Curriculum Standards

Standard 40: Infants, children, and students who are deaf or hard of hearing will be instructed using the early intervention and district core curriculum that are aligned with established state standards.
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Communication access and language acquisition are the most crucial factors in the design of curriculum and instruction for children/students who are deaf or hard of hearing. In order to meet early intervention, district core curricula, and state standards, the child/students' instructional setting must be fully accessible. Professional service providers must present instruction using the student's identified language and communication mode that supports the communication choice made by the IFSP/IEP team.

Educational programs are obligated to provide training to parents and families in order for the child to meet their IFSP/IEP goals. On-going procedures for communication among families, programs, classes, and schools will best serve children/students who are deaf or hard of hearing throughout their educational career.

In addition to full communication access in the home or classroom, specialized services, instructional strategies, materials, equipment, assistive technology, curricular modifications and

accommodations to the educational environment must be identified and implemented. The IFSP/IEP for each child/student who is deaf or hard of hearing will be written according to a standards-based curriculum. This may include setting goals and objectives according to the prerequisite skills necessary for them to later achieve state standards. It also may include expansion of core curriculum benchmarks. Assessments are used to identify goals and objectives and to measure student progress over time.

Supplemental Specialized Curricula

Standard 41: In addition to district and state core standards, infants, children, and students who are deaf or hard of hearing will be provided with supplemental specialized, research-based sign language or oral curricula coordinated among service providers, which contains well-defined and relevant instruction in the areas of need as identified in the IFSP/IEP.

Supplemental specialized curricula in areas not included in the general education curriculum are required by many children who are deaf or hard of hearing and students. Supplemental specialized curricula are necessary due to the impact a hearing loss has on the development of communication, language, and learning. The following areas may be included:

- Parent-Child communication interactions (nonverbal)
- ASL
- Auditory skill development including services specific to cochlear implants
- Access to adult role models who are deaf and hard of hearing
- Speech therapy
- Speechreading
- Use of an interpreter
- Social skills instruction
- Orientation and use of assistive technology
- Troubleshooting and maintenance of amplification devices
- Self advocacy skills
- Deaf studies
- Independent living skills
- Career and vocational education

The members of the IFSP/IEP team must agree to the supplemental specialized curricula intended to meet the individual needs of each infant, child, or student. Regardless of the curriculum used, each area must have content and performance standards.

Curricula for families of infants who are deaf or hard of hearing focus on teaching parents skills they need to use to develop their child's communication skills and linguistic competence and to maintain skills in other developmental domains commensurate with the child's cognitive development. Early intervention services are family-centered and are provided as outlined in the IFSP. Curriculum for infants who are deaf or hard of hearing, toddlers, and preschoolers focuses on the development of communication skills and linguistic competence to help ensure later academic, social, and vocational success. Initial language acquisition occurs naturally for children who are hearing from birth to three and continues to develop throughout their lives.

Infants and toddlers who are deaf or hard of hearing require intensive language training during those critical years. Early interventionists provide opportunities for infants and toddlers to participate in accessible and comprehensible language interactions. These direct instructional services are family-centered and are provided in accordance with the IFSP. Training and support for parents and family members result in an enriched communication environment in the home.

Transitions

Standard 42: Transitions occur periodically throughout a deaf and hard-of-hearing infant's, child's, or student's education: Early intervention to school services, preschool to elementary school, elementary school to middle school/high school, and high school to vocational, independent living, and/or post-secondary education. Planning and implementing support services must occur and be documented in a timely manner prior to each transition.

Transition planning occurs for children and students from the time the hearing loss is identified until graduation from high school or the age of twenty-one. Agencies are available to assist the family when the student exits the educational system. The team should invite representatives from outside agencies whenever possible. Agency service plans should be developed prior to the student exiting high school. For families, the initial transition begins once the identification and referral process has been completed.

