NORTH DAKOTA
DEPARTMENT OF
PUBLIC INSTRUCTION

Informational Paper-
Deaf and Hard of Hearing Students in North Dakota Schools

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The North Dakota Department of Public Instruction appreciates the time and effort spent by the task force members in contributing to the development of this guidance document.

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Special Note

“Unless otherwise specified, citations to ‘section’ or ‘sec.’ are citations to federal regulations implementing IDEA found in the Code of Federal Regulations at 34 CFR Part 300, which consists of 34 CFR secs. 300.1 through 300.818 and appendices A through E.”

Introduction

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

The purpose of this informational paper is to supplement and update the information needed by teachers, leaders, families, school instructional support personnel, and other stakeholders to have the knowledge, skills, and vision to help children be successful. Persons using this information must understand the informational paper supplements and update what they need to know and do in working on behalf of children and youth who are deaf or hard of hearing; it does not provide the totality of what they need. Fast emerging knowledge and technological advances make it imperative that continuous learning be an important goal (NASDSE, 2018).

Teacher of the Deaf/Hard of Hearing (TOD/HH)

For all students who are deaf or hard of hearing (D/HH), endorsed **Teachers of Students who are Deaf/Hard of Hearing (TOD/HH)** are critical to the provision of appropriate evaluation, educational programming and planning, and student-centered instruction. They are essential to students' achievement of their academic, linguistic, and social-emotional potential. As part of the educational team, a qualified TOD/HH enables schools to match the personnel to the definition of the disability as written in the Individuals with Disabilities Education Act (IDEA, 2004) and the Americans with Disabilities Act (ADA, as amended by the ADA Amendments Act, 2008), while also securing positive outcomes for students.

Although there is a high level of variation in service delivery across education settings, the specialized instruction and support from a TOD/HH remains the preferred model to meet the specific language, communication, academic, and social-emotional needs of students who are D/HH (CEC, 2022).

Credentialed TOD/HH are critical to:

- Providing appropriate evaluation
- Identifying effective educational programming and planning
- Providing student-centered instruction in communication, language, academics, independent functioning, and social-emotional needs
- Meeting the requirements of IDEA, ADA, and Section 504 of the Rehabilitation Act of 1973
- Securing positive outcomes for students and schools
- Providing specialized instruction and support to meet the specific language, communication, academic, and social needs of students who are D/HH and deaf with disabilities

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. Unaddressed hearing loss puts a child at risk for challenges in communication and language development, academics, social-emotional health, and vocational success.

1. **Does ND have universal newborn hearing screening (UNHS)?**
   ND does not have mandated universal newborn hearing screening. However, ND birthing hospitals voluntarily screen infants prior to hospital discharge and enter data into the web-based data system with the ND Early Hearing Detection and Intervention Program (EHDI). North Dakota's EHDI Program works to encourage continued universal newborn hearing screenings and follow-up for early intervention services. This program is a cooperative effort between the ND Center for Persons with Disabilities (NDCPD) and the ND Department of Health & Human Services (NDDHHS), Special Health Services.

2. **When should a child be referred for a hearing test?**
   The child should be referred for a hearing test as soon as hearing loss is suspected and as part of the special education eligibility process. More than 50% of children have no known risk factors. Some possible indicators and risk factors for hearing loss include the following:
   - Failed or missed newborn hearing screening
   - 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
   - Unresponsive to voice and/or loud environmental sounds
   - Limited turning toward source of sound
   - Limited imitating and/or matching speech sounds
   - Inability to follow simple commands without visual clues
   - Limited use of everyday words
   - Not meeting communication or language milestones
   - Does not speak clearly or understandably
   - Frustration with communication
   - Appearance of being socially isolated
   - Difficulty mastering classroom information
   - Delays in language, reading, writing, and/or speech
   - Problems in how the child learns
   - Watching other children/students/family members for directions, indicating not able to follow verbal directions
   - Prolonged exposure to noise (e.g., music/earbuds, machinery, shooting)

3. **Does a mild to moderate or unilateral hearing loss affect a child's ability to learn?**
   Research indicates that even mild and/or unilateral (one ear only) hearing losses can cause language and cognitive delays, and can be correlated with academic failure (CDC, 2021). School personnel should be mindful to consider any level of hearing loss when determining a student's eligibility. Additionally, reduced hearing has been shown to result in greater listening effort, fatigue, and stress levels compared to normally hearing peers (Bess, Gustafson, & Hornsby 2014; Tharpe, 2008; Lieu et al., 2012), which can lead to a negative impact on learning and academic achievement (McGarrigle, Gustafson, Hornsby, & Bess, 2018).

4. **How is a referral made and to whom?**
   Any individual who is involved with the child and suspects that the child has a hearing loss should make a referral for a special education evaluation. The referral may come from school personnel, medical personnel, private and public agency workers, school district's selective screening procedures, child-care providers, audiologists, or family members. The child's parent must provide consent to have a hearing screening completed, and the referral must follow school or agency policy and procedures.

Although all states screen the hearing of babies, many infants who do not pass the screening are not able to be located, and thus, follow-up does not occur. Other children may not be screened because they were birthed at home or moved to the U.S. from another country. Some children may pass newborn screening but have late onset hearing conditions. These children are identified later, either when a concern is raised or upon school entry when they participate in their local school hearing screening programs. Typically, a hearing screening is done first to determine if further hearing assessment is needed.

When 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 services. A referral should be made for a comprehensive evaluation that will be conducted by the building-level team.

It is **strongly** recommended that a **TOD/HH** be a part of the building-level team and be involved from the beginning of the process. **TOD/HHs** 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.

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.

An audiological assessment identifies a child with hearing loss by determining the range, nature and degree of hearing loss, and group and individual hearing technology, including evaluating the effectiveness of that technology. In addition to characterizing hearing sensitivity, pediatric and educational audiologists can help to assess the impact of auditory function on language and communication, including listening in noise to determine classroom listening ability.

A child identified with any degree of hearing loss may be evaluated by a team to determine the impact on educational performance.

1. **Should a Teacher of the Deaf/Hard of Hearing (TOD/HH) be a part of the team when the child is identified as having a hearing loss?**
   Yes. This means that when a child has a hearing loss, the primary specialist should be a TOD/HH. The TOD/HH should be included for children who may have other disabilities in addition to hearing loss. Students who are deaf or hard of hearing with 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 functional.

For children who are deaf or hard of hearing, regardless of the level, or whether one or both ears are affected, areas that may be considered include (NASDSE, 2018):

- Auditory status and auditory function
- Vision (acuity and functional vision)
- Spoken Language (comprehension and production)
- American Sign Language
- Speech
- Cognitive and academic performance
- Social, emotional, and behavioral
- Self-determination and self-advocacy

In addition to assessing the child, the classroom environment in which the student will participate also needs to be evaluated to determine whether it appropriately supports the child's access to communication and instruction, and to identify the required accommodations to support communication and learning.
These areas include:

- Classroom acoustics
- Lighting (visual access)
- Teacher speaker skills
- Use of sign language interpreter/transliterator/captioning (if used)
- Education and classroom technology
- Classroom participation strategies
- Classroom management strategies
- School culture of inclusion

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

> Section 300.29 **Native Language** (a) Native language, when used with respect to an individual who has 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).

****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 or by contacting appropriately qualified personnel from surrounding school districts (see Resources).**

Eligibility Determination

For children ages 3-21 (Part B of the IDEA) special education eligibility is a three-pronged process that includes: 1) identifying a disability; 2) determining whether the disability has an adverse effect on the student's educational performance; and 3) whether that effect requires specially designed instruction, i.e., special education (NASDSE, 2018).

> Section 300.8 **Children with a disability**. – (3) *Deafness* means a hearing impairment that is so severe that the child's is impaired in processing linguistic information through hearing, with or without amplification, that adversely affects a child's educational performance. (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.

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

Students who are deaf or hard of hearing may have physical, emotional or learning needs that are not related to their hearing status. The term "deaf plus" (or Deaf+), or deaf with disabilities, is often used to describe this group of students, which is estimated to be approximately 40% of children who are identified as deaf or hard of hearing (Mitchell & Karchmer, 2006). The conditions impacting these children are varied and may include deafblindness, autism, cognitive impairment, learning disability, a language other than ASL or English used in the home, or physical disabilities. The presence of a hearing condition can make it more challenging to diagnose these disabilities, and the presence of other disabilities may mask the hearing status, which can make it difficult to identify. Few assessment instruments are designed to specifically target the needs of children who are deaf or hard of hearing, which means that all assessment results must be considered with caution. Often, communication barriers exist, and the evaluator cannot reliably determine the student's cognitive, social, and/or functional capabilities

(Caemmerer, Cawthon, & Bond, 2016). The evaluation process can be frustrating to both the student and the evaluator if only standardized assessments are used. Results of the assessment, such as standard scores, IQ, or age equivalents, may mask a person's true skills and competencies (Mar, 2010).

For students with co-occurring disabilities, the comprehensive evaluation may include the use of observations, interviews, tests, scales, checklists, and other instruments to provide information about the child's cognitive, sensorimotor, communication, academic, social skills, behavior, and emotional functioning (NASDSE, 2018).

Individualized Education Program (IEP) Planning Process

1. **What "special factors" should the IEP team consider when creating an IEP for a child who is deaf or hard of hearing?**
   The IDEA 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 300.324 (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.

2. **What unique factors must be considered by the team when working with a child who is deaf or hard of hearing?**
   The list provides a variety of unique factors that must be considered by the child's team during the evaluation process and the individualized education 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. For a child who is deaf or hard of hearing, the IEP team must consider the communication needs of the child (NASDSE, 2018), including:
   - Language and communication needs
   - Opportunities for direct communications with peers and professional personnel in the child's language and communication mode
   - Academic level
   - Full range of needs, including opportunities for direct instruction in the child's language and communication mode

Best Practices for Specially Designed Instruction

Decisions regarding specially designed instruction must be made based on assessment and are critical to helping the child succeed academically and functionally. To consider language and communication special needs, the IEP team should ask:

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

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

In addition to each student's unique academic instruction needs for the general education curriculum, functional needs must also be addressed.

The **Expanded Core Curriculum for Students Who Are Deaf or Hard of Hearing** (Iowa Department of Education, 2019) is a helpful guidance for addressing these unique areas of learning. The ECC covers:

- *Audiology* – the student's understanding of his/her hearing levels, benefits and limitations of hearing technologies
- *Career education* – information about and experience with work-study, vocational rehabilitation services, and post-secondary training
- *Communication* – listening skills development, ASL or other English-based visual communication development, speech development, receptive communication and expressive communication
- *Family education* – understanding hearing levels, amplification, family and child interactions, communication strategies, education/transition, and resources and technology
- *Functional skills for academic success* – concept development, comprehension and study and organization
- *Self-determination and advocacy* – self-determination, community advocacy, community resources and supports, cultural awareness, and using interpreters and transliterators

- *Social emotional skills* – self-awareness (personal qualities), self-management, support networks, personal responsibility, decision making, social awareness, social interaction including conversation skills and conflict resolution
- *Technology* – learning about the various types of visual and auditory technologies, how to properly use, maintain and troubleshoot and where to obtain the technology

State Legislation

ND Deaf Child Bill of Rights (HB1366 from 2015)

An act to provide for collaboration between the school for the deaf and school districts on the provision of appropriate services and resources to children who are deaf or hearing impaired and the families of children who are deaf or hearing impaired.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1: COLLABORATION BETWEEN SCHOOL FOR THE DEAF AND SCHOOL DISTRICTS TO PROVIDE SERVICES AND RESOURCES TO CHILDREN WHO ARE DEAF OR HEARING IMPAIRED.

1. The school for the deaf shall collaborate with school districts to ensure that children who are deaf or hearing impaired and families of children who are deaf or hearing impaired receive appropriate services and have access to appropriate resources including:
    a. Screening and assessment of hearing capabilities and communication and language needs at the earliest possible age, and continuation of screening services throughout the child's educational experience
    b. Early intervention to provide for acquisition of solid language bases at the earliest age possible
    c. The opportunity to interact in person or through technological mediums with adult role models and peers who are deaf or hearing impaired
    d. Qualified teachers, interpreters, and resource personnel, who communicate effectively with the child in the child's mode of communication
    e. Placement best suited to the child's needs such as social, emotional, cultural, age-related, hearing loss, academic level, mode of communication, style of learning, motivational level, and family support needs
2. The school for the deaf shall:
    a. Make information available to parents of children who are deaf or hearing impaired
    b. Provide awareness information to the public concerning medical, cultural, and linguistic issues of deafness and hearing loss.

3. **How can services for a child who is deaf or hard of hearing be provided?** Services for children who are deaf or hard of hearing may be provided in a variety of ways, including:

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

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

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

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

The characteristics of services 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 goal or objective. For a child who is deaf or hard of hearing, as with any child with a disability, the team must decide, after developing a goal and an objective, who has the necessary skills to deliver the services stated in the goal and objective.

Endorsed **Teachers of the Deaf/Hard of Hearing (TOD/HHs)** 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 goal or 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 may document in the characteristics of services that this teacher provide the service.

4. **What related services should be considered for a child who is deaf or hard of hearing?**
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 who is deaf or hard of hearing will vary with each child.

> Section 300.34 **Related Services** (c)(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.

Speech-language pathology – the speech-language pathologist (SLP) must demonstrate appropriate competencies to work with children and youth who are deaf or hard of hearing to provide diagnostic, instructional and consultative services as determined by the IEP team.

Educational interpreter/transliterators – educational interpreters and transliterators provide translation or transliteration based on the decision of the IEP team. As the professional providing access to, and observing, the day-to-day events and circumstances of the student's language exposure in the academic setting, the educational interpreter/transliterator is an integral member of the IEP team. Educational interpreters/transliterators must be competent in both expressive and receptive skills and matched to the communication language and approach used by the student. In North Dakota, an educational interpreter must have an educational interpreter performance assessment (EIPA) at a level of 3.5 or higher. Interpreters who have successfully completed an accredited interpreter training program have a period of up to two years from the date of completion of the program to achieve a level of 3.5 if, the individual is mentored by a trained mentor who is either a certified interpreter or a deaf adult.

ASL specialist – an American Sign Language (ASL) specialist serves as a resource to school staff, students and families in areas of staff professional development, evaluation of student sign communication, appropriate classroom instructional use of sign language, and sign language classes and support.

Deaf mentor – A deaf mentor is a certified deaf adult that provides home-based services to families with deaf or hard of hearing children, often from birth to five years, but can be through high school. The deaf mentor's primary roles are: 1) to provide the family with instruction in American Sign Language (ASL), 2) how to use ASL effectively with their child throughout their daily routines, 3) to invite the family into the Deaf Community and 4) to teach the family about Deaf Culture and the Deaf Community. Deaf mentors are required to have formal training by an organization and to be certified.

Family support and training - 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).

5. **What adaptations of educational services might be needed for a child who is deaf or hard of hearing?**
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 who is deaf or hard of hearing 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 technology devices (e.g., sound field systems and FM systems), used alone or in conjunction with hearing aids and/or cochlear implants. 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.

6. **Must a district have a 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 who are deaf or hard of hearing are functioning properly. These policies and procedures should include: (1) who will monitor the amplification devices for students who are deaf or hard of hearing; (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 300.113 **Routine checking of hearing aids and external components of surgically implanted medical devices.** (a) Hearing aids. Each public agency shall ensure that the hearing aids worn in school by children with hearing impairments, including deafness, are functioning properly. (b) External components of surgically implanted medical devices. (1) Subject to paragraph (b)(2) of this section, each public agency must ensure that the external

components of surgically implanted medical devices are functioning properly. (2) For a child with a surgically implanted medical device who is receiving special education and related services under this part, a public agency is not responsible for the post-surgical maintenance, programming, or replacement of the medical device that has been surgically implanted (or of an external component of the surgically implanted medical device.

7. **What options must be considered when determining the least restrictive environment (LRE) for a child who is deaf or hard of hearing?**
   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 who is deaf or hard of hearing 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 typical 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 who are deaf or hard of hearing. 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 experiences 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 who is deaf or hard of hearing should embrace the unique factors listed in this document. A common interpretation of LRE for a student who is deaf or hard of hearing is a **"language rich environment."** To provide this, an appropriate educational placement in the LRE for a child who is deaf or hard of hearing is one that (NASDSE, 2018):
   - Ensures full development of language for the child
   - Enhances the child's cognitive, social, and emotional development
   - Is based on the language abilities of the child
   - Offers direct language and communication access to teachers and other professionals
   - Has a sufficient number of age-appropriate and level-appropriate peers who share the child's language and communication preferences
   - Takes into consideration the child's hearing level and abilities
   - Is staffed by certified and qualified personnel trained to work with children who are deaf or hard of hearing

- Provides access to the general education curriculum with modifications in pedagogy to account for the child's unique language, learning, and communication needs
- Provides full access to all curricular and extra-curricular offerings customarily found in educational settings
- Has an adequate number of role models who are deaf or hard of hearing, including adults
- Provides full access to support services
- Has the support of informed parents
- Is equipped with appropriate communication and learning technologies.

For some students, a specialized school for the deaf is the LRE, for others the regular class is the LRE, and for others, some combination of settings may constitute the LRE (National Association of the Deaf, 2002).

8. **When determining the least restrictive environment for a child who is deaf or hard of hearing, 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 or hard of hearing (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 who is deaf or hard of hearing should 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 effects for a student who is deaf or hard of hearing are:

1. *Will the student who is deaf or hard of hearing be stigmatized or feel excluded from the general education setting or the deaf community as a result of this placement?*
2. *Will this placement be detrimental to family and community relationships?*

9. **If a child who is deaf or hard of hearing is not eligible for services under IDEA, what further involvement should a TOD/HH have in the education of that child?**
If the child is determined eligible under Section 504 of the Rehabilitation Act, a TOD/HH should be involved in the development and implementation of the Section 504 plan, if necessary. For children not requiring special education or services under Section 504, and for whom the existing general curriculum has fostered successful learning, the school may provide ongoing in-service training, monitoring, and consultation to the general education teacher(s).

Teams implementing plans for children who are deaf of hard of hearing should always consider the unique factors listed in this document.

10. **What types of programs are offered through the ND School for the Deaf?**
    As a state agency and as a center of expertise on deafness, the ND School for the Deaf (NDSD) has a responsibility to serve all citizens of the state of ND. NDSD serves in its traditional role of service provider to students who are deaf and hard of hearing, plus as a resource center on deafness. NDSD offers printed and professional resources in a variety of areas related to deafness. The last page of this document contains an overview of several of the resources available through the NDSD.

References

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McGarrigle, R., Gustafson, S., Hornsby, B., Bess, F. (2018). *Behavioral Measures od Listening Fatigue in School-Age Children: Examining the Effects of Signal to Noise Ratio, Hearing Loss, and Amplification*. Ear & Hearing. doi: 10.1097/AUD.0000000000000623

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United State Department of Education (1992). *Deaf students' education services: Policy guidance*. Federal Register*,* 57(211), 49274-49276.

Resources

Communication Plan Examples
Pennsylvania: CommunicationPlanAnn120210 (pattan.net)
Michigan: Michigan Communication Plan for Students Who Are Deaf or Hard of Hearing (DHH) (mdelio.org)
Hands & Voices: 7b IEP English FormsInstu.PDF (handsandvoices.org)

Expanded Core Curriculum Resources
Iowa: Expanded Core Curriculum For Students Who Are Deaf or Hard of Hearing (educateiowa.gov)

Severity Rating Scales and Caseload Analysis Tools
Wyoming: SEVERITY RATING SCALE FOR STUDENTS WITH SIGNIFICANT SUPPORT NEEDS (wyominginstructionalnetwork.com)
Colorado: COLORADO GUIDELINES (state.co.us)
Michigan: Educational Impact Matrix for Students Who Are Deaf or Hard of Hearing (mdelio.org)

Placement and Readiness Checklists for Students who are Deaf and Hard of Hearing (PARC):
Inclusion Readiness Scale for Deaf and Hard of Hearing Students (successforkidswithhearingloss.com)

Language and Communication-Focused IEPs (Minnesota): Language and Communication-Focused IEPs for Learners who are Deaf or Hard of Hearing (mn.gov)

Assessment
Minnesota: Assessment Requirements for Students who are deaf and hard of hearing (umn.edu)
Michigan: Assessment Resource Guide for Students Who Are Deaf or Hard of Hearing (mdelio.org)

IEP Accommodations Checklist: IEP CHECKLIST: RECOMMENDED ACCOMMODATIONS (handsandvoices.org)

Contacts

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Bismarck ND 58505-0440
701-328-2277

North Dakota School for the Deaf/Resource Center for the Deaf and Hard of Hearing
1401 College Drive
Devils Lake ND 58301-1596
701-665-4400

ND Assistive
450 Coleman St., Suite 107
Bismarck, ND 58503
701-258-4728
or
3240 15th St. S., Suite B
Fargo, ND 58104
701-365-4728
1-800-895-4728
https://ndassistive.org/

North Dakota Dual Sensory Project
500 University Avenue West
Memorial Hall
Minot, ND 58707
1-800-233-1737or 701-308-0993
https://ndcpd.org/dualsensory-2/