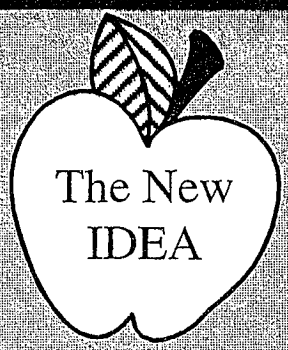
North Dakota Department of Public Instruction

The Individuals with Disabilities Education Act



Deaf and Hard of Hearing Students in North Dakota Schools

Informational Papers in Education

No. 1 in a series October, 2000

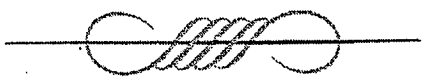
Providing guidance to local school districts on important topics

State Superintendent Dr. Wayne G. Sanstead

ACKNOWLEDGEMENTS

During the 1998-99 and 1999-00 school years, the ND Department of Public Instruction (DPI) and the North Dakota School for the Deaf (NDSD) brought together a group of Deaf Education professionals from ND to provide insight and guidance for DPI and NDSD in resolving statewide issues in the area of Deaf Education. The goals of the meetings were: (1) to obtain input in defining issues relating to the education of deaf and hard of hearing children and their families; and (2) to discuss methods to improve, resolve, and/or gain additional information relating to these issues. In an effort to resolve several of the issues discussed at the meetings, the Informational Paper, *Deaf and Hard of Hearing Students in North Dakota Schools,* was developed. The intention of this document is to provide guidance to families, professionals, and others who are providing quality services for children with a hearing loss in ND schools.

DPI and NDSD gratefully acknowledge the involvement of the Deaf Education professionals who assisted in the development of this document and to all professionals involved in the provision of high quality services for all deaf and hard of hearing students and their families.



"All education is special. All children are special. Are some more special than others? No, but because of exceptional abilities or special challenges, some require adjustments, additions, or changes to their programs. Those from low incidence disability populations and/or whose disabilities are more challenging may need extraordinary levels of specialized support." (NASDSE, 1994)

IDENTIFICATION AND REFERRAL

The earlier a child with a hearing loss is identified, the easier it will be to positively influence their future. Early identification is important because of the critical learning that takes place between birth and four years of age. Untreated hearing loss can lead to delayed speech and language development, social and emotional problems, and academic failure.

1. Does ND have universal newborn hearing screening (UNHS)?

Recently a federal grant was provided to ND to encourage the development of a statewide UNHS program. The proposal for this grant was written by individuals from Minot State University Department of Communication Disorders and Special Education, the ND Center for Persons with Disabilities (NDCPD), and the ND Office of Maternal Child Health. The ND UNHS grant will provide all hospitals serving newborns with equipment and training to conduct UNHS using state of the art hearing screening technology. Further, these hospitals will be supported by regional coordinators who oversee the UNHS program including testing and early intervention (Krumm, July 2000).

2. When should a child be referred for a hearing test?

The child should be referred for a hearing test as soon as a hearing loss is suspected. Some possible indicators for hearing loss include the following:

- Prenatal high risk factors (e.g., RH factor, in-utero infection)
- Post birth risk factors (e.g., anoxia at birth, prematurity)
- Family history of hearing loss
- Childhood diseases (e.g., meningitis, scarlet fever, mumps)
- Chronic ear infections
- Failure to respond to voice or loud environmental sounds
- Failure to turn toward source of sound
- Failure to imitate or match speech sounds
- Inability to follow simple commands without visual clues
- Failure to use everyday words
- Failure to speak clearly and understandably
- Frustration with communication
- Appearance of being socially isolated
- Difficulty mastering classroom information
- Delays in language, reading, writing, and/or speech
- Lack of expected progress
- Particular problems in how the child learns

3. Does a mild to moderate or unilateral hearing loss affect a child's ability to learn?

Yes, academic lags in excess of one year have been found in children with hearing losses in the range of 15 to 26 db in the better ear (Quigley, 1978). For children with unilateral hearing losses, although their speech and language develop normally, recent research indicated that they failed at school and repeated grades at a much higher rate than children with normal hearing in both ears (Bess, 1986; Oyler, Oyler, & Markin, 1988). Because of these findings, it is evident that teachers of children who are deaf and hard of hearing must be involved in the assessment and educational program development of children with unilateral and/or mild to moderate hearing losses.

4. Who should refer a child for a hearing test?

Any individual who is involved with the child and suspects that the child has a hearing loss should make a referral. The referral may come from: school personnel, medical personnel, private and public agency workers, school district's selective screening procedures, child-care providers, or family members. The child's parent must provide written consent to have a hearing test completed and the referral must follow school or agency policy and procedures.

5. To whom is a referral made?

If a hearing loss is suspected, the person making the referral should contact the local school district administration or special education director. The local school district is responsible for Child Find activities relating to identification, location, and evaluation when a disability is suspected or a child is in need of special education.

Sec. 300.125 **Child Find** (a) General requirement. (1) The State must have in effect policies and procedures to ensure that – (i) All children with disabilities residing in the State, including children with disabilities attending private schools, regardless of the severity of their disability, and who are in need of special education and related services, are identified, located and evaluated; and (ii) A practical method is developed and implemented to determine which children are currently receiving needed special education and related services.

6. What happens if a hearing loss is identified in a child?

If a hearing loss is identified, the school must provide follow-up services if appropriate. For school-age children, follow-up services may be provided through the school's Building Level Support Team. For children ages birth to three, follow-up services may be obtained through the Department of Human Service and the ND Parent-Infant Program for Deaf and Hard of Hearing Children and their Families which is located at NDSD (see Resource List).

It is strongly recommended that a teacher of children who are deaf or hard of hearing be involved from the beginning of the process. Teachers of children who are deaf or hard of hearing have unique qualifications to work with the language, speech, academic, and social effects of hearing loss. They also provide expertise in the use and interpretation of appropriate assessments and are skilled in planning and providing the appropriate interventions and accommodations. If follow-up services and interventions initially implemented by the parent and school or agency personnel are unsuccessful, the process of collecting additional information should be initiated in a timely manner. A referral should be made for a comprehensive evaluation that will be conducted by a multidisciplinary team (MDT).

EVALUATION PROCESS

One of the most critical elements in the design and selection of services for a child who is deaf or hard of hearing is a complete and accurate evaluation. Inadequate evaluation leads to an inaccurate description of the child's educational needs. This may, in turn, lead to an inappropriate placement. (Adapted from NASDSE, 1994).

7. Should a teacher of children who are deaf or hard of hearing be a part of the multidisciplinary team (MDT) when the child is identified as having a hearing loss?

Yes. As stated in the DPI *Guidelines: Evaluation Process* (8/1/99), "the team must include at least one teacher or other specialist with knowledge in the area(s) of suspected disability, including the low incidence disabilities such as vision impairment, deafness and autism." This means that when a child has a hearing loss, the specialist should be a teacher of deaf or hard of hearing children. The teacher with this training has knowledge and experience in conducting and interpreting assessments for children who are deaf or hard of hearing. This is also true for children who may have other disabilities in addition to hearing loss. Students with hearing loss and additional disabilities should be carefully assessed from a multidisciplinary perspective with specific attention to comparative data obtained from various sources in a variety of settings, both educational and noneducational (NASDSE, 1994).

If the team does not have access to this expertise, assistance to evaluation teams is available through: the North Dakota School for the Deaf Outreach Department; Minot State University, Department of Communication Disorders and Special Education; or by contacting appropriately qualified personnel from surrounding school districts (see Resource List).

8. What expertise does a teacher of children who are deaf or hard of hearing bring to the evaluation team?

The teacher of children who are deaf or hard of hearing brings a variety of skills to the team including:

- specific knowledge of how the hearing loss impacts language, auditory, and speech development and their influences on social and academic areas;
- knowledge and experience in administrating and interpreting tests for children who are deaf or hard of hearing, such as: appropriate audiological information, formulation of appropriate assessment questions, and tools to answer those questions;
- familiarity with communication modalities to be used during the evaluation process such as: American Sign Language (ASL), Manually Coded English (MCE), fingerspelling, speechreading, auditory input, and Cued Speech; and
- guidance in appropriate environmental and procedural accommodations necessary for valid testing such as: visual and auditory accessibility, assistive listening devices, and modification of assessment items.

Section 300.532 **Evaluation Procedures** (c)(1) Any standardized tests that are given to a child – (i) Have been validated for the specific purpose for which they are used; and (ii) Are administered by trained and knowledgeable personnel in accordance with any instructions provided by the producers of the tests.

9. What unique factors must be considered by the team when working with a child who has a hearing loss?

The list on page three of this document provides a variety of unique factors that must be considered by the child's multidisciplinary team during the evaluation process and the individualized educational program (IEP) planning process. These factors, separately or in combination, can affect the language proficiency that the child has or may acquire, including the ability to speak, to read and write, to use sign language or cues, to use residual hearing, to speechread, to analyze and communicate experiences, to maximize learning potential, and to be an active participant in the environment (NASDSE, 1994).

UNIQUE FACTORS TO BE CONSIDERED BY THE MULTIDISCIPLINARY TEAM OF A DEAF OR HARD OF HEARING CHILD

The following is a list of unique factors that must be considered when conducting an evaluation or developing an IEP for a child who has a hearing loss.

- **Family**
  Family support
  Hearing status of parents
- **Hearing Loss**
  Severity of hearing loss
  Type of hearing loss
  Configuration of hearing loss
  Amount of residual hearing
  Etiology
  Age of onset
  Age of identification
- **Amplification**
  Age that the child received amplification
  Type of amplification (e.g., FM system, hearing aids, sound field system, tactile aid)
  Ability to use residual hearing (auditory training)
- **Communication**
  Communication skills
  Communication access in the home, classroom, and overall school environment
  Communication needs
  Preferred mode of communication of the child and the family
  Opportunity for instruction through direct communication
  Speech needs and abilities
- **Language**
  First or native language of the student
  Linguistic background
  Linguistic needs and abilities
- **Preference of the child and parents in program options, placement, and IEP development**
- **Academics**
  Intellectual potential
  Academic levels
  Style of learning
- **Presence of additional disabilities**
- **Potential harmful effect**
- **Emotional needs**
  Students awareness of self and his acceptance by others
  Individual motivation
- **Social needs**
  Availability of peers and adults who are deaf or hard of hearing
- **Cultural needs**
  Opportunity for bilingual and bicultural development
- **Availability of and access to extracurricular activities**
- **Qualification and communication competencies of all personnel serving the student**
- **Interpreter quality and availability**
- **Access to support services**
- **Availability of technology**
  (e.g., captioned films/videotape, Telecommunication Devices for the Deaf (TTY/TDD), visual signaling and alerting systems(e.g., bells, smoke/fire alarms), Real-time captioning, appropriate computer software, LCD information displays, electronic mail and bulletin boards, televisions with built-in captioning capabilities or attached decoder).

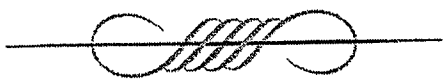
10. Why must the child's multidisciplinary team identify the child's native language before administering an assessment?

The purpose of identifying a child's native language is twofold: (1) to determine whether assessment measures need to be conducted in a language other than English, or otherwise adapted; and (2) to alert members of the MDT to a possible language difference that may affect the child's achievement and which must be considered in planning any instructional interventions. The determination of a child's native language should be made before any evaluation planning begins to ensure that appropriate assessments are completed as part of this process.

Section 300.19 **Native Language** (a) As used in this part, the term native language, if used with reference to an individual of limited English proficiency, means the following: (1) The language normally used by that individual, or, in the case of a child, the language normally used by the parents of the child, except as provided in paragraph (a) (2) of this section. (2) In all direct contact with a child (including evaluation of the child), the language normally used by the child in the home or learning environment. (b) For an individual with deafness or blindness, or for an individual with no written language, the mode of communication is that normally used by the individual (such as sign language, braille, or oral communication).

11. If a child with a hearing loss is not eligible for services under IDEA 97, what further involvement should a teacher of children who are deaf or hard of hearing have in the education of that child?

If the child is determined eligible under Section 504 of the Rehabilitation Act, a teacher of children who are deaf or hard of hearing should be involved in the development and implementation of the Section 504 plan. For children not requiring special education or services under Section 504, and for whom the existing general education curriculum has fostered successful learning, the school will need to provide ongoing inservice training, monitoring, and consultation to the general education teacher. A teacher of children who are deaf or hard of hearing should provide these services (e.g., classroom modification and accommodations, academic support, and operation and care of amplification devices). Teams implementing plans for children who are deaf or hard of hearing should always consider the unique factors listed on page three of this document.



INDIVIDUALIZED EDUCATION PROGRAM (IEP) PLANNING PROCESS

12. Should a teacher of a child who is deaf or hard of hearing serve as a member of the child's IEP team?

Yes. This professional brings expertise to the team regarding the specialized instruction, adaptations, and accommodations needed to help the child with a hearing loss benefit from his/her education. He/she helps the team focus on the system of necessary supports that will allow the child to participate in the general education curriculum as much as is determined to be appropriate by the MDT. If the team is planning for a child with a hearing loss who has been evaluated for the first time, evaluation personnel must attend. This should include the teacher of children who are deaf or hard of hearing who has experience in administering and interpreting evaluation data.

Section 300.344 **Team** (a) General. The public agency shall ensure that the IEP team for each child with a disability includes – (1) The parents of the child; (2) At least one regular education teacher of the child (if the child is, or may be, participating in the regular education environment); (3) At least one special education teacher of a child, or if appropriate, at least one special education provider of the child;(4) A representative of the public agency who (i) is qualified to provide, or supervise the provision of, specially designed instruction to meet the unique needs of children with disabilities; (ii) Is knowledgeable about the availability of resources of the public agency; and (iii) Is knowledgeable about the availability of resources of the public agency; (5) An individual who can interpret the instructional implication of evaluation results, who may be a member of the team described in paragraphs (a) (2) through (6) of this section: (6) At the discretion of the parent or the agency, other individuals who have knowledge or special expertise regarding the child, including related services personnel as appropriate; and (7) If appropriate, the child.

13. How should the primary disability be listed on the IEP for a child who has a hearing loss?

When identifying a child's primary disability on the IEP form, the team must decide which disability most interferes with education, i.e., if a child is adversely affected in the areas of speech or language development because of his hearing loss, his primary disability is in the area of deafness or hearing impairment and not speech and language. The hearing loss is the probable cause of the speech and language delays. This also applies when determining the child's secondary disability. When determining if a child should be reported as deaf or hearing impaired, it is helpful to review the disability categories as defined in IDEA 97.

Section 300.7 **Children 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. (5) *Hearing impairment* means an impairment in hearing, whether permanent or fluctuating, that adversely affects a child's educational performance but that is not included under the definition of deafness.

14. What "special factors" should the IEP team consider when creating an IEP for a child with a hearing loss?

IDEA 97 includes a list of "special factors" that must be considered by every child's IEP team. Two of these "special factors" focus specifically on children who are deaf or hard of hearing.

Section 300.346 (2) **Consideration of special factors.** The IEP team also shall – (iv) Consider the communication needs of the child, and in the case of a child who is deaf or hard of hearing, consider the child's language and communication needs, opportunities for direct communications with peers and professional personnel in the child's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the child's language and communication mode; and (v) Consider whether the child requires assistive technology devices and services.

These "special factors" are also included on the list of unique factors found on page three of this document.

15. Who should provide the services for a child who is deaf or hard of hearing?

The unique factors found on page three of this document must be considered in the development of the IEP for a child who has a hearing loss. By considering these unique factors and following the IEP process, the team will develop the present levels of educational performance (PLEP), annual goals, and short-term objectives along with the characteristics of services (COS) which are unique to each child.

The COS state where and how the services will be delivered and by whom. The process for deciding who will provide the services is determined for each objective. For a child with a hearing loss, as with any child with a disability, the team must decide after developing an objective who has the necessary skills to deliver the services stated in the objective. Teachers of children who are deaf and hard of hearing have training in areas unique to the education of children with hearing losses, such as: language, speech, academic, and social effects of hearing loss. If the objective is in an area that requires the expertise of a teacher of children who are deaf and hard of hearing, then the IEP team would document in the COS that this teacher must provide the service.

16. What related services will benefit a child with a hearing loss?

Many children require related services to achieve their IEP goals and objectives. The list of related services is not exhaustive and may include developmental, corrective, and other supportive services as are required to assist a child with a disability to benefit from special education. The types of related services needed by a child with a hearing loss will vary with each child; however, most children with a hearing loss will benefit from the related service of audiology.

Section 300.24 **Related Services** (b)(1) Audiology includes –(i) Identification of children with a hearing loss; (ii) Determination of the range, nature, and degree of hearing loss, including referral for medical or other professional attention for the habilitation of hearing; (iii) Provision of habilitative activities, such as language habilitation, auditory training, speech reading (lipreading), hearing evaluation, and speech conservation; (iv) Creation and administration of programs for prevention of hearing loss; (v) Determination of children's needs for group and individual amplification, selecting and fitting an appropriate aid, and evaluating the effectiveness of amplification.

In addition to related services provided to the child, the parents may also benefit by training that supports them in acquiring necessary skills to assist their child. Related services may include training on the usage of amplification devices or sign language training for peers and family member that allow them to support the implementation of the child's IEP or Individual Family Service Plan (IFSP).

17. What adaptations of educational services might be needed for a child with a hearing loss?

To enable children who are deaf or hard of hearing to have full access to communication and information within the school setting, appropriate classroom adaptations and use of technology must be considered during the evaluation and IEP processes. There are a variety of accommodations, adaptations, modifications, supports, and other adjustments that will enable a child with a hearing loss to participate as fully as possible in the general curriculum and other school offerings. A well-managed environment is essential for all children who are deaf or hard of hearing. An appropriate auditory environment typically includes acoustic enhancements such as assistive listening devices (e.g., audio loop systems and FM systems), used alone or in conjunction with hearing aids. Other environmental enhancements to consider are appropriate seating arrangements, acoustic friendly classrooms (e.g., carpeting, low ceilings, good lighting), and appropriate environments for audiological testing and individual therapy. The team must also consider the availability of technology listed on the bottom of page three of this document. The DPI *Guidelines: Assistive Technology for Students with Disabilities* (March 1999), provides detailed information relating to assistive technology devices and services. This Guideline can be found at the DPI website – http://www.dpi.state.nd.us or by contacting your local special education unit director.

18. Must a district have policy and procedures relating to proper functioning of hearing aids?

Yes, each district is responsible to have policy and procedures in place, which ensure that the hearing aids worn in school by children with a hearing loss are functioning properly. These policies and procedures should include: (1) who will monitor the amplification devices for students with a hearing loss; (2) when the amplification devices will be monitored (e.g., daily, every morning); and (3) an explanation of the process that will be used to monitor the amplification device to assure it is functioning properly.

Section 300.303 **Proper functioning of hearing aids.** Each public agency shall ensure that the hearing aids worn in school by children with hearing impairments, including deafness, are functioning properly.

19. What accommodations could be made when a child with a hearing loss participates in statewide assessments?

As stated in the DPI *Guidelines: Individualized Education Program Planning Process* (8/1/99), the purpose of accommodations is to help each student show what he/she knows and can do and to lessen the impact of the disability. The intent is to provide an equal opportunity, not to give an unfair advantage over other students. Accommodations must not change what concept or skills the test is assessing. The impact of the assessment accommodations on the skills being tested should be determined separately for each test. For a student who has a hearing loss, some possible accommodations might be: the use of an FM system or other assistive technology, seating in the front of the room near the test administrator, instructions provided through a sign language interpreter, and extended breaks for long-term use of interpreters. The accommodations will depend on the type of test and what it is measuring, as well as the individual needs of the child being tested.

20. What options must be considered when determining the least restrictive environment (LRE) for a child with a hearing loss?

The unique communication and language needs of children who are deaf or hard of hearing pose a special challenge for developing appropriate educational programming and for determining the LRE. The determination of LRE for a child with a hearing loss is made only after an IEP which addresses the full range of the child's unique needs has been written.

A full array of services and continuum of placements must be considered as part of the IEP process. There are possible benefits and liabilities of any educational setting. In general education environments there are routine opportunities for interaction with children who have normal hearing and who can serve as good models for speech, language, and social behavior. Furthermore, there is the added benefit of children who are deaf or hard of hearing helping persons without disabilities to understand individuals with a hearing loss. However, some children who are deaf or hard of hearing may feel isolated in regular education settings. Self-contained classrooms or special schools for children who are deaf or hard of hearing may offer more opportunities for direct communication with instructors and socialization with peers who understand their unique struggles or are fluent in sign language. Both settings are potentially isolating for children and their families.

As with the evaluation and the IEP process, determining the LRE for a child with a hearing loss must embrace the unique factors listed on page three of this document. When considering the least restrictive environment for a child with a hearing loss, the MDT must consider the following factors:

- Parent and student preference and choice
- Communication access available to the student in the home, classroom and overall school environment. To benefit from educational programming, children need to be able to communicate with their teachers, counselors, support personnel, principals, peers, and other members of the school
- Environment that will enhance a student's social and emotional development
- Qualification and communication competencies of all personnel serving the student
- Availability of interpreters, if needed, and the need to monitor the quality of the services they provide
- Opportunity for direct instruction and direct communication with school personnel and peers
- Availability of age appropriate peers who are deaf or hard of hearing
- Cultural needs of children who are deaf or hard of hearing
- Availability of and access to extracurricular offerings
- Availability of technology for children who are deaf or hard of hearing.

21. When determining the least restrictive environment for a child with a hearing loss, what potential harmful effects should be considered?

The isolating nature of deafness presents major challenges to our educational system, both in terms of transmitting knowledge, a major purpose of education, and in developing the self-esteem and identity of children who are deaf (U.S. Department of Education, 1992).

As part of the decision making regarding LRE, the IEP team must discuss and document potential harmful effects of a placement on the child or the quality of services the child needs. The IEP team for a child with a hearing loss must consider the potential harmful effect a placement may have in key areas such as availability to communicate with teacher and peers, social interaction with peers, and a placement away from family members. Failure to consider these potential harmful effects may lead to inappropriate placements, isolation, and wasted potential especially during optimal periods of language learning. Some possible questions that the IEP team could consider when determining harmful effect for a student with a hearing loss are:(1) Will the student with a hearing loss be stigmatized or feel excluded from the general education setting or the deaf community as a result of this placement; or (2)Will this placement be detrimental to family and community relationships?

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Resources

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