When transitioning from the Part C early intervention program to the Part B preschool/school-age program, members of the IFSP team meet with staff in the preschool program to create the IEP and identify the appropriate preschool services for the child. All appropriate programming options are discussed and considered. The placement is determined according to the communication needs of the child as identified on the Communication Plan. The early interventionist maintains a working relationship with the staff in the child's preschool program for the full duration of this transition process.

When a child completes the preschool program the IEP team will convene to transition the child who is deaf or hard of hearing to an elementary school program. The team must ensure that the focus of the elementary program is communication-driven and will address the child's language, communication, academic, and social needs. Identifying challenges the child will face, and preparing the child to meet those demands successfully, requires careful planning beginning as early as possible. The team must ensure that the child will receive instruction in the district core curriculum, as well as in the specialized curriculum that is designed to meet the unique needs of students who are deaf or hard of hearing. Extra-curricular activities will be addressed to ensure proper social and emotional development.

Transition planning occurs again when a student moves from the elementary school to middle school and from middle school to high school. The IEP team must examine the student's/young adult's interests, skills, and desires for the future. Students 16 years of age and older must have an individualized transition plan (ITP). IDEA defines transition services as: A coordinated set of activities for a student, designed within an outcomes-oriented process, which promotes movement from school to post-secondary education, vocational training, integrated employment (including supported employment), continuing and adult education, adult services, independent living, or community participation. A coordinated set of activities shall be based on the

individual student's needs, taking into account the student's preferences and interests, and shall include instruction, related services, community experiences, the development of employment and other post-school adult living objectives, and, when appropriate, acquisition of daily living skills and a functional vocational evaluation.

In the State of Idaho, the state educational program for the deaf and the hard of hearing ensures accurate transition services for students who are deaf or hard of hearing through the continued services provided by the Postsecondary Transition Coordinator(s). These coordinators have specific knowledge regarding the unique transitional needs for those young adults who are deaf or hard of hearing soon exiting Part B services. Postsecondary Transition Coordinators must be included in the development of ITP's for any student needing support for the transition beyond high school regardless of transition location.

While the law requires the student to be involved in his/her own transition planning, perhaps the most important reason for student involvement is to facilitate the development of his/her self-determination skills. These skills help the student to develop the ability to manage his or her own life. The Idaho Department of Education supports early, thoughtful planning to ensure that the student will receive needed services in a timely manner when he or she exits the school system. The transition plan provides the framework for identifying, planning, and carrying out activities that will help the student make a successful transition into adult life. It includes the long-range post-school outcomes identified by the student, specific transition services that the student will need (at age 16), including agency services.

The plan should further identify the agencies that will be involved, the services that each agency will provide, and how all of the services will be coordinated. These service plans should be coordinated with the student's IEP.

An additional transition that may occur during the educational career of a child/student who is deaf or hard of hearing is a change in educational program (i.e., change in primary communication mode, educational placement, service delivery, etc.). Any time this type of transition occurs, the Communication Plan will be reviewed and revised if needed.

Purpose of Assessment

Standard 43: The program uses appropriate assessment to measure the infant's, children's, or student's achievement, design effective instruction, and communicate the program's effectiveness. Students who are deaf or hard of hearing are included in statewide and local assessments with the accommodations and adaptations that have been outlined in the IFSP/IEP.
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Children and students who are deaf or hard of hearing are included in district and statewide assessments. Results of these assessments are used to identify skills and goals for the intervention program, and to monitor progress over time.

The evaluations should include bodies of evidence in the areas of communication, social and emotional functioning, as well as pre-academic/academic performance. Students who are deaf or hard of hearing may require accommodations, as determined by the IEP, to provide equity to the

assessment procedure. Use of assistive technology to provide access should be available as outlined on the student's IEP.

It is important to consider the tools used to measure progress for students who are just beginning to demonstrate skills related to expanded benchmarks in reading, writing, mathematics, and science. Students who are working on academic content standards at these foundational levels may include those who are deafblind and those with additional cognitive and physical disabilities. Assessment data for this population is especially important in the implementation of relevant instruction for language and literacy development. Decisions regarding the level of participation must be made by the IFSP/IEP team.

