



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

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FOREWORD

I am delighted and honored to write the foreword for the Educational Service Guidelines for Students who are Deaf and Hard of Hearing. This valuable publication was written to provide information and resources to families, administrators, teachers, support personnel and other professionals working with students who are deaf or hard of hearing. This guide focuses on how to identify, assess, plan, provide, and monitor educational services and programs.

The following group of highly trained and dedicated professionals made this framework possible:

- Teachers of the Deaf in a variety of placements on the continuum
- American Sign Language Specialists
- Speech and Language Pathologists
- Educational Interpreters
- Educational Audiologists
- Pediatrician with knowledge of students who are deaf and hard of hearing
- Early Intervention Service Providers.

As a deaf person and a former teacher of the deaf, I understand how crucial it is to receive and provide specialized services to meet the unique educational, communication, and social/emotional needs of students who are deaf or hard of hearing. It is my hope and expectation that all those interested in offering appropriate and meaningful programs for students who are deaf or hard of hearing will work closely with these exceptionally skilled individuals along with this document during their decision making and instructional planning.

Sincerely,

Sheri Cook, Director

Gallaudet University Regional Center for the Midwest

INTRODUCTION

Educators have long been aware that identifying the educational needs of students who are deaf/hard of hearing (D/HH) and providing quality services, supports, and technology can be challenging. Due to the low-incidence nature of deafness, school districts face the challenge of finding resources to support their learners who are deaf/hard of hearing. This document is 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 the goal of building capacity across the state and supporting local education agencies (LEAs), professionals and families throughout Ohio, the Outreach Center for Deafness and Blindness (the Outreach Center) determined, that in order to build that capacity, some common language and guidelines would be useful. It is our hope this document will provide school districts insight on serving their students who are D/HH.

Ohio has a long history of educating students who are D/HH. The birth of the Ohio School for the Deaf (OSD) was evidence of Ohio's early commitment to education for all children. The 1803 State Constitution states, "Religion, morality, and knowledge — and the means for instruction shall forever be encouraged by legislative provision." (<http://www.ohioschoolforthe deaf.org/en-us/aboutus/ourhistory.aspx>). Formal education for students who are D/HH in Ohio began in 1829.

In 2004, the Ohio Department of Education (ODE) established the Center for Outreach Services at the Ohio School for the Deaf. The center worked to provide direct support to school teams, professionals and families throughout the state. While direct LEA support and evaluation continue to be provided by the Ohio School for the Deaf's Statewide Services Department, in 2016, ODE established a new center, the Outreach Center for Deafness and Blindness in partnership with OCALI to build capacity across the state to meet the needs of learners in their neighborhood schools.

Today, the Outreach Center works to increase access and equity for students, families, and communities through connections, resources, and supports. Building relationships, sharing resources, and reaching the community is instrumental as we strive to support students where they are, with what they need, when they need it - to learn, grow, and experience the good life.

This document was created after an in-depth review of several states' educational guidelines. Networking, partnership, and collaboration are essential to building capacity, and the place to begin is with common knowledge and focus. This tool is meant as a guidance document for deaf education. It consists of standards addressing the following areas:

- **Identification and Referral** - focusing on child find, diagnosis, and eligibility for services
- **Assessment of Unique Needs** - matching the correct assessments, with trained professionals, interpreting data, leading to correct services for students
- **Instruction and Learning** - equipping professionals and support staff with the right knowledge, at the right time, to ensure the most inclusive learning opportunities for students
- **Support for Instruction and Learning**
- **Parent, Family, and Community Involvement** - focusing on living the best life with family and community involvement, looking at current experiences and those that follow after graduation

Developed in partnership with OSD Statewide Services, and led by Julie Stewart, Outreach Specialist in the Outreach Center at OCALI, and Cameron Crane, Statewide Services Coordinator at OSD, this tool includes 33 standards tied to specific outcomes for students who are D/HH, best practice guidance specific to those who are D/HH, and case examples to assist families and professionals as they navigate the educational complexities specific to this population of individuals.

Input was also gathered from a diverse mix of dedicated individuals throughout the state including parents, teachers of students who are deaf and hard of hearing (TOD), speech and language pathologists (SLP), educational audiologists, special education administrators, representatives from higher education, transition specialists, vocational rehabilitation professionals, and early intervention specialists. The Outreach Center team appreciates their time and effort.

The team specifically would like to thank Kevin Bohlin, program coordinator with New Hampshire Deaf and Hard of Hearing Education Services for providing permission to access and revise their Educational Guidelines for Deaf/Hard of Hearing Students as we developed Ohio's guidelines.

This document is designed to be a living document, and updates will occur when new regulations and/or changes occur. We welcome feedback. Please send your feedback to Julie Stewart at Julie_Stewart@ocali.org.

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Disclaimer: *The Educational Guidelines for Students who are deaf/hard of hearing is using "D/HH" in an all-inclusive manner, to include students who may identify as Deaf, deaf, deafblind, deaf disabled, hard of hearing, late-deafened, and hearing impaired. We recognize that for many individuals, identity is fluid and can change over time or with setting. We have chosen to use one term - deaf/hard of hearing - with the goal of recognizing experiences that are shared by all members of our diverse communities while also honoring all of our differences. (Inspired from the National Deaf Center on Postsecondary Outcomes; www.nationaldeafcenter.org)*

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/hard of hearing).

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SECTION ONE: IDENTIFICATION AND REFERRAL

Children who are deaf/hard of hearing are identified and referred for assessment as early as possible to enable the best possible outcomes in the areas of language and communication, social-emotional development and academics. Moeller, 2000; Yoshinaga-Itano, Baca, & Sedey, 2010; Yoshinaga-Itano, Sedey, Coulter, & Mehl, 1998, Joint Committee on Infant Hearing, 2007

The Individuals with Disabilities Education Act (IDEA) is a law ensuring services to children with disabilities throughout the nation. IDEA governs how states and public agencies provide early intervention, special education and related services to more than 6.5 million eligible infants, toddlers, children and youth with disabilities. (<https://www2.ed.gov/about/offices/list/osers/osep/osep-idea.html>)

IDEA Definitions Code of Federal Regulations, Title 34, Part 30, §E 300.7

- “Deaf-blindness” means concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational needs that they cannot be accommodated in special education programs solely for children with deafness or children with blindness.
- “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.
- “Hearing impairment” means an impairment in hearing, whether permanent or fluctuating, that adversely affects a child’s educational performance but that is not included under the definition of deafness in this rule.

Ohio 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. (<http://education.ohio.gov/Topics/Special-Education/Federal-and-State-Requirements/Operational-Standards-and-Guidance>)

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 (2002) Guidelines for Audiology Service Provision in and for Schools states, “Auditory Processing Disorder and hearing loss, whether conductive, sensorineural, mixed, unilateral, bilateral, fluctuating, permanent, or temporary, have the potential to affect children in three major areas: communication skills, academic achievement, and psychosocial development.” (**ASHA Guidelines for Audiology Provision in and for Schools** <http://www.asha.org/policy/GL2002-00005/>) Any student with such an audiogram and/or diagnosis with hearing loss provided by a licensed audiologist should be referred for services. If the child who is D/HH and under three years of age, he/she should be referred to the Part C Early Intervention (EI) program overseen by the Department of Developmental Disabilities for a multidisciplinary assessment. The assessment establishes the child’s needs for EI services and takes place in five areas: adaptive development, cognitive development, communication development, physical development (including vision and hearing), and social-emotional development. If the child is school age, he/she should be referred to the local school district for an appropriate multidisciplinary assessment, including hearing, communication, vision, cognition, social-emotional needs, and academic components.

STANDARD 1 - Hearing Screening

Hearing screenings to identify students who may have hearing loss must be conducted consistent with national and state best practice guidelines. Ohio Revised Code 3313.69

<https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/children-s-hearing-vision-program/requirements/>

Infant Screening

Ohio legislation requires every newborn to be screened for hearing loss before leaving the hospital and for parents to be provided with resources and information for follow up. Every infant who does not pass the hospital hearing screening, is referred for further audiological assessment by three months of age. If the audiological evaluation reveals that the child has a diagnosed hearing loss (permanent or fluctuating), ODH will refer the child to the EI program. If the family chooses to proceed with the referral, an EI service coordinator will be assigned to the family. The service coordinator will coordinate an eligibility determination, assessment, and initial Individualized Family Service Plan (IFSP). Children who passed their hearing screening at birth, may still develop a hearing loss at a later age. In children with delays or health concerns, newborn screening is not sufficient to ensure a child does not have hearing loss.

Preschool and School-Age Screening

Hearing screening is a procedure used to identify students who may require additional assessment to determine whether they have a need for a referral for a diagnostic assessment (e.g. special education and related services and/or medical treatment). Screening procedures generally are easily administered, performed in a brief period of time, inclusive of parents’ observations and interviews, inexpensive, and indicative of the need for further evaluation. The screening facilitates identification of a suspected hearing loss, but does not provide an analysis of the type or degree of hearing loss. According to Federal IDEA Regulation, information from a hearing screening alone *is not a substitute for a diagnostic assessment*. Information from a hearing screening alone may not be used to determine a student’s hearing loss, but the results are used as criteria for a referral for more extensive evaluations.

Preschoolers attending a school based-program are screened each year they are enrolled in preschool. School-aged students are screened, in kindergarten, first, third, fifth, ninth and eleventh grade.

Children in Special Education Classes

Students in special education classes shall be screened at the ages that correspond to the grade levels required for all students (preschool, kindergarten, first, third, fifth, ninth, and eleventh). These students should remain in the screening program due to a higher risk of undetected hearing loss and may be candidates for optional otoacoustic emissions (OAE) testing and tympanometry screening. If the student cannot be screened, he/she should be referred for a complete medical/audiological evaluation.

Students who should not be included in the school hearing screening program include the following:

- Students who wear hearing aids.
- Students who have a cochlear implant.
- Students with known hearing loss including sensorineural and progressive hearing loss.
- Parent/caregiver refusal.

For students who should not be included in the school hearing screening program, follow-up with parent/caregiver is important to ensure the student is under the care of a primary care provider or audiologist.

After confirmation of hearing loss, parents or guardians and all relevant persons in the student's environment should be counseled about the implications of hearing loss. These persons include service providers, teachers, and child care providers.

STANDARD 2 - Identification and Referral

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. [Ohio Operating Standards for Students with Disabilities 3301-51-03 \(A\)\(B\)\(1\)](#)

Identification — Child Find

Identification is the process of seeking out and locating all students who are D/HH 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 Department of Developmental Disabilities (DODD) is the lead agency for the Part C Early Intervention program in Ohio. Children who are deaf/hard of hearing (D/HH) are eligible for early intervention (EI) in Ohio (OAC 3701-8-07, Appendix 07-A). When a hearing loss is confirmed by the Ohio Department of Health (ODH), Ohio's Early Hearing Detection and Intervention (EHDI) program, ODH makes a referral to a central intake and referral site (called "Central Coordination"). If a child has a need for EI services, specialized early intervention hearing service providers take part in determining the child's primary service provider (PSP), writing IFSP (Individual Family Service Plan) outcomes, and determining the services needed to meet those outcomes. In many cases, these specialized providers will be the family's PSP. In other cases, the specialized providers will support another early interventionist who is serving as the child's PSP through coaching at team meetings, joint visits, etc.

[Ohio Operating Standards for Students with Disabilities 3301-51-03 Child Find](#) further outline the responsibilities of LEAs relative to the child find process. LEAs shall have policies and procedures to ensure that any student who is potentially a student with a hearing loss (as well as other disabilities) is referred to an evaluation team. As indicated in these rules, any "refer" from a hearing screening is an indicator that a student should be referred for additional evaluation. Reference to the [ODH Rules for Hearing Screenings in the Schools](#).

STANDARD 3 - Audiological Referral

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

When a student does 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. Audiological assessment by an audiologist with experience working with the pediatric population should precede any referral for educational assessment or follow-up.

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

(team photo that includes a physician with other non-physicians)

STANDARD 4 - Collaboration

Educational programs for students who are D/HH establish collaborative relationships with families, related service providers, individuals who are deaf/hard of hearing, medical providers, and state agency personnel in order to ensure students and families are promptly referred for appropriate services and connected to relevant resources. [Ohio Operating Standards for Students with Disabilities](#)

Educational programs should work with Part C services, state support teams (SST), and other entities to establish and maintain collaborative relationships to identify or support:

- Eligibility criteria for special education services;
- Types of programs, services, and resources available for students who are D/HH and their families;
- Contact persons and telephone numbers for local school district education programs as well as programs that provide specialized services for students who are D/HH and public school programs and services for students who are D/HH and their families;
- Successful transition of students served in Part C to Part B services when the student is eligible
- The federal requirement that a referral to Part C be made as soon as possible but no more than seven days after identification of an infant who is D/HH.

STANDARD 5 - Medical Support

Students who are D/HH are referred for appropriate medical assessments as indicated (e.g. otolaryngology, genetics, ophthalmology).

Determination of Etiology

The etiology of a student's hearing loss provides information regarding potential needs and services based on characteristics of that condition. Due to various etiologies that involve neurological components, such as cytomegalovirus (CMV), students with 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 student's hearing loss should be identified when possible. This information can be used to determine additional areas of assessment needed to identify appropriate educational supports for an individual student.

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 (Bakhshaei, 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 students who are identified as D/HH. Ongoing monitoring of eye health/vision is strongly advised according to the recommendations of the eye care practitioner.



SECTION TWO: ASSESSMENT OF UNIQUE NEEDS

Outcome: A unique intervention or education plan is developed based on assessments that yields valid and reliable information about the child/youth. Ohio Operating Standards for Students with Disabilities 3301-51-06 (E)(2)

"The other assumption that I make is one that we know to be true, but one that is often avoided for all of the wrong reasons. That is, it is often argued, usually out of a sense of equality but sometimes for the purposes of political correctness, that deaf children are just like hearing children (Seal, 1998). In many ways, of course, they are. But for the purposes of assessment and education, treating deaf children as though they are simply hearing children who cannot hear denies them their unique experiences, their language, and their culture. Regardless of whether they have deaf or hearing parents or are part of a Deaf community, deaf children have somewhat different childhoods than hearing children. While some of the differences are superficial and likely of no long-term importance, other differences make deaf children "who they are." That means we must understand and take those differences into account when we develop and administer assessments and when we seek to educate them inside or outside of the classroom. To do anything else is to deny deaf children equal opportunity..."

Looking Beyond the Obvious: Assessing and Understanding Deaf Learners, Marc Marschark, Ph.D.

Purposes and Procedures of the Assessment Plan

Assessment is conducted for multiple purposes including determining eligibility and educational need, developing intervention goals, guiding program planning, tracking progress over time, post-secondary transitioning and providing the school team and parents a more complete picture of the learner. IDEA 2004 requires that a variety of assessment tools and strategies be used to gather relevant functional, developmental, and academic information about the students. Ohio Department of Education has provided a list of [approved assessments](#) to measure the student's' progress. No single measure or assessment can be used as the sole criterion for eligibility determination.

For students who are D/HH, assessment must always consider the developmental areas most impacted by hearing loss, e.g., language, audition, and communication, as well as how various environmental conditions impact performance in these areas. Due to the unique nature of hearing loss, assessments should be completed by or with the assistance of deaf education professionals: a teacher of the deaf, educational audiologist, ASL interpreter with clinical experience, ASL specialist, speech and language pathologist and pupil services professionals (PT, OT, school psychologist) with experience working with students who are D/HH. Further, assessment must be in an environment that is free from visual and auditory distractions to increase the validity of the test performance. Physically positioning the examiner and student in a way to facilitate communication will be important. For example, sitting across from the student will be preferable, and ensuring that the examiner is not seated in front of a window, where bright light coming through could cause a head shadow and obscure lipreading cues or facial grammar of persons who communicate manually.

Students who are D/HH are assessed from the time of initial hearing loss identification through post-secondary transition until they exit special education. The primary objective when assessing a student who is D/HH must be to ensure that language is not a barrier to an accurate assessment.

The first goal of the assessment process is to gather valid information about the student'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 student age 3 and older) to meet the student'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 and assist with transition.

In assessing and identifying the unique needs of students who are D/HH, consideration should be given to a variety of aspects of the student's developmental history that may contribute to his/her current individual performance.

These include:

- Family history
- Health and developmental histories
- Age of onset and age of diagnosis of hearing loss
- Type, severity, and etiology of hearing loss
- Age of amplification
- Use and consistency of use of hearing device/amplification
- Potential for use of residual hearing
- Cognitive ability
- Preferred communication evaluation modality
- Primary language used in the home
- Expressive and receptive language ability (in spoken English, sign supported speech, and/or ASL)
- Visual ability acuity
- Multiple disabling conditions
- Preferred communication approach (based on data)
- Educational history
- Parent values, goals, and philosophy

Accommodations that provide full access to the procedure and minimize communication barriers must be used during all assessment activities. These may include sign, captions, demonstration and/or hearing and hearing assistance technology. Assessment should not proceed until accommodations that provide the student's full access to the procedure are instituted.

Parental involvement during the assessment process is crucial to obtain information needed to ensure an accurate profile of the student's abilities and to accurately make decisions regarding communication and educational recommendations.

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 and educator completed questionnaires
- Videotape recordings and associated analyses

Standardized Versus Non-Standardized Assessments

The nature of hearing loss and the linguistic differences of many students who are D/HH 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. While in some cases it is preferable to use assessments normed on students who are D/HH, in many cases, it is appropriate to use the same assessments that are normed on hearing children with cautious interpretation. These assessments allow professionals to compare the development of deaf and hard-of-hearing children to hearing children. The goal of education for students who are D/HH is development and achievement at a commensurate level to their hearing peers. Assessors need to determine when to use a standardized instrument, to modify standardized instruments developed for hearing children, or to use instruments that have been standardized for students who are D/HH. 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 the medium of the presentation of questions (i.e. using text) and accepting responses in the communication modality most comfortable for the child. Modifications may include, but are not limited to, using a different communication approach (e.g., sign language or cued speech), using a different method to present the test (e.g., written, oral, or demonstration), and/or rephrasing questions.

When a standardized test, even with accommodations or modifications, is determined by the IEP team to be inappropriate 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.

STANDARD 6 - Persons Conducting the Specialized Assessment

The assessment of students who are D/HH, 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. [Ohio Operating Standards for Students with Disabilities: 3301-51-06 \(E\)\(3\)\(a-d\)](#)

The assessment of students who are D/HH, including those who are deafblind and those with multiple disabilities, must be conducted by licensed professionals who are knowledgeable about hearing (and vision) 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 gather background information and/or 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/physician
- Vision, to be performed by a vision specialist who has experience working with students who are D/HH
- Motor, to be performed by a physical therapist or occupational therapist who has experience working with students who are D/HH
- Psychological, to be performed by a psychologist who has expertise and experience working with children who are deaf/hard of hearing children.
- Speech and language, to be performed by a speech language pathologist and an ASL specialist/evaluator, if relevant.
- Cognition, to be performed by a psychologist who has experience working with students who are D/HH
- Academics/pre-academics, to be performed by a teacher of the deaf, intervention specialist, or psychologist
- Adaptive/self-advocacy skills, to be performed by a teacher of the deaf, intervention specialist, or psychologist
- Family needs, to be performed by parent mentor or social worker.
- Career/vocational interests and options, to be performed by a vocational rehabilitation counselor or transition specialist.
- Augmentative Communication Devices/Systems

It is recommended that the local educational agencies recognizing their limitations on providing educational evaluations/assessments to the students who are D/HH to seek out professionals with the necessary expertise to assess students. The specialized professionals, who are knowledgeable of the assessment tools for students, can assist the local education agencies by assessing the students and providing the assessments in the student's primary communication mode, as well as provide a dialogue on program placement concerns, address concerns over lack of progress, behavioral problems, specific learning problems, or a need for further instructional programming guidance.

In conjunction with local professionals, specialized professionals who are knowledgeable in the unique needs of students who are D/HH can work with the team to perform assessments of the student. The team can collect 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 student.

[The Outreach Center for Deafness and Blindness at OCALI](#) (The Outreach Center) provides resources for school

districts, families, and communities serving students who are D/HH or blind/visually impaired. The goal of the Outreach Center is to increase access and equity for students, families, and communities through connections, resources, and supports as a means of supporting students where they are, with what they need, when they need it, to learn, grow, and live their best possible lives.

For education teams seeking assistance or direct support with assessments for students who are D/HH, the Ohio Department of Education offers direct support through the [Statewide Services Assessment Team](#) located at the Ohio School for the Deaf.

Note: *Special consideration should be made to ensure all hearing technologies (i.e. hearing aids, cochlear implants, FM systems, etc.) and vision assistance devices (glasses, magnifier, etc.) that a student uses to facilitate and understand communication be present and in good working order. The evaluator may need the assistance of another professional, such as an educational audiologist or teacher of the deaf or teacher of the visually impaired, to ensure the assistive device is working properly and the student has access to the evaluation materials and evaluator.*

STANDARD 7 - Domains to be Assessed

Qualified professionals assess all relevant areas of functioning to provide a comprehensive profile of the students who are D/HH. Professionals performing these assessments work collaboratively to determine the effect skills in each domain have on the students as a learner. [Ohio Operating Standards for Students with Disabilities: 3301-51-06 \(E\)\(d\)\(f\)\(g\)](#)

Those conducting the initial and subsequent assessments of a student who is D/HH 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 an 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 the initial audiological assessment, it is recommended that students who are D/HH 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 student who is D/HH 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 distance from the speaker), and employ 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 students who are D/HH, including those with deafblindness and multiple disabilities, must be conducted by a teacher of the deaf, a speech-language pathologist or other specialists (e.g., ASL specialist) who is proficient using the child's primary language and communication approach and endorsed by the assessment team. The assessor must be skilled in identifying, using, and analyzing the student'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 skills, measures of primary and secondary language competence (when applicable), and consideration of home language. This will provide information regarding whether or not a student has age-appropriate language and communication skills, identification of deficits, and a baseline to compare progress over time. Formal tests should also provide norms to compare the student's performance to that of his/her hearing peers. Other forms of assessment, such as language sampling, may provide useful diagnostic information regarding language competence.

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

Expressive and Receptive language ability: How much information can the child/youth understand and how well they can make themselves understood using their preferred mode or bimodal form/forms of communication.

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).

Sign Communication

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

- *American Sign Language (ASL)*

Signing Systems:

- *Signed Exact English (SEE I, SEE II)*
- *Pidgin Signed English (PSE)*
- *Manually Coded English (MCE)*
- *Conceptually Accurate Signed English (CASE)*

For a student who uses sign language or a sign system, the assessment of manual communication skills should include the testing and gathering of information in the following areas:

- An analysis and description of the sign language or sign system used (ASL literacy level)
- 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 should be provided.

Spoken Communication

The student's performance on the spoken communication evaluation provides information about his or her ability to benefit from amplification or other assistive listening technology, and indicates whether the student needs additional support such as sign, or a combination of supports.

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

- Phonetic assessment: Imitation of speech sounds
- Phonological 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 as well as an informal assessment of spelling and handwriting/print legibility. Formal standardized assessments of written English are available. Informal assessment and analysis of written language samples can also provide useful information for IEP planning.

Note: *Assessments that require knowledge or distinctions of phonics can skew scores downward.*

Pre-Academic

For educational planning with young students who are D/HH, 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 assessment provider must also be proficient using the child's language and communication mode. When a student has limited language, or is mixed modality communicator, a team approach may be best. The areas requiring assessment include expressive and receptive language, auditory skill development, functional listening ability, pre-literacy skills, early numeracy understanding, pre-writing ability, ability to sustain attention to task and see a task to completion, and family participation.

Academic Skills

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

Math computation, reasoning, and application in all contexts (e.g., measurement, money, time, word problems, etc.)

- Style of decoding (i.e., phonetic-acoustic versus visual decoding)
- Reading comprehension including emergent reading abilities as well as word understanding of vocabulary, phrases, sentences, and passages, as well as literal/inferential skills
- Reading in real world versus reduced contextual situations
- Reading preferences, including time spent reading independently
- Written English literacy including word use, knowledge conveyed, structure, and cohesiveness, spelling and handwriting/print legibility.
- Writing for specific purposes (e.g., messages, discourse, persuasion, narration, etc.)
- Spelling and penmanship

Standardized assessments of academic achievement will provide information regarding the student's achievement in comparison to that of hearing peers. A few academic tests have been normed on deaf/hard of hearing

populations. Whether one uses instruments normed on students who are hearing or on students who are D/HH, 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 assessments, students who are D/HH must participate in all statewide and local assessment programs.

Psychological

A psychological evaluation includes assessment of cognitive abilities, adaptive/self-help skills, behavioral and emotional regulation, and social-emotional development. Evaluation of cognitive abilities provides information about a student's present level of problem-solving skills, which is helpful in providing a context in which to interpret other areas of skill development. Function in areas that are related to learning are assessed, such as language based and visually mediated problem solving skills, logical and abstract reasoning, working memory, and processing speed.

Most intelligence tests yield measures on subscales or clusters as well as an overall IQ score. For most students who are D/HH, estimates of cognitive ability should be based primarily on subscales or clusters that are comprised only of non-verbal tasks. Ability should be determined without the influence of vocabulary and language development which are often affected by hearing loss. Extreme caution should be used to carefully assess with each individual student whether language based cognitive tasks should be administered and then, whether performance on those tasks should be incorporated into the student's overall summary IQ score. This will depend strongly on the student's hearing and language history, as well as current language development, and will need to be determined on a case-by-case basis, always erring on the side of caution. As noted, for many students who are D/HH, performance on nonverbal problem solving tasks is the most valid and appropriate indicator of cognitive function.

A qualified school psychologist who has experience assessing students who are D/HH and who is proficient using the student's language and communication mode, 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, significant growth in language skill over time, 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.

With respect to assessment of behavioral and emotional regulation, social-emotional development, and adaptive daily living skills, information often is gathered through the use of standardized questionnaires that are completed by a student's teacher(s) and/or parent(s). However, given that most measures were developed and normed on typical hearing children, careful item analysis is necessary to understand findings and ensure that areas of concern are not directly related to a student's hearing loss (e.g., does not answer a telephone properly to take a message). A qualified school psychologist who has expertise in working with D/HH, and who has an understanding of the impact of hearing loss on children/families and Deaf culture is important.

Health

The overall physical health of the student, including nutrition and growth, medical, and developmental history, provides important information for the care of the student and the potential need for a health care plan as part of the IFSP/IEP/504 Plan.

Vision/Deafblindness

Students who are D/HH are dependent on their vision as a means to provide information that is unavailable auditorily due to 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 student's intervention or IEP. For infants, it is recommended that a vision assessment be conducted for all students who are D/HH. After infancy, students who are D/HH 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 students with visual impairment and students with dual sensory loss. The functional vision assessment should be completed by a teacher certified in the area of vision impairment.

Multiple Disabilities

Students with multiple disabilities may have cognitive, academic, 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, a multidisciplinary team approach to assessment is essential in order to ensure that all areas of need are addressed. This multidisciplinary assessment should include gathering general background information regarding the child and family, observations of the student, functional assessment, and 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 D/HH. Etiologies that are neurologically based may result in vestibular impairment affecting a student'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 students who are D/HH.

Communication 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 D/HH in secondary schools must be provided with an individual career/vocational assessment as part of the transition IEP or 504 Plan. 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 student's IEP. The law requires transition services as a component of the IEP or 504 plan for every student 14 years of age or older and may be deemed appropriate for students younger than 14.

Family Needs

The knowledge the family has about their child's hearing loss, development issues, and their competence in communicating with their child, should be included in the IFSP/IEP/504 Plan. The support/needs the family may have can be identified through interviews, surveys, or questionnaires.

Family training may include:

- Subject Workshops (id est. IEP, advocacy, equipment, psychological health)
- Assistive Technology Supports
- American Sign Language Classes
- Child Development
- Special Needs Parent Group

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 students, parent support and training is provided through the IEP. [IDEA 34 CFR 300.34\(8\)](#) specifically outlines the provision of parent counseling and training for parents of students who are D/HH. 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 student to meet his/her IEP goals, it must be provided through the IEP and at no cost to the family.

STANDARD 8 - Test Administration

Once a qualified assessment team completes a communication evaluation and determines the primary language and preferred communication approach of a student who is D/HH, 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. [Ohio Operating Standards for Students with Disabilities: 3301-51-06 \(E\)\(a\)\(ii\)](#)

When an assessment plan is being developed, the special language needs of students who are D/HH should be recognized. When there is a primary and/or preferred language other than English (including American Sign Language), educational evaluations and assessments should be conducted in that language. The student's preferred communication approach supported by data, 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).

Note: *regarding ASL interpretation or signed evaluation presentation:*

Due to the iconic nature of sign language, special care must be taken to ensure that signed test administration does not inadvertently lead the student to the correct answers, or when it does, it is noted. For example, the examiner or interpreter may sign "SHOW-ME DRINK" on a receptive vocabulary test. The sign for drink gestures drinking a glass of water; this would therefore lead the student to the picture choice that shows a girl drinking from a glass.

If working with an ASL interpreter, careful preparation before the evaluation session during which time the interpreter is informed of the goal of testing and can be allowed time to preview questions (and target responses) she or he will be interpreting, is essential in order to have confidence in evaluative results.

STANDARD 9 - Specialized Services, Materials, and Equipment

The assessment report identifies the unique learning needs of the student related to and impacted by the hearing loss, including needs for specialized services, materials, equipment, and accommodations for the educational environment. [Ohio Operating Standards for Students with Disabilities: 3301-51-06 \(E\)\(3\)\(f\)\(g\)](#)

The assessment report identifies the unique educational needs of the student 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:

- Teacher of the Deaf instruction
- Small group
- Direct instruction
- Controlled language and/or pacing
- Language
- Reading
- Math
- Speech
- Auditory skill development

- Sign language instruction
- Social
- Behavior
- Advocacy
- Training in assistive technology devices

The specialized support services required, including, but not limited to:

- Teacher of the Deaf
- Sign language interpreting
- Language facilitator
- C-Print captionist
- Deaf Mentor (ASL language model, self-advocacy, Deaf Cultural study)
- ASL class (direct instruction or online)
- Oral or cued speech transliteration
- Language facilitator
- Counselor
- Notetaker/Scribe
- Speech-to-text services

The specialized equipment required, including, but not limited to:

- Hearing assistive technology
- C-Print or TypeWell notetaking system
- Closed-captioned television
- Communication technologies for the deaf
- Captioned videos
- Augmentative and alternative communication (AAC)

Accommodations to the educational environment, including, but not limited to:

- Acoustically appropriate classroom
- Elimination of visual distractions
- Strategic seating
- Lighting

Assessment of Classroom Acoustics

Excessive noise and high reverberation levels interfere with the communication skills of many students who are D/HH. Classroom acoustic standards were developed by the American National Standards Institute, Inc. The standards dictate an ambient noise level of 35 dB 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 dB. ([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.

STANDARD 10 - Placement Considerations

A continuum of placement options is 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. [Ohio Operating Standards for Students with Disabilities: 3301-51-09 \(C\)\(1\)\(2\)\(a\)](#)

A Communication Plan (Appendix B) is a tool for all students who are D/HH, including those with Deafblindness and additional disabilities that are found to be eligible for early intervention or special education services that can help facilitate a meaningful discussion as team members embark on this decision-making process. The plan will be developed based on the individual communication needs of the student and to 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 student. 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 early 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 student’s everyday environment, consideration should be given to surrounding the student with peers and adults who are deaf/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 student’s readiness skills, and the school’s ability to provide the support the student 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 students who are D/HH, resource room support, interpreters, hearing assistive technology, speech and language pathologist and all other relevant support professionals.
- 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 such as the Ohio School for the Deaf that may include opportunities for mainstreaming in general education settings. Ohio does not currently have a state charter school for the deaf, however some Ohio students who are D/HH attend schools for the deaf in private facilities such as St. Rita’s School for the Deaf or Ohio Valley Voices or are placed in specialized acute settings in Pennsylvania and Illinois.
- 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. (Ohio Rules for the Education of Children with Disabilities)

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: Students who are D/HH thrive and achieve their full academic potential in linguistically rich educational environments where language, communication, academics, and social opportunities are fully accessible.

The vast majority of clinicians believe that, with some modifications, their chosen methodology of teaching does benefit children... impressive children can be found within every methodological camp. Depending on which impressive child one has been exposed to, one's opinion is swayed strongly in that methodological direction.

- A. Robbins (2006)

Ohio's learning standards and/or extended standards apply to all students with disabilities. Through the use of current early intervention program standards, district adopted curriculum materials and resources, and teacher designed materials, 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, assessment and communication needs, intervention specialists and educators determine effective and appropriate methods of instruction for students who are D/HH.

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 statewide assessments and district level assessments. For infants and toddlers with an IFSP, growth is measured by demonstrating appropriate developmental progress.

Students who are D/HH, birth through 21 years, including those with multiple disabilities or deafblindness, are instructed using the early intervention and district curriculums that are aligned with Ohio 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 student's unique needs. When this document is used in the child's IEP, it should be included in the IFSP/IEP/504 Plans for students who are D/HH.

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 student's primary communication mode in both formal learning settings and informal social settings.
- Opportunities for direct communication in the student's communication mode with peers and adults who are D/HH
- Information on communication choices, types and differences of learning environments (placements) and accommodations and modifications
- Opportunities for intervention services from professionals who have demonstrated proficiencies in providing early intervention services to students who are D/HH and who can directly communicate with the students in a manner consistent with the student'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 modality used by the student.

Areas addressed in the Communication Plan for preschool and school-age students include the:

- Student's primary receptive and expressive language and primary communication mode
- Availability of adult role models and peer groups who are D/HH who use the student's communication mode or language
- Explanation of all educational options provided by the school administrative unit and available for the student
- Licensed teachers, interpreters, and other specialists responsible for delivering the Communication Plan in the 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 student

Note: *The Communication Plan is not a checklist, but rather a tool to promote meaningful discussions of each component, resulting in any necessary action plans to address relevant needs. The team must also ensure that there is meaningful correlation between the Communication Plan, the student's IEP goals, and how the student functions in his/her educational environment. The result of this meaningful and thoughtful discussion about the student and his/her communication needs, social and instructional needs will be documented and utilized in determining the student's current performance levels as well as other components of the IEP, including appropriate specially designed instruction and IEP goals, and will, as appropriate, result in any necessary "action plan" to address student's needs.*

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 students in linguistically rich, rigorous standards-based curriculums and provides accommodations to maximize the student's ability to demonstrate what s/he knows and can do. These team members actively plan and execute the many transitions that occur for students who are D/HH.

In addition to program, district, and state core standards, direct instruction to students who are D/HH frequently utilizes specialized curricula and language systems (i.e. visual phonics, cued speech). These curricula (often teacher created) help students who are D/HH 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 Ohio's Learning Standards.

Federal and state legislation mandate that students with IEPs must participate in state and district assessments. Assessments are a mean to measure student achievement, obtain data for program accountability, and design effective instruction. In Ohio, students who are D/HH are assessed through the general state assessment with appropriate accommodations as outlined in their IEP/504 Plan. All school-age students who are D/HH, except those taking the alternate assessment, must be measured against the same age or grade-level content standards in development, reading, math, social studies 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, criterion-referenced, and norm-referenced assessments.

STANDARD 11 - Multidisciplinary Team

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 needs of students who are D/HH. The team must include the personnel necessary to conduct a comprehensive assessment resulting in recommendations that are based on valid data. [Ohio Operating Standards for Students with Disabilities: 3301-51-06 \(H\)\(2\)\(d\)](#)

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

- Parents
- Teachers of the Deaf
- Student
- Family members
- Early interventionist
- Educational audiologist
- Speech-language pathologist
- Psychologist
- Administrator
- Educational interpreter/transliterater
- Counselors for the deaf/hard of hearing
- Language communication facilitator
- Notetaker/C-Print captionist
- Deaf mentor
- Instructional assistant/paraeducator
- Career/vocational counselor
- General classroom teacher
- Program administrator
- 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
- General special educator
- Behavioral specialist
- Mental health counselor
- Transition coordinator
- C-print/TypeWell captionist

Accessing specialists to serve as consultants from other areas of the district, state, or regions such as State Support Teams (SST) and/or Educational Service Centers (ESC) or via distance should be a viable option when considering a student-centered education plan.

Each of the multidisciplinary team members agree to engage in planning of a student'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, IEP/ETR annual and triennial meetings. Regular communication must exist among professionals and with parents/guardians in order for the student to succeed. Parents/guardians are full and equal participants in the educational programs of their child and are a vital component of the multidisciplinary team

STANDARD 12 - Focus on Communication

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

Students in public schools who are D/HH have rights under IDEA, Section 504, and Title II of the ADA. Because each law has a slightly different intent, their individual provisions must be considered when addressing the communication needs of students from preschool through high school graduation. Title II non-discrimination requirements may require additional accommodations beyond the IDEA to ensure communication is as effective as for non-disabled peers. The communication preferences of the individual are paramount when determining appropriate auxiliary aids and services. CFR {300.324(a) (2) (iv)}

Students who are D/HH have the same ability to learn as their hearing peers provided they develop language from a young age. However, in order to learn and master the critical academic skills they need, like all students, 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 students who are D/HH 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 students who are D/HH 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 students who are D/HH.

IDEA mandates that students with disabilities are educated in the least restrictive environment (LRE), the one most like that of their typical peers. However, unlike other disability categories, for students who are D/HH, communication access and direct communication with peers are the driving forces behind the creation of the least restrictive educational environment.

The education team serving the student with a documented hearing loss is encouraged to use the Communication Plan as part of their IFSP/IEP/504 Plan (Appendix B). This Communication Plan specifically addresses the unique communication needs of the child and is used to guide the IFSP/IEP/504 Plan team during each review and eligibility meeting. It is recommended at each IFSP/IEP/504 meeting, the team should review the current Communication Plan and assess its effectiveness in addressing the unique communication needs of the student who is D/HH. If improvements are not evident in the areas of language acquisition, communication, academics, and social skills, the current communication mode and service delivery model should be evaluated and additional services or alternative educational placement options should be explored. Instructional opportunity or approaches should not be determined based on the amount of the student's residual hearing, the ability of the parents to communicate, or the student's experience with other communication modes.

Individualized, relevant communication access, as identified in the Communication Plan, also applies to participation in extracurricular activities. Extracurricular activities are part of each student's educational program and are important to each student's social, [emotional, and cognitive development](#). Local school districts must provide resources to ensure that all school sponsored extracurricular activities are fully accessible to students who are D/HH. The Communication Plan applies in the same way as during the school day. This may require the use of an interpreter or assistive devices (e.g., FM or captioning) be provided to make activities and events accessible to the students who are D/HH.

STANDARD 13 - Focus on Authentic, Meaningful, and Direct Peer Interactions

The student has authentic, meaningful, and direct peer interactions and is able to participate in a variety of social and academic opportunities. Ohio Operating Standards for Students with Disabilities: 3301-51-07(L)(b)(iv) CFR {300.324(a)(2)(iv)}

...“Children learn better when they are able to work with friends and interact with friends in the classroom. Group projects will be better completed when children work with real friends rather than with non-friend peers...With peers, children can argue, negotiate, and figure it all out. Some researchers have speculated that these life skills come more from peer interactions than through interactions with adults. And those language skills are absolutely essential.” Dr. Brenda Schick, University of Colorado

Peer interaction is essential for many aspects of human development, from birth onwards. Students 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, incidental learning, the knowledge of how to work in a group, as well as the development of personality. As importantly, involvement in discussions and arguments scaffold the development of language and cognition. There are many skills that can only be learned during rich, cognitively interesting interactions. Throughout childhood and adolescence, students learn to discuss, negotiate, argue, debate, and create emotional bonds during interactions. These interactions allow students 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 students to think of alternative perspectives and to learn complex relationships. With peers, students learn the kinds of evidence that are legitimate and which debate tactics are acceptable, credible, and productive.

Despite the essential nature of peer interaction, students who are D/HH often have more difficulty accessing interactions with hearing peers due to communication access challenges. This may be particularly true when a student needs the services of an interpreter to access interactions. The presence of an adult in peer interactions can interfere with some types of peer interactions. Students who are D/HH should be in a learning environment that allows and supports authentic peer interactions and opportunities for true friendships. When this is not available, school teams should monitor the social-emotional impact and seek to build these relationships via online interactions and through day and summer programs.

As mentioned in the Communication Plan, the IEP team must consider the availability of deaf/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. Students who have difficulty communicating with hearing peers, either through spoken English or an interpreter, may need an educational placement that includes more students who are D/HH to ensure peer interaction.

Other ways for students who are D/HH to have contact with other peers who are D/HH include school-sponsored regional activities and private summer camp programs that are specifically for students who are D/HH. These programs also provide access to Deaf role models. Similarly, older students can participate in the [Junior National Association of the Deaf Youth Leadership Programs, Explore Your Future](#) and other programs focusing on older students who are D/HH. When placement options limit peer interaction, it is important for the students who are D/HH to have some rich peer experiences outside of the school day. The team should explore other options such as video conferencing with other programs or schools with students who are D/HH. Special field trips with other schools or programs may allow for the interaction of students who are D/HH with peers or deaf/hard of hearing role models.

STANDARD 14 - District Core Curriculum and Standards

Students who are D/HH will be instructed using the early intervention and curriculum that are aligned with established state standards. [Ohio Operating Standards for Students with Disabilities: 3301-51-09\(G\)\(2\)](#)

Communication access and English-language acquisition are the most crucial factors in the design of curriculum and instruction for students who are D/HH. In order to meet early intervention, district core curriculums, and state standards, the student's instructional setting must be fully accessible. Service providers must present instruction, modify materials and provide accommodations while respecting 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. The specialized services and instructional strategies, materials, equipment, assistive technology, curricular modifications, and accommodations to the educational environment can be identified and implemented to provide a full communication access in the educational setting.

The IFSP/IEP/504 Plan for each student who is D/HH will be written according to a standards-based curriculum. This may include setting goals and objectives according to the access skills (language development and self-advocacy) necessary for them to later achieve the state standards and expansion of the core curriculum benchmarks.

STANDARD 15 - Supplemental Specialized Curricula

In addition to the state core standards, students who are D/HH 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 students who are D/HH. 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 or language facilitator in the classroom
- Listening and spoken language
- Hearing assistive technology
- Use of a captionist
- Orientation and use of assistive technology
- Deaf Studies
- Self-advocacy skills
- Social skills
- Independent living skills
- Direct instruction around phonemic/graphemic awareness
- 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 (e.g., listening skills, ASL literacy, self-advocacy, Deaf culture) 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 students who are D/HH 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 student'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 D/HH 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.

STANDARD 16 - Transition

Transition occurs periodically throughout the education of a student who is D/HH: 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. [Ohio Operating Standards for Students with Disabilities: 3301-51-11 \(7\)\(D\) 33301-51-07 \(H\)\(2\)\(a\) and \(b\)](#)

Transition planning occurs for students who are D/HH from the time a hearing loss is identified until graduation from high school or until the age of 22. 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. Individualized Transition Plan (ITP) becomes part of the student's IEP when the student is 14 years of age or older. The responsibility for initiating the transition and completing documentation is incumbent on the sending team.

In accordance with Ohio Operating Standards for the Education of Children with Disabilities—" a statement of transition services for each child with a disability, beginning no later than the first IEP to be in effect when the child turns fourteen (or younger, if determined appropriate by the IEP team) and updated annually, thereafter, the IEP must include: (a) Appropriate measurable postsecondary goals based upon age-appropriate transition assessments related to training, education, and, if assessment data supports the need, independent living skills;(b) Appropriate measurable post-secondary goals based on age-appropriate transition assessments related to integrated employment in a competitive environment; and(c) The transition services (including courses of study) needed to assist the child in reaching those goals. t. [3301-51-07(H)(2)(a) and (b)]

Successful transitions for students who are D/HH have the following:

- Teams should be comprised of professionals, specialists (e.g., teacher of the deaf, transition coordinator, job coach, Opportunities for Ohioans with Disabilities (OOD) counselor, speech and language pathologist, Department of Developmental Disabilities (DODD) representative, educational audiologist) and community members 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
- Transitioning planning takes the students communication challenges into consideration
- The transition outcomes are documented and planning is adjusted accordingly.

Transition teams working with students who are D/HH will:

- 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 in the transition process.
- Consider the communication and access 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

Eligibility for Early Intervention services ends when a child turns 3. There are a number of transition options for families to consider. The Service Coordinator will discuss all these options with a family, including preschool special education services. In order to ensure a smooth transition, Early Intervention begins the formal transition planning process nine months prior to the child's third birthday.

- Starting when a child is at least two years, three months of age a Transition Plan is developed and becomes a part of the IFSP. The Transition plan includes steps to exit Early Intervention programming and includes a referral to the child's school district, as appropriate.
- At least 90 days (but not more than 9 months) before the child's third birthday, the Early Intervention Service Coordinator will coordinate a Transition Planning Conference (including, with parental consent, the local school district) to plan for the child's transition from EI services.
- No later than the child's second birthday, the Service Coordinator will attempt to obtain consent from the family to share information about the child with the LEA.

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. <http://ohioearlyintervention.org/family>

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

- Hospitals and newborn nurseries conduct hearing screenings and results are entered into Ohio's Integrated Perinatal Health Information System (IPHIS) birth data system.
- The hearing screening results are then extracted from IPHIS into Ohio's tracking system HI*TRACK as either a Pass or Refer.
- Once a child is entered into HI*TRACK as a referral he/she is tracked and monitored by the Ohio Department of Health (ODH).
- When a hearing loss is confirmed, ODH makes a referral to the county central intake and referral site (called "Central Coordination") for early intervention (EI)
- Central Service Coordinator contacts the family to see if the family is interested in EI services.
- If the family is interested in services, Central Coordination facilitates a program referral to the county EI service coordination agency.
- The service coordination agency will assign a service coordinator who will coordinate the EI eligibility

determination, functional assessment, and IFSP.

- The functional assessment provides information for the development of an IFSP that includes the type and frequency/intensity of services the child and family will receive to meet the outcomes on the IFSP.
- IFSP Progress is reviewed with the family at least every six months or more frequently if conditions warrant or stated on the IFSP.
- No more than nine months and no later than 90 days prior to the child's third birthday, the service coordinator will coordinate a transition planning conference for the child and family.

When transitioning from the Part C to Part B preschool special education, members of the IFSP team collaborate with local school district preschool personnel. The IEP team 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 and providers 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 students who have vision and/or hearing loss, especially those students who are deaf and blind, it is recommended the IEP/IFSP team prepare for resource allocation including hiring and training for staff, environmental modifications, teaching strategies and techniques, equipment needs and communication programming for the student. 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 with sufficient time to coordinate between the providers and preschool special education staff. This may include preschool staff participation in home visits and therapy sessions to learn more about the child's and family's specific needs and circumstances.
- Teachers of the visually impaired, teachers of the deaf and hard of hearing and or a deafblind specialist can contribute and be involved in all aspects of the transition process.
- The preschool staff (including paraprofessionals) having a full understanding of hearing loss (including deafblindness) and the impact on learning and functioning will provide educational supports to the students who are D/HH. Additionally, training in amplification, environmental modifications, tactile based teaching, and control of sensory input and skills of daily living may be needed.

When students who are D/HH 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:

- 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/visual and technology needs
- Incorporate future planning of the child/youth's hearing/visual loss is progressive.

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 start to prepare and consider the student's vision and goals as well as the young adult's interests, skills, and desires for the future. Students 14 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 part B 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/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 Ohio 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 Ohio 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.

<http://education.ohio.gov/Topics/Special-Education/Federal-and-State-Requirements/Secondary-Transition-Planning-for-Students-with-Di>

For some students with multiple needs, involvement from other Agencies is a valuable resource. One important option for Transition Services may involve Ohio's Opportunities for Ohioans with Disabilities (OOD), which is eligibility based and allows students who are D/HH to access post-secondary options. Part of the transition planning process should include a written referral to OOD. OOD counselor is an asset for the school team at the transition planning meetings. For maximum efficacy, the team's referral should occur as early as possible for high school students. Upon referral, an OOD 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.

For eligible students, there are opportunities such as job shadowing, on-the-job training, summer work experience, and extended learning opportunities tailored to meet the student's needs and post-secondary goals. Some examples that could be considered include:

- [OOD's summer youth-career exploration and direct guidance program](#)
- [The Four Plus Program at The Ohio School for the Deaf](#)
- [CampUS transition camp at The Ohio State University](#)
- [Explore Your Future \(EYF\) National Technical Institute for the Deaf \(NTID\)](#) at Rochester Institute for Technology (RIT)
- [Youth Leadership Camp](#) (sponsored by NAD)
- [AG Bell Leadership Opportunities for Teens Program \(LOFT\)](#)
- [Youth Programs](#) at Gallaudet University
- [Guide for Access Planning \(GAP\)](#) Phonak or [Mapit](#) (National Deaf Center).

Ohio Rules for the Education of Children with Disabilities

3301-51-07(H)(2)(a-c)

Transition services: Beginning not later than the first IEP to be in effect when the child turns fourteen, or younger if determined appropriate by the IEP team, and updated annually thereafter, the IEP must include: (a) Appropriate measurable postsecondary goals based upon age-appropriate transition assessments related to training, education, and, if assessment data supports the need, independent living skills; (b) Appropriate measurable postsecondary goals based on age-appropriate transition assessment related to integrated employment in a competitive environment; and (c) The transition services (including courses of study) needed to assist the child in reaching those goals.

STANDARD 17 - Progress Monitoring

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. [Ohio Operating standards for students with Disabilities: 3301-51-07\(H\)\(b-e\)](#)

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 support student's learning. These performance benchmarks are 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 student who are D/HH. Curriculum-based measurements (CBM) can take as little as one minute and are often part of the content curriculum (e.g. reading or math program). Student performance data can be graphed to provide visual representation of progress. Progress monitoring is also part of the IEP goal process, as the teachers implement the IEP. Here is a list of various methods used to monitor IEP progress.

- Curriculum Based Assessment
- Portfolios
- Observations
- Anecdotal records
- Short-cycle assessments
- Performance assessments
- Checklists
- Running records
- Work samples
- Inventories
- Rubrics

Note: *Data and IEP goals should be recorded in a means that is readily understood by parents and school staff.*



SECTION FOUR: SUPPORT FOR INSTRUCTION AND LEARNING

Outcome: Students who are deaf/hard of hearing share the same learning opportunities as their hearing peers and benefit from programs that support and provide equal opportunity for an access to instruction.

Supports for instruction and learning include all of the components of the education program that provide the necessary foundation to give students 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 with multiple disabilities and deafblindness
- Administrative, primary, and support staff responsibilities
- Workload management
- Staff development and training
- Facilities
- Accountability

STANDARD 18 - Statement of Purpose

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. [Ohio Administrative Code: 3301-35-06\(A\)](#)

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 includes the vital role of communication and technology in the development and education of children who are deaf/hard of hearing.

STANDARD 19 - Language and Communication

Language and communication play a central role in the cognitive, academic, social, and emotional development of children who are deaf/hard of hearing. [CRF 300.304\(c\)\(3\)](#)

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

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 students who are D/HH;
- Recognition that American Sign Language is a distinct natural language;
- Recognize the continuum of communication modalities that are individual to each student who are deaf/hard of hearing (e.g. ASL, Listening and Spoken Language, Cued Speech, etc.)
- Appropriate, early, and ongoing assessment of communication and language skills;
- Appropriate, early, and ongoing development of communication with staff proficient in the student's communication mode;
- Early, appropriate, and ongoing parent training and support activities that promote the language and communication development of each student;
- Assurance that each student has access to services designed to support his/her communication needs;
- Assurance that each student 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 qualified sign language instruction is provided to students who are D/HH when indicated on the IFSP and for their families when identified as a service/goal on their IFSP Plan;

- Assurance that listening and spoken and/or sign language is supported for students when identified as a service on their IFSP and for the families when identified as a service/goal on their IFSP Plan;
- Assurance that the technology needs of students who are D/HH are provided as listed on the student's IEP 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 student.

STANDARD 20 - State Oversight

Ohio 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. [Ohio Operating Standards for Students with Disabilities: 3301-51-07\(C\)\(D\)](#)

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). The central role of communication access for students who are D/HH and adhering to the state policies that support and are consistent with the recommendations of these guidelines are monitored by the district school boards and school superintendents and other relevant agencies. These policies include a commitment to increased students 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 school district staff who are responsible for the educational programs and services for students who are D/HH.

STANDARD 21 - Collaborative Programs

Programs and services may be provided through or coordinated with collaborative or cooperative programs to more effectively serve students who are D/HH. [Ohio Operating standards for students with Disabilities: 3301-51-07\(C\)\(D\)](#)

Students who are D/HH, like all children, should be in educational settings in which there are specialized personnel with knowledge of serving this population of students and a sufficient number of peers who are D/HH. 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 ODE 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 –

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. *Ohio Operating Standards for the Students with Disabilities 3301-51-09*

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/hard of hearing and are knowledgeable about students who are D/HH;
- 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 (i.e. Lunch and learning for Parents, Workshops on sign and spoken language)

STANDARD 22 - Continuum of Options

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 students who are D/HH. Provision of services may occur locally or within a collaborative setting. 34 CRF 104.33-104.36
[Deaf Students Education Services](#)

Communication Options

When a student is identified as deaf/hard of hearing, professionals are responsible for providing parents with unbiased, research-based information regarding the communication options for students with hearing loss. Parental commitment and involvement are key factors in the success of students who are D/HH, parents are actively involved in selecting the most appropriate communication options 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 share the responsibility of parent education that allows parents to develop the knowledge and skills they need to provide their child with a rich linguistic environment in the home.

The student/family may opt for more than one communication mode and strategy to be utilized. Communication modes and strategy options include but are not limited to:

- American Sign Language (ASL)
- Listening and Spoken Language
- Cued Speech
- Manually Coded English (Manually Coded English Systems I.e. Signed English, SEE I, SEE II etc.)
- 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 communication are fingerspelling and sign language in the hand.

Placement Options

Students who are D/HH represent a low-incidence disability population with unique and varied needs. To ensure an appropriate education for these children, the LEA provides 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 provided by the [Ohio Department of Developmental Disabilities](#)
- General education, Day and/or residential placements, placements with appropriate instructional, technology, and support services;
- Opportunities for direct instruction and direct communication with staff and peers;
- 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 student who is D/HH. For infants and toddlers, services are determined with the family and the IFSP team with Department of Developmental Disabilities. 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 (In addition to items under Birth to age 3) |
|---|---|
| Communication strategies Language development Auditory skill development Cognitive and play development Parenting strategies Information regarding amplification options Sign language development Literacy development Role model and peer opportunities | Speech-language Educational interpreting Notetaking Transcription/captioning Counseling Self-advocacy Audiological management Hearing assistance technology Role model and peer opportunities Instructional accommodations Environmental accommodations |

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

1. Early Intervention (Birth to 3)

The preferred setting for intervention is a “[natural environment](#)” as outlined in Part C of IDEA. 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 families preferred communication mode.

2. General Education Program for Preschool and School-Age Students

For some students who are D/HH, the general education classroom, with accommodations and/or modifications, may be the most appropriate placement. Some students may be best served in their neighborhood schools. Others may be better served in a general education classroom in a school where a collaborative program for students who are D/HH is housed. Access to special materials, equipment, instruction, and services is a critical consideration in the placement decision making process.

Instructional Support Services

Students who are D/HH who require specialized instruction will benefit from instructional support services from a teacher of the deaf and hard of hearing. Examples of ongoing services can include:

- Targeted direct instruction
- Observation of the student in their educational setting for access, participation in classroom, and self-advocacy
- Consultation with the educational team on accommodations, accessible teaching lessons
- Staff training on providing services to students who are D/HH

Factors to consider when evaluating a student's participation in the general education classroom:

- Does 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 sign language or an oral/or sign language interpreter, cued speech transliteration, speech to text services, hearing assistive technology and/or notetaking support?
- Is a licensed teacher of the deaf and hard of hearing available to provide ongoing direct and/or consultative services?
- Are licensed educational interpreters available for both classroom and extracurricular activities?
- Is an educational audiologist available to provide ongoing direct and/or consultative services?
- Does the general education/intervention specialist 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?
- Are the students receiving accommodations and modifications being made to the curriculum?

3. Specialized Programs

There is a continuum of educational placements for the students who are D/HH. There are [diverse educational placements](#) for deaf and hard of hearing children. There are residential schools, charter schools specializing in bilingual/bicultural education, day schools where sign language is used, day schools for deaf children that emphasize spoken language only, and neighborhood schools, some of which have programs for students who are D/HH. The educational placement vary in emphasizing communication skills development, language acquisition, concept development, and development of academic skills using core and specialized curriculums

- Residential schools- direct communication with the school personnel
- charter schools- depending on the mission of the school, they may provide bilingual/bicultural education, education using total communication, or spoken language
- home school districts- the student attending their home school district with the accommodations the student need to participate in their school
- Regional programming- the program supports several school districts attending one school district. The students participation in general education classes in selected academic subjects areas, in non-academic areas or both with resource classroom supported by teacher of deaf
- Specialized program, direct instruction that is provided by a teacher of the deaf/hard of hearing in coordination with other appropriate specialists and general education teachers.

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 student's preferred mode of communication. Checking the transportation box on the IEP form will inform the bus driver of communication challenges such as distance between driver and student, darkness on early morning routes, background noise, etc. If the bus drivers and other responsible adults are not fluent in the student's communication mode, modified communication approach should be set up and practiced for safety.

STANDARD 23 - Students with Multiple Disabilities, Deafblindness

Relevant specialized services are provided for students who are D/HH with multiple disabilities and who are deafblind. [Ohio Operating Standards for Students with Disabilities: 3301-51-07 \(H\)\(b\) 3301-51-09 \(2\)\(3\)](#)

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 student.

If a student 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 and supports 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) license in the area of the disability may be required to meet the child's educational needs. [Ohio Center for Deafblind Education](#) provides consulting and assistance for the student diagnosed with deafblindness.

When determining and providing services to student who are deafblind and with multi 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 student who are deafblind 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 student;
- Other specialized programs and services that are available when local programs cannot provide appropriate services.

STANDARD 24 - Staff Qualifications

Students who are D/HH, birth through age 21, including those with multiple disabilities and blindness, are instructed by early intervention providers (birth to 3) and teachers (age 3-21) who are specifically trained and/or licensed to teach these individuals. [Ohio Operating standards for students with Disabilities: 3301-51-09\(H\)\(1-3\) 3301-51-11\(I\)](#)

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 students who are D/HH and their families. [Each early intervention provider must have the appropriate credentials](#) and [each teacher must be licensed](#) by the Ohio Department of Education in deaf and hearing disabilities.

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

Early Childhood 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 student'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/hard-of-hearing programs focus their service delivery on the family as well as on the child. The knowledge and skills on serving students who are D/HH, the teachers of the deaf/hard of hearing, speech-language pathologists, or early childhood providers will be able to provide and support specialized 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/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 Ohio Approved Private Special Education Program, the teacher of the deaf/hard of hearing is primarily responsible for the specialized direct instruction of assigned students. In addition to providing instruction, the teacher often assumes responsibility for the basic coordination of the students' programs. In the school district-based program, the educational support by teacher of deaf/hard of hearing providing assistance to the general education teacher, the principal, and the parents of the students in the program will benefit the students who are D/HH due to their knowledge of student's learning needs, languages and communication mode(s).

Typical duties including but not be limited to:

Assessing students in pre-academic/academic achievement;

Making recommendations for academic goals and objectives for the IEP;

- Providing academic instruction;

- 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);
- Participation in team decisions regarding the appropriate placement/setting of students;
- Collaborating with general education teachers, educational interpreters and Intervention Specialists regarding the needs of students who are deaf/hard of hearing;
- **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' academic progress;
- Coordinating required related services for students;
- Assisting the student when age appropriate and the personnel on site on 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 D/HH;
- Providing in-service training to general education staff and students on continuum of deafness and language usage (ASL/written English to ASL/Spoken English to PSE/spoken English to Spoken English), Deaf awareness and Deaf Culture by involving role models and mentors from the Deaf Community;
- IEP writing/managing
- Community involvement information sharing (example- camps for D/HH, deaf community events/functions, Sign language classes)
- Connecting with outside agencies such as Opportunities for Ohioans with Disabilities (OOD) and Community centers for Deaf.

Itinerant Teacher of the Deaf and Hard of Hearing

The itinerant teacher ensures that students who are D/HH 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 to students who are D/HH and/or consultative services to the school districts whose students are 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 staff, and students regarding the specific communication, educational needs, and ways to include students who in various situations and group settings;
- supporting the general education teachers on teaching and test accommodations and accessibility in the school setting;
- Recommending specialized services, curriculum materials, resources, visual aids and equipment to use in the general education classroom
- Recommending and ensuring support needed by the student is provided in classroom activities; Providing specialized instruction about hearing loss, Deaf culture, assistive devices, various communication methods, and self-advocacy;
- Facilitating opportunities to interact socially with other students who are D/HH and with deaf/hard-of-hearing

role models;

- Supporting the general education teacher on adapting curriculum to make subject matter accessible for the student implied on the IEP
- Evaluating and recommending appropriate environmental conditions, such as lighting and acoustics, to meet students' unique communication needs
- Assessing students in the areas of academic achievement and assessing the language and communication skills to be collaborated with the SLP;
- Collaborating with the general education teachers on making recommendations for IEP goals and objectives on academic achievement, language, and communication, and providing direct, specialized instruction in specific areas of need;
- Participation in team decisions regarding the appropriate placement/setting of students;
- Coordinating required services for students;
- assisting the student with maintaining their personal hearing aids, implanted devices, and assist with hearing assistance technology;
- Collaborating with program coordinators or program specialists regarding programming for integrated students;
- Meeting regularly with general education teachers and educational interpreters to discuss areas of concern of the student they service

STANDARD 25 - Other Qualified Personnel

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 students who are D/HH. [Ohio Operating standards for students with Disabilities: 3301-51-09 \(H\)\(1-3\)](#)

Qualified professional and other support personnel who have the skills and abilities to meet the students who are D/HH's educational needs as identified in the IFSP/IEP/504 Plan have the capable of providing appropriate instruction and services to achieve the student's educational goals. Skills include proficiency in the student's primary mode of communication, knowledge of accommodations necessary to meet the student's needs, knowledge of national, state, and local resources, and knowledge of selection, use, and maintenance of assistive technology.

Educational Audiologist

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. All audiologists providing services to children hold an [Ohio Board License in Audiology](#). In addition to assessments (See Section 2 for a description of audiological assessments), the educational audiologist is an integral member of the IFSP/IEP/504 Plan team contributing to the planning and delivery of (re)habilitation services. Examples of [services educational audiologists provide](#) in school setting:

- Perform comprehensive audiological evaluations, interpret test results and provide implications for instruction, and make recommendations to enhance communication access and learning.
- Assess classroom acoustics and make recommendations to improve classroom listening environments.
- Provide hearing assistive technology services including educating students, teachers of the deaf/hard of hearing, and other school personnel regarding technology performance and expectations.
- Participate in initial and review IEP and 504 meetings to address audiological and communication access needs,

services, and placement determination.

- Participate as member of the school multidisciplinary special educational team.

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

- (i) Identification of children with 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 habilitation activities, such as language habilitation, auditory training, speechreading(lipreading), hearing evaluation, and speech conservation;
- (iv) Creation and administration of programs for prevention of hearing loss;
- (v) Counseling and guidance of children, parents, and teachers regarding hearing loss; and
- (vi) 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.”
[IDEA 2004, §300.113\(a\)\(b\)\(1\)](#)

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 who are deaf/hard of 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, functioning of 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.
- Meet with individual students to discuss deafness (hearing loss) thus empowering them with knowledge related to their deafness.
- Some of these responsibilities may be shared with the teacher of the deaf/hard of hearing and the speech language pathologist. Because of the overlap in the training and skills of these professionals, it is imperative that the professionals work collaboratively to provide team-based services to children who are deaf/hard of hearing and their families.

In working with students who are deaf/hard of hearing, the educational audiologist should utilize the preferred language and communication mode of the student directly or through an interpreter.

Educational Interpreter

Students who are D/HH may require the services of an oral or sign language interpreter/transliterators for access to educational material presented by the teacher, support personnel, and participation in class discussions. Educational interpreters employed by school districts and are licensed can provide interpreting services in school setting for students who are D/HH.

[Ohio Administrative of Codes 3301-24-05 \(E\)\(1\)\(c\)](#) states the educational interpreters shall have license obtained through Ohio Department of Education. This associate license, valid for five years, shall be issued to an individual who holds an associate degree; and has completed an approved program of preparation in interpreting for deaf/hard of hearing.

The following service provision requires licensure according to 2011 Ohio Guidelines for Educational Interpreters:

As an Educational Interpreter:

- Facilitate all communication in the classroom
- Interpret at school functions (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
- Accommodate interpreting services to the developmental level and needs of the student (i.e. implementing the student's IEP)

- Work in a context of supporting and scaffolding development in varying domains

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
- Participate in the Evaluation Team Report (ETR) and Individualized Education Plan (IEP) progresses
- Protect the family's confidentiality by only discussing the student with the educational team
- Support the team in establishing goals for the student in order to foster self-advocacy skills and social/emotional development

Language Facilitator

Sometimes a student may be of age to begin kindergarten but their language foundation is not in place as compared to their peers. To best support the language development the team may need to consider hiring a language facilitator to increase the student's receptive and expressive language to allow for more effective communication with a sign language interpreter.

The Language Facilitator's role is not one of interpreter but rather the individual who makes it possible for the student who is D/HH with minimal language to access the educational content and encourage interaction with peers while building language and communication skills. The facilitator takes directions and cues from the teacher and student to facilitate communication using language appropriate for the child and scaffold where necessary to build expressive and receptive skills. The facilitator assists staff and peers in developing communication strategies with the student. That person interprets or paraphrases instructions, stories told aloud and other spoken exchanges of the teacher and classmates. In addition, the facilitator may be asked to teach small groups, to tutor one-on-one and/or perform other tasks specific to the given environment.

Typical responsibilities of the language facilitator may include:

- facilitate the communication between students and the classroom teachers, administrators, peers and other school staff
- serve as a member of education team for the student, participate in professional development and consulting with regular education staff
- enable the student to take on more responsibility for his/her own education and communicative competence
- monitor student comprehension and provide instructional reinforcement as needed under the direction of the teacher of the deaf and/or general classroom teacher
- introduce and explain vocabulary, repeating and reinforcing classroom instruction, fostering appropriate classroom communication strategies and student self-advocacy skills
- ensure the student has equal access to auditory information in school environment

Deafblind Intervener

Deafblind Interveners provide access to information and communication and facilitate the development of social and emotional well-being for children who are deafblind. In educational environments, intervener services are provided by an individual, typically a paraprofessional, who has received specialized training in Deafblindness and the process of intervention. An Intervener provides consistent one-to-one support to a student who is deafblind (age 3-21) throughout the instructional day.

Working under the guidance and direction of a student's classroom teacher or another individual responsible for ensuring the implementation of the student's IEP, an intervener's primary roles are to:

- provide consistent access to instruction and environmental information that is usually gained by typical students through vision and hearing, but that is unavailable or incomplete to an individual who is deafblind;
- provide access to and/or assist in the development and use of receptive and expressive communication skills;
- facilitate the development and maintenance of trusting, interactive relationships that promote social and emotional well-being; and,
- provide support to help a student form relationships with others and increase social connections and participation in activities.

As a team member, an intervener:

- participates as an active member of the student's educational team,
- attends and participates in IEP meetings,
- attends regularly scheduled planning and feedback meetings with the teacher and other team members,
- is actively supervised and supported by the classroom teacher and other professionals responsible for the child's IEP, and
- receives ongoing support from professional educators with expertise in Deafblindness.

Classroom Speech to Text Services

For some students who are D/HH, 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 Notes

When students who are D/HH participate in general education classes, they are visually attending to the teacher or educational interpreter to access and learn the instructional material presented. Thus, they are unable to take notes like their hearing peers. However, with the aid of classroom teacher notes, the information can be recorded accurately and in a form conducive for study.

Speech Language Pathologist

A speech language pathologist holds the Ohio Board License as a Speech Language Pathologist (SLP) to provide direct services. The SLP must demonstrate appropriate competencies to work with students who are D/HH 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 interpreters 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 student's overall communication skills;
- Assess the student's communication including gestures, spoken language, speech, and/or sign skills;
- Assisting the student when age appropriate and the personnel on site on 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/hard of hearing. An interpreter should accompany a student for speech-language therapy in situations where the SLP is not sufficiently competent in sign language to communicate instructions and other information to the student.

School Psychologist

To successfully provide assessments to the students who are D/HH, The licensed school psychologist has the competencies to work with students to provide accurate diagnostic interpretative and consultative services as determined by the IEP team. However in reality in today's educational environments, there is a shortage of qualified school psychologists to provide assessments directly with the students who are D/HH. Assessment and Educational Evaluations Guidelines for the students who are deaf/hard of hearing provides invaluable information on providing assessments to the student. (Link to the assessment guidelines when it is on web)

A school psychologist should demonstrate the following to provide supports for students who are D/HH:

- 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 students who are D/HH and who are from racial, ethnic, and cultural minorities;

Possess proficiency in the student'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 students;
- Assess areas of cognitive/intellectual, psychosocial, and independent living skills of students;
- 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 students.

Career/Vocational Specialist

The career/vocational specialist should develop and enhance programs that will provide preparatory experiences for students who are D/HH. It is recommended this personnel collaborate with teacher(s) of the deaf/hard of hearing and/or Educational Audiologist to provide career/vocational services to the students.

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
- use resources for the students to develop transition skills;
- Assists the students in applying for and maintaining employment

Paraprofessionals/Instructional Assistants

The special education paraprofessional/instructional assistant working under the supervision of a licensed teacher for the deaf/hard of hearing or general education teacher, can play a vital role in the educational program for students. It is important for the students' learning needs to have these individuals be skilled and demonstrate proficiency in communicating with students who are D/HH in their preferred language and communication mode. Special education paraprofessionals /instructional assistants are not sign language interpreters and should not be used as such unless stated on the student's IEP.

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

STANDARD 26 - Workload Management

Class size and workloads of staff support the provision of specialized instruction and services based on the unique educational needs of students who are deaf/hard of hearing. [Ohio Operating standards for students with Disabilities: 3301-51-09 \(I\)\(1-5\)](#)

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, use of paraprofessionals, number of intervention or school sites, types of services, and severity of the student's disabilities all contribute to workload considerations.

A non-prescriptive caseload provision ensures that the students who are D/HH 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, write and attend IFSP/IEP/504 Plan meetings.

STANDARD 27 - Professional Development

The school districts provide training and mentoring for staff to enhance the overall achievement of students who are D/HH. [Ohio Operating Standards for Students with Disabilities 3301-51-09 \(H\)\(1-2\)](#)

Instructional quality is paramount to improving outcomes for all students. Providing professional development relevant to the needs of students for the personnel will enhance the quality services for the students. 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 D/HH with additional needs
- Communication skills (e.g., sign language, listening and spoken language)
- Differentiated instruction
- Curricular adaptations and teaching strategies known to benefit students who are D/HH (e.g., use of visual aids, multi-sensory teaching)
- Use and maintenance of equipment
- Facilities requirements/acoustical accommodations
- Accommodations and modifications
- Deaf Culture

Administrators can facilitate networking by supporting collaborative professional development activities, video conferencing, and connections using technology.

STANDARD 28 - Training for Educational Personnel

The school districts provides training to general education personnel serving students who are D/H regarding communication accommodations, acoustic accommodations/modifications, assistive technology, modifications of the curriculum, and understanding of the impact of hearing loss on development and learning. [Ohio Operating Standards for Students with Disabilities 3301-51-09 \(H\)\(5\)\(a-b\)](#)

General early intervention providers, preschool, K-12+ teachers, and special education teachers who provide instruction to students who are D/HH should be given in-service training by qualified personnel (i.e., specialists such as a teacher of the deaf or educational audiologist) to support the student entering the learning environment.

In-service training can include:

- Understanding hearing loss and how it can impact learning needs
- Modifying communication instruction and interaction to support the student's preferred mode (e.g., 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 low tech and high tech assistive technology
- Creating an environment that supports optimal acoustics through the use of modifications and amplification devices
- Collaborating and/or team teaching with support personnel (e.g., early intervention provider, itinerant teacher for the deaf/hard of hearing, speech language pathologist, educational audiologist)
- Working with an educational interpreter
- Working with a captionist
- Utilizing a notetaking or speech to text service
- Providing support to increase participation and access in classrooms and other school-related activities.

STANDARD 29 - Facilities

Facilities are designed and maintained to enhance the provision of instruction and services to meet the unique communication, education, and safety needs of students who are D/HH. [Ohio Administrative Code 3301-51-01](#)

The facilities where students who are D/HH are educated may include:

- Specialized materials, equipment, and services that provide communication access to the core curriculum
- Clean, well-lit, and acoustically appropriate classrooms that meet. When designing the environment, a team can reference the [American National Standard on Classroom Acoustics](#) for optimizing speech understanding.
- Visual emergency warning signals or other alert systems put in place by the school for situations such as Lockdowns, secure mode, tornados, etc.
- 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
- Videophone

Assessing the facilities allows teams to consider what needs to be in place enhance, rather than distract, student learning. 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 who are deaf/hard of hearing or when a child with a cochlear implant is in a classroom, special consideration should be given to the control and reduction of noise that can be distracting. Acoustical interrupters are not always glaringly obvious to people who have become accustomed to the sound or who are able to differentiate between background noise and speech. To ensure an environment has been comprehensively assessed, an educational audiologist or teacher of the deaf and hard of hearing should be involved in the modification of a classroom. Additionally, the American Speech -Language-Hearing Association offer tips for [creating a good listening environment in the classroom](#).

Antistatic precautions: The education team can consult with the cochlear implant audiologist for specific recommendations for reducing or avoiding exposure to static electricity in the classroom. High levels of static electricity can damage internal and external cochlear implant equipment making it less effective.

Lighting: Students who are D/HH 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: Students who are D/HH 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. Other visual cues may be utilized as well such as pre-determined symbol on a paper or gesture for a given alert within the school.

Technology and teaching equipment: Teachers frequently use multimedia equipment in their instructional activities. Because teachers usually face students to communicate, efficient and accessible audiovisual equipment, along with other equipment, is necessary. The intent of the [Americans with Disabilities Act \(ADA\)](#) and [21st Century Media Accessibility Act](#) supports the use of (but not limited to) the following equipment in classrooms for children who are deaf/hard of hearing:

- Computers with high-speed internet access
- Televisions with closed captioning
- Media (DVD players, TV or computers) can be connected to hearing assistance technology
- Overhead projectors
- DVD players
- telephone amplifiers
- Videophones
- Real-time captioning equipment
- Cameras
- Interactive white boards/Interwrite Boards
- Tablets

Audiological equipment. School based audiology assessment sites for 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/DM/FM analyzer with real ear measurement capability)
- Otoscope
- Sound level meter or application
- Hearing assistance technology, including loop and personal DM/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, DM/FM systems, and other technologies; making and repairing earmolds;

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

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

STANDARD 30 - Program Accountability

The school leadership, program administrators, and staff have knowledge and skills to ensure that students who are D/HH receive appropriate instruction and designated services. Each student'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/hard-of-hearing community, and related agencies and organizations. [Ohio Operating Standards for Students with Disabilities 3301-51-09 \(h\)\(1\)](#)

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 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 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 student is meeting the content standards in each subject area;
- The method employed to ensure the validity, reliability, and consistency of the evaluations of child development and achievement;
- The method employed to combine various types of information about child development and achievement;
- The method employed to ensure that all students are assessed appropriately on content standards;



SECTION FIVE: FAMILY AND COMMUNITY INVOLVEMENT

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

Special Education is fundamentally designed with a child-centered approach to programming that creates a natural partnership, which draws upon a variety of expertise, including thorough comprehensive family and community support and involvement. In this way, it serves as a model which shows that with the support of a wide-ranging network of parents, families, deaf/hard-of-hearing adults, and business communities, the education of students who are D/HH is enhanced.

Parent participation in education has long been recognized as an essential component in improving student performance. Recognizing that the family is the constant in a student's life, while the service systems and personnel within those systems vary, is a key element in creating an effective education for students. Parent participation has a direct impact on school climate, student motivation, and coordinated activities linked to learning, all of which deeply affect student achievement. It is essential to design an accessible program that is flexible, culturally competent, and responsive to family-identified needs that encourage planning around self-determination. Parents then become important partners in setting high expectations for their child.

STANDARD 31 - Parent Training and Support

The school or program provides continuous opportunities for parents to acquire the necessary skills in communication and language development, to support the implementation of their child's IFSP/IEP Plan. In regard to parent training, support, collaboration, and partnership among the different agencies and educational programs is essential. 34 CRF sec. 300.34 (c)(8)(i-iii)

The involvement of families as equal partners and active participants is critical to the success of students who are D/HH 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. The US Departments of Health and Human Services and Education provided a [joint policy statement](#) in 2016 with recommendations to early childhood systems and programs on family engagement, which stress the numerous indicators and best practices that support the quality of school-family partnership and successful student achievement.

In addition to the IFSP/IEP Plan process, the team provides training, counseling, and/or support services to the family so that they can best support their child's academic and social success. Parent counseling and training can be offered 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(c)(8)(i))

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 plans process. Parents are empowered when they are part of the shared decision-making process to make informed decisions when they receive [comprehensive unbiased information](#) from a variety of sources. (Joint Committee Infant Hearing guidelines, Goal 3). The professionals should use strategies to listen and empower families, called shared decision making, to participate in the meetings to get to a shared vision and value system to ensure the families are on-board with the plan for their child.

For families with infants and toddlers, the services focus on parent involvement as it impacts positively on the infant or young child who is birth to 3 years of age. Parent education includes, but is not be limited to:

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

Communicating with families can be accomplished in a variety of ways such as: orientation to the facility, tours, 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. Each family's preferred communication style and home language should be accommodated in these activities to allow for increased participation and interaction.

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, coordinator, or 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:

- Support the parents to enhance their resources to support their child/children
- Collaborate with parent leadership within the area or state;
- Provide informational programs to accommodate parents' priorities;
- Organize a support group for parents;
- Inform medical and educational professionals and parents in the community about the identification and implications of hearing loss;
- Connect with a parent/community library or resource center;
- Collaborate with other schools, agencies and organizations serving children who are deaf/hard of hearing and their families.
- Ensure regular, substantial communication, regarding the student progress

Research studies have shown that children make greater progress and maintain 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'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 become a central part of all parent and community education. The program for children who are deaf/hard of hearing can provide ongoing, multi-level sign language instruction classes for families and community members should the families choose sign language as communication mode. Sign language classes can also be made available to the hearing students in any school with students who are D/HH. 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 students who are D/HH 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) training convenient for parents and community members during which the standards, expectations, assessments, and accountability process are discussed. Each teacher should be able to document the developmental or grade-level expectations, standards, and assessment results with parents throughout the academic year.

STANDARD 32 - Parent Leadership and Participation in Program Development

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, evaluating, changing, implementing service for students who are deaf/hard of hearing. [Ohio Operating standards for students with Disabilities: 3301-51-07\(J\)\(1\)\(2\)\(i\)\(ii\)](#)

For partnership success, it is recommended that a wide range of strategies are used to ensure that parents are involved in decision making and problem solving resulting in an effective, communication-driven education for all children. The [Parent Mentor Project](#) with Ohio Coalition for the Education of Children with Disabilities was 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:

- Guides families through the special education process;
- Helps families understand their rights and responsibilities;
- Provides information and resources to families and schools. This includes education laws and district programs;
- engages community services and other resources to support schools and families;
- Attends Individualized Education Program meetings and other meetings at the requests of the parents or staff members;
- Listens and supports both the families and teachers on an individual basis;
- Hosts information sessions or workshops for families and professionals;
- Connects families, schools and the community to benefit students with disabilities.

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) Communication is key in this partnership within the educational team allowing parents to be a valuable resource in planning and decision-making around their student's academic plan, maintaining a positive school culture/environment and policy development that involve family perspectives with equal partnerships in mind.

STANDARD 33 - Deaf/Hard-of-Hearing Adults and Community Involvement

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 students. Deaf and hard-of-hearing community members can assist with the education and development of social-emotional needs of students who are D/HH by helping to design and implement a Deaf culture curriculum with the support of Teacher of Deaf and/or Deaf community center by providing role models who are deaf/hard of hearing, creating career/vocational opportunities for students, and by providing personnel who are proficient in using the appropriate language; spoken language or sign language. Businesses or agencies that employ or serve individuals who are deaf/ hard of hearing can form partnerships with the schools or programs. The after school programming such as sports, students clubs, community agencies and transition activities can support the student's IEP learning goals to foster the student's social/emotional and transition skills.

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
- Deaf mentorship
- Teaching sign language classes
- Presenting to parent groups on Deaf issues
- Explaining Deaf culture
- Working with schools, Deaf community centers and families to plan special community events for students who are D/HH

90% of Students who are D/HH are born to hearing parents (Mitchell RE, Karchmer MA, 2004) and many may not have the opportunity to meet another person who is deaf/hard of hearing without purposeful planning to provide that experience. It is important for children to have that access and one option can be with a deaf mentor who is a trained role model who can relate to a child's experiences growing up with a hearing loss. They can share their own personal experiences with students and families.

[Community Centers for the Deaf \(CCD\)](#) can provide transition support, deaf role models and community connections for the students who are D/HH. For over 30 years, Opportunities for Ohioans with Disabilities (OOD) has partnered with community entities to provide support and communication services to deaf, hard of hearing, and deafblind individuals, as well as, their families and communities. OOD supports partners around the state so that individuals with hearing loss, potential employers, and communities have information to allow individuals with hearing loss to fully integrate into employment and other activities.

These Center provide the following services depending on their location:

- Independent Living Skills Training;
- Peer Support;
- Advocacy;
- Interpreting/Communication Services;
- Walk-in office hours;
- Public videophone access;
- Special Project for Ohio's Teenagers;
- Secondary transition support;
- Youth programming;
- Employment programming;
- Early Intervention Services; and
- Sign language classes.

GLOSSARY

This section is intended to provide readers with clear definitions and descriptions of terms used in the education of children who are deaf/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 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 (such as carpet and acoustical tile) to reduce ambient room noise and improve the signal-to-noise ratio, thus enhancing the usefulness of hearing aids, cochlear implants and other amplification.

ACOUSTICS: Pertaining to sound, the sense of hearing, or the science of sound.

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 sound field) or via earphones/ear inserts.

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

AMERICAN SIGN LANGUAGE (ASL): a visual-spatial language used in the United States and Canada. Linguistic information is conveyed by the movement of hands and non-manual signals, received through the eyes, and processed in the language areas of the brain. ASL has its own rules of grammar, phonology, morphology, semantics, syntax and pragmatics

AMPLIFICATION: the use of hearing aids and other electronic devices to increase the loudness of sound

ASSISTIVE DEVICES (ALDs): all types of electronic hearing aids, including personal aids, FM systems, infrared systems, special input devices for telephone or television, amplified alarms and signals, etc.

AUDIOGRAM: the graph on which a person's thresholds (loudness level at which a person just perceives a sound) is plotted for different frequencies (pitches)

AUDIOLOGICAL ASSESSMENT: A battery of hearing tests comprised of determining pure-tone air and bone conduction thresholds, acoustic emittance, 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: a communication methodology that encourages children to make use of the hearing they have (residual hearing) through the use of appropriate technology (e.g., hearing aids, cochlear implants, FM systems) and therapeutic intervention. In this approach, children are taught to listen and speak

AUDITORY NEUROPATHY SPECTRUM DISORDER (ANSD): a variety of hearing loss in which the outer hair cells within the cochlea are present and functional, but sound information is not consistently transmitted by the auditory nerve to the brain, resulting in a dyssynchronous signal to the brain.

AUDITORY TRAINING: the process of training a person to use their amplified residual hearing for the recognition, identification, and interpretation of sound

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: belonging to two cultures, such as Deaf culture and hearing culture

BILATERAL vs. UNILATERAL: bilateral hearing loss means both ears are affected; unilateral hearing loss means only one ear is affected.

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 (ASL and English) and having membership in two cultures (the Deaf and hearing cultures).

BINAURAL HEARING AIDS: Hearing aids worn in both ears.

BONE CONDUCTION: sound received through the vibration of the bones of the skull

C-PRINT: a speech-to-text system developed at the National Technical Institute for the Deaf (NTID) at the Rochester Institute of Technology (RIT) as an access service option for some deaf and hard of hearing students in educational environments; printed text of spoken English is displayed in real time with a meaning for meaning representation of the spoken word.

CAPTIONIST: The person who provides real-time captioning for a student using either C-Print or CART

CART – Communication Access Realtime Translation: instantaneous verbatim (word for word) translation of the spoken word into English text using a stenotype machine, notebook computer and real time software with a display of the text on a laptop computer, monitor or screen.

CENTRAL AUDITORY PROCESSING DIFFICULTIES (CAPD): a condition typically associated with normal hearing levels that affects a person's ability to decode the sounds they hear. CAPD, however, appears to result from a dysfunction in part of the brain that process sound. ANSD is different from CAPD in that the problem in ANSD is a result of the auditory nerve inconsistently delivering sound to the brain.

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))

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: an electronic device surgically implanted to stimulate nerve endings in the inner ear (cochlea) in order to receive and process sound signals to send to the brain via the auditory nerve. 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 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: caused by a problem in the outer or middle ear; sound has difficulty being “conducted” to the nerves in the inner ear. The amount of loss depends on the nature of the problem that is causing the sound conduction issue.

CONGENITAL HEARING LOSS: a hearing loss that is present at birth or that is associated with the birth process or that 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: is a phonemic based system which makes traditionally spoken languages accessible by using a small number of handshapes, known as cues, (representing consonants) in different locations near the mouth (representing vowels), as a supplement to speechreading.

DEAF: a cultural, linguistic term that means a person’s communication mode is visually based (either sign language or written English); residual hearing (if any) may be a secondary and supplemental sensory avenue.

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: any combination of documented hearing and vision loss, ranging from mild to profound hearing loss and low vision to total blindness; students should be reported to the Ohio’s Center for Deafblind Education (<https://ohiodeafblind.org>) for additional services

DECIBEL (dB): the unit of measurement for the loudness of sound; the higher the dB, the louder the sound

DEGREE OF HEARING LOSS: degree of hearing refers to the severity of the hearing loss. Seven categories are typically used. The numerical values are based on the average of the hearing levels at 3 frequencies, 500 Hz, 1000 Hz, and 2000 Hz, in the better ear, without amplification. Some people may use slightly smaller or slightly larger numbers for each of the following categories:

- Normal range = -10 to 15 dB
- Slight Loss/Minimal loss = 16 to 25 dB
- Mild Loss = 26 to 40 dB
- Moderate loss = 41 to 55 dB
- Moderate/severe loss = 56 to 70 dB
- Severe loss = 71 to 90 dB
- Profound loss = 91 dB or more (www.ASHA.org)

EARMOLD: a custom-made acrylic, vinyl or silicone piece that fits into the outer ear to send sound from a hearing aid into the ear.

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)].

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. 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: manual representation of the alphabet by finger positions, in order to spell out words or longer strings of language.

FLUCTUATING VS. STABLE HEARING LOSS: some types of hearing loss change; sometimes improving, sometimes worsening. Such a change commonly occurs in young children who have hearing loss as a result of otitis media or fluid in the middle ear (conductive). While hearing losses of a sensorineural nature can fluctuate as well, those that remain the same year after year are regarded as stable.

FM SYSTEM: a wireless assistive listening device that consists of a transmitter (worn by the speaker) and a small receiver which couples to a hearing aid or cochlear implant or BAHA. The speaker's voice transmits directly to the receiver, reducing the effects of background noise and loss of intensity due to distance from speaker.

FREQUENCY: the number of vibrations per second of a sound. Frequency, expressed in Hertz (Hz), determines the pitch of 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: an individual with partial ability to hear who may communicate via sign language, spoken language or both.

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 screening of the ability to hear selected frequencies at intensities above the threshold of normal hearing. The purpose of the screening is to identify (with minimal time expenditure) individuals with significant hearing loss and to refer them for further testing.

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 THERAPY: application of techniques, strategies, and procedures that promote optimal acquisition of spoken language through listening

MAINSTREAMING: The concept that students with disabilities attending school 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 that has a combined conductive and sensorineural component.

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: a person who communicates the words of a speaker or group of speakers to an individual who is deaf by inaudibly mouthing what is said so that it can be read on the lips

OTITIS MEDIA: an infection of the middle ear. Children with recurrent episodes that are not appropriately treated may be at a higher risk for permanent decrease in hearing and/or may have a fluctuating hearing loss.

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

OTOLOGIST: a physician who specializes in medical conditions 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 for 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 available for amplification purposes

REVERBERATION: prolongation (continuation) of a sound after the sound source has ceased. The amount of reverberant energy in a room depends on the absorption quality of the material of the walls, floor, and ceiling.

SEMANTICS: the use of meaningful referents, in both word and sentence structures

SENSORINEURAL HEARING LOSS: a hearing loss that is caused by damage to some or all of the nerves in the cochlea. Sensorineural hearing loss causes both distortion and decreased loudness of sounds.

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: (also referred to as lip-reading): the interpretation of lip and mouth movements, facial expressions, gestures, and prosodic aspects of speech, structural characteristics of language, and topical and contextual cues.

SPEECH AND LANGUAGE PATHOLOGIST: work to prevent, assess, diagnose, and treat speech, language, social communication, cognitive-communication, and swallowing disorders in children and adults. <http://www.asha.org/Students/Speech-Language-Pathologists/>

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

SPEECH INTELLIGIBILITY: the ability to understand speech (assessment); the ability to be understood when using speech (expressive)

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/similar in each ear. An asymmetrical hearing loss is one in which the degree and/or configuration of the loss is different in 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, lip-reading, 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.

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)

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