



# Educational Service Guidelines for Students who are Deaf and Hard of Hearing



*A program of Northeast Deaf & Hard of Hearing Services  
funded by the NH Department of Education*

**New Hampshire Deaf and Hard of Hearing Education Initiative Project**

**April 2012**

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Dear Colleagues,

It is my pleasure to introduce you to the *New Hampshire Educational Service Guidelines for Students who are Deaf and Hard of Hearing*. These comprehensive Guidelines will serve as a primary resource for educators, families and the community regarding educational services for children and youth with hearing loss in New Hampshire. As we all know, identifying the unique educational needs, providing appropriate services and integrating proper technologies for students who are deaf or hard of hearing can be challenging. These Guidelines draw on research, experience, and proven best practices to design a blueprint for meeting the needs of this exceptional group of students. With this document New Hampshire is taking significant steps towards improving the lives and educational outcomes of children and youth who are deaf and hard of hearing.

This practical guide is the outcome of over two years of dedicated work by the Deaf and Hard of Hearing Education Initiative Project – a project funded by the New Hampshire Department of Education, Bureau of Special Education. I would like to acknowledge the commitment of Bureau of Special Education Administrator, Santina Thibedeau and Education Consultant Mary Lane in their dedication to the support of this project's efforts. The Project brought together a collaborative team of New Hampshire educators, administrators, service providers and parents with experience, knowledge and expertise in the area of deaf and hard of hearing education to develop this critical resource. My thanks and appreciation to the dedicated, diligent work of this team, with special recognition of the tireless efforts of the Project Coordinator, Kimberlee Pelkey.

As we move ahead with training and implementation of these Guidelines we look forward to the positive impact this will have on improving the lives and educational outcomes of children and youth in New Hampshire who are deaf and hard of hearing. I ask you to please read these Guidelines carefully and use them as the cornerstone in the planning and service provision for students who are deaf or hard of hearing. Until every child can be fully engaged in the learning process and their access to communication, development and academic performance equals that of their hearing peers our mission is not accomplished.

Sincerely,

A handwritten signature in cursive script that reads "Virginia M. Barry".

Virginia M. Barry, Ph.D.  
Commissioner of Education

*This document contains recommended guidelines for families, educational personnel, interested community members, health care providers, and state agency personnel to use in referring, identifying, assessing, planning for and providing appropriate educational services to all children and youth who are deaf and hard of hearing in New Hampshire. The application of these guidelines is intended to improve outcomes for children and youth who are deaf and hard of hearing through providing quality services and complying with federal and state laws and regulations.*



## **New Hampshire Department of Education Bureau of Special Education**



## **New Hampshire Deaf & Hard of Hearing Education Initiative Project**

**April 4, 2012**

# **NEW HAMPSHIRE EDUCATIONAL SERVICE GUIDELINES FOR STUDENTS WHO ARE DEAF AND HARD OF HEARING**

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# Preface

These Guidelines contain recommended standards for quality education programs serving children and youth who are deaf and hard of hearing. They are designed to be used by schools, administrators, families, support staff, and interested members of the community. The standards provide guidance for identifying, 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 and hard of hearing. In preparing this document, two references were extensively cited: *Colorado Quality Standards: Programs and Services for Children and Youth Who are Deaf and Hard of Hearing* (Colorado Department of Education, 2004) and *Meeting the Needs of Students Who Are Deaf or Hard of Hearing: Educational Service Guidelines* (National Association of State Directors of Special Education, 2006).

The standards set forth in these guidelines were developed by a group of stakeholders representing the various constituents in New Hampshire invested in the education of children who are deaf and hard of hearing. These guidelines are consistent with federal and state laws and regulations that govern educational services for New Hampshire children and youth who are deaf and hard of hearing.

We would like to particularly recognize the support provided by consultants Cheryl DeConde Johnson, Ed.D., and Gaylen Pugh, Ph.D., in the development of these Guidelines. Their experience and expertise in the creation of both national and state educational guidelines as well as their extensive knowledge of the needs of children and youth who are deaf and hard of hearing were critical components in our work. Their dedication to guiding us in the creation of a document that was tailored especially to the needs of New Hampshire children and youth was immeasurable. A wealth of gratitude is also offered to Johanna Lynch for her diligence and attention to detail in the editing of this document. While an editor by profession, Johanna is also the parent of a son who is hard of hearing and brought an insight to the project that was incomparable.

We could not have progressed without the support and commitment from the New Hampshire Department of Education – Bureau of Special Education. The funding provided by the Bureau to the New Hampshire Deaf and Hard of Hearing Education Initiative Project enabled us to gather a collaboration of talented and dedicated professionals who gave generously of their time to create this document. They are acknowledged below. We are indebted to this group's hard work.

These guidelines represent the first step toward a statewide coordinated effort to enhance services and improve educational outcomes for our children and youth who are deaf and hard of hearing. We look forward to our continued work to advance these endeavors.

Thank you to all,

Kimberlee Pelkey, MSW  
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# Acknowledgments

The following people gave generously of their time, talents, and expertise to make this document possible.

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# Introduction

Educators have long been aware that identifying the educational needs of children and youth who are deaf and hard of hearing and providing quality services, supports, and technology can be challenging. Many school districts have little experience in meeting the needs of these students because of the low-incidence nature of hearing loss.

In 2009 the New Hampshire Department of Education awarded a grant to Northeast Deaf and Hard of Hearing Services, Inc., to implement the New Hampshire Deaf and Hard of Hearing Education Initiative Project (DHHEIP). The grant was in response to the evident need to improve the educational outcomes of and further the educational support for New Hampshire's children and youth who are deaf and hard of hearing. DHHEIP developed a plan to provide support to schools and families that included several key components, among them a statewide survey, ongoing professional development opportunities, the development of an extensive online resource ([www.nhdeafhed.org](http://www.nhdeafhed.org)), and the creation of the cornerstone of the Project, *The New Hampshire Educational Service Guidelines for Students who are Deaf and Hard of Hearing*.

For more than two years a group of dedicated professionals worked on the writing, revision, and review of this document. The workgroup included a diverse collaboration of individuals; among them were parents, teachers of students who are deaf and hard of hearing, speech and language pathologists, audiologists, counselors, social workers, special education administrators, representatives from higher education, transition specialists, vocational rehabilitation professionals, early intervention specialists, and Deaf and hard-of-hearing community members. The result of their commitment and dedication are the Guidelines that follow.

Children and youth who are deaf and hard of hearing have significant and unique educational needs. *The New Hampshire Educational Service Guidelines for Students who are Deaf and Hard of Hearing* was developed as a *practical, communication-focused* guide for schools and families. The standards outlined below provide comprehensive guidance to assist schools in the identification, assessment, planning, development, and implementation and monitoring of services for students who are deaf and hard of hearing.

Central to the planning of services for a student who is deaf or hard of hearing is the creation of a Communication Plan. This critical component of the individual educational program (IEP) addresses identification, assessment, planning, and provision of services. The Communication Plan, as well as directions for the development of the Plan, can be found in the appendix of the Guidelines.

These guidelines are intended to be a dynamic tool that will continue to develop and expand to reflect the most current research and best practices in the field. With that in mind, we have limited the scope of the appendixes that we have attached to the Guidelines to only the most essential documents needed for planning and service provision. As a supplement to the Guidelines, we have developed an extensive online Resource Library. The Resource Library contains numerous references, resources, tools, and documents that will be useful when planning for and implementing educational services for students who are deaf and hard of hearing.

Throughout the document you will note referenced resources embedded in the document. References that appear in parenthesis, for example (Appendix A), are documents that can be found in the Appendix of the Guidelines beginning on Page 85. References that appear in bold, for example (**PEPNet iTransition**), indicate that those documents can be found in our online Resource Library. The Resource Library can be directly accessed at [www.nh-dhhguide.org](http://www.nh-dhhguide.org). We encourage you to visit the online Resource Library for an abundance of information and tools that will be regularly updated.

An online version of *The New Hampshire Educational Service Guidelines for Students who are Deaf and Hard of Hearing Students* may also be accessed at [www.nh-dhhguide.org](http://www.nh-dhhguide.org). Through the online version of the document, readers can place their cursor over the appendix reference and "click" to link directly to the resource.

The online Resource Library and the Guidelines can also be accessed through the Deaf and Hard of Hearing Education Initiative Project website at [www.nhdeafhhed.org](http://www.nhdeafhhed.org). This web site is designed as a “one-stop shopping” site of information and resources related to the education of children and youth who are deaf and hard of hearing for schools, families, and the community. Here you will find links to organizations and services for deaf and hard of hearing children and youth, a calendar of current events and trainings throughout the state, and information about FM and instructional materials available for loan.

The New Hampshire Deaf and Hard of Hearing Education Initiative Project provides ongoing training on these Guidelines as well as professional development related to the education of students who are deaf and hard of hearing. If you would like to request training or have questions regarding the Guidelines or educational services for students who are deaf and hard of hearing, please contact:

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# The Guidelines 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, and achievement outcomes.

### Identification and Referral

#### **Standard 1**

*Procedures exist for locating and referring infants, children, and youth who are deaf and hard of hearing who may require early supports and services or special education.*

### Collaboration

#### **Standard 2**

*Educational programs for children/youth who are deaf and hard of hearing establish collaborative relationships with families, educational personnel, interested community members, health care providers, and state agency personnel in order to ensure that children/youth identified with hearing loss are promptly referred for appropriate services.*

### Hearing Screening

#### **Standard 3**

*Hearing screenings to identify children/youth who may have hearing loss must be conducted consistent with national and state best practice guidelines.*

### Audiological Referral

#### **Standard 4**

*Children/youth who do not pass hearing screenings are referred and scheduled to receive an audiological assessment within 30 days of the screening.*

### Medical Referral

#### **Standard 5**

*Children/youth who are deaf or hard of hearing are referred for appropriate medical assessments as indicated (e.g. otolaryngology, genetics, ophthalmology).*

## Section Two: Assessment of Unique Needs

**Outcome:** A unique intervention or education plan is developed based on assessment that yields valid and reliable information about the child/youth.

### Persons Conducting the Specialized Assessment

#### **Standard 6**

*The assessment of children/youth who are deaf and hard of hearing, birth through 21, is conducted by personnel who understand the unique nature of hearing loss and who are specifically trained to conduct these specialized assessments.*

### Domains to be Assessed

#### **Standard 7**

*Qualified professionals assess all relevant areas of functioning to provide a comprehensive profile of the child/youth with hearing loss. Professionals performing these assessments work collaboratively to determine the effect skills in each domain have on the child/youth as a learner.*

### Test Administration

#### **Standard 8**

*Once a qualified assessment team determines the primary language and preferred communication approach of the child/youth who is a deaf or hard of hearing, tests are administered using that identified language and communication approach and are conducted by professionals proficient in that approach. This practice assures that assessments reflect an accurate measure of abilities regardless of mastery of spoken or written English.*

### Specialized Services, Materials, and Equipment

#### **Standard 9**

*The assessment report identifies the unique learning needs of the child/youth related to and impacted by the hearing loss, including needs for specialized services, materials, equipment, and accommodations for the educational environment.*

### Placement Considerations

#### **Standard 10**

*A continuum of placement options are reviewed and placement is determined by the IFSP/IEP/504 Plan team based on valid and reliable assessment data and other information that identifies individual needs across communication, academic, and social domains.*

## Section Three: Instruction and Learning

**Outcome:** Children/youth who are deaf and hard of hearing thrive and achieve their full academic potential in linguistically rich educational environments where language, communication, academics, and social opportunities are fully accessible.

### Multidisciplinary Team

#### **Standard 11**

*All persons identified on the IFSP/IEP/504 Plan who provide services form a multidisciplinary team that includes a teacher of the deaf, and that works collaboratively and flexibly to meet the child/youth's needs. The team must include the personnel necessary to conduct a comprehensive assessment resulting in recommendations that are based on valid data.*

### Focus on Communication

#### **Standard 12**

*Curriculum and instruction are delivered using the communication approach that meets the unique needs of the child/youth as defined in his/her Communication Plan.*

### Focus on Authentic, Meaningful, and Direct Peer Interactions

#### **Standard 13**

*The child/youth has authentic, meaningful, and direct peer interactions and is able to participate in a variety of social and academic opportunities.*

### District Core Curriculum and Standards

#### **Standard 14**

*Children/youth who are deaf and 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 15**

*In addition to the state core standards, children/youth who are deaf and hard of hearing will be provided with supplemental specialized curricula coordinated among service providers, which contains well-defined, rigorous and relevant instruction, and evidenced-based practices in the areas of need as identified on the IFSP/IEP/504 Plan.*

## Transition

### **Standard 16**

*Transitions occur periodically throughout the education of a child/youth who is deaf or hard of hearing: Part C (Early Supports and Services) to Part B (Preschool Special Education), preschool to elementary school, elementary school to middle school/high school, and high school to vocational and/or post-secondary education. In order for these transitions to be seamless, planning and implementing support services must occur prior to each transition.*

## Progress Monitoring

### **Standard 17**

*Individual student progress is monitored frequently using informal and formal measures that align with the content curriculum. Data is used to modify instruction and, when necessary, programming and services.*

## Section Four: Support for Instruction and Learning

**Outcome:** Children/youth who are deaf and 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 18**

*The programs and services for children/youth who are deaf and hard of hearing have a clear statement of purpose, including outcomes for expected learning, communication competency, and social/emotional well-being. The statement addresses the critical need for equal opportunity in each of these areas.*

## Language and Communication

### **Standard 19**

*Language and communication play a central role in the cognitive, academic, social, and emotional development of children/youth who are deaf and hard of hearing.*

## State Oversight

### **Standard 20**

*The New Hampshire Department of Education supports policies that are consistent with the guidelines put forth in this document and monitors results. The policies support each student's achievement of the expected learning results.*

## **Collaborative Programs**

### **Standard 21**

*Programs and services may be provided through or coordinated with collaborative or cooperative programs to effectively serve children/youth who are deaf and hard of hearing.*

## **Continuum of Service Options**

### **Standard 22**

*Each LEA provides access to a full continuum of communication, placement, program, and service options. The LEA collaborates with local and state education authorities, institutions of higher education, and other agencies to ensure provision of appropriate services for children/youth who are deaf and hard of hearing. Provision of services may occur locally or within a collaborative setting.*

## **Students with Multiple Disabilities; Deafblindness**

### **Standard 23**

*Relevant specialized services are provided for children/youth who are deaf and hard of hearing with multiple disabilities and who are deafblind.*

## **Staff Qualifications**

### **Standard 24**

*Children/youth who are deaf and hard of hearing, birth through age 21, including those with multiple disabilities and blindness, are instructed by early intervention providers and teachers who are specifically trained and/or certified to teach these individuals.*

## **Other Qualified Personnel**

### **Standard 25**

*Each student is served by qualified professionals, including support personnel, who have the skills necessary to provide instruction and services that meet the academic, communication, social, emotional, and transition needs of children/youth who are deaf and hard of hearing.*

## **Workload Management**

### **Standard 26**

*Class size and workloads of staff support the provision of specialized instruction and services based on the unique educational needs of children/youth who are deaf and hard of hearing.*

## **Professional Development**

### **Standard 27**

*The LEA provides ongoing training and mentoring for staff to enhance the overall achievement of children/youth who are deaf and hard of hearing children/youth.*

## **Training for Educational Personnel**

### **Standard 28**

*The LEA provides training to general education personnel serving children/youth who are deaf and hard of hearing regarding communication accommodations, acoustic accommodations/modifications, assistive technology, modifications of the curriculum, and understanding of the impact of hearing loss on development and learning.*

## **Facilities**

### **Standard 29**

*Facilities are designed and maintained to enhance the provision of instruction and services to meet the unique communication, education, and safety needs of children/youth who are deaf and hard of hearing.*

## **Program Accountability**

### **Standard 30**

*The school leadership, program administrators, and staff have knowledge and skills to ensure that children/youth who are deaf and hard of hearing receive appropriate instruction and designated services. Each child/youth's progress toward accomplishing the expected state and schoolwide learning results is regularly assessed. The aggregate student's progress is reported to the school community, including parents, the deaf and hard-of-hearing community and related agencies and organizations.*

## ***Section Five: Parent, Family, and Community Involvement***

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

### **Parent Training and Support**

#### **Standard 31**

*The school or program provides continuous opportunities for parents to acquire the necessary skills, especially in communication and language development, to support the implementation of their child/youth's IFSP/IEP/504 Plan. In regard to parent training, support, collaboration, and partnership among the different agencies and educational programs is essential to successful implementation.*

### **Parent Leadership and Participation in Program Development**

#### **Standard 32**

*Programs and school services actively promote parents as equal partners encouraging strong collaboration between program/school staff and the development of parent leadership. This collaboration is reflected in every aspect of the program or school and includes a plan for involving parents when developing or implementing services for students who are deaf and hard of hearing.*

### **Deaf/Hard of Hearing Adults and Community Involvement**

#### **Standard 33**

*The deaf and hard-of-hearing communities are involved in program development and service development and encourage strong collaboration between school staff, parents, and deaf and hard-of-hearing community members.*





## 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, and achievement outcomes.

New Hampshire students are eligible for special education services when hearing loss is present, whether permanent or fluctuating, and when the hearing loss adversely affects educational performance. Specific criteria for hearing loss are described below.

### The New Hampshire Rules for the Education of Children with Disabilities (June 30, 2008)

- Part Ed 1102 Definitions....§300.8 Child with a disability.
- (3) “**Deafness** means a hearing impairment that is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification, that adversely affects a child’s educational performance.” (page 4)
- (5) “**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 in this section.” (page 5)

Within the regulations for the *Individuals with Disabilities Education Act* (IDEA), deafness is defined as “a hearing impairment that is so severe that a child is impaired in processing linguistic information through hearing, with or without amplification, which adversely affects educational performance.” A child is hard of hearing if he or she has “a hearing impairment, whether permanent or fluctuating, which adversely affects a child’s educational performance, but which is not included under the definition of ‘deaf’ ” (*Code of Federal Regulations, Title 34, Part 30, §E 300.7*).

Any hearing loss, mild to profound, bilateral or unilateral, reverse slope, cookie bite, or permanent or fluctuating, may affect the acquisition of language restricting cognitive, communication, social, and academic development.

According to the National Association of State Directors of Special Education (NASDSE) “by nature of the sensory impairment, a child with a bilateral or unilateral hearing loss, whether fluctuating, progressive or permanent, meets the disability component for eligibility for special education services. Neither IDEA, nor its implementing regulations, defines a minimum decibel (dB) loss as part of the eligibility requirement” (*Meeting the Needs of Students Who are Deaf or Hard of Hearing: Educational Services Guidelines, 2006*).

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.” (**ASHA Guidelines for Audiology Provision in and for Schools**) Therefore, any child with such an audiogram provided by a licensed audiologist should be referred for services. If the child with hearing loss is birth to 3 years of age, he/she should be referred to Early Supports and Services for developmental assessment (i.e. communication, cognitive, social-emotional, physical development, and self-help skills) to determine eligibility. If the child is school age, he/she should be referred to the local school district for appropriate multidisciplinary assessment, including language, communication, cognition, social-emotional needs, and academic/educational components.

## Identification and Referral

### **Standard 1**

*Procedures exist for locating and referring infants, children, and youth who are deaf and hard of hearing who may require early supports and services or special education.*

#### Identification — Child Find

Identification is the process of seeking out and locating all children/youth who are deaf and hard of hearing from birth through 21. 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 meet normal or near normal developmental milestones (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 3 through 21 years, the process is defined in Part B of IDEA.

The New Hampshire Rules for the Education of Children with Disabilities Part Ed 1105 Child Find further outline the responsibilities of LEAs relative to the child find process. LEAs shall have policies and procedures to ensure that any child who is potentially a child with a hearing loss (as well as other disabilities) is referred to the evaluation team. As indicated in these rules, any “refer” from a screening is an indicator that a child should be referred for additional evaluation.

## Collaboration

### **Standard 2**

*Educational programs for children/youth who are deaf and hard of hearing establish collaborative relationships with families, educational personnel, interested community members, health care providers, and state agency personnel in order to ensure that children/youth identified with hearing loss are promptly referred for appropriate services.*

Educators and professionals experienced in working with children/youth who are deaf and hard of hearing should work with school districts and child find programs to establish and maintain collaborative relationships to identify or support:

- Eligibility criteria for special education services;
- Types of programs, services, and resources available for individuals who are deaf and hard of hearing, birth through 21;
- Contact persons and telephone numbers for local school district education programs as well as programs that provide specialized services for children with hearing loss and public school programs and services for students who are deaf and hard of hearing;

- The federal requirement that a referral to Part C be made as soon as possible but no more than 7 days after identification of an infant or toddler with a hearing loss.

## Hearing Screening

### **Standard 3**

***Hearing screenings to identify children/youth who may have hearing loss must be conducted consistent with national and state best practice guidelines.***

Hearing screening is a procedure used to identify children/youth 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, 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 they do not provide an analysis of the type or degree of hearing loss. *A screening is not a substitute for a diagnostic assessment.* Information from a screening alone may not be used to determine a child/youth's hearing loss, but the results are used as criteria for a referral for more extensive evaluations.

## Audiological Referral

### **Standard 4**

***Children/youth who do not pass hearing screenings are referred and scheduled to receive an audiological assessment within 30 days of the screening.***

When children/youth do not pass a hearing screening, the agency conducting the screening must provide the parents or guardians with written notification of the screening results and recommend that further audiological and/or otological evaluation be obtained. (**Written Notice of Audiological Screening Results**) Audiological assessment by an audiologist with experience working with the pediatric population should precede any referral for educational assessment or follow-up. (**Tips for Parents when Selecting a Pediatric Audiologist**)

Upon confirmation of hearing loss, the child should be referred for further assessment to determine the implications of hearing loss and the need for special education and related services. The assessment team must include a specialist in the area of hearing loss, generally an early intervention specialist in deafness and hearing loss, a teacher of the deaf, and/or an educational audiologist.

## Medical Referral

### **Standard 5**

***Children/youth who are deaf or hard of hearing are referred for appropriate medical assessments as indicated (e.g. otolaryngology, genetics, ophthalmology).***

## Determination of Etiology

The etiology of a child/youth'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), children with 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.

Hearing loss places increased demands on visual functioning. Further, children with hearing loss have a higher incidence of visual problems than children without hearing loss (Bakhshae, 2008). Visual impairments must be detected and treated as early as possible to minimize their impact on development. An initial eye exam performed by a pediatric ophthalmologist is advised for all children/youth who are deaf/hard of hearing. Ongoing monitoring of eye health/vision is strongly advised according to the recommendations of the eye care practitioner, or sooner should concerns arise.



## **Section Two:**

# **Assessment of Unique Needs**

**Outcome:** A unique intervention or education plan is developed based on assessment that yields valid and reliable information about the child/youth.

### **Purposes and Procedures of the Assessment Plan**

Assessment is conducted for multiple purposes including determining eligibility and educational need, informing intervention goals and guiding program planning, and tracking progress over time. IDEA 2004 requires that a variety of assessment tools and strategies be used to gather relevant functional, developmental, and academic information about the child. No single measure or assessment can be used as the sole criterion for eligibility determination. For children/youth who are deaf and hard of hearing, assessment must always consider the developmental areas most impacted by hearing loss, e.g., language, auditory, and communication, as well as how various environment conditions impact performance in these areas. Assessment should be completed in an environment that is free from visual and auditory distractions to increase the validity of the test performance.

Children/youth who are deaf and hard of hearing are assessed from the time of initial hearing loss identification through the time they exit Special Education. The first goal of the assessment process is to gather valid information about the child/youth's present level of functioning in the school or home setting, or both, in order to determine eligibility for special education. If eligible, the assessment data is then used to construct a plan (an Individual Family Service Plan, IFSP, for the family of infants and toddler up to age 3, or an Individual Educational Program, IEP, or a 504 Plan for children age 3 and older) to meet the child's special needs. The second goal of assessment is to identify appropriate services that address the identified goals. Finally, assessment is also used to monitor educational progress.

In assessing and identifying the unique needs of children/youth 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 ability
- Multiple disabling conditions
- Potential for use of residual hearing
- Type and effectiveness of hearing aids/implanted device
- Primary language used in the home

- Preferred communication approach
- Educational history
- Parent values, goals, and philosophy

Accommodations that provide full access to the procedure must be used during all assessment procedures. These may include sign, captions, and/or hearing and hearing assistance technology. Assessment should not proceed until accommodations that provide the child/youth full access to the procedure are instituted.

Parental involvement during the assessment process is crucial to obtaining the scope of information needed to ensure an accurate profile of the child/youth's abilities and to accurately inform decisions about communication and educational services.

Assessment data may be collected through:

- Observations
- Parent interviews (including parent report of the history of communication approaches used to date)
- Medical and audiological history
- Gathering of developmental/educational information
- Play assessment
- Developmental scales
- Norm and criterion-referenced tests
- Performance-based assessments
- Portfolios
- Career/vocational interests/skills inventories
- Gathering of other appropriate information, such as grades, portfolios, etc.
- Parent-completed questionnaires
- Videotape and associated analyses

### **Standardized vs. Non-Standardized Assessments**

The nature of hearing loss and the linguistic differences of many students who are deaf and hard of hearing can affect the administration, performance, and interpretation of typical assessment protocols. Although few instruments have been standardized for deaf and hard-of-hearing populations, these assessments may be useful for some children. In addition to special modifications, they provide norms for deaf children. In most cases, it is appropriate to use the same assessments that are normed on hearing children. These assessments allow professionals to compare the development of deaf and hard-of-hearing children to hearing children. The goal of education for children with hearing loss is development and achievement at a commensurate level to their hearing peers. Assessors need to determine whether to use a standardized instrument, to modify standardized instruments developed for hearing children, or to use instruments that have been standardized for children who are deaf and hard of hearing. The use of modifications may affect the validity of the standardized procedures, but the appropriate interpretation of assessment data under these conditions may justify the use of modifications. Modifications 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. The

National Association of State Directors of Special Education’s list of assessment tools can be found at [www.nasdse.org](http://www.nasdse.org). (Appendix D)

When a standardized test, even with accommodations or modifications, is determined by the IEP team to be invalid for a specific student, alternative assessments should be used as specified in the IFSP/IEP/504 Plan. The results of the alternative assessments, communication mode, and presentation modifications must be included in the assessment report.

## **Persons Conducting the Specialized Assessment**

### **Standard 6**

*The assessment of children/youth who are deaf and hard of hearing, birth through 21, is conducted by personnel who understand the unique nature of hearing loss and who are specifically trained to conduct these specialized assessments.*

The assessment of child/youth who are deaf and hard of hearing, including those who are deafblind and those with multiple disabilities, must be conducted by persons who are knowledgeable about hearing loss, who are skilled in administering the assessment tools, who are skilled in interpreting the results to ensure non-discriminatory testing, and who have the requisite communication skills. The parents also perform a vital role in providing information as part of the assessment team.

Qualified professionals must administer tests in each domain. These domains include:

- Audiological, to be performed by a pediatric or educational audiologist
- Health, to be performed by a nurse/doctor
- Vision, to be performed by a vision specialist who has experience working with children
- Motor, to be performed by a physical therapist or occupational therapist
- Psychological, to be performed by a psychologist who has expertise and experience working with deaf or hard of hearing children.

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
- Language
- Speech
- Auditory skills
- Academic performance
- Social and emotional development
- Cognitive development
- Adaptive/self-advocacy skills
- Family needs
- Career/vocational interests and options

Local educational agencies should refer to the specialized assessment team(s) for children/youth who are deaf and hard of hearing (a multidisciplinary team of professionals with the necessary expertise to assess children with hearing loss). This team is designed to assist local educational agencies in the assessment of children/youth who are deaf and hard of hearing using their primary communication approach — sign language, listening and spoken language, 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.

In conjunction with the local professionals, the assessment team, which is knowledgeable in the unique needs of children/youth who are deaf and hard of hearing, conducts an intensive diagnostic study. 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 educational recommendations for the child/youth.

A list of specialized assessments team(s) can be found on the New Hampshire Deaf and Hard of Hearing Education Initiative Project website at [www.nhdeafhed.org](http://www.nhdeafhed.org).

## **Domains to be Assessed**

### **Standard 7**

*Qualified professionals assess all relevant areas of functioning to provide a comprehensive profile of the child/youth with hearing loss. Professionals performing these assessments work collaboratively to determine the effect skills in each domain have on the child/youth as a learner.*

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

### **Audiological**

An audiological assessment should provide individual data regarding hearing ability for tonal and speech stimuli, auditory function, and amplification. This diagnostic assessment data should be combined with assessment of listening in the classroom, including classroom acoustics, to determine the implications of the hearing loss for learning. Recommendations for accommodations and hearing assistive technology should be based on the individual and classroom data. A plan to monitor the function of both personal and hearing assistive technology must be implemented as required by IDEA 34 CFR 300.113.

Following initial audiological assessment, it is recommended that students who are deaf and hard of hearing minimally receive audiological assessments every 3 to 6 months for infants and toddlers ages birth to 1 year and annually thereafter or as determined by the audiologist.

Although re-evaluation every three years is required for IDEA/Early Childhood Education Assessment Consortium (ECEA), results of annual hearing evaluations should be included into every IEP for a child/youth who is deaf or hard of hearing to monitor hearing function and amplification (if used) and to ensure that the accommodations are adjusted as classroom environments change. Evidence that hearing is changing, known conditions that affect hearing stability, or other unique situations may dictate more frequent assessment.

For complete information related to components of a comprehensive audiological assessment, the use of hearing assistive technology, and school-based audiology services refer to the relevant practice guidelines of the American Academy of Audiology and the American Speech-Language-Hearing Association. (**ASHA Guidelines for Audiology Provision in and for Schools**)

### **Auditory Function**

Assessment of functional auditory skills should include a broad range of auditory areas (e.g., awareness, discrimination, comprehension, synthesis) under a variety of conditions (e.g., auditory only, auditory/visual, near and far), and employing a range of stimuli (e.g., sounds, words, sentences,

paragraphs). Assessment may compare performance with and without personal hearing instruments or hearing assistance technology when it is desired to demonstrate the benefits of hearing technology.

### **Language**

Assessment of language skills of children/youth who are deaf and hard of hearing, including those with deafblindness and multiple disabilities, must be conducted by a teacher of the deaf and hard of hearing, a speech-language pathologist, or other specialist who is proficient using the child's language and communication approach and endorsed by the assessment team. The assessor must be skilled in identifying, using, and analyzing the child/youth's language and communication, which may include the use of sign, cues, speech, or a combination.

The assessment of language includes receptive, expressive, and pragmatic procedures, measures of primary and secondary language competence (when applicable), and consideration of home language to determine whether or not a child/youth has age-appropriate language and communication skills, identify deficits, and provide evidence of progress over time. Formal tests should provide norms to compare the students' performance to that of their hearing peers. Other forms of assessment, such as language sampling, may provide useful diagnostic information regarding language competence.

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

*Semantics:* Including vocabulary mastery, multiple meanings, and basic concepts, both receptively and expressively;

*Syntax:* Including receptive and expressive abilities in the use of word order and morphemes to create grammatically correct sentences;

*Morphology:* Including 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:* Including the ability to use language for interpersonal communication 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)*
- *Pidgin Sign English (PSE)*
- *Manually Coded English (MCE)*
- *Conceptually Accurate Signed English (CASE)*

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

- An analysis and description of the sign language or sign system used
- Visual and motor capabilities
- Semantic and grammatical accuracy pertinent to the sign language or sign system used (e.g., ASL or MCE)
- Pragmatics

- If simultaneous communication is used, an analysis of the quality of communication, such as percentage of message signed, percentage spoken, and percentage both signed and spoken

### **Spoken Communication**

For a child/youth who is deaf or hard of hearing who uses speech, a spoken communication assessment includes an assessment of the use of speech and speechreading skills for oral communication in English or in combination with signs or with Cued Speech.

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

- Phonetic assessment: imitation of speech sounds
- Phonologic assessment: Voicing, manner, placement, syllabication, and stimulability
- Prosodic features: Intonation, pitch, rhythm, and stress
- Voice quality
- Intelligibility of connected speech

### **Written Language**

A written language assessment provides diagnostic information regarding the student's 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 IEP planning.

### **Pre-Academic**

For educational planning with young children/youth who are deaf and hard of hearing, a thorough assessment of pre-academic skills is important. This assessment should be done by a teacher of the deaf or other professional who is knowledgeable about early childhood development and education as well as the implications of hearing loss. The individual must also be proficient using the child's language and communication approach. The areas requiring assessment include expressive and receptive language, auditory skill development, functional listening ability, speech intelligibility, pre-literacy skills, pragmatic language skills, and family participation.

### **Academic Skills**

Academic assessment provides information regarding the student's present level of functioning and minimally should include the following areas:

- Math computation, reasoning, and application in all contexts (e.g., measurement, money, time, word problems, etc.)
- Reading comprehension including emergent reading abilities as well as words, phrases, sentences, passages, literal/inferential skills
- Style of decoding (i.e., 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 and hard of hearing students, it is important to consider the assessment results in

conjunction with other assessment information (e.g., criterion-referenced assessment, portfolio assessment) when developing the IEP.

In addition to taking part in academic achievement testing for initial and triennial assessment, students who are deaf and hard of hearing must participate in all statewide and local assessment programs.

### **Psychological**

A psychological evaluation of cognitive abilities provides information about a student's present level of function 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 and 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 has expertise assessing children/youth who are deaf and hard of hearing and who is proficient using the student's language and communication approach should conduct the assessment. A student should receive a psychological assessment in the early elementary years once it is determined that reliable results can be obtained, with more frequent assessment indicated for some children when special conditions are present (e.g., other disabilities, emotional factors, etc.).

A psychological assessment may also be used to identify students who may be eligible for gifted/talented programs. Other areas of psychological assessment include social/emotional development and adaptive/self-help behavior.

### **Health**

The overall physical health of the child/youth, 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 IFSP/IEP/504 Plan.

### **Vision/Deafblindness**

Children/youth with hearing loss are dependent on their vision as a means to supplement information that is degraded by their hearing loss. Further, there are a variety of conditions and syndromes (e.g., Usher syndrome) that can affect both hearing and vision, further impacting communication and language development. This dual involvement must be considered when developing the child/youth's intervention or IEP. For infants, it is recommended a vision assessment be conducted for all children diagnosed with hearing loss. After infancy, children/youth with hearing loss must have a thorough evaluation anytime vision problems are suspected or identified through a screening. The evaluation includes assessment of visual acuity, visual tracking, and visual field. In addition, a functional vision assessment should 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. Teachers of the deaf are rarely trained to be proficient in assessing all areas of development. As a result, multidisciplinary team approach to assessment is essential in order to ensure that all areas of need are addressed. This multidisciplinary assessment should include general background information regarding the child and family, observations of the child, functional

assessment, influence of co-occurring problems such as vision and hearing loss, and discipline-specific information.

### **Motor**

The assessment of motor skills may be especially significant for students who are deaf and hard of hearing. Etiologies that are neurologically based may result in vestibular impairment affecting a child/youth'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/youth who are deaf and hard of hearing.

### **Communications Technology**

When appropriate, the communication skills assessment should include an assessment of the student's ability to use communication technology (e.g., telephone/cell phone, videophone (VP), video relay service (VRS), text-to-text pager, text messaging). The results of this assessment should be used to develop IEP goals and objectives related to the use of communications technology in everyday activities. All technology used by students must be managed to assure that it functions consistently and that repairs are completed in a timely manner. Any assistive technology must be identified and implemented in accordance with the requirements of Assistive Technology within IDEA. (34 CFR § 300.5-.6 (Part B) and 34 CFR § 303.13(b)(1)(i-ii)(Part C)). (Appendix A)

### **Career-Vocational**

Students who are deaf and hard of hearing in secondary schools must be provided with an individual career/vocational assessment as part of the transition IEP or 504 Plan planning. Career/vocational assessments may include but are not limited to interest inventories, college aptitude tests, evaluations 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/youth's IEP. The law requires transition services as a component of the IEP or 504 Plan planning for every student 14 years of age or older and may be deemed appropriate for students younger than 14.

The New Hampshire Bureau of Vocational Rehabilitation (NHVR) has a statewide network of specially trained Rehabilitation Counselors for the Deaf and Hard of Hearing (**Transition Counselors – Schools Served List**). Schools may have service agreements with the department for the referral of students, when appropriate, to determine NHVR eligibility and to perform vocational assessments. Additional tools for use with transitioning students who are deaf and hard of hearing can be found in Appendix E, Transitional Service Guidelines, and in and PEPNet's iTransition program and web site. (**iTransition – PEPNet**)

### **Family Needs**

The ability of the family to understand and resolve issues related to the child/youth's hearing loss should be discussed as part of the on-going IFSP/IEP/504 Plan process. The knowledge they have about hearing loss, child development issues, and their competence in 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/youth, parent support and training is provided through the IEP. IDEA 34CFR 300.34 specifically outlines the provision of parent counseling and training for parents of children who are deaf or hard of hearing. 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 and at no cost to the family.

## **Test Administration**

### **Standard 8**

*Once a qualified assessment team determines the primary language and preferred communication approach of a child/youth who is deaf or hard of hearing, tests are administered using that identified language and communication approach and are conducted by professionals proficient in that approach. This practice that assures assessments reflect an accurate measure of abilities regardless of mastery of spoken or written English.*

When an assessment plan is being developed, the special language needs of children/youth who are deaf and hard of hearing should be recognized. When there is a primary and preferred language other than English (including American Sign Language), assessments should be conducted in that language. The child/youth's preferred communication approach, which may be signed or spoken (with or without the support of signs or cues), should be utilized in the assessment. The test environment must ensure adequate lighting and meet classroom acoustical standards (ANSI/ASA s12.60, 2010).

## **Specialized Services, Materials, and Equipment**

### **Standard 9**

*The assessment report identifies the unique learning needs of the child/youth related to and impacted by the hearing loss, including needs for specialized services, materials, equipment, and accommodations for the educational environment.*

The assessment report identifies the unique educational needs of the child/youth in order to have access to an appropriate education program. The IFSP/IEP/504 Plan team must identify:

- The specialized instruction required, including but not limited to:
  - TOD instruction
  - Language
  - Reading
  - Math
  - Speech
  - Auditory
  - Social
  - Behavior
  - Advocacy
  - Training in assistive technology devices
  - Sign language instruction
- The specialized support services required, including but not limited to:
  - TOD
  - Sign language interpreting
  - Oral or cued speech transliteration
  - Notetaking
  - Speech-to-text services
- The specialized equipment required, including but not limited to:
  - Hearing assistive technology

- Closed-captioned television
- Communication technologies for the deaf
- Captioned videos
- Alternate augmentative communication (AAC)
- Accommodations to the educational environment, including but not limited to:
- Accommodations to the educational environment, including but not limited to:
  - Acoustically appropriate classroom
  - Strategic seating
  - Lighting
  - Small group instruction

### Assessment of Classroom Acoustics

Excessive noise and high reverberation levels interfere with many students who are deaf and hard of hearing ability to communicate. Classroom acoustic standards were developed by the American National Standards Institute, Inc. (ANSI/ASA S12.60-2010: American National Standard *Acoustical Performance Criteria, Design Requirements and Guidelines for Schools, Part 1: Permanent Schools and Part 2: Relocatable Classroom Factors* – available from <http://asa.aip.org/classroom.html>). The standards dictate an ambient noise level of 35 dBA and a .6 second reverberation time for typical classrooms. Provision is made for reducing the reverberation time to .3 for children with special listening needs. Relocatable classrooms are generally not suitable for any child with special listening requirements due to higher allowable noise levels until 2017.

When screening classroom acoustics, an audiologist or TOD should use a sound level meter with an “A” weighted scale that has a minimum setting of at least 35 dBA. (**ANSI Classroom Acoustical Screening Survey Worksheet**) Most noise problems will be caused by:

- Excessively loud heating/ventilation/air conditioning units (HVAC)
- Other noise sources in the classroom including lights, audio visual (AV) and electronic equipment, computers, pencil sharpeners, aquariums, and children moving about the room and talking
- Street and playground noise from outside the building
- Hallway and adjacent classroom noise

High reverberation times can be the result of insufficient sound absorption materials in the ceiling, floor, and wall surfaces causing excessive sound reflections that reduce speech intelligibility. Reverberation time can be estimated using a formula approach or with a software program that calculates actual reverberation. Based on room size and reverberation time, the critical distance between the student and the talker can be calculated. When this distance is exceeded, speech intelligibility is reduced due to the increased reflections of sound.

### Placement Considerations

#### **Standard 10**

***A continuum of placement options are reviewed and placement is determined by the IFSP/IEP/504 Plan team based on valid and reliable assessment data and other information that identifies individual needs across communication, academic, and social domains.***

A Communication Plan (Appendix B) is required for all children/youth who are deaf and hard of hearing, including those with deafblindness and additional disabilities that are found to be eligible for

early intervention or special education services. The plan should be developed based on the individual communication needs of the child/youth and should be discussed at the beginning of the IFSP/IEP/504 Plan meeting in order to initiate a discussion regarding services and placement options for the child. These options should be discussed with all IFSP/IEP/504 Plan participants and all placement decisions must be made in collaboration with the parents.

**Educational Environments may include but are not limited to:**

*Birth to 3:*

The preferred setting for intervention is a “natural environment,” as outlined in Part C of IDEA. However, in addition to providing specialized Family Centered Early Support and 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 and hard of hearing, especially those who utilize the same communication approach.

*Preschool and school-age children:*

A critical mass of age and language peers as well as opportunities for direct instruction and communication with staff are important components of instruction and learning. Placement options should be analyzed and selected based on these components, the child/youth’s readiness skills, and the school setting’s ability to provide the support the child/youth needs. The following placement options should be part of the continuum that is considered.

- General education classroom
  - placements with all necessary instructional, related, and support services including itinerant teachers credentialed in education of children/youth who are deaf and hard of hearing, resource room support, interpreters, and hearing assistive technology
- Collaborative program
  - programs are 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 for the deaf
  - programs in separate educational facilities that may include opportunities for mainstreaming in general education settings. New Hampshire does not currently have a state of charter school for the deaf, however some New Hampshire students who are deaf attend schools for the deaf in other states including Massachusetts, Vermont, and Connecticut.
- Nonpublic schools, virtual (online) schools, home instruction, hospital instruction, and institutions required by federal and state laws to meet the needs of students with disabilities that cannot be met within the traditional public school setting. (*New Hampshire Rules for the Education of Children with Disabilities*, 2008, Table 1100.3 and Table 1100.4)

As indicated in New Hampshire Rules for the Education of Children with Disabilities, 2008: RSA 186-C:8 Collaborative Programs:

**RSA 186-C:8. Collaborative Programs –**

- (i) School districts or school administrative units, or both, may enter into cooperative agreements in order to provide approved programs for educating children with disabilities. The State Board of Education, when appropriate because of a low incidence of a disabling condition, high cost of services or scarcity of trained personnel, shall encourage such cooperative agreements and shall serve as a source of information, advice, and guidance to school districts, school administrative units, or both.*
- (ii) The State Board of Education, together with representatives of neighboring states, shall study the feasibility of interstate agreements or interstate compacts for the provision of services to children with disabilities.*



## *Section Three:*

# **Instruction and Learning**

**Outcome:** Children/youth who are deaf and hard of hearing thrive and achieve their full academic potential in linguistically rich educational environments where language, communication, academics, and social opportunities are fully accessible.

New Hampshire's content common core standards apply to all children/youth, including those who are deaf and hard of hearing. Through the use of current early intervention program standards and district-adopted curriculum materials and resources, programs and schools support the teaching of these standards. The primary focus of instruction is the learning/performance standard and the ongoing assessment of student learning. By aligning curriculum and assessment, interventionists and educators determine effective and appropriate methods of instruction.

School districts must show yearly progress for all students, including those students receiving special education services. Districts are required to annually measure and publicly report the progress of students in each school and at the district level regarding progress towards the statewide performance targets on the statewide assessments. For infants and toddlers with an IFSP, growth is measured by demonstrating appropriate developmental progress.

Children/youth who are deaf and hard of hearing, birth through 21 years, including those with multiple disabilities or deafblindness, are instructed using the early intervention and district curriculums that are aligned with state standards. The program of instruction considers the central role that language and communication play as they relate to cognitive, academic, and social/emotional development.

The Communication Plan (Appendix B) defines the communication approach that the family along with the IFSP/ IEP/504 Plan team has determined meets each child or youth's unique needs. This document is to be included in the IFSP/IEP/504 Plans for children/youth who are deaf and hard of hearing.

Areas addressed in the Communication Plan for infants and toddlers include:

- Information provided to parents regarding hearing loss and communication options
- Language development opportunities, communication modes, and intervention program options
- Identification of the child's primary communication mode
- Opportunities for direct communication in the target language with peers and adults who are deaf or hard of hearing
- Opportunities for intervention services from professionals who have demonstrated proficiencies in providing early intervention services to children/youth who are deaf and hard of hearing and who can directly communicate with the child/youth in a manner consistent with the child/youth's developmental level and communication mode
- Environments where early intervention services are provided that offer active and consistent communication designed to develop basic interpersonal communication skills in the mode used by the child/youth

Areas addressed in the Communication Plan for preschool and school-age children/youth include the:

- Child/student’s primary receptive and expressive language and primary communication mode
- Availability of adult role models and peer group who are deaf and hard of hearing who using the child/student’s communication mode or language
- Explanation of all educational options provided by the school administrative unit and available for the child/student
- Credentialed teachers, interpreters, and other specialists responsible for delivering the Communication Plan in the child/student’s identified primary mode of communication or language
- Identification of communication-accessible academic instruction, school services, and extracurricular activities that the child/student will receive
- Hearing assistive technology (HAT) or other assistive technology required by the child/student

Professionals and parents form a multidisciplinary team during early intervention, the school years, and transition into adult life. The team works collaboratively, providing meaningful opportunities to engage children/youth in linguistically rich, rigorous standards-based curriculums and to make accommodations to maximize the child/youth’s ability to demonstrate what s/he knows and can do. These team members actively plan and execute the many transitions that occur for children/youth who are deaf and hard of hearing.

In addition to program, district, and state core standards, direct instruction to children/youth who are deaf and hard of hearing frequently utilizes specialized curriculums. These curriculums help children/youth who are deaf and hard of hearing acquire skills in areas specifically impacted by hearing loss. These curriculums focus on the development of communication, language, literacy, and transition skills. Each curriculum should contain content and performance standards that are integrated into New Hampshire’s state core standards.

Federal and state legislation mandate that children/youth with IEPs must participate in state and district assessments. In New Hampshire children/youth who are deaf and hard of hearing are assessed through the general state assessment with appropriate accommodations as outlined in their IEP/504 Plan. All school-age children/youth who are deaf and hard of hearing, except those taking the alternate assessment, must be measured against the same age or grade-level content standards in development, reading, math, and science as their typical peers. The alternate assessment must address the same content standards but at a different performance level. Students are given ongoing formal and informal assessments to examine other developmental domains. Progress is measured by performance-based assessments, criterion-referenced assessments, and norm-referenced assessments. Assessment is a means to measure student achievement, obtain data for program accountability, and design effective instruction.

## **Multidisciplinary Team**

### **Standard 11**

*All persons identified on the IFSP/IEP/504 Plan who provide services form a multidisciplinary team that includes a teacher of the deaf, and that works collaboratively and flexibly to meet the child/youth’s needs. The team must include the personnel necessary to conduct a comprehensive assessment resulting in recommendations that are based on valid data.*

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

- Teachers of the deaf and hard of hearing
- Counselors for the deaf and hard of hearing
- Student
- Parents
- Family members
- Early interventionist
- Audiologist
- Speech-language pathologist
- Psychologist
- Educational interpreter/transliterater
- Notetaker
- Instructional assistant/paraeducator
- Career/vocational counselor
- General classroom teacher
- Program administrator/LEA
- ASL specialist
- Listening Spoken Language specialist
- Guidance counselor
- Media and technology specialist
- Multiple disability specialist
- Teacher of the deafblind
- Occupational therapist
- Physical therapist
- Social worker
- Special Educator generalist
- Behavioral specialist

Accessing additional specialists to serve as consultants from other areas of the district, state, or region should be a viable option when considering a student-centered education plan.

Each of the multi-disciplinary team members agree to engage in planning of a child/youth's early intervention or educational program. Individual progress monitoring of a student's growth in a variety of areas, as outlined in their IFSP/IEP/504 Plan, is an essential responsibility of the team. This is accomplished by engaging in more than the prescribed annual IFSP/IEP/504 Plan review and for IEP triennial meetings. Regular communication must exist among professionals and with parents in order for the child/youth to succeed. Parents are full and equal participants in the educational programs of their child or youth and are a vital component of the multidisciplinary team.

## Focus on Communication

### **Standard 12**

*Curriculum and instruction are delivered using the communication approach that meets the unique needs of the child/youth as defined in his/her Communication Plan.*

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

Effective programs follow a well-defined linguistically based model and philosophy for children/youth who are deaf and hard of hearing that emphasizes parental and family involvement, training, and support. The multidisciplinary team members function in partnership and ensure that the instructional and support service providers offer proficient language models for the children/youth who are deaf and hard of hearing.

IDEA mandates that children/youth with disabilities are educated in the least restrictive environment (LRE), the one most like that of their typical peers. For children/youth who are deaf and hard of hearing, communication access and direct communication with peers are the driving forces behind creation of the least restrictive educational environment.

Any child/youth with a documented hearing loss should have a Communication Plan as part of their IFSP/IEP (Appendix B). This Communication Plan specifically addresses the unique communication needs of the child/youth and is used to guide the IFSP/IEP/504 Plan team during each review and eligibility meeting. Each meeting should review the current Communication Plan and assess its effectiveness in addressing the unique communication needs of the child/youth 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 additional services or alternative educational placement options should be explored. Instructional opportunity should not be denied based on the amount of the child/youth's residual hearing, the ability of the parents to communicate, nor the child/youth's experience with other communication modes.