Multiple measures of a student who is deaf or hard of hearing's abilities include district and statewide assessments and ongoing formal and informal measures. Formal standardized tests can be used to measure academic, language, speech, auditory, and social skills and should include assessments normed on peers who are deaf and hard of hearing and assessments normed on hearing peers. In addition, goals and objectives written on standards-based IEPs should measure student achievement. If goals and objectives are not met, the team identifies possible factors contributing to this challenge and can revisit the service delivery, placement options, and the Communication Plan.

Progress of students who are deaf or hard of hearing can also be measured by performance-based assessments, criterion-referenced assessments, norm-referenced assessments, promotion from grade to grade, and successful completion of graduation requirements. Outcomes on these measures support an evidence-based model of instruction and subsequently demonstrate program effectiveness and program accountability. Assessment is used to design and improve instruction for students who are deaf or hard of hearing.

The instructional process is monitored by ongoing assessment of the student's achievement. Service providers and members of the team will use the continuous cycle of curriculum, instruction, and assessment to drive instructional strategies and service delivery for individual students who are deaf or hard of hearing. Information derived from this process of curriculum, instruction, and assessment provides the means to measure progress of student achievement at specific intervals.

Section Five: Parent, Family, and Community Involvement

Outcome: Family and community members are active, involved participants in the education process of children/students who are deaf or hard of hearing.

Although special education and early intervention services are designed with the interest of children/students in mind, the path to its achievement is through comprehensive family involvement and community support. With the support of a wide-ranging network of parents, families, adults who are deaf or hard of hearing, and business communities, the education of children/students who are deaf or hard of hearing is enhanced.

Parent participation in education has long been recognized as a key component in improving student performance. The recognition that the family is the constant in a child's life, while the service systems and personnel within those systems vary, is a key element in creating an effective education for infants and children/students who are deaf or hard of hearing. It is essential to design an accessible program that is flexible, culturally competent, and responsive to family-identified needs. Programs should view families as a resource of knowledge, expertise, and caring regarding their children's developmental and educational experiences. When parents are supported, acquisition of further knowledge and skills that promote parent decision making, choice and self-determination occurs. Parents then become important partners in setting high expectations for their children who are deaf or hard of hearing.

The term *families* can mean a variety of individuals such as parents, guardians, foster parents, grandparents, siblings, and extended family members. The term *parent*, as used in this section, is defined in the IDEA regulations.

Parent Training and Support

Standard 44: The program provides continuous opportunities for parents to acquire the necessary skills and information, especially in communication and language development, to support the implementation of their infant's, child's, or student's IFSP/IEP.

The involvement of families as equal partners and active participants is critical to the success of infants and children/students who are deaf or hard of hearing as well as to the success of the program. Parental involvement creates a reciprocal relationship between families and the program or school. The program provides training, counseling and support services to the family in order to support their infant's, child's, or student's attainment of IFSP or IEP goals. Other parents of children who are deaf or hard of hearing, adults who are deaf or hard of hearing, program or school staff, and parent/consumer organizations are utilized for support. IDEA requires parents to be recognized as equal partners and for parent counseling and training to be provided as related services.

The program for infants, children, or students who are deaf or hard of hearing can provide important information and services to families to enhance their child's developmental, academic and social success. In order for parents to function as equal partners, they need knowledge and

support to make effective, informed decisions and to effectively participate in the IFSP/IEP process. The general goal of services to parents is informed advocacy to promote appropriate services for their children. Parents are empowered to make informed decisions when they receive comprehensive, unbiased information from a variety of sources.

It is essential that every program for infants, children, or students who are deaf or hard of hearing have a parent education component. Parent education must start as soon as the IFSP/IEP team determines that the child is eligible for these services. For families with infants and toddlers who are deaf or hard of hearing, the services focus on parent involvement as it impacts the infant or young child who is birth to three. Parent education includes, but is not limited to:

- Communication modes and approaches
- Program options
- Speech and language development
- Functional auditory skills
- Typical child development
- Meaningful communication access
- Parent rights and responsibilities
- Communication Plan and IFSP/IEP process
- Information regarding IDEA Part B and Part C special education laws
- Social/recreational opportunities for infants/children/students who are deaf or hard of hearing
- Opportunities for parents to meet and interact with other parents of children who are deaf or hard of hearing
- Opportunities for parents to meet and interact with adults who are deaf or hard of hearing

Programs should offer a variety of avenues to communicate with families, including but not limited to:

- Newsletters
- Long-range calendars
- Daily summaries of the child's day
- Routine phone calls
- Home visits
- Small groups
- Workshops for families
- Professional trainings to which families are invited

Every aspect of the school climate is open, helpful, and friendly. A room in the building may be set up to provide a place to meet and for the dissemination of resources. Tours and orientations should be provided to new families. Each family's preferred communication style and home language should be accommodated in these activities.

Because language development must be a central part of all parent and community education programs should provide ongoing, multi-level sign language classes for families and community

members. These classes should be given at reasonable times and locations for families and working parents. The classes should be free of charge and open to siblings and other family members as defined by the student's IFSP/IEP.

Adults Who are Deaf or Hard of Hearing and Community Development

Standard 45: The program involves deaf and hard of hearing communities in program development and encourages strong collaboration between school staff, parents, and community members who are deaf or hard of hearing.

Community involvement provides integral support for children and youth. Deaf and hard of hearing community members can assist the program for children and youth who are deaf or hard of hearing by helping to design and implement a Deaf culture curriculum, by providing role models who are deaf or hard of hearing, by creating career/vocational opportunities for children and youth who are deaf or hard of hearing, and by providing personnel who are proficient in using the appropriate language. Businesses or agencies that employ or serve individuals who are deaf or hard of hearing can assist the state educational program for the deaf and hard of hearing by forming a partnership with the school or program. This partnership provides opportunities for families to become involved in the Deaf community.

Meaningful participation by adults who are deaf or hard of hearing may include, but is not limited to:

- Participating in the parent education program
- Reading to children
- Teaching sign language
- Speaking to parent groups
- Participating in field trips
- Explaining Deaf culture
- Participating on the regional advisory board

Children who are deaf or hard of hearing are frequently born to hearing parents. Some live in rural areas where there are no peers who are deaf or hard of hearing. It is important for these children and youth to have access to an adult who shares a child's experiences growing up with a hearing loss.

Trained role models who are deaf and hard of hearing can provide information about their own hearing loss to children and youth who are deaf or hard of hearing. They can share their own personal experiences with students and families. The district or regional program needs a process to create access to adults who are deaf or hard of hearing.

Glossary

ACCOMMODATIONS: Provisions in how a student accesses information and demonstrates learning which do not substantially change the instructional level, content and/or performance criteria. The changes are made in order to provide a student equal access to learning and an equal opportunity to demonstrate what is known.

ACOUSTIC IMMITANCE: Refers to the measurement of middle ear functions by tympanometry and the determination of acoustic reflex threshold using tones and noise bands.

ACOUSTICS: Pertaining to sound, the sense of hearing, or the science of sound. As used in this document, the term refers to the qualities of an auditorium, classroom, or other spaces that determine how well sounds can be heard.

ADVOCACY: This term refers to the role parents or guardians play in developing and monitoring their child's educational program. Advocating for your child means knowing what rights are assured to you by the law and actively participating in the decision-making process to ensure that services are delivered in line with your goals for your child's development and education.

AMBIENT NOISE: Background noise that competes with the main speech signal.

AMERICAN SIGN LANGUAGE (ASL): A visual-manual system of communication that is commonly used by deaf people in the United States. It is a fully developed, autonomous, and unique language with its own vocabulary, grammar, and word order.

AMPLIFICATION: The use of hearing aids and other electronic devices to increase the loudness of a sound so that it may be more easily received and understood

AUDIOGRAM: A graph on which a person's ability to hear different pitches (frequencies) at different volumes (intensities) of sound is recorded.

AUDIOLOGICAL ASSESSMENT: A hearing test comprised of determining pure-tone thresholds, immitance testing, and speech recognition measurements, which shows the type and degree of hearing loss. The test can also assess how well a child is hearing with amplification.

AUDIOLOGIST: A person who holds a degree in audiology and is a specialist in testing hearing and/or hearing loss. The American Speech-Language-Hearing Association is the only organization that currently certifies audiologists although the American Academy of Audiology may also certify audiologists in the future. A certified audiologist will have the letters CCC-A or FAAA after their name.

AUDITORY TRAINING: The process of training a person's residual hearing in the awareness, identification, and interpretation of sound. This training is typically conducted by a speech-language therapist or audiologist.

BILINGUAL: Being fluent in two languages. For some deaf children this will include the use of ASL and English.

CENTRAL AUDITORY PROCESSING: Perception of sound. It includes skills such as attention to sound, long and short-term memory for sound, selective listening, and localization of sound.

CLEFT PALATE: A gap in the soft palate and/or roof of the mouth, sometimes extending through the upper lip. This occurs in-utero when the various parts of the palate don't grow together to make a single hard palate.

CLOSED CAPTION: A process by which individuals are provided translated dialog from television programs in the form of subtitles.

COCHLEAR IMPLANT: An electronic device surgically implanted to stimulate nerve endings in the inner ear (cochlea) in order to receive and process sound and speech. This device may be used by deaf children ages 12 months or older with severe to profound hearing loss.

CONDUCTIVE HEARING LOSS: Impairment of hearing due to failure of sound waves to reach the inner ear through the normal air conduction channels of the outer and middle ear. In children, conductive loss is typically medically correctable, and is most often associated with middle ear fluid.

CONGENITAL HEARING LOSS: Hearing loss present at birth, associated with the birth process, or which develops in the first few days of life.

CRITICAL MASS: The term has been borrowed from the field of physics and is intended to mean a sufficient number of children functioning within the same language, communication mode, or age group, to ensure that appropriate opportunities for social and intellectual interaction occur.

CUED SPEECH: A visual representation of the phonemes of spoken language that uses eight hand shapes in four different locations in combination with the natural mouth movements of speech to make all the sounds of spoken language look different.

DEAF: A hearing loss which is so severe that a person is unable to process linguistic information through hearing alone. When used with a capital letter "D," Deaf refers to the cultural heritage and community of deaf individuals, i.e., the Deaf culture or community.

DEAF CULTURE: A view of life manifested by the mores, beliefs, artistic expression, understandings, and language (ASL) particular to Deaf people. A capital "D" is often used in the word Deaf when it refers to community or cultural aspects of deafness.

DEAF BLINDNESS: Educationally significant combined loss of vision and hearing

DECIBEL (dB): The unit of measurement for the loudness of a sound. The higher the dB, the louder the sound, and the worse the hearing loss.

DEGREE OF HEARING LOSS: The amount of hearing loss a person has. This is typically described by a label which is assigned based on the results of a hearing test as follows:

- Normal 0 dB to 15 dB
- Mild 16 dB to 40 dB
- Moderate 41 dB to 55 dB
- Moderate-severe 56 dB to 70 dB
- Severe 71 dB to 90 dB
- Profound 91 dB or more

EAR MOLD: A custom made plastic or vinyl piece which fits into the outer ear and is connected to a hearing aid.

EDUCATIONAL INTERPRETER: A person who facilitates communication between hearing and deaf or hard of hearing persons through interpretation into a signed language or transliteration of a language into a visual and/or phonemic code.

ELIGIBILITY: A child must be determined eligible for special education services based on specific disabling conditions and/or an exhibited delay in one or more of the following areas: cognitive ability, motor skills, social/adaptive behavior, perceptual skills, and/or communication skills.

ENGLISH SIGN SYSTEMS: Sign systems designed for educational purposes, which use manual signs in an English word order, sometimes with added affixes that are not present in American Sign Language. Some of the signs are borrowed from American Sign Language and others have been invented to represent elements of English visually. Signing Exact English and Seeing Essential English are two examples of invented systems.

ETIOLOGY: The cause of a specific disease.

FINGERSPELLING: Representation of the alphabet by finger positions in order to spell out words manually.

FM SYSTEM: An assistive listening device worn by the speaker to amplify his/her voice and transmit it directly to the listener's ears via an electronic receiver and special earphones or the listener's own hearing aids. The device reduces the problem of background noise interference and eliminates the problem of distance between speaker and listener who is deaf or hard of hearing.

FREQUENCY: The number of vibrations per second of a sound. Frequency, expressed in Hertz (Hz), determines the pitch of the sound.

HARD OF HEARING: A hearing loss, whether permanent or fluctuating, which adversely affects an individual's ability to detect and decipher some sounds. This term is preferred over "hearing impaired" by the Deaf and hard-of-hearing community and refers to individuals who have hearing loss, but also have and use residual hearing.

HEARING SCREENING: Audiometric testing of the ability to hear selected pitches at loudness levels above normal hearing. The purpose is to identify individuals who may have a hearing loss, with minimal time expenditure, and refer them for further testing.

I.D.E.A.: The Individuals with Disabilities Education Act, Public Law 105-17; formerly known as PL 101-476, PL 99- 457, and PL 94-142. Part C (See "Part C") describes services to children birth to three with disabilities.

INCLUSION: Often used synonymously with the term "mainstreaming," this term refers to the concept that students with disabilities should be integrated and included to the maximum extent possible with their (typically developing) peers in the educational setting.

INDIVIDUAL FAMILY SERVICE PLAN (IFSP): A written plan describing early intervention services for a child and his/her family. The IFSP 1) addresses the family's strengths, needs, concerns, and priorities; 2) identifies support services available to meet those needs; and 3) empowers the family to meet the developmental needs of their infant or toddler with a disability. The IFSP is a written plan developed by parents or guardians with input from a multidisciplinary team.

INDIVIDUALIZED EDUCATION PROGRAM (IEP): A team-developed, written program, which identifies therapeutic and educational goals and objectives needed to appropriately address the educational needs of a school-age student with a disability. An IEP for a child with hearing loss should take into account such factors as 1) communication needs and the child's and family's preferred mode of communication; 2) linguistic needs; 3) severity of hearing loss; 4) academic progress; 5) social and emotional needs, including opportunities for peer interactions and communication; and 6) appropriate accommodations to facilitate learning.

INTONATION: Changes in stress and pitch of the voice, such as the increase in vocal pitch apparent at the end of a question.

INTENSITY: The loudness of a sound measured in decibels (dB).

LEAST RESTRICTIVE ENVIRONMENT: A basic principle of Public Law 101-476 (IDEA) which requires public agencies to establish procedures to ensure that, to the maximum extent appropriate, children with disabilities, including children in public or private institutions or other care facilities, are educated with children who are not disabled, and that special classes, separate schooling, or other removal of children with disabilities from the regular educational environment occurs only when 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.

LINGUISTICS: The science of language, including phonology, morphology, syntax and semantics.

MAINSTREAMING: The concept that students with disabilities should be in classes with their nondisabled peers to the maximum extent possible and when appropriate to the needs of the child with a disability. Mainstreaming is one point on a continuum of educational options. The term is sometimes used synonymously with "inclusion."

MANUALLY CODED ENGLISH: A term applied to a variety of different sign systems that attempt to represent English manually.

MODE OF COMMUNICATION: Primary sensory modality through which an individual with a hearing loss receives and produces language. This includes oral/aural, auditory-verbal, sign communication, cued speech, and combinations thereof.

MODIFICATIONS: A substantial change in what a student is expected to learn and demonstrate. These changes are made to provide a student the opportunity to participate meaningfully and productively in learning experiences and environments.

MORPHEME: A linguistic unit of relatively stable meaning that cannot be divided into smaller meaningful parts.

MULTIDISCIPLINARY TEAM: Involvement of two or more disciplines or professionals that provide integrated and coordinated services that include evaluation and assessment activities and development of an IFSP/IEP.

OTITIS MEDIA: A middle ear infection. Fluid can be present with or without infection, and may cause temporary hearing loss, which can evolve into permanent loss. Children with recurring episodes may experience fluctuating hearing loss and may be at risk for speech-language delays.

OTOLOGY: The study of the anatomy and disorders of the ear.

OTOSCOPE: An instrument for examining the eardrum and ear canal.

PIDGIN SIGN ENGLISH (PSE): A variety of sign language that combines some features of American Sign Language and English. It is sometimes called a contact language.

PART C: Part C is the section of Public Law 105-17 (I.D.E.A.) that refers to early intervention services available to eligible children from birth through two and their families.

PURE-TONE: A tone comprised of a single frequency (pitch). A typical hearing test includes measuring a person's ability to hear pure tones presented at different loudness levels.

REAL-TIME CAPTIONING: A transcription of the speaker or speakers is achieved by a captioner or transcriptionist by typing the material as it is spoken using a standard word processing program and projecting to a computer or other screen. Computer-Assisted Real Time Transcription (CART) uses a stenotype machine with a phonetic keyboard and special software. The software translates the phonetic symbols into English captions almost instantaneously.

RESIDUAL HEARING: The amount of usable hearing that a person who is deaf or hard of hearing has.

REVERBERATION: Prolongation of a sound after the sound-source has ceased. The amount of reverberant energy in a room depends on the absorption coefficient of the surface of the walls, floor, and ceiling.

SEMANTICS: The individual words of a language and their meanings

SENSORINEURAL: A type of hearing impairment caused by damage that occurs to the inner ear (cochlea) and/or nerve of hearing. Sensorineural damage is usually irreversible.

SENSORY DEVICES: Any device that is used to improve, augment, or supplement communication. Such devices could include personal hearing aids, wireless FM systems, cochlear implants, vibrotactile units, or other assistive listening devices.

SIGNED ENGLISH: The Signed English system was devised as a signed representation of English for children between the ages of one (1) and six (6) years old. ASL signs are used in an English word order, with 14 sign markers being added to represent a portion of the grammatical system of English.

SIMULTANEOUS COMMUNICATION (SIM COM): Use of spoken language and sign language at the same time.

SPEECHREADING: The interpretation of lip and mouth movements, facial expressions, gestures, prosodic and melodic aspects of speech, structural characteristics of language, and topical and contextual clues.

SPEECH AND LANGUAGE SPECIALIST: A professional who works with individuals who have specific needs in the area of speech and language.

SYNTAX: Defines the word classes of language, i.e., nouns, verbs, etc. and the rules for their combination, i.e., which words can combine and in what order.

TACHISTOSCOPE: An apparatus that exposes words, pictures, etc., for a measured fraction of a second, used to increase reading speed, test memory, etc.

TACTILE/VIBROTACTILE AIDS: A type of assistive communication device that emits a vibration or "tactile" signal to indicate the presence of sound(s). It is worn on the body and triggers the sense of touch or feeling to draw attention to information that cannot be heard by the individual with hearing loss.

THRESHOLD: The softest level at which a person hears a sound 50% of the time.

TOTAL COMMUNICATION: A philosophy of communication that employs a combination of components of oral and manual teaching modes such as sign language, lipreading, fingerspelling, use of residual hearing, speech, and sometimes Cued Speech.

TRANSLITERATING: The process of facilitating communication between persons who are hearing and persons who are deaf or hard of hearing. In this form of interpretation, the language base remains the same; e.g., the transliteration of spoken English to a signed English system or to a form which can be read on the lips.

TYMPANOGRAM: A pressure or "impedance" test that tells how the ear canal, eardrum, Eustachian tube, and middle ear bones are working. It is not a hearing test.

UNILATERAL HEARING LOSS: A hearing loss in only one ear.

USHER SYNDROME: An autosomal recessive genetic disorder characterized by sensorineural hearing impairment and an eye disorder called retinitis pigmentosa in which vision worsens over time.