

Students who are Deaf or Hard of Hearing

Eligibility Criteria Guidelines

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Introduction

Technical Assistance Document—Deaf and Hard of Hearing

In 2000, passage of the new rules under Wisconsin Chapter PI 11.35, Wis. Admin. Code, relating to need for special education and Chapter PI 11.36, Wis. Admin. Code, established new eligibility criteria for six of the impairment areas. It is imperative that all who are involved in evaluating children, have a clear understanding of the requirements. The Department of Public Instruction (DPI) has designed this technical assistance document to assist the reader in understanding each of the new provisions of the rules and to give guidance in evaluating children who are deaf or hard of hearing to determine if they have an impairment and a need for special education. The six areas with new criteria are: cognitive disabilities, visual impairments, hearing impairments, speech and language impairments, specific learning disabilities and emotional behavioral disabilities. The overall purpose of these documents is to serve as a resource for Individualized Education Program (IEP) teams and designed to address four primary objectives:

- (1) To clarify changes in the rules regarding:
 - (a) need for special education, and
 - (b) eligibility criteria.
- (2) To operationalize the eligibility criteria for each of the impairment areas.
- (3) To highlight assessment practices that assist the IEP team when evaluating a child.
- (4) To provide clarification of the process the IEP team must use to determine if the child needs special education and related services.

Several committees meet over several years to provide input on content for the criteria and this document. This document was in DRAFT form for the 2001-02 school year. Comments received have been reviewed and incorporated into this product as appropriate.

Glossary of Terms

The terms below are defined as commonly used when discussing the education of students who are deaf or hard of hearing and are intended to assist in reading this document.

Communication

The American Heritage Dictionary defines communication as “The exchange of thoughts, messages, or information...” Communication includes both formal language use and the multiple other means of expression such as gestures, behavior and intonation of speech or sign languages.

Deaf

In the adult community, the term Deaf does not connote nor describe the degree of hearing impairment but rather an affiliation with the community of people who are deaf and use ASL to communicate. Deaf students may demonstrate the ability to speak or speech read well in certain situations.

Deafness

This term indicates a hearing loss so severe that processing of linguistic information through hearing alone, with or without hearing aids, is severely limited. Students with cochlear implants are considered physically deaf even though they may *function* as hard of hearing. Deafness is not solely dependent on ability to speak or need to use sign language. Yet, most students who are deaf rely on sign language to communicate and process information.

Hard of Hearing

This term describes a degree of hearing loss that allows the student to process acoustic information necessary for auditory-verbal communication, with the assistance of hearing aids or assistive listening devices (ALD) when needed. Yet, the amount of hearing loss is not an accurate predictor of how one functions auditorially. The audiological evaluation does not reliably predict the student’s ability to hear with comprehension. Some hard of hearing students function very well with hearing aids and ALD’s while some may require sign language to understand classroom instruction or conversation especially in noisy situations.

Hearing Impairment

This term reflects the physical condition of the ear and does not describe a person. A person *has* a hearing impairment or an impairment in hearing. In other words, both deaf and hard of hearing persons have hearing impairments.

Hearing Impaired

This term has been used since the mid 1970's to identify people with hearing impairments. The original intention was to use this as an umbrella term for both deaf and hard of hearing persons. However, the term is viewed by culturally deaf persons and certain hard of hearing persons as being offensive because it focuses on the condition of the ear and not on the abilities of the person. Adults may prefer to be called Deaf, Hard of Hearing or Hearing Impaired depending on the perspective of the individual or the individual's community affiliation. Such self-identification issues infer aspects of identity and pride as members of a linguistic and cultural community.

Hearing Loss

Hearing loss is sometimes classified by the amount of acuity loss measured audiometrically in decibels (dB). The following are commonly used categories. Note: decibel loss is not the same as a percentage of hearing loss. Average hearing ranges from 0-20 dB. The highest decibel level used when testing is 120dB.

The acuity loss indicated below for each category signifies the hearing loss in the frequencies most important for understanding speech. Important to note is that the decibel loss, while providing important information on the *potential* of the person's ability to wear hearing aids and use residual hearing, does not reliably predict the person's residual hearing potential. There are numerous individual factors that affect how well an individual may use his/her listening and speech-reading skills to communicate.

Mild Hearing Loss: An average loss of hearing acuity between 20-40 decibels (dB). People with a mild hearing loss have some difficulties hearing and understanding conversational speech, especially in noisy surroundings.

Moderate Hearing Loss: An average loss of hearing acuity between 40-75 dB. Those with a moderate hearing loss have great difficulty in hearing and understanding conversational speech when not using a hearing aid. These people generally benefit significantly from the use of personal hearing aids and ALD's.

Severe Hearing Loss: An average loss of hearing acuity between 70-95 dB. Powerful hearing aids and assistive listening devices may benefit those with a severe hearing loss. Even with the use of a hearing aid, understanding of speech is often severely limited. Often these people rely on speech-reading and/or sign language to understand the spoken word, especially in group situations.

Profound Hearing Loss: An average loss of hearing acuity of 95 dB or greater. People who have a profound hearing loss generally rely on sign language and some speech-reading in order to communicate.

Bi-lateral Hearing Loss:

Bi-lateral means a hearing loss in both ears.

Unilateral Hearing Loss:

This is a hearing loss in one ear.

