



Guidelines

Roles of Speech-Language Pathologists and Teachers of Children Who Are Deaf and Hard of Hearing in the Development of Communicative and Linguistic Competence

Joint Committee of ASHA and the Council on Education of the Deaf

About this Document

This guideline document is an official statement of the American Speech-Language-Hearing Association. The ASHA Scope of Practice states that the practice of speech-language pathology (SLP) includes providing services for individuals with hearing loss and their families/caregivers. The Preferred Practice Patterns are statements that define universally applicable characteristics of practice. The guidelines within this document fulfill a need for more specific procedures and protocols for serving individuals with hearing loss across all settings. It is required that SLPs who practice independently in this area hold the ASHA Certificate of Clinical Competence. SLPs must also abide by the ASHA Code of Ethics, including Principle of Ethics II Rule B, which states: "Individuals shall engage in only those aspects of the profession that are within their competence, considering their level of education, training, and expertise."

This guidelines document was developed by the Joint Committee of the American Speech-Language-Hearing Association (ASHA) and the Council on Education of the Deaf (CED). It was approved by ASHA's Legislative Council in 2003 and the Executive Board of CED in 2003. Members of the Joint Committee of ASHA/CED include vice president for professional practices in audiology (2001–2003), Susan Brannen, Evelyn Cherow (past ex officio), Carol Erting, Larry Fleischer, Dawna Lewis (past member) Martha McGlothlin (chair), Ann Pruitt Shough, Marilyn Sass-Lehrer, Patrick S. Stone (past member), and Evelyn J. Williams, (ex officio).

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This document provides guidance to Speech-language pathologists (SLPs), Teachers of children who are deaf or hard of hearing (Teachers), other educational administrators and personnel, as well as others on the role of SLPs and Teachers in facilitating the development of communicative competence (the ability to understand and use one or more languages effectively in a variety of sociocultural contexts). SLPs and Teachers are uniquely qualified to provide services to children who are deaf or hard of hearing in the development of communicative competence and have specific as well as overlapping roles in this area. JC ASHA/CED's position and the definition of communicative competence are contained in the companion position statement and technical report, respectively (JC ASHA/CED in press a; in press b).

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Specialized Roles of Speech-Language Pathologists

SLPs have the specialized preparation, experiences, and opportunities to address communication effectiveness, communication disorders, differences, and delays due to a variety of factors including those that may be related to hearing loss. SLPs provide services to a wide range of persons with communication needs. These services can be delivered in a variety of settings including a

clinic, school, or the person's home. SLPs in educational settings contribute to students' communicative competence and academic achievement including literacy ([Montgomery, 1998](#)). SLPs have the knowledge and skills to address the complex interplay of the areas of listening, speaking, signing, reading, writing, and thinking. Furthermore, they understand how skill expansion in one of these components enhances performance in another area ultimately contributing to the overall development of literacy and learning.

The document Knowledge and Skills Required for the Practice of Audiologic/Aural Rehabilitation indicates that SLPs providing services to individuals who are deaf or hard of hearing should have knowledge of and skills that include, but are not limited to, the following areas of expertise ([ASHA, 2001](#)):

- normal communicative development and the effects of hearing loss on communicative development;
- the assessment of communicative skills and intervention with individuals with hearing loss; and
- the prevention of communicative issues

The scope of practice in speech-language pathology (ASHA, 2002b) encompasses responsibilities that include, but are not limited to the following communication disorders conditions found in the general population as well as the population with hearing loss:

1. Providing prevention, screening, consultation, assessment and diagnosis, treatment, intervention, management, counseling, and follow-up services for disorders of:
 - speech (i.e., articulation, fluency, resonance, and voice including aeromechanical components of respiration); language (i.e., phonology, morphology, syntax, semantics, and pragmatic/social aspects of communication) including comprehension and expression in oral, written, graphic, and manual modalities;
 - language processing; preliteracy and language-based literacy skills, including phonological awareness; and
 - swallowing or other upper aerodigestive functions, cognitive aspects of communication, sensory awareness related to communication, swallowing, or other upper aerodigestive functions.
2. Establishing augmentative and alternative communication techniques and strategies including developing, selecting, and prescribing of such systems and devices.
3. Providing services to individuals with hearing loss and their families/caregivers, (e.g., auditory training; speechreading; speech and language intervention secondary to hearing loss; visual inspection and listening checks of amplification devices for the purpose of troubleshooting, including verification of appropriate battery voltage).
4. Using instrumentation (e.g., videofluoroscopy, EMG, nasendoscopy, stroboscopy, computer technology) to observe, collect data, and measure parameters of communication and swallowing, or other upper aerodigestive functions in accordance with the principles of evidence-based practice.
5. Selecting, fitting, and establishing effective use of prosthetic/adaptive devices for communication, swallowing, or other upper aerodigestive functions.
6. Collaborating in the assessment of central auditory processing disorders and providing intervention where there is evidence of speech, language, and/or other cognitive-communication disorders.

SLPs have modified and expanded their role in the education setting over the last 75 years in response to populations in need of their expertise and services in the areas of speech, language, cognitive-communication, voice, fluency, swallowing, and hearing loss.

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Specialized Roles of Teachers of Children Who Are Deaf and Hard of Hearing

Teacher education programs prepare teachers to plan and deliver the child's educational program, including the development of communicative competence within a variety of social, linguistic and cognitive/academic contexts. Teachers provide educational programming to children in center schools for deaf or hard of hearing children as well as in schools and programs that serve hearing, deaf, and hard of hearing children. These settings include self-contained classrooms, resource rooms, general education classrooms, and itinerant, home, or community-based settings. A planned sequence of educational coursework and practica (i.e., observation, participation and student teaching, prepare teachers for assessing, planning, implementing and evaluating educational outcomes in the developmental, communicative, linguistic and academic domains).

Teachers are familiar with child development from infancy through adolescence. In addition to a common core of knowledge required to teach deaf or hard of hearing children, Teachers have a foundation of knowledge in a professional specialization ([CED, 2001](#)). Teachers with specialization in parent/infant education are prepared to work with families and very young children as part

of an interdisciplinary team of professionals ([Joint Committee of ASHA-CED, 1994](#)). Specialization in early childhood addresses the development and educational needs of children and their families in the pre-primary years. Teachers specializing in elementary education typically are prepared to instruct in all academic areas and work collaboratively with parents and other professionals in elementary education settings. Teachers with specialization in multiple disabilities have an understanding of the concomitant effects of hearing loss and atypical developmental, social, emotional, motor, and physical conditions. Secondary education specialists have extensive knowledge in an educational content area and adolescent development.

The teacher preparation program's curriculum consists of planned learning experiences in the following components of the joint CED CEC Knowledge and Skills Essential to Beginning Special Education Teachers of Students who are Deaf or Hard of Hearing:

- Philosophical, Historical, and Legal Foundations of Special Education, including the Education of Students who are Deaf or Hard of Hearing
- Characteristics of Learners
- Assessment, Diagnosis, and Evaluation
- Instructional Content and Practice
- Planning and Managing the Learning Environment
- Managing Student Behavior and Social Interaction Skills
- Communication and Collaborative Partnerships
- Professionalism and Ethical Practice

The preparation of Teachers addresses the acquisition and development of communicative competence with an understanding of the linguistic, cultural, cognitive, developmental, familial, visual, auditory, tactile, and motor influences. Coursework and field experiences with children who are deaf or hard of hearing prepare teachers to:

1. Establish a classroom or other learning environment to meet the physical, cognitive, cultural, linguistic, and communicative needs of the child;
2. Plan and utilize strategies, appropriate materials, and resources for implementing educational experiences that support the development of communicative competence;
3. Provide consistent comprehensible language(s) appropriate to the needs of the child regardless of the modality or form;
4. Apply first and second language teaching strategies to teaching English (e.g., through ASL appropriate to the needs of the child and consistent with the program philosophy);
5. Facilitate and support communication among deaf and hard of hearing children and adults, hearing children and adults, including family/caregivers;
6. Monitor and evaluate the child's communicative competence on a regular basis in academic and nonacademic contexts including the child's use of signs, cues, speech, and/or assistive technologies;
7. Provide instruction and/or support for effective use of communication supports such as interpreting, transliteration, note-taking, real-time captioning, telecommunications, and computing.

Teachers are knowledgeable about both general education including the natural and behavioral sciences and humanities and pedagogy. Teachers are prepared to educate children who exhibit a range of learning abilities, challenges, and styles. Coursework and practica integrate cultural, linguistic, and socio-economic perspectives including the socio-cultural and linguistic phenomena associated with deafness. In addition, teacher preparation programs direct teachers to promote the child's sense of identity by collaborating with adults and peers who are social, cultural, and linguistic role models ([Christensen, 2000](#); [Cohen, 1997](#); [Cohen, 1993](#); [Cohen, Fischgrund, & Redding, 1990](#)).

Teachers plan for and educate children who are deaf or hard of hearing with varying backgrounds, abilities, and characteristics. Regardless of setting, Teachers—in collaboration with other professionals—provide, facilitate, monitor, and evaluate the development of communicative competence and literacy of children who are deaf or hard of hearing. Working closely with families, Teachers support family involvement and facilitate communication within the family. Teachers who have earned CED certification are prepared to provide educational and communicative experiences that are developmentally and individually appropriate.

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Collaborative Responsibilities

Children who are deaf or hard of hearing constitute a heterogeneous population ([JC ASHA/CED, 1998](#)) whose abilities and needs may require the SLP and the Teacher to combine their expertise toward the development of communicative competence for these children. In addition, as the age and abilities of the child change over time, the professionals may also have to modify their roles. Collaborative responsibilities may include the following:

- Consider relevant background information (family history, medical information, previous assessments, reports, and observations) for the purposes of program planning;
- Obtain a comprehensive description of communicative and linguistic abilities and needs of the child, history of communication modalities and languages (signed and/or spoken) used and/or tried, family preferences, and concerns related to communication.
- Administer and interpret appropriate formal and informal, standardized and nonstandardized assessments of all areas of communicative competence.
- Develop communicative competence goals and objectives that address the general curriculum for the child; incorporating recommendations and findings of the family and interdisciplinary team;
- Identify individuals responsible for the design and implementation of an instructional program and related services to assist the child in achieving the identified goals and objectives;
- Evaluate the child's progress as related to the goals;
- Evaluate the program or related services provided;
- Provide progress reports to families on a regular basis and other professionals as consistent with IDEA Parts B and C ([IDEA, 1999](#));
- Determine the effectiveness of assistive technologies for the child in collaboration with the family and interdisciplinary team;
- Facilitate the development of social aspects of communication;
- Provide consultation, guidance, and education to children and young adults who are deaf or hard of hearing and to their families;
- Provide consultation and support to and or collaborate with professionals and paraprofessionals involved in the habilitation/ educational program of the child;
- Consider overall learning strengths, weaknesses, differences, and/or delays which may be unrelated to hearing status for appropriate referral and/or educational planning;
- Collaborate with families and children regarding communicative and linguistic strengths and needs in planning appropriate educational, vocational, and/or career transitions;
- Assist families in receiving appropriate access to communicative and linguistic services for the child;
- Assist students in developing the skills and knowledge necessary for self-advocacy.

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Service Delivery Models

For optimal service delivery, the SLP and Teacher will engage in a collaborative team approach to facilitate the development of communicative competence using one or a combination of service delivery models ([ASHA, 1999, 2001](#)). Service delivery is a dynamic concept varying according to the abilities and needs of the child as well as family preference. It is necessary for professionals to employ service delivery models that are most appropriate for the child and are based on the child's Individualized Family Service Plan (IFSP) or Individualized Education Program (IEP). The following are examples of current models: consultation; classroom-based integrated instruction and/or intervention; pull-out instruction and/or intervention; community-based intervention.

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Recommendations

These recommendations are intended to provide the SLP and Teacher with a framework for resource allocation based on collaboration that optimizes the development of linguistic and communicative competence of children who are deaf or hard of hearing.

To promote the success of the child who is deaf or hard of hearing, ASHA and CED recognize that collaboration among professionals is critical. ASHA, CED, Teachers, and SLPs need to work with program administration to facilitate the following recommendations:

- Promote a culture of professional collaboration and exchange of knowledge.
- Ensure adequate planning and preparation time among team members for collaborative efforts.
- Ensure that professionals have the specialized knowledge and skills to work with children who are deaf or hard of hearing at the child's developmental and chronological age, using the child's preferred communication modalities and language(s), and with an understanding of the child's unique needs.
- Ensure that professionals have specialized knowledge and skills to provide family-centered, community-based, culturally competent, integrated services.
- Recruit and hire qualified professionals
- Ensure ongoing evaluation of program and child outcomes to enhance program effectiveness.
- Encourage and support ongoing professional development.
- Provide interdisciplinary educational programs for SLPs and Teachers.
- Ensure that future research addresses the educational, linguistic, and communicative needs of children who are deaf or hard of hearing with concomitant disabilities ([Gallaudet University Center for Assessment and Demographic Study, 1998](#); [Baker-Hawkins & Easterbrooks, 1994](#); [Cherow, Matkin, & Trybus, 1985](#)).
- Provide information on current research, technology, and approaches for developing communicative competence.
- Offer information and education on delivering integrated services that are family-centered, community-based, and culturally responsive.
- Address the changing demographics of the population of children who are deaf and hard of hearing to accommodate multicultural and multilingual considerations ([Fischgrund, 1982](#); [Harston & Smith, 1983](#); [Delgado, 1984](#); [Heath, Plett, & Tibbetts, 1987](#); [Farrell, 1989](#); [McNeil, 1990](#); [Dodd & So, 1994](#); [Hodgson & Montgomery, 1994](#); [Cohen, Fischgrund, & Redding, 1990](#); [Christensen & Delgado, 1993](#); [Cohen, 1997](#); [Christensen, 2000](#)).
- Promote access to appropriate communicative and linguistic services and assistive technologies for children who are deaf or hard of hearing.
- Promote access to family-centered, community-based, culturally-responsive services for children who are deaf or hard of hearing.
- Design and conduct studies that assess models of collaboration between SLPs and Teachers.
- Design collaborative, applied research to investigate the efficacy of models and strategies to develop communicative competence.
- Promote resources for research, evaluation, and program development.

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