Individualized, relevant communication access, as identified in the Communication Plan, also applies to participation in extra-curricular activities. Extra-curricular activities are part of each student's educational program and are important to each child's social, emotional, and cognitive development. Local school districts must provide resources to ensure that all extracurricular activities are *fully accessible* to children/youth who are deaf or hard of hearing. The Communication Plan applies in the same way as during the school day.

## Focus on Authentic, Meaningful, and Direct Peer Interactions

### **Standard 13**

*The child/youth has authentic, meaningful, and direct peer interactions and is able to participate in a variety of social and academic opportunities.*

Peer interaction is essential for many aspects of human development, from birth onwards. Children/youth learn a great deal through interactions with others, and interactions with peers are

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, involvement 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/youth learn to discuss, negotiate, argue, debate, and create emotional bonds during interactions. These interactions allow children/youth 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 the kinds of evidence that are legitimate and which debate tactics are acceptable, credible, and productive.

Despite the essential nature of peer interaction, children/youth who are deaf and hard of hearing often have more difficulty accessing interactions with hearing peers due to communication access challenges. This may be particularly true when a child/youth 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/youth who are deaf 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 deaf and hard-of-hearing role models 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.

Other ways for children/youth who are deaf and hard of hearing to have contact with other peers who are deaf and hard of hearing include school-sponsored regional activities and private summer camp programs that are specifically for children who are deaf and hard of hearing. These programs also provide access to Deaf role models. Similarly, older youth can participate in the Junior National Association of the Deaf Youth Leadership Programs ([www.nad.org/youth-leadership-programs/JuniorNAD](http://www.nad.org/youth-leadership-programs/JuniorNAD)), Explore Your Future ([www.ntid.rit.edu/camps/eyf](http://www.ntid.rit.edu/camps/eyf)), and other programs focusing on older youth who are deaf and hard of hearing. When placement options limit peer interaction, it is important for the child/youth who is deaf or hard of hearing to have some rich peer experiences outside of the school day.

## **District Core Curriculum and Standards**

### **Standard 14**

*Children/youth who are deaf and hard of hearing will be instructed using the early intervention and curriculum that are aligned with established state standards.*

Communication access and English-language acquisition are the most crucial factors in the design of curriculum and instruction for children/youth who are deaf and hard of hearing. In order to meet early intervention, district core curriculums, and state standards, the child/youth's instructional setting must be fully accessible. Service providers must present instruction using the student's identified language and communication mode as outlined in the Communication Plan. Early intervention programs and

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

In addition to full communication access in the classroom, specialized services and instructional strategies, materials, equipment, assistive technology, curricular modifications, and accommodations to the educational environment must be identified and implemented.

The IFSP/IEP/504 Plan for each child/youth 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 access skills necessary for them to later achieve the state standards and expansion of the core curriculum benchmarks. Assessments are used to identify goals and objectives and to measure student progress over time.

## **Supplemental Specialized Curricula**

### **Standard 15**

*In addition to the state core standards, children/youth who are deaf and hard of hearing will be provided with supplemental specialized curricula coordinated among service providers, which contains well-defined, rigorous, and relevant instruction and evidenced based practices in the areas of need as identified on the IFSP/IEP/504 Plan.*

Supplemental specialized curricula in areas that are not part of the general education curriculum are required by many children/youth who are deaf and hard of hearing. These curricula areas are necessary to address the impact of hearing loss on the development of communication, language, and general learning skills. The following areas may be included:

- American Sign Language
- Use of an interpreter
- Listening and spoken language
- Orientation and use of assistive technology
- Deaf Studies
- Self-advocacy skills
- Social skills
- Independent living skills
- Career and vocational education

The IEP team identifies the specialized areas that need to be addressed to meet each individual student's needs. Service providers work together to implement the supplemental curricula so that it is integrated with general education and other academic instruction. Irrespective of the curriculum used, each area must have content and performance standards that align with state standards

Curricula for families of infants and young children who are deaf and hard of hearing focus on skills that parents need in order to develop their children's communication skills and linguistic competence. The curricula also work towards building skills in other developmental domains commensurate with the child's cognitive development. Early intervention services are family centered, provided according to the IFSP, and integrated consistently across all services. Curriculum for infants, toddlers, and preschoolers who are deaf and hard of hearing focuses on the development of communication skills and linguistic competence to help ensure later academic, social, and vocational success. Intense language training is required during the critical first three years of life. Early interventionists provide

opportunities for infants and toddlers to participate in accessible and meaningful language interactions that are family centered. Training and support for parents and family members result in an enriched communication environment in the home that continues through the preschool and school-age years.

## Transition

### **Standard16**

*Transition occurs periodically throughout the education of a child/youth who is deaf or hard of hearing: Part C (Early Supports and Services) to Part B (Preschool Special Education), preschool to elementary school, elementary school to middle school/high school, and high school to vocational and/or post-secondary education. In order for these transitions to be seamless, planning and implementing support services must occur prior to each transition.*

Transition planning occurs for children/youth who are deaf or hard of hearing from the time a hearing loss is identified until graduation from high school or the age of 21. Transition plans are an integral part of a student's IFSP/IEP/504 Plan and must be developed prior to a student making any transition. Students 16 years of age or older should have an Individualized Transition Plan (ITP). The responsibility for initiating the transition and completing documentation is incumbent on the sending team.

In accordance with New Hampshire Rules for the Education of Children with Disabilities, Ed 1109.01(10) –“ In New Hampshire a statement of transition services that meets the requirements of 34CFR300.43 and 34CFR 300.320(b), with the exception that a plan for each student with a disability beginning at age 14 or younger, if determined appropriate by the IEP team, shall include a statement of the transition service needs of the student under the applicable components of the student's IEP that focuses on the student's course of study such as participation in advanced–placement courses or a vocational education;”

All successful transitions for students who are deaf or hard of hearing require the following:

- Teams comprised of professionals with knowledge of the unique needs of the child/youth, parents/guardians, and when appropriate the student
- Early, effective planning
- Collaboration and open, substantive communication
- Implementation and ongoing review of goal progress

Transition teams working with students who are deaf or hard of hearing must:

- Identify team participants, the role each participant will have in the transition, the services that will be provided, and how all services will be coordinated
- Be comprised of representatives from both the sending and receiving teams, parents/guardians, and the student, if appropriate
- Obtain and provide current evaluative data and any other relevant information about the student that will inform the team and aid the transition process
- Consider the communication needs and methodology of the student as outlined in their Communication Plan
- Ensure that all appropriate agencies/service providers are active participants on the transition team

- Ensure that the families have the opportunity to participate and actively seek out family input

For families, the initial transition begins once their child has been identified with a hearing loss and the referral process for early supports and services has been completed.

In the case of infants and toddlers in New Hampshire the process is as follows:

- Hospitals and newborn nurseries conduct hearing screenings
- If a child is referred for diagnostic testing after two consecutive screenings he/she is entered into the New Hampshire tracking system known as AURIS
- Once a child is entered into the AURIS system he/she is monitored by the Early Hearing, Detection and Intervention Program (EHDI) (**New Hampshire Resources**)
- An EHDI family advocate ensures that diagnostic testing is completed at one of New Hampshire's approved diagnostic centers
- When a hearing loss is confirmed the diagnostic center, with parental permission, makes a referral to Family Centered Early Supports and Services (ESS) (**New Hampshire Area Agency Information**)
- The intake and evaluation process for ESS includes a referral to the Multisensory Intervention and Consultation through Education Program (MICE) (**New Hampshire Resources**), New Hampshire's program for children ages birth through 3 who have sensory impairments
- The evaluation provides information for the development of an IFSP that includes the type and amount of services the child and family will receive until the child is age 3
- Progress is reviewed regularly and continued eligibility for services is reviewed on an annual basis
- Six months prior to a child's 3rd birthday, a written referral is made to the child's local education agency by the IFSP team

Eligibility for ESS ends when a child turns 3. There are a number of transition options for families to consider. The ESS Service Coordinator will discuss all these options with a family, including preschool special education services. In order to ensure a smooth transition, ESS begins the formal transition planning process when a child is 2 years old.

- By the time a child is 24 months of age a Transition Plan is developed and becomes a part of the IFSP. The Transition plan includes steps to exit ESS and includes referral to school district, as appropriate.
- At least 90 days (but not more than 9 months) before the child's third birthday the ESS Service Coordinator will conduct a Transition Conference with the local school district where the IFSP Team will determine if the child is potentially eligible for special education
- Immediately following the Transition Conference and with written parental consent, the ESS Service Coordinator will send a referral to the local school district

When transitioning from the Part C/ESS to the Part B preschool special education, members of the IFSP team collaborate with the local school district preschool personnel. The IEP (Individualized Education Program) team (of which parents are members) is responsible to ensure that all the timelines and steps in the special education process are met. The IEP team will determine if additional evaluations are necessary and ensure they are conducted. If the child is determined eligible for special education, the IEP Team will identify the appropriate special education services for the child and develop an IEP. All programming options are considered and placement is made in the least restrictive environment and according to the services and supports listed in the IEP.

Because of the complexity of the needs of children who have vision and/or hearing loss, especially those children who are deafblind, it is recommended that more time be given to ensure a smooth transition. This time will allow for early information sharing and for resource allocation including hiring and training for staff, environmental modifications, teaching strategies and techniques, equipment needs and communication programming. Below are additional recommendations for transition for children with vision and/or hearing loss, including deafblindness, to ensure a smooth transition.

- Transition planning should begin no later than age 2 in order to coordinate between ESS and preschool special education staff. This includes preschool staff participation in home visits and therapy sessions to learn more about the child's needs.
- Teachers of the visually impaired, teachers of the deaf and hard of hearing and or a deafblind specialist must be actively involved in all aspects of the transition process.
- It is imperative for all preschool staff (including paraprofessionals) to have a full understanding of vision and/or hearing loss (including deafblindness) and the impact on learning and functioning. Additionally, training in amplification, environmental modifications, tactile based teaching, and control of sensory input and skills of daily living may be needed.

When children who are deaf or hard of hearing remain eligible for special education at the time of transition from preschool to elementary school, careful planning beginning as early as possible is required. The planning should include appropriate members of both the preschool and elementary school IEP/504 Plan teams. During the planning process the team must:

- Work collaboratively to provide a seamless and comprehensive transition
- Identify challenges the child will face and strategies to address them
- Ensure that the focus of the elementary program is communication driven
- Address the child's language, communication, academic, and social needs
- Address the child's auditory and technology needs

These factors should be considered each year as a child transitions from grade to grade throughout their elementary school experience. Any changes that may be necessary to ensure the student has continued access to the general curriculum should be addressed.

Transition planning occurs again when a student moves from elementary school to middle school and from middle school to high school. At the secondary level, the transition team must consider the student's vision and goals as well as the young adult's interests, skills, and desires for the future. Students 16 years of age or older must have an ITP and students age 14 or younger, if determined appropriate by the IEP team, shall include a statement of the transition service needs (course of study).

**IDEA defines transition services as:**

“A coordinated set of activities for a child, with a disability that (1) is designed to be within a results-oriented process, that is focused on improving the academic and functional achievement of the child with a disability to facilitate the child’s movement from school to post-school activities, including post-secondary education, vocational education, integrated employment (including supported employment), continuing and adult education, adult services, independent living, or community participation; (2) is based on the individual student’s needs, taking into account the student’s strengths, preferences and interests, and shall include (i) instruction; (ii) related services; (iii) community experiences; (iv) the development of employment and other post-school adult living objectives, and (v) if appropriate, acquisition of daily living skills and provision of a functional vocational evaluation.” [34 CFR 300.43 (a)] [20 U.S.C. 1401(34)]

While IDEA statute requires a 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/self-advocacy skills and the exploration of their future goals. These skills help the student to develop the ability to manage his or her own life. Skill development would include such areas as communication in varying environments, technology and amplification, and self-advocacy to include knowledge of Section 504/Americans with Disabilities Act (ADA) and amendments. The New Hampshire Department of Education supports early, thoughtful student-driven planning to ensure that the student will receive needed services in a timely manner when he or she exits the school system.

Consistent with requirements under IDEA and New Hampshire state regulations, transition services should create opportunities for youth with disabilities that result in positive adult outcomes for post-secondary life, including raising expectations, assessing interests, utilizing community supports, becoming involved in school and community activities, and fostering leadership development.

For some students with multiple needs, involvement from their Area Agencies is a valuable resource. **(New Hampshire Area Agencies)**

One important option for Transition Services may involve New Hampshire’s Vocational Rehabilitation Program (VR), which is eligibility based and allows students who are deaf or hard of hearing to access post-secondary options. Part of the transition planning process should include a written referral to VR. For maximum efficacy, the team’s referral should occur as early as possible for high school students. Upon referral a VR counselor is assigned and should be provided access to the student’s IEP as well as any other evaluative data (including high school competencies) that are relevant to the student’s post-secondary goals. This may include planning for post-secondary education as well as vocational services. When applicable VR’s rehabilitation counselors for deaf and hard-of-hearing individuals (RCDs) can and should attend transition team meetings. **(Transition Counselors – Schools Served List)**

For eligible students, there are opportunities such as job shadowing, on-the-job training, summer jobs, and extended learning opportunities tailored to the student’s needs and post-secondary goals. Some examples that could be considered could include Explore Your Future (EYF) at National Technical Institute for the Deaf (NTID) at Rochester Institute of Technology (RIT), Youth Leadership Camp (with Junior NAD), and Knowledge for College and Life After High School (Gallaudet University).

Additional resources that may be helpful for transition planning can be found in the online Resource Library.

### **New Hampshire Rules for the Education of Children With Disabilities**

300.320(b) Transition services. Beginning not later than the first IEP to be in effect when the child turns 16, or younger if determined appropriate by the IEP Team, and updated annually, thereafter, the IEP must include

1. Appropriate measurable postsecondary goals based upon age appropriate transition assessments related to training, education, employment, and where appropriate, independent living skills; and
2. The transition services (including courses of study) needed to assist the child in reaching those goals.

300.43 Transition Services (Appendix E)

(a) Transition services means the coordinated set of activities for a child with a disability that

3. Is designed to be within a result-oriented process, that is focused on improving the academic and functional achievement of the child with a disability to facilitate the child's movement from school to post-school activities, including postsecondary education, vocational education, integrated employment (including supported employment), continuing and adult education, adult services, independent living, or community participation;
4. is based on the individual child's needs, taking into account the child's strengths preferences and interest; and includes
  - (i) Instruction;
  - (ii) Related services;
  - (iii) Community experiences;
  - (iv) The development of employment and other post school adult living objectives and;
  - (v) If appropriate, acquisition of daily living skills and provision of a functional vocational evaluation.

(b) Transition services for children with disabilities may be special education, if provided as specially designed instruction or a related service if required to assist a child with a disability to benefit from special education.

## **Progress Monitoring**

### **Standard 17**

***Individual student progress is monitored frequently using informal and formal measures that align with the content curriculum. Data is used to modify instruction and, when necessary, programming and services.***

Progress monitoring is a process of collecting *ongoing data* to monitor skills that are important for students to be successful in school. The results of the data are used to *adjust instruction* to increase performance. These performance benchmarks must be an integral part of instruction and need to be conducted frequently to monitor progress in core academic subjects including language, reading, and

math. Depending on the child's performance levels, measurements may occur weekly, bi-weekly, monthly, or as needed by the child/youth. Curriculum-based measurements (CBM) can take as little as one minute and are often part of the content curriculum (i.e., reading or math program). Common CBM measures include Dynamic Indicators of Basic Early Literacy Skills (DIBELS) (<http://dibels.org/dibels.html>), AIMSWeb ([www.aimsweb.com](http://www.aimsweb.com)), and Edcheckup ([www.edcheckup.com](http://www.edcheckup.com)). The latter is managed through the University of Minnesota and includes performance data on students who are deaf and hard of hearing. Student performance data should be graphed so that it is readily understood by parents and school staff.



## Section Four:

# Support for Instruction and Learning

**Outcome:** Children/youth who are deaf and 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.

Supports for instruction and learning include all of the components of the education program that provide the necessary foundation to give children/youth the opportunity to access instruction and to learn. In order for appropriate and effective instructional practices to be implemented, these underlying components must be addressed. The standards of Section Four address the following components:

- Statement of purpose and policies on the role of language and communication in deaf education programs
- State oversight
- Rationale for collaborative programs
- Placement options
- Special considerations for children/youth with multiple disabilities and deafblindness
- Administrative, primary, and support staff responsibilities
- Workload management
- Staff development and training
- Facilities
- Accountability

## Statement of Purpose

### **Standard 18**

*The programs and services for children/youth who are deaf and hard of hearing have a clear statement of purpose, including outcomes for expected learning, communication competency, and social/emotional well-being. The statement addresses the critical need for equal opportunity in each of these areas.*

An essential element of systematic improvement is a clear statement of purpose. To ensure the statement truly guides the programs and services, it must be developed as a result of wide community participation and reflect a consensus of all interested community members. The statement provides the foundation for establishing expected learning results. The statement identifies the knowledge,

skills, and understanding students should possess when they transition from the educational system. The statement supports the development of content and performance standards. The statement of purpose must refer to the vital role of communication and technology in the development and education of children/youth who are deaf and hard of hearing.

## **Language and Communication**

### **Standard 19**

*Language and communication play a central role in the cognitive, academic, social, and emotional development of children/youth who are deaf and hard of hearing.*

The development of receptive and expressive language is fundamental to every educational experience and is particularly crucial for children/youth who are deaf and hard of hearing. Communication and educational growth depend on inclusion in a language-rich environment; an environment with consistent, direct, and age-appropriate language opportunities. When needed, certified interpreting services are used to ensure full access to instruction and other communication in the educational environment.

The language and communication policy includes the following elements:

- Recognition of the nature and implications of hearing loss;
- Recognition of the unique cultural and linguistic needs of children/youth who are deaf and hard of hearing;
- Recognition that American Sign Language is a distinct natural language;
- Appropriate, early, and ongoing assessment of communication and language skills;
- Appropriate, early, and ongoing development of communication with staff proficient in the child/youth's communication mode;
- Early, appropriate, and ongoing parent training and support activities that promote the language and communication development of each child/youth;
- Assurance that each child/youth has access to services designed to support his/her communication needs;
- Assurance that each child/youth has full communication access for all aspects of the educational program including extra-curricular activities;
- Assurance that English-language acquisition is recognized as the paramount factor in the design of programs and the selection of curricula, materials, and assessment instruments;
- Assurance that English-language acquisition is recognized as the paramount factor in the design and selection of professional and parent training materials;
- Assurance that sign language instruction is provided to children/youth who are deaf and hard of hearing when indicated on the IFSP/IEP and for their families when identified as a service on their IFSP/IEP/504 Plan;
- Assurance that listening and spoken language is supported for children and youth when identified as a service on their IFSP/IEP;
- Assurance that the technology needs of children/youth who are deaf and hard of hearing are provided including assistive technology services and training;
- 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/youth.

## State Oversight

### **Standard 20**

*The New Hampshire Department of Education supports policies that are consistent with the guidelines put forth in this document and monitors results. The policies support each student's achievement of the expected learning results.*

Effective governance calls for policies that require programs to have a clear statement of purpose, a statement of expected developmental outcomes (birth to age 3), and a statement of expected learning results for students (preschool to high school). District school boards and school superintendents and other relevant agencies must recognize the central role of communication access for students who are deaf and hard of hearing by adhering to the state 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 who are responsible for the educational programs and services for children/youth who are deaf and hard of hearing.

## Collaborative Programs

### **Standard 21**

*Programs and services may be provided through or coordinated with collaborative or cooperative programs to more effectively serve children/youth who are deaf and hard of hearing.*

Children/youth who are deaf and hard of hearing, like all children, need to be in educational settings in which there are a sufficient number of peers the same age and using the same communication approach. The establishment of cooperative programs provides placement options that bring together a sufficient number of peers to promote communication and social development as well as more specialized expertise to support the students.

Collaborative or cooperative programs represent the kind of comprehensive programming supported by the New Hampshire Department of Education and recommended by the Conference of Educational Administrators Serving the Deaf (CEASD), the National Association of State Directors of Special Education (NASDSE), and the Commission on Education of the Deaf (COED).

#### **RSA 186-C: 8 Collaborative Programs –**

5. School districts or school administrative units, or both, may enter into cooperative agreements in order to provide approved programs for educating children with disabilities. The State Board of Education, when appropriate because of a low incidence of a disabling condition, high cost of services, or scarcity of trained personnel, shall encourage such cooperative agreements and shall serve as a source of information, advice and guidance to school districts, school administrative units, or both. *The New Hampshire Rules for the Education of Children with Disabilities June 30, 2008*

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

- Appropriate assessment;
- Formation of peer groups;
- Cost-effective and appropriate staff development and training;
- Responsibility for the design, implementation, and management of collaborative/cooperative programs by individuals who are trained as educators of the deaf and hard of hearing and are knowledgeable about students who are deaf and hard of hearing;
- Provision of high quality instruction;
- Program administrators who can provide meaningful supervision, evaluation, instructional leadership, and mentoring;
- Parental involvement and appropriate training programs for parents/families;

## **Continuum of Service Options**

### **Standard 22**

*Each LEA provides access to a full continuum of communication, placement, program, and service options. The LEA collaborates with local and state education authorities, institutions of higher education, and other agencies to ensure provision of appropriate services for children/youth who are deaf and hard of hearing. Provision of services may occur locally or within a collaborative setting.*

### **Communication Options**

When a child/youth is identified as deaf or hard of hearing, professionals are responsible for providing the parents with unbiased, research-based information regarding the communication options for children with hearing loss. Because parental commitment and involvement are key factors in the success of children/youth who are deaf and hard of hearing, parents must be actively involved in selecting the most appropriate communication option for their child. The early intervention providers and school staff are responsible for providing parents with information that will empower them to participate as equal members of the IFSP/IEP/504 Plan team in determining the communication option that is most appropriate to meet the needs of their child and their family. The early intervention providers and school staff also are 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 but are not limited to:

- American Sign Language (ASL)
- Listening and Spoken Language
- Cued Speech
- Manually Coded English
- Tactile Communication

*American Sign Language.* American Sign Language (ASL) is the natural sign language most commonly used by the North American Deaf community. ASL is a rich and complex visual- gestural language, with a grammatical structure independent of English.

*Listening and Spoken Language.* The *Listening and Spoken Language* approach helps children to develop spoken language and literacy primarily through listening. Hearing technology such as hearing aids and implanted devices are essential to maximizing hearing and listening. Parents and caregivers are recognized as the child's most important teacher and are supported as part of the model.

*Cued Speech.* Cued Speech is a visual communication system that uses eight handshapes in four locations (“cues”) in combination with the natural mouth movements of speech to make all the sounds of spoken language visible. Cued Speech is generally considered a strategy for oral communication, but may also be used in total communication programs to promote speech development.

*Manually Coded English.* Manually Coded English (MCE) is a signed, visual communication system incorporating vocabulary of ASL, mouth movements and fingerspelling which follows the grammatical structure of English.

*Tactile Communication.* Tactile communication is used to help a student with a dual sensory loss (vision and hearing) access language through touch. Some examples of tactile communications are fingerspelling and sign language into the hand.

### **Placement Options**

Children/youth who are deaf and hard of hearing represent a low-incidence disability population with unique and varied needs. To ensure an appropriate education for these children/youth, the LEA 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, exploration of a collaborative/cooperative system of programs and services is recommended. This system enlists Part C and school district cooperation and collaboration.

The placement and service options include:

- Early intervention services through New Hampshire’s Early Supports and Services or other appropriate program of the parent’s choosing;
- General education placements with appropriate instructional, technology, and support services;
- Age-appropriate and language-appropriate peers and opportunities for direct instruction and direct communication with staff and peers;
- Day and/or residential placements with appropriate instructional, technology, and support services;
- Other placements as determined by the process directed by federal or state laws.

The selection of a particular program option is determined by the IEP team based on the unique communication, social, and academic needs of each child/youth who is deaf and 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 and appropriate setting decisions for students (preschool through high school) 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 age 3	Ages 3 through 21 <i>(In addition to items under Birth to age 3)</i>
<ul style="list-style-type: none"> <li>• Communication strategies</li> <li>• Language development</li> <li>• Auditory skill development</li> <li>• Speech development</li> <li>• Cognitive and play development</li> <li>• Parenting strategies</li> <li>• Information regarding amplification options</li> <li>• Sign language development</li> <li>• Literacy development</li> <li>• Role model and peer opportunities</li> </ul>	<ul style="list-style-type: none"> <li>• Speech-language</li> <li>• Educational interpreting</li> <li>• Notetaking</li> <li>• Transcription/captioning</li> <li>• Counseling</li> <li>• Self-advocacy</li> <li>• Audiological management</li> <li>• Hearing assistance technology</li> <li>• Role model and peer opportunities</li> <li>• Instructional accommodations</li> <li>• Environmental accommodations</li> </ul>

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

### 1. Early Intervention (Birth to 3)

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/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 and 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 collaborative program for students who are deaf and hard of hearing is housed. Access to special materials, equipment, instruction, and services must be assured.

#### Instructional Support Services

Students who are deaf and hard of hearing who require minimal specialized instruction will benefit from instructional support services from a teacher of the deaf and hard of hearing. Ongoing services should include:

- Targeted direct instruction
- Observation
- Consultation
- Staff training

#### 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 listening and speaking or speechreading sufficiently well to have access to all information presented in the classroom?
- If not, is the student able to access information through a sign language or oral interpreter, Cued Speech transliteration, speech to text services, and/or notetaking support)?

- Is a certified teacher of the deaf and hard of hearing available to provide ongoing direct and/or consultative services?
- Are certified educational interpreters available for both classroom and extracurricular activities?
- Does the general education teacher receive sufficient support from a teacher of deaf and hard of hearing, speech pathologist, educational audiologist, and other necessary professionals?
- Does the general education class enrollment allow the teacher an opportunity to devote some of his or her 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 his or her attention to the assigned work and follow the directions given for doing the work?
- 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. Specialized Programs**

Students who are deaf and hard of hearing who require specialized instruction in communication, social, and academic areas may benefit from a specialized program and should be considered for placement in a program, often called a collaborative or cooperative program, for students who are deaf and hard of hearing for all or part of the school day. A specialized program generally provides students who are deaf and hard of hearing with a greater number of peers using a common language approach and with direct access to teachers and other professionals who are proficient using that child's preferred communication mode. In a specialized program, direct instruction that emphasizes communication skills development, language acquisition, concept development, and development of academic skills using core and specialized curriculums is provided by a teacher of the deaf and hard of hearing in coordination with other appropriate specialists. Many students who are deaf and hard of hearing benefit from participation in general education classes in selected academic subject areas, in non-academic areas, or both.

#### **Co-Teaching Model**

Some specialized programs for students who are deaf and hard of hearing offer a co-teaching model. In this model, students who are deaf, hard of hearing, and hearing are co-taught 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-taught 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 and hard of hearing in their primary language and preferred mode of communication. A certified Educational Interpreter is a critical component of a co-teaching model (consult Ed 507.35); teacher and interpreter roles are distinct and cannot be performed simultaneously.

When transportation is included, the bus driver or other responsible adult should be able to communicate with the student(s) on the bus in a manner that is appropriate to the students preferred mode of communication.

## **Students with Multiple Disabilities, Deafblindness**

### **Standard 23**

***Relevant specialized services are provided for children/youth who are deaf and hard of hearing with multiple disabilities and who are deafblind.***

The unique needs resulting from multiple disabilities and deafblindness are varied and complex. 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 includes hearing and/or vision loss or who is at risk for such losses, they should have access to appropriate services. These services may include, but not be limited to, orientation and mobility, specialized instruction, the use of Braille, adaptive devices, technology, and/or training in prescribed low vision devices and hearing assistive technology. These services should be provided collaboratively by teachers with expertise to address the combined disabilities of hearing loss, vision loss, and deafblindness. Additional staff training by a teacher(s) certified in the area of the disability may be required to meet the child's educational needs.

When determining and providing services to children/youth who are deaf and hard of hearing with vision loss, deafblindness, or other disabilities, the LEA should consider the following program and service components:

- Access to quality programs and services;
- Functional, age-appropriate curricula that is based on general education content standards;
- Services from professionals with expertise in the development and education of children/youth who are deaf and hard of hearing and blind, and children/youth who are visually impaired, and also in the other areas of the suspected or identified disabilities;
- The required level of expertise and experience for professionals that align with the significance of the level of disability(s) present in the child/youth;
- Other specialized programs and services that are available when local programs cannot provide appropriate services.

## **Staff Qualifications**

### **Standard 24**

***Children/youth who are deaf and hard of hearing, birth through age 21, including those with multiple disabilities and blindness, are instructed by early intervention providers and teachers who are specifically trained and/or certified to teach these individuals.***

The early intervention provider or teacher of the deaf and hard of hearing should demonstrate competency in all of the state-identified knowledge and skill areas to provide instruction and services, birth through 21, that meet the developmental, linguistic, communication, academic, social-emotional, and transition needs of children/youth who are deaf and hard of hearing and their families. Each early intervention provider must have the appropriate credentials and each teacher must be certified by the New Hampshire Department of Education in deaf and hearing disabilities.

Students who are deaf and hard of hearing students for whom the IFSP/IEP team has determined that a generic early intervention program or the general education classroom is the most appropriate placement should receive sufficient consultative support, direct instruction, or both from an early intervention provider or itinerant teacher of deaf and hard of hearing.

### **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 teachers in early education deaf and hard-of-hearing programs focus their service delivery on the family as well as on the child. These teachers must be certified teachers of the deaf and hard of hearing, speech-language pathologists, or early childhood providers, and must also have the competencies related to the provision of services to infants, toddlers, preschoolers, and their families.

Typical duties may include but are not limited to:

- Working as a part of a multidisciplinary team in the assessment of the child's needs and the development of the IFSP or IEP
- Providing direct and consultative services to the child and the family, as determined by the IFSP/IEP, to facilitate the development of communication and cognitive skills
- Providing ongoing access to informational programs that help the family learn about hearing loss, assessment, amplification options, communication options, educational options, legal rights under state and federal special education laws, and resources and community services available for children/youth who are deaf and hard of hearing.

### **Teachers Providing Direct Instruction in a School-Based or Private Special Education Setting**

The school district-based program or New Hampshire State Approved Private Special Education 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 teacher should assume responsibility for the basic coordination of the students' programs. This teacher also assists the general education teacher, the principal, and the parents of the students in the program. Furthermore, the teacher of the deaf and hard of hearing must respect and be proficient in the language mode(s) of the students for whom s/he is responsible for.

Typical duties should include but not be limited to:

- Assessing students in pre-academic/academic achievement, making recommendations for academic goals and objectives for the IEP, and providing academic instruction to the students;
- Monitoring test accommodations and accessibility;
- Assessing students in the area of language and communication skills, recommending goals and objectives for language/communication skills for the IEP, and providing instruction for language and communication skills to the students (may work in conjunction with the speech/language pathologist and/or educational audiologist);
- Assisting in the appropriate placement/setting of students;
- Collaborating with general education teachers and educational interpreters regarding the needs of students who are deaf and hard of hearing in the mainstream;
- Teaching a deaf studies curriculum;
- Teaching self-advocacy, daily living skills, and independent living skills, as appropriate;
- Coordinating transition activities for students 14 years and older;
- Monitoring students' progress;
- Coordinating required related services for students;
- Providing daily monitoring of personal hearing aids, implanted devices and hearing assistance technology, as appropriate;

- Providing information to administrators, teachers, staff and parents regarding the education of students who are deaf and hard of hearing;
- Providing in-service training to general education staff and students on Deaf awareness and Deaf Culture by involving role models and mentors from the Deaf Community.

### **Itinerant Teacher of the Deaf and Hard of Hearing**

The itinerant teacher must ensure that students who are deaf and hard of hearing, like all students, have programs in which they have direct and appropriate access to all components of the education program, including but not limited to recess, lunch, and extracurricular social and athletic activities. Itinerant teachers of the deaf and hard of hearing may provide direct instruction and/or consultative services to students who are deaf and hard of hearing enrolled in general education classes, collaborative programs, state or charter school programs, or home or hospital programs.

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

- Providing in-service training for general education administration, staff, and students regarding the specific communication and educational needs of students who are deaf and hard of hearing, and ways to include students who are deaf and hard of hearing in various situations and group settings;
- Monitoring test accommodations and accessibility;
- Recommending specialized services, materials, or equipment for students who are deaf and hard of hearing to use in the general education classroom, and providing specialized resources and visual aids;
- Recommending the inclusion of students who are deaf and hard of hearing in activities;
- Providing specialized instruction to students who are deaf and hard of hearing regarding their hearing loss, Deaf culture, assistive devices, various communication methods used by individuals who are deaf and hard of hearing and self-advocacy;
- Facilitating opportunities for students who are deaf and hard of hearing to interact socially with other students who are deaf and hard of hearing and with deaf and hard-of-hearing role models;
- Adapting curriculum to make subject matter accessible to students who are deaf and hard of hearing
- Keeping parents informed of the school curriculum and methods and techniques to reinforce language and academic development;
- Evaluating and recommending appropriate environmental conditions, such as lighting and acoustics, to meet the unique communication needs of students who are deaf and hard of hearing;
- Assessing students in the areas of academic achievement, language, and communication
- Making recommendations for IEP goals and objectives for academic achievement, language, and communication, and providing direct, specialized instruction in specific areas of need;
- Assisting in the appropriate placement of students;
- Coordinating required services for students;
- Monitoring personal hearing aids, implanted devices, and hearing assistance technology;
- Meeting regularly with program coordinators or program specialists to discuss problems or concerns regarding programs for integrated students;
- Meeting regularly with general education teachers and educational interpreters to discuss areas of concern and to ensure communication is effective.

## Other Qualified Personnel

### **Standard 25**

*Each student is served by qualified professionals, including support personnel, who have the skills necessary to provide instruction and services that meet the academic, communication, social, emotional, and transition needs of children/youth who are deaf and hard of hearing.*

All children/youth who are deaf and hard of hearing receive developmentally appropriate instruction and services from qualified professional and other support personnel who have the skills and abilities to meet the children/youth's needs as identified in the IFSP/IEP/504 Plan. Skills include proficiency in the student's primary mode of communication, knowledge of accommodations necessary to meet the child/youth's needs, knowledge of national, state, and local resources, and knowledge of selection, use, and maintenance of assistive technology.

### **Educational Audiologist**

All audiologists providing services to children/youth must hold a New Hampshire State License in Audiology. Educational audiologists specialize in the practice of audiology in educational settings to address the communication and learning needs of children/youth and particularly the use of hearing assistive technology. In addition to assessment (See Section 2 for a description of audiological assessment), the educational audiologist is an integral member of the IFSP/IEP/504 Plan team contributing to the planning and delivery of (re)habilitation services. "Unique to educational audiology are skills such as analyzing communication and instructional listening dynamics, recommending assistive amplification technology, recommending modifications for home and school environments or programs, and educating parents and school personnel to make instruction accessible to children/youth with hearing loss for their learning and social success" (adapted from the Educational Audiology Association, 1997).

### **IDEA [(34CFR 300.24(b)(1))]defines audiology services as:**

- (iii) Identification of children with hearing loss;*
- (iv) Determination of the range, nature, and degree of hearing loss, including referral for medical or other professional attention for the habilitation of hearing;*
- (v) Provision of habilitation activities, such as language habilitation, auditory training, speech reading, (lipreading), hearing evaluation, and speech conservation;*
- (vi) Creation and administration of programs for prevention of hearing loss;*
- (vii) Counseling and guidance of children, parents, and teachers regarding hearing loss; and*
- (viii) Determination of children's needs for group and individual amplification, selecting and fitting an appropriate aid, and evaluating the effectiveness of amplification.*

Further, educational audiologists support the school's responsibility of "ensuring that the hearing aids worn in school by children with hearing impairments, including deafness, are functioning properly" and "that the external components of surgically implanted medical devices are functioning properly." (34CFR300.113).

The educational audiologist may perform the following activities with children: American Speech-Language-Hearing Association (2002) (**ASHA Guidelines for Audiology Service Provision in and for Schools**) and Educational Audiology Association (2009);

- 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 implement an early hearing loss detection and intervention program 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 regarding hearing, hearing loss prevention, and hearing loss and its resulting implications for communication and learning to school personnel about hearing loss prevention.
- Make recommendations about the use of hearing aids, implanted devices, group and classroom amplification, and hearing assistive technology.
- Ensure the proper fit and functioning of hearing aids, implanted devices, 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, computer, telephone, alerting, convenience) for students with hearing loss.
- Provide services, including parent counseling and training when appropriate, in the areas of speechreading, listening, communication strategies, use and care of amplification, including implanted devices, and self-advocacy of hearing needs.
- Administration of measurement protocols that document students' progress in relation to intervention strategies.

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/youth who are deaf and hard of hearing and their families.

In working with students who are deaf and hard of hearing, the educational audiologist should utilize the preferred language and communication mode of the child/youth as specified on the Communication Plan on the student's IFSP/IEP/504 Plan.

### **Educational Interpreter**

Children/youth who are deaf and hard of hearing may require the services of an oral or sign language interpreter/transliterators 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 New Hampshire Rules for the Education of Children with Disabilities (Ed 1114.10(a)) "All administrative, instructional, and related service staff shall hold appropriate certification for the position in which they function as required by the State of New Hampshire or other licensing entity. Evidence of such qualification shall be on the record with the program."

Local school districts must employ educational interpreters who are certified according to Ed 507.35(b) for students who are deaf and hard of hearing.

**The following service provision requires certification according to Ed 507.35(b):**

**As an Educational Interpreter**

- Facilitate all communication in the classroom
- 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 student(s)
- Assist the student(s) and the 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

**As a Team Member, the Educational Interpreter:**

Collaborates with the teacher of the deaf and 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

**As a Tutor, the Educational Interpreter:**

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

- Prepare content knowledge to effectively tutor
- Implement instructional strategies identified by the IFSP/IEP/504 Plan team
- Assist students and other professionals to understand the role of the tutor
- Provide clear and appropriate information for substitute tutors

**Classroom Speech to Text Services**

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

### **Classroom Notetaker**

When students who are deaf and hard of hearing participate in general education classes, they must visually attend to the teacher or educational interpreter to access and understand the instructional material presented. Thus, they are unable to take notes like their hearing peers. However, with the aid of classroom adult notetakers, information can be recorded accurately and in a form conducive for study. Selection of notetakers should be based on criteria such as interest, ability to organize thoughts, and clarity of handwriting. Electronic notetaking should be provided whenever possible. The teacher of the deaf and hard of hearing should have the responsibility of providing the necessary training and materials for classroom notetakers. Online training for classroom notetakers is available from PEPNet at <http://projects.pepnet.org/notetaker/> .

### **Speech Language Pathologist**

A speech language-pathologist must hold the appropriate New Hampshire credential as a Speech Language Pathologist (SLP). The SLP must demonstrate appropriate competencies to work with children/youth who are deaf and hard of hearing to provide diagnostic, instructional, and consultative services as determined by the IEP team.

Typical duties include but are not limited to:

- Provide assessment of spoken language, speechreading, auditory, listening skills, and social communication skills;
- Collaborate with the early intervention provider or teacher of the deaf and hard of hearing, ASL specialist, and other support personnel in the assessment of receptive and expressive language skills, and social communication skills;
- Provide direct instruction in speech, language, speechreading, auditory and listening skills, social communication skills and self-advocacy skills;
- Work in cooperation with the early intervention provider or teacher of the deaf and hard of hearing, ASL specialist, and/or educational interpreter 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/youth's overall communication skills;
- Assess the child's communication including gesture, spoken language, speech, and/or sign skills;
- Monitor and troubleshoot hearing aids, implanted devices, and hearing assistive technology.

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

### **School Psychologist**

The certified school psychologist must demonstrate competencies to work with children/youth who are deaf and hard of hearing to provide accurate diagnostic interpretative and consultative services as determined by the IEP team. These competencies include:

- 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/youth who are deaf and hard of hearing and who are from racial, ethnic, and cultural minorities;
- Possess proficiency in the child/youth's primary mode of communication for direct; communication during assessment, counseling, and other interactions; when the psychologist lacks communication proficiency, an interpreter should facilitate communication between the student and the psychologist always insuring that the interaction and student's intent is conveyed accurately.

The responsibilities of the school psychologist include:

- Select, administer, and interpret verbal and nonverbal assessment instruments appropriate for children/youth who are deaf and hard of hearing;
- Assess areas of cognitive/intellectual, psychosocial, and independent living skills of children/youth who are deaf and 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 regarding the needs of children/youth who are deaf and hard of hearing.

### **Career/Vocational Specialist**

The career/vocational specialist should develop and enhance programs that will provide preparatory experiences for students who are deaf and hard of hearing. This individual must collaborate with teacher(s) of the deaf and hard of hearing and certified educational interpreter(s) or demonstrate effective communication techniques with the students who are deaf and hard of hearing with whom they are working.

Typical responsibilities of the career/vocational specialist may include:

- Design and implement programs for career education within the structure of the existing curriculum for preschool through high school program completion;
- 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 with information regarding safety requirements and occupational safety concerns of various employment situations.

### **Instructional Assistants/Paraeducators**

The special education instructional assistant/paraeducator/tutor, working under the supervision of a certified teacher for the deaf and hard of hearing or general education teacher, can play a vital role in

the educational program for children/youth who are deaf and hard of hearing. These individuals must be skilled and demonstrate proficiency in communicating with children/youth who are deaf and hard of hearing in their preferred language and communication mode. *Special education instructional assistants/paraeducators are not sign language interpreters and should not be used as such.* (Appendix F)

### **Other Support Specialists**

Some programs for students who are deaf and hard of hearing may employ specialists to address unique individual student characteristics. Specialty areas might include American Sign Language, listening and spoken language, behavior management, bilingualism, or mental health. The support specialists should provide diagnostic evaluations and assist in writing educational goals and objectives that focus on the child/youth individual needs. They should be available to provide individual or small group instruction. Any support specialist should have the appropriate credentials and competencies to educate children/youth who are deaf and hard of hearing, including proficiency in their primary language and communication mode. When these specialists are not teachers of the deaf and hard of hearing, they should have ongoing monitoring and support from an appropriately certified teacher of deaf and hard of hearing. If the support specialist is not proficient in the student’s primary language and communication mode, the specialist shall utilize the services of a New Hampshire certified educational interpreter (*Ed 507.35(b)*).

### **Workload Management**

#### **Standard 26**

***Class size and workloads of staff support the provision of specialized instruction and services based on the unique educational needs of children/youth who are deaf and hard of hearing.***

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

Workload includes training and support of paraeducators, 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 paraeducators, number of intervention or school sites, types of services, and severity of the child/youths’ disabilities all contribute to workload considerations.

A non-prescriptive caseload provision ensures that the students who are deaf and hard of hearing receive all of the education and support services identified on their IFSP/IEP/504 Plan as well as allowing time for their teachers to conduct testing, make observations, conduct teacher consultations, and attend IFSP/IEP/504 Plan meetings.

### **Professional Development**

#### **Standard 27**

***The LEA provides training and mentoring for staff to enhance the overall achievement of children/youth who are deaf and hard of hearing.***

Instructional quality is paramount to improving outcomes for all children/youth who are deaf and hard of hearing. Therefore, staff development must be relevant, focused on techniques and strategies that are research-based, and known to improve outcomes for children/youth who are deaf and hard of

hearing. Staff development also should include mentoring activities to ensure appropriate follow-through and implementation of appropriate strategies into the instructional process.

Depending on the needs of the program and the staff, program planners should provide opportunities for a variety of training activities.

Examples of staff development topics may include:

- The educational impact of hearing loss
- Audiometry and hearing loss simulation
- The use of technology to enhance student learning
- The use of technology to enhance networking among students who are deaf and hard of hearing throughout the state
- Behavior intervention skills
- Services for students who are deaf and hard of hearing with special needs
- Communication skills (e.g., sign language, listening and spoken language)
- Differentiated instruction
- Curricular adaptations and teaching strategies known to benefit children/youth who are deaf and hard of hearing (e.g., use of visual aids, multi-sensory teaching)
- Use and maintenance of equipment
- Facilities requirements/acoustical accommodations

Administrators should consider support and facilitate networking through collaborative professional development activities, video conferencing, and computer networking.

## **Training for Educational Personnel**

### **Standard 28**

*The LEA provides training to general education personnel serving children/youth who are deaf and hard of hearing regarding communication accommodations, acoustic accommodations/modifications, assistive technology, modifications of the curriculum, and understanding of the impact of hearing loss on development and learning.*

General early intervention providers, preschool, K-12+ teachers, and special education teachers (other than providers and teachers of the deaf and hard of hearing) who provide instruction to children/youth who are deaf and hard of hearing should be given in-service training by qualified personnel (i.e., specialists in hearing disabilities such as a teacher of the deaf or educational audiologist). When possible, training should occur prior to the placement of any child/youth who is deaf or hard of hearing. In-service training should include but not be limited to:

- Understanding hearing loss and, specifically, the implications of hearing loss relative to the children/youth who are deaf and hard of hearing whom they serve
- Modifying communication teaching techniques to accommodate the unique communication needs of students who are deaf and hard of hearing, whether the student's preferred communication mode is spoken, signed, or spoken in combination with signs or cues.
- Understanding and monitoring the use of hearing aids, implanted devices, and hearing assistive technology
- Creating a visual environment through 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 and hard of hearing, speech language pathologist, educational audiologist)
- Working with an educational interpreter
- Utilizing a notetaking or speech to text service
- Providing full access for children/youth who are deaf and hard of hearing children/youth to all classrooms and to all school-related activities.

All general early intervention providers, classroom teachers, and special education providers should receive ongoing support and services from the deaf and hard-of-hearing specialists.

## Facilities

### **Standard 29**

***Facilities are designed and maintained to enhance the provision of instruction and services to meet the unique communication, education, and safety needs of children/youth who are deaf and hard of hearing.***

The facilities where students who are deaf and hard of hearing are educated should include:

- Specialized materials, equipment, and services that provide communication access to the core curriculum
- Clean, well-lit, and acoustically appropriate classrooms that meet ANSI standards for 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 and; reverberation times .6 seconds or less; many students with special listening needs require reverberation times be reduced up to .4 seconds (Acoustical Society of America ANSI S12.60-2009-10) Any construction of new or renovated spaces should include compliance with ANSI standards.
- Visual emergency warning signals
- Technology based instructional 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 storage of instructional materials
- Private space where parent conferences and IFSP/IEP/504 Plan meetings can be held

The facilities should permit changes that are dictated by the students' 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, color that will provide contrasting background for ease in speechreading and reception of sign language is essential.

**Acoustics.** When hearing aids/implanted devices and hearing assistance technologies are used by children/youth who are deaf and hard of hearing or when a child/youth 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, media 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/youth who are deaf and hard of hearing are educated should be located as far as possible from noise sources such as streets, playgrounds, and the cafeteria. 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. Other accommodations to consider are acoustic ceiling tiles, area rugs, acoustic panels, 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 also can minimize distracting background noise and improve the clarity of the teacher's voice; however, classroom audio distribution systems may exacerbate speech understanding in rooms with excessive reverberation. An educational audiologist or teacher of the deaf and hard of hearing 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.* Children/youth who are deaf and hard of hearing must use their eyes extensively in the educational setting. Non-glare lighting is preferred and large windows should have adjustable window coverings to reduce glare when necessary.

*Emergency warning and signaling devices.* Children/youth who are deaf and hard of hearing often are unable to hear fire alarms. Bathrooms, hallways, offices, and play areas should be equipped with visual emergency warning devices, such as strobe lights or other electrical flashing devices, as an accommodation.

*Technology and teaching equipment.* Teachers frequently use multimedia equipment in their instructional activities for children/youth who are deaf and hard of hearing children/youth. 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/DVDs, and materials can be obtained quickly. The intent of the Americans with Disabilities Act (ADA) supports the use of (but not limited to) the following equipment in classrooms for children/youth who are deaf and hard of hearing:

- Computers with CD-ROM, multimedia, and high-speed internet access
- Computer software
- Televisions with closed captioning
- Tape recorders or compact disc players that can be connected to hearing assistance technology
- Overhead projectors
- DVD players
- Telecommunications devices for the deaf or telephone amplifiers
- Video cameras
- Real-time captioning equipment
- Cameras

- Photocopy equipment for the production of both black-and-white and color transparencies and paper copies
- Video-conferencing equipment
- Interactive white boards/Interwrite Boards

*Audiological equipment.* School based audiology assessment sites for students who are deaf or hard of hearing students should have access to the following equipment for audiology services:

- Sound booth equipped with specialized lighting and reinforcement equipment for testing young and difficult-to-test children
- Audiologic assessment equipment (electroacoustic immittance meter, diagnostic audiometer, electroacoustic hearing aid/FM analyzer with real ear measurement capability)
- Otoscope
- Sound level meter or application
- Hearing assistance technology, including loop and personal FM systems, with appropriate coupling options to personal hearing aids and cochlear implants; sufficient back-up equipment must be available for use when technology is being repaired.
- Accessory supplies for troubleshooting hearing aids/cochlear implants, FM systems, and other technologies; making and repairing earmolds;
- Optional: loaner hearing aids

Other audiological materials should be available for teachers, SLPs or others who are providing services that include:

- Kits for hearing aid and FM equipment monitoring and troubleshooting that include a battery tester, stethoset, and cleaning materials for earmolds, the Ling Six Sound Test, and charting materials for recording results
- Materials and visual aids for inservice training
- Auditory skill development materials

## **Program Accountability**

### **Standard 30**

*The school leadership, program administrators, and staff have knowledge and skills to ensure that children/youth who are deaf and hard of hearing receive appropriate instruction and designated services. Each child/youth's progress toward accomplishing the expected state and schoolwide learning results is regularly assessed. The aggregate student's progress is reported to the school community, including parents, the deaf and hard-of-hearing community, and related agencies and organizations.*

The school and/or program leadership is accountable for student learning and provides oversight to ensure staff is knowledgeable in current practices and works together to provide appropriate services, student assessment, progress monitoring, and program evaluation. The program has established an assessment process that reports the extent to which every child/youth is meeting content and performance standards and expected child/youth development and learning results as defined in the statewide and district wide assessments. The process includes the development of an assessment plan that provides valid and reliable information for (1) student-based indicators, including the achievement of every child/youth related to content and performance standards, (2) 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, and (3) 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/youth is meeting the content standards in each subject area;
- The method employed to ensure the validity, reliability, and consistency of the evaluations of child/youth development and achievement;
- The method employed to combine various types of information about child/youth development and achievement;
- The method employed to ensure that all children and youth 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/youth's work relative to content standards.





## Section Five:

# Parent, Family, and Community Involvement

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

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

Parent participation in education has long been recognized as a key component in improving student performance. Recognizing 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 children/youth who are deaf and 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 child'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 child who is 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 [34 CFR Sec. 300.30 and 303.27]. The term *program* refers to the collaborative or local district services and includes a continuum of placement options (e.g., home/early intervention, general education classrooms, center-based classrooms, and state or charter schools for the deaf or hard of hearing).

## Parent Training and Support

### **Standard 31**

*The school or program provides continuous opportunities for parents to acquire the necessary skills, especially in communication and language development, to support the implementation of their child/youth's IFSP/IEP/504 Plan. In regard to parent training, support, collaboration, and partnership among the different agencies and educational programs is essential to successful implementation*

The involvement of families as equal partners and active participants is critical to the success of children/youth who are deaf and 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. IDEA defines parent participation for the IEP process (34 CFR 300.322). Within Part C, parents are integral to every step of the IFSP process.

In addition to the IFSP/IEP/504 Plan process, the program/school provides training, counseling, and/or support services to the family so that they can support their child/youth's attainment of their IFSP/IEP goals. The program incorporates a variety of methods and includes individuals to provide training for parents. Other parents, deaf and hard-of-hearing adults, program or school staff, and parent/consumer organizations are utilized. Parent counseling and training should be provided as a related service: "assisting parents in understanding the special needs of their child; providing parents with information about child development; and helping parents to acquire the necessary skills that will allow them to support the implementation of their child's IEP or IFSP." (34CFR300.34)

The program for children/youth who are deaf and hard of hearing can provide important information and services to families to enhance the academic and social success of children/youth. 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/504 Plan process. The general goal of services to parents is to enable parents to become advocates to promote appropriate services for their own child. 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 children/youth who are deaf and hard of hearing have a parent education component. Parent education must start as soon as the parent enrolls their child in the program or when an IFSP/IEP team determines that the child is eligible for 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 3 years of age. Parent education includes, but is not be limited to:

- Communication modes and approaches
- Program and service options
- Speech and language development
- Typical child development
- Psycho-social development of children/youth who are deaf and hard of hearing children/youth
- Meaningful communication access
- Assistive technology
- Parent rights and responsibilities
- Communication Plan
- Information regarding special education laws and due process
- Social/recreational opportunities for children/youth who are deaf and hard of hearing
- Opportunities for parents to meet other parents
- Opportunities to interact with adults who are deaf and hard of hearing

Communicating with families can be accomplished in a variety of ways such as: schoolwide (as well as district and statewide) newsletters, long-range activity 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, and at special events for families. Every aspect of the school climate is open, helpful, and friendly. A parent room in the building may be set up to provide a place to meet and for the dissemination of resources. Tours and orientations are provided for all new families. Each family's preferred communication style and home language should be accommodated in these activities.

It is helpful for one staff member to be assigned the responsibility of facilitating parent education. These duties also may be assumed by the program administrator, program coordinator, or program counselor. Parent activities also may be conducted in coordination with state, area, and/or local parent groups. The person in charge of coordinating parent education has the following responsibilities:

- Conduct an assessment of parents' needs/strengths;
- Collaborate with parent leadership within the area or state to define responsibilities;
- Provide informational programs to accommodate parents' priorities;
- Organize a support group for parents;
- Obtain and distribute written material;
- Inform professionals and parents in the community about the identification and implications of hearing loss;
- Develop a parent/community library or resource center;
- Collaborate with other schools, agencies and organizations serving children/youth who are deaf and hard of hearing and their families.

Research studies have shown that children make greater progress and maintain these developmental and academic gains when parents provide language for their child at home rather than depending solely on the instruction the child receives in his or her educational program. Because parents play such a pivotal role in their child/youth's development, it is important for parents to use intervention strategies in daily interactions with their children. Effective parent-child interactions and communication among all members of the family is a fundamental component to support each child's development and educational potential.

Language development and communication must be a central part of all parent and community education. The program for children/youth who are deaf and hard of hearing provides ongoing, multi-level sign language instruction classes for families and community members. These classes should be given at times and in locations that are convenient for families and working parents. The classes should be free of charge to the family and open to siblings and other family members. Sign language classes can also be made available to the hearing students in any school with a program for children/youth who are deaf and hard of hearing. At the secondary level, American Sign Language may also be offered for World Language credit as part of the general education curriculum for all students. In addition, instruction can be offered to parents about the use of functional auditory skills to enhance speech development.

The program for children/youth who are deaf and hard of hearing provides information to parents and other community members regarding content and performance standards, grade-level expectations for achievement, and formal and informal assessments. This information includes (1) written materials regarding standards and expectations for all curriculum subject areas and (2) workshops or programs convenient for parents and community members during which the standards, expectations, assessments, and accountability process used by the program and/or the district is discussed. Each teacher should be able to document the developmental or grade-level expectations, standards, and assessment results with the parents at each child's IFSP/IEP meeting or parent conference.

## Parent Leadership and Participation in Program Development

### **Standard 32**

*Programs and school services actively promote parents as equal partners encouraging strong collaboration between program/school staff and the development of parent leadership. This collaboration is reflected in every aspect of the program or school and includes a plan for involving parents when developing or implementing services for students who are deaf and hard of hearing.*

Families and other community members help the program/services to succeed. The program/services employs a wide range of strategies to ensure that parents are involved in, and are given clear opportunities to participate in decision making, problem solving, and advocacy resulting in an effective, communication-driven education for all children/youth. A parent leadership position should be established to represent the parent perspective in state and local initiatives, and to assist in the coordination of support to families.

Considerations for parent leadership may include:

- Representation on regional and statewide advisory boards, forums, and task forces
- Collaboration with medical, educational, and government agencies
- Provide convenient meeting times and locations for parent participation
- Compensate parent leaders for their time, expertise, and expenses (expenses to include child care, including siblings)
- Ensure parents participate in leadership activities, which may include direct staff support, stipends, travel expenses, and childcare
- Determine capacity of volunteer parent leaders versus paid positions
- Identify sources within the state that could provide funding for parent participation
- Identify paid parent leadership positions in grants and program budgets
- Utilize paid staff and volunteers from statewide or regional parent organizations
- Consider writing private and corporate grant proposals to pay for parent involvement
- Provide informational support for parents so parents can participate as equal partners with their professional counterparts
- Consider shared leadership – parent and professional co-chairs
- Provide clear information about the role of parent leaders on boards, task forces, or committees
- Encourage participation in quality improvement initiatives
- Solicit parent leaders to provide training to professionals at pre-service and in-service courses, workshops, and conferences

Parent/professional collaboration is an essential component in creating a successful program. “Parents have been under-represented at the level where decisions are being made about programs and services for their children. But parents remain the consistent, long term case manager for their child; overseeing the programming and ‘watch dogging’ its quality.” (Wright & Wright, 2001) In a program where parents and program staff work as partners, the program staff is positive, flexible, resourceful, and accepting. Parents and staff are viewed as equals. Parents and program staff make decisions together about program planning and design. Communication between program staff and parents is both formal and informal. It is frequent and personal. Programs should ensure that parent perspectives are considered in the development of policies.

An advisory council should be established consisting of parents, community members who are deaf and hard of hearing, representatives from deaf and hard-of-hearing organizations or agencies, members of the larger community, students who are deaf and hard of hearing, credentialed teachers, general educators, support staff from the deaf and hard-of-hearing program, and other persons as deemed appropriate. This advisory council also can be an essential vehicle to promote parent involvement in local programs and school activities and may participate in the design and implementation of staff development, in programmatic decisions, and in the development of parent/community education programs. Representatives from the advisory council and other parents or community members are encouraged to be involved in school-site governance teams, district committees, and special education community advisory committees. These representatives may function as a liaison among the parents, program, or school staff, and the community and provide supports such as:

- Publishing a regular newsletter
- Providing advocacy at IFSP/IEP/504 Plan meetings
- Sponsoring recreational and social activities
- Raising funds for additional equipment or materials
- Providing recognition for teachers, staff, and students for outstanding achievement
- Coordinate meetings, including facilities, interpreters, and transportation options.

## **Deaf/Hard-of-Hearing Adults and Community Involvement**

### **Standard 33**

*The deaf and hard-of-hearing communities are involved in program development and service development and encourage strong collaboration between school staff, parents, and deaf and hard-of-hearing community members.*

Community involvement provides integral support for children/youth. Deaf and hard-of-hearing community members can assist with the education for children/youth who are deaf and hard of hearing by helping to design and implement a Deaf culture curriculum, providing role models who are deaf/hard of hearing, creating career/vocational opportunities for children/youth who are deaf and 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 and hard of hearing can form partnerships with the schools or programs.

Deaf and hard-of-hearing community members in rural states such as New Hampshire often do not have community support networks like those of larger states. For that reason it is recommended that trained personnel from educational programs and state organizations provide the necessary outreach to promote and support deaf and hard-of-hearing adults and community involvement with the education of students who are deaf and hard of hearing students. This support may include training and the provision of mileage reimbursements and stipends.

Opportunities for families are provided so that they may become involved in the Deaf community. Meaningful participation by adults who are deaf and 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 advisory boards
- Working with schools and families to plan special events for students who are deaf or hard of hearing

Children who are deaf and 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/youth to have access to an adult who shares a child's experiences growing up with a hearing loss. Trained deaf and hard-of-hearing role models can provide information about their own hearing loss to children/youth who are deaf and hard of hearing. They can share their own personal experiences with students and families. Schools and or collaborative programs need a process to create access to adults who are deaf and hard of hearing.



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# Glossary

**This section is intended to provide readers with clear definitions and descriptions of terms used in the education of children/youth who are deaf or hard of hearing.**

**504 PLAN:** Eligibility for Section 504 is based on an individual having a physical or mental impairment that substantially limits at least one major life activity. If a student has a hearing loss which limits communication but does not require specially designed instruction or relative service, the student is eligible for consideration of service in general education classrooms and programs under Section 504 of the Rehabilitation Act of 1973.

**ACCOMMODATIONS:** Provisions in how a student accesses information and demonstrates learning that 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 IMMITTANCE MEASURES:** An auditory function test to help determine the integrity of the middle ear and a portion of the adjacent auditory nerve. Measurements may include tympanometry (middle ear mobility measures) and acoustic reflex thresholds and decay.

**ACOUSTIC ROOM TREATMENT:** The use of sound-absorbing materials (e.g. carpets, acoustic tiles) to help reduce room noise and reverberation thereby improving the overall signal-to-noise ratio. A favorable signal-to-noise ratio is important for any listener but particularly critical for young listeners and those who are deaf/hard of hearing.

**ACOUSTICS:** Pertaining to sound, the sense of hearing, or the science of sound. As used in this document, the term refers to the sound qualities of an auditorium, classroom, or other spaces.

**ADVOCACY:** The role parents/guardians, family members, and support groups play in promoting and monitoring developmental and educational programs and services for children. Advocacy includes understanding pertinent laws and regulations and actively participating in the decision-making process to ensure that services are delivered in line with the goals for the child's development and education.

**AIR CONDUCTION:** Term used to describe the pathway of sound to the ear. In air conduction, the sound travels via the outer and middle ear systems to the inner ear. During air conduction testing, sounds are presented through calibrated speakers (i.e. in the soundfield) or via earphones/ear inserts.

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

**AMERICAN SIGN LANGUAGE (ASL):** A fully developed, autonomous, and unique visual-manual language with its own vocabulary, grammar, and word order; used by deaf people in the United States and Canada for communication

**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. Current devices use digital signal processing to enhance clarity of the desired signal and multiple programs to address listening in situations ranging from quiet to noisy and close to distance.

**ASSISTIVE DEVICES:** Devices and systems used to improve, augment, or supplement communication and help deaf and hard of hearing people access their environment including special inputs for telephones, smart phones, televisions, computers, music players, and amplified alarms and signals.

**AUDIOGRAM:** A graph representing the softest level an individual can hear as a function of frequency ('pitch').

**AUDIOLOGICAL ASSESSMENT:** A battery of hearing tests comprised of determining pure-tone air and bone conduction thresholds, acoustic immittance, and speech detection and recognition measurements to define the type and degree of hearing loss.

**AUDIOLOGIST:** A health-care professional who specializes in the measurement and management of auditory (hearing) and vestibular (balance) function. Audiologists hold a degree in audiology and typically hold certification through either the American Board of Audiology (ABA) or the American Speech-Language-Hearing Association (ASHA).

**AUDITORY/ORAL:** This communication methodology encourages children to make use of their residual hearing through the use of appropriate technology (e.g. hearing aids, cochlear implants, FM systems) and educational intervention. While many auditory/oral education programs have a strong "auditory" component, the use of vision (e.g. speechreading, sometimes called lipreading) may be used to supplement speech information that may or may not be available through residual hearing. In this approach, children learn to listen and speak, but do not learn sign language.

**AUDITORY NEUROPATHY SPECTRUM DISORDER (ANSD), also known as auditory dysynchrony or auditory neuropathy:** A neural type of cochlear hearing loss where outer hair cell function (sensory) is normal but neural conduction along the auditory pathway is disordered. Persons with this diagnosis appear to hear sounds, yet have varying abilities in understanding the sounds available to them (Hood, 1998). There is considerable variability in the range of functioning with auditory neuropathy. Persons may "hear" sounds, but not make sense of the sound for communication and their ability to understand sound often fluctuates. Improvement may occur as the auditory system matures while for others the condition is permanent. Hearing levels may be normal or range from mild to severe hearing loss. Speech perception abilities are generally poor. (National Institute on Deafness and Other Communication Disorders, 2005)

**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 pathologist or audiologist.

**AUGMENTATIVE AND ALTERNATIVE COMMUNICATION (AAC):** 1) The supplementation or replacement of natural speech and/or writing using aided and/or unaided symbols. The use of aided symbols requires a transmission device. 2) The field or area of clinical/educational practice to improve the communication skills of individuals with little or no functional speech. (Lloyd, Fuller, & Arvidson, 1997)

**BICULTURAL:** Membership in two cultures, such as the Deaf culture and the hearing culture.

**BILATERAL HEARING LOSS:** A hearing loss that is present in both ears.

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

**BILINGUAL-BICULTURAL:** Being fluent in two languages (e.g., ASL and English) and having membership in two cultures (e.g., the Deaf and hearing cultures).

**BINAURAL HEARING AIDS:** Hearing aids worn in both ears.

**BONE CONDUCTION:** Term used to describe the pathway of sound to the ear. In bone conduction the sound travels via direct vibration of the bones of the skull. This pathway essentially bypasses the outer and middle ear systems completely. During audiometric testing, bone conduction testing is completed using a device called a bone conduction oscillator.

**C-PRINT:** A speech-to-text notetaking system developed at the National Technical Institute for the Deaf (NTID at the Rochester Institute of Technology) as an access service option for some students who are deaf or hard of hearing in educational environments. The basis of C-Print is printed text of spoken English displayed in real time (not verbatim), which is an effective means of acquiring information for some individuals who are deaf or hard of hearing.

**CAPTIONIST:** The person who provides real-time captioning for a student using either C-Print or CART (Communication Access Realtime Translation).

**CART – Communication Access Realtime Translation:** The instantaneous (close to verbatim) translation of the spoken word into English text using a stenotype machine, notebook computer and realtime software and displaying the text on a laptop computer, monitor, or screen. CART service may be provided in classroom settings for students who are deaf or hard of hearing.

**AUDITORY PROCESSING DIFFICULTIES (CAPD), also known as Auditory Processing Disorder:** For the purposes of this document, CAPD refers to difficulties in the perceptual processing of auditory information that arise in the central auditory nervous system. In the presence of CAPD, auditory difficulties may include sound localization/lateralization, pattern recognition, discrimination, temporal (fine timing) aspects, and a marked difficulty in functional hearing in the presence of a competing signal (e.g. noise/reverberation) as well as other auditory tasks. In contrast, the peripheral auditory system consists of the outer, middle, and inner ear. “Diagnosis of (C)APD should be made on the basis of a carefully selected battery of sensitive and specific behavioral tests and electrophysiologic procedures supplemented by observation and detailed case history. The diagnosis should be made by audiologists who have been properly educated and trained in the area of (C)APD, including the administration and interpretation of these tests and procedures.” (American Academy of Audiology Clinical Practice Guidelines: Diagnosis,

Treatment and Management of Children and Adults with Central Auditory Processing Disorder)

**CLASSROOM AUDIO DISTRIBUTION SYSTEMS (CADS):** A classroom audio distribution system (CADS), as defined by ASA/ANSI s12.60.2010, American National Standard Acoustical Performance Criteria, Design Requirements, and Guidelines for Schools, Part 1 Permanent Classrooms, is a system whose primary design goal is to electroacoustically distribute the audio portion of spoken communications and curricular content throughout the learning space or targeted listening area. This content may include, but is not limited to, live voice sources from teachers and peers, as well as prerecorded and/or streaming media content from various sources, or both. The systems are not typically designed for public address purposes (such as building-wide announcements) or for the delivery of alert or warning signals, though they may include these capabilities. Classroom audio distribution systems may also include provisions to assist persons with low-amplitude voice levels or those with certain hearing conditions. These systems include classroom and desktop models and may transmit via FM or Infrared technology. CADS generally do not provide sufficient benefit for children/youth with hearing loss and therefore should not be a substitute for personal FM systems. (American Academy of Audiology. (2008). *Clinical Practice Guidelines: Remote Microphone Hearing Assistance Technologies for Children and Youth from Birth to 21 Years. Supplement B.*

[http://www.audiology.org/resources/documentlibrary/Documents/20110926\\_HAT\\_GuidelinesSupp\\_B.pdf](http://www.audiology.org/resources/documentlibrary/Documents/20110926_HAT_GuidelinesSupp_B.pdf))

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

**CLOSED CAPTION:** A translated dialog for television or video in the form of subtitles.

**COCHLEAR IMPLANT:** A device to improve auditory access. Unlike a hearing aid, a cochlear implant provides access to sound by directly stimulating the auditory (hearing) nerve via electrical current, thus bypassing the damaged area of the inner ear. A cochlear implant is comprised of both internal and external components. The internal component – the actual cochlear implant – is surgically placed by an otolaryngologist (ear, nose and throat specialist) or an otologist (ear specialist) into the cochlea. The outer equipment consists of a sound processor, cable/coil, and battery. The outer equipment is programmed and monitored with regular visits to an audiologist. A cochlear implant does not restore normal hearing but it can give individuals with severe to profound sensorineural hearing loss improved access to sound when compared with hearing aids or other auditory devices.

**COGNITION:** The process of remembering, reasoning, understanding, problem solving, evaluating, and using judgment.

**COMPUTER-ASSISTED REALTIME TRANSCRIPTION (CART):** A speech-to-text system using a stenotype machine with a phonetic keyboard and special software. The software translates the phonetic symbols into English captions almost instantaneously.

**CONDUCTIVE HEARING LOSS:** A hearing loss resulting from a problem in the outer (e.g. wax in the ear canal) or middle ear (e.g. eardrum perforation, middle ear infection/fluid, poor articulation of the middle ear bones). In a purely conductive hearing loss the inner ear (cochlea) is normal. The amount of loss depends on the nature of the problem that is causing poor sound conduction through the outer and middle ear systems.

**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 with 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 using eight handshapes 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 impairment which is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification, which adversely effects educational performance. (34 CFR §300.8(3)) The term means that the person's communication development and primary communication mode is visually based (either sign language or speech reading). Residual hearing (if any) is a secondary and supplemental sensory avenue; vision is the major channel for receiving information (Ross, 1990). 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 STUDIES:** The study of the history, culture, language, and literature of the Deaf and the cross-cultural relationship between the Deaf and hearing communities.

**DEAF CULTURE:** A view of life manifested by the morals, 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.

**DEAFBLINDNESS:** Combined partial or complete loss of vision and hearing.

**DECIBEL (dB):** The unit of measurement for the *intensity* of a sound: the higher the number, the "louder" the sound.

**DEGREE OF HEARING LOSS:** The amount of hearing or hearing loss present for an individual. For children, this is typically categorized as follows:

- Normal                      0 dB to 15 dB
- Minimal                     16 dB to 25dB
- Mild                         26 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

**EARMOLD:** A custom made plastic or vinyl earpiece that is coupled to a hearing aid.

**EDUCATIONAL AUDIOLOGIST:** An audiologist who specializes in the practice of audiology in the educational setting with emphasis on the implications of hearing loss for listening and learning and accommodations such as hearing assistive technology to effectively manage communication access. Specific responsibilities are defined in IDEA Part C [34CFR303.13(b)(2)] and Part B [34CFR300.34(c)(1)]. (Appendix A) The educational audiologist is a related service provider and a member of the educational team for the IFSP/IEP/504 Plan.

**EDUCATIONAL INTERPRETER:** A professional member of the educational team, fluent in the languages used by deaf and hearing persons, who works with the team to implement the IEP. The educational interpreter uses sign language/communication systems and spoken languages in school settings for purposes of providing access to the general curriculum, classroom dynamics, extracurricular activities and social interactions. This team member must document appropriate academic training, demonstrate the interpreting competencies and knowledge sets necessary to provide quality interpreting services in schools and be appropriately credentialed through state and/or national evaluations systems.

**ELIGIBILITY:** A child must be determined eligible for special education services based on a specific disabling conditions and evidence of an adverse effect of that condition on educational performance.

**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 based on 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 or origin of a specific disease or condition.

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

**FLUCTUATING VS. STABLE HEARING LOSS:** Some hearing losses change – sometimes getting better, sometimes getting worse. Such change commonly occurs in children who have hearing loss as a result of otitis media (fluid in the middle ear) or hearing disorders such as Large Vestibular Aqueduct Syndrome (LVAS). Other hearing losses remain the same year after year and would be regarded as stable.

**FM SYSTEM:** A type of hearing assistive technology to help reduce the adverse effects of distance, noise, and reverberation upon the speech signal. The FM system is comprised of a transmitter (microphone) worn by the talker (e.g. teacher) and a receiver used by the listener. There are various styles of transmitters and receivers (e.g. ear-level, soundfield, toteable) depending upon the individual’s listening needs.

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

**FUNCTIONAL GAIN:** The value that describes how much amplification a hearing aid is providing. For example, a child with unaided hearing at 70 dB who, when amplified, hears at 30 dB, is experiencing a gain of 40 dB.

**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 AID:** A personal electronic device that amplifies sound to improve auditory access for an individual with hearing loss. There are various hearing aid styles (e.g. Behind-the-Ear or BTE) and other features that may vary depending upon the individual’s listening needs. For children, these instruments should be fitted and dispensed by a licensed audiologist.

**HEARING ASSISTIVE TECHNOLOGY:** FM systems, infrared, and other hearing technologies that accommodate and improve communication for deaf and hard-of-hearing people by eliminating or minimizing noise, distance, and other factors that interfere with hearing and understanding.

**HEARING IMPAIRMENT:** A term defined under IDEA as “an impairment in hearing, whether permanent or fluctuating, that adversely affects a child’s educational performance but that is not included under the definition of deafness in this section.” (34 CFR §300.8(5))

**HEARING LOSS (also see DEAF or HARD OF HEARING):** The following is a list of some of the terms used to describe a hearing loss:

ASYMMETRICAL: when the hearing loss is different for each ear

BILATERAL: when the hearing loss is present in both ears

FLUCTUATING: when the hearing loss changes over time — sometimes better, sometimes poorer

PROGRESSIVE: when the hearing loss has become worse over time

STABLE: no significant changes are observed over time

SUDDEN: an acute or rapid onset

SYMMETRICAL: when the degree and configuration of the loss is the same for each ear

UNILATERAL: when the hearing loss is present in just one ear

**HEARING SCREENING:** A brief hearing check, usually resulting in a “pass” or “refer”. Individuals who do not pass a screening are referred to an audiologist for formal hearing evaluation.

**IDEA:** The Individuals with Disabilities Education Act: Part C refers to children birth to 3 years of age with disabilities and Part B to children 3 through age 21 years with disabilities.

**IDIOSYNCRATIC LANGUAGE:** As applied to the education of children who are deaf, an invented communication form developed within a small group of individuals; e.g., invented signs used in home prior to formal sign language instruction

**INCLUSION:** The concept that students with disabilities are integrated and included to the maximum extent possible with their (typically developing) peers in the educational setting. While often used synonymously with the term “mainstreaming,” inclusion is intended to mean that children are part of the regular classroom and removed for instruction and services only when necessary. In, mainstreaming, children are in separate classrooms and integrated for classes with typical peers when benefit is derived.

**INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP):** A team-developed written plan for infants and toddlers 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 developed by parents or guardians with input from a multi-disciplinary team.

**INDIVIDUALIZED EDUCATION PROGRAM (IEP):** A team-developed written program that identifies therapeutic and educational goals and objectives needed to appropriately address the educational needs of a student with a disability age 3 through 21 years. An IEP for a student 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.

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

**LEAST RESTRICTIVE ENVIRONMENT (LRE):** A basic principle of IDEA that requires public schools 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. A common definition of LRE for children/youth who are deaf and hard of hearing is a Language Rich Environment.

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

**LISTENING AND SPOKEN LANGUAGE:** The *Listening and Spoken Language* approach helps children to develop spoken language and literacy primarily through listening. Hearing technology such as hearing aids and cochlear implants are essential to maximizing hearing and listening. Parents and caregivers are recognized as the child's most important teacher and are supported as part of the model.

**MAINSTREAMING:** The concept that students with disabilities should be in classes with their non-disabled 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" though intention is different (see INCLUSION).

**MANUALLY CODED ENGLISH:** A term applied to a variety of different sign systems that represent English manually. Such systems include Signed English and Signing Exact English (SEE II).

**MIXED HEARING LOSS:** A hearing loss with combined sensorineural and conductive elements caused by a combination of damage or obstruction in the outer/middle ear and the inner ear/auditory nerve.

**MODE OF COMMUNICATION:** Modality through which an individual with a hearing loss receives and produces language. This includes oral/aural, auditory-verbal, LSL, 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.

**MONOAUURAL AMPLIFICATION:** The use of one hearing aid instead of two.

**MORPHEME:** A linguistic unit of relatively stable meaning that cannot be divided into smaller meaningful parts. Morphemes may be words such as “dog” or a word element such as “-ed” in walked or “-s” as in cats.

**MULTI-DISCIPLINARY 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.

**ORAL EDUCATION:** A philosophy of teaching deaf and hard-of-hearing individuals to make efficient use of residual hearing through early use of amplification, to develop speech and to use speechreading skills.

**ORAL TRANSLITERATOR:** Oral transliterators, also called oral interpreters, facilitate spoken communication between individuals who are deaf or hard of hearing and individuals who are not. Individuals who are “oralists” use speech and speechreading as their primary mode of communication and may or may not know or use manual communication modes or sign language. Each oral deaf/hard-of-hearing person has specific preferences for successful communication, thereby requiring transliterators to work within a continuum of service provision. In the strictest sense, oral transliteration does not usually include the use of formal sign language. However, transliterators respond to requests by oral deaf/hard-of-hearing individuals to add natural gesture; fingerspell particular words; write numbers or the beginning letter of a word that is easily misread in the air; and/or use signs to support words on the mouth. Oral transliterators may also “voice” for individuals who are deaf or hard of hearing as these individuals may not use their own voices or their voices are difficult for listeners to understand. Oral transliteration should be provided by transliterators who are qualified, trained professionals. (*Registry of Interpreters for the Deaf, Inc. Written by the Professional Standards Committee, 1997-1999. REV5/00. Updated 2007.*)

**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 when the condition is chronic. Children with recurring episodes may experience fluctuating hearing loss and may be at risk for speech-language delays.

**OTOLARYNGOLOGIST:** A physician who specializes in the health and function of the ear, nose and throat.

**OTOLOGIST:** A physician who specializes in the health and function of the ear.

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

**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.”

**POSTLINGUAL DEAFNESS:** Hearing loss acquired after learning a first language.

**PRAGMATICS:** The appropriateness of language use to the situation, the speaker, and the audience in regard to logic and validity.

**PRELINGUAL DEAFNESS:** Hearing loss acquired before learning a first language.

**PROGRESSIVE HEARING LOSS:** A hearing loss that becomes increasingly greater over time.

**PURE-TONE:** A type of auditory stimuli to represent frequency (pitch) used commonly in hearing testing.

**REAL-TIME CAPTIONING:** A transcription of the speaker or speakers that is achieved by a captioner or transcriptionist typing the material as it is spoken using a standard word processing program and projecting to a computer or other screen.

**RESIDUAL HEARING:** The amount of usable hearing that a deaf or hard-of-hearing person 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 use in language of meaningful referents, in both word and sentence structures.

**SENSORINEURAL HEARING LOSS:** A type of hearing loss stemming from damage within the cochlea (sensory) and adjacent parts of the auditory nerve (neural). Typically a sensorineural hearing loss is permanent and cannot be reduced or eliminated by medical or surgical intervention. The extent of damage to these fine structures impacts not only the individual's hearing acuity (ability to detect sounds) but the clarity of sound.

**SIGNAL-TO-NOISE RATIO/SPEECH-TO-NOISE RATIO:** The difference in the intensities of the speech signal (such as the teacher's voice) and the ambient (background) noise.

**SIGNED ENGLISH:** The Signed English system was devised as a signed representation of English for children between the ages of 1 and 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. Derivations of Signed English include Seeing Essential English (SEE I) and the form most commonly used today Signing Exact English (SEE II).

**SIGNING EXACT ENGLISH (SEE2):** The SEE system was developed for use by parents and teachers of English. SEE2 uses ASL signs, along with initialized and newly created signs in English word order to represent English on the hands.

**SIMULTANEOUS COMMUNICATION (SIM COM):** Use of spoken language and sign language at the same time. A significant area of concern related to the simultaneous use of sign and spoken language is that the child does not get a clear representation of either English or American Sign Language (ASL).

**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 ASSISTANT:** See New Hampshire Department of Education certification at <http://www.nh.gov/nhes/elmi/licertoccs/speechla.htm>.

**SPEECH AND LANGUAGE PATHOLOGIST:** see New Hampshire Department of Education certification at <http://www.nh.gov.nhes.elmi.licertoccs.speechlp.htm>.

**SPEECH AND LANGUAGE SPECIALIST:** Specialists who screen, evaluate, diagnose, treat, and consult on disorders of communication. They identify, diagnose, and treat individuals who have communication disorders. This may include disorders of speech, articulation, fluency, voice, verbal and written language, auditory comprehension, cognition communication, and swallowing disorders. These specialists are professional employees of a school district and must be certified as educators.

**SPEECH PERCEPTION:** The ability to recognize speech stimuli presented at suprathreshold levels (levels loud enough to be heard).

**SPEECH INTELLIGIBILITY:** The ability to be understood when speaking.

**SUDDEN HEARING LOSS:** A hearing loss that has an acute or rapid onset caused by occurrences such as head trauma or a tumor in the auditory nerve.

**SYMMETRICAL VS. ASYMMETRICAL HEARING LOSS:** Symmetrical hearing loss means that the degree and configuration of hearing loss are the same in each ear. An asymmetrical hearing loss is one in which the degree and /or configuration of the loss is different for each ear.

**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 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 a sensation to draw attention to information that cannot be heard.

**THRESHOLD:** The softest level at which a person hears a sound 50 percent 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 helps to determine middle ear function.

**UNILATERAL HEARING LOSS:** A mild to profound hearing loss in only one ear. Unilateral hearing loss is now known to be detrimental to learning in a significant percentage of students who have it.

**VERBOTONAL REHABILITATION:** An auditory-based strategy that maximizes listening skills of those with hearing impairment and other communication disorders, simultaneously allows the development of intelligible spoken language through binaural listening. (Asp, C; Koike, K; & Kline, M. 2012)



# Appendixes

- A. IDEA 2004 Key Regulations Pertaining to Audiology and Deaf Education**
- B. IEP Communication Plan for a Student who is Deaf or Hard of Hearing**
- C. IEP/504 Plan Checklist: Accommodations and Modifications for Students Who Are Deaf and Hard of Hearing**
- D. National Association of State Directors of Special Education List of Assessment Tools for Students Who Are Deaf or Hard of Hearing**
- E. Transition Skills Guidelines**
- F. New Hampshire Certification Requirements for Educational Interpreters/Transliterators and for Special Education Teacher in the Area of Deaf and Hearing Disabilities**