Language

Language is the structured form of communication agreed upon and commonly understood by a group of people. It is the expression of human communication through which knowledge, belief, and behavior can be experienced, explained, and shared. English language competency (literacy) is the goal for all students so that reading and writing is comparable with age level peers. Children who are deaf or hard of hearing develop language competency through various means including English and American Sign Language (ASL). ASL has a grammatical structure of its own that has evolved in the Deaf community over hundreds of years utilizing aspects of visual rather than an auditory language. ASL and English each have their own syntax and grammar. Language is the formalized and commonly understood tool that humans use to communicate their feelings, ideas, and thoughts.

Mode/Modality

A communication mode or modality is a form of visual communication that is not in itself a language but a representation of a language. Examples of a communication mode or modality includes the invented signs used to represent aspects of English (i.e. English-based signs and invented word endings) or the visible hand-signals representing sound such as Cued Speech.

Speech

This is the communication or expression of thoughts in spoken words. It is learned naturally through hearing and practice. For children who are deaf or hard of hearing, the inability to hear all of the acoustic information relayed through speech impacts their ability to produce speech sounds correctly. The range in ability to develop intelligible speech is not totally dependent on the amount of hearing the child has. The ability to hear and self-correct speech sounds often increases the child's speech-reading skills and intelligibility. Yet, a child's ability to correctly produce speech is not a reliable predictor of language skills or academic success.

Students' Needs

This term is used in the broadest sense in this document. They could include students' needs for increased competence and skills in many domains, including academic, social, behavioral, community living, and other areas. They could also include the need for environmental or instructional modifications to promote academic, social and life

skills attainment. This term also incorporates the need for educational services that are responsive to individual and cultural diversity.

Supports

Supports are defined broadly to include any assistance, which enables children to increase their competence, and have their needs met. Supports include professional services and collaboration, environmental and instructional modifications, and accommodations, interventions, adapted curriculum, physical assistance, social support, behavioral support, friendship facilitation, equipment and materials.

Historical Perspective on the Education of Students Who are Deaf or Hard of Hearing

Education for students who are deaf or hard of hearing is one of the earliest areas of specialized education in this country. The focus of educational practice has evolved over time between language instruction with emphasis on spoken language to emphasis on using sign language and everything in between. While educators may disagree on methods and practice, all educators agree that language development is the heart of educational need for these children. As an invisible disability, the impact of hearing loss is challenging at best to understand.

In 1817, Thomas Hopkins Gallaudet and Laurent Clerc established the first school for deaf students in the United States in Hartford, Connecticut. The first educational programs in the United State were in state schools where most instruction was conducted in American Sign Language (ASL) and English was taught in its written form. This followed the method of instruction used in France where Clerc, a deaf man, was educated. However, in 1880 the Milan (Italy) Conference voted to ban use of sign language with students worldwide in favor of oral educational techniques viewing signs as an inferior means of communicating. Throughout the United States, state-schools and private schools changed their educational methods to one of an auditory-oral approach.

In Wisconsin, as in most states, services for students who were deaf or hard of hearing began at state schools for the deaf. The Wisconsin School for the Deaf (WSD) opened in 1852. The school began as a private school and then was purchased and financed by the state. Students from all over the state stayed on campus throughout the school year going home only for long holidays and summers. In addition to the school, WSD was a working farm managed by the students that made it fairly self-sufficient.

During the early-mid 1900's, WSD ran a dual-track educational program. One 'track' focused on the education of students able to communicate using oral means with focus on post-secondary education, and the other 'track' utilized sign communication with vocational training. Girls were trained to become seamstresses and home-makers and the boys were trained to become cobblers or printers. During war times, many students left school to work in the factories. If local districts operated programs at this time, these programs generally utilized the oral method of education in self-contained classrooms.

During the 1960's, after a rubella epidemic, there was a significant increase in the number of children born with hearing impairments. Regional programs were established in larger districts to meet the needs of these students. Smaller districts that were unable to serve students who were deaf or hard of hearing sent them to the nearest regional program. The state supervised boarding homes that allowed the students to attend a regional program and go home on the weekends.

About the same time, there was a philosophical shift nation-wide due to the high number of students who did not succeed under the oral-only education method. In response to the needs of students for a visual language, educators developed several signing systems that followed English word order and some that created manual codes for aspects of the English language. This was the beginning of the philosophy of Total Communication. Total Communication (TC) originally meant that the teacher was proficient at all forms of communicating with a child who was deaf or hard of hearing whether it was through speech, Signed English, American Sign Language, gestures, writing, drawing or any combination of the above. Since that time, TC has come to mean a practice of communicating by speaking and signing at the same time

In the 1970's, school districts began to utilize educational aides to 'interpret' for deaf or hard of hearing students. Many of these people were hired with little or no sign language skill and they often learned on the job and from support in community sign language classes. These people were the first educational interpreters. In 1992, DPI was one of the first states to establish a license for educational interpreters requiring two years of specified training. In 1997, with public encouragement, the license renewal section was revised to require documentation of competency as an educational interpreter. While other states build on the competency requirements for educational interpreters, Wisconsin continues to lead the way.

Today, public schools in Wisconsin maintain a continuum of educational programs designed to meet the range of needs of students who are deaf or hard of hearing. The intellectual abilities of students who are deaf or hard of hearing have the same range as that of their nondisabled peers; from gifted to cognitively disabled. Student needs range from minimal supports in the general education classroom and curriculum to intensive direct instruction with a modified curriculum. Educational philosophies and practices today range from bilingual-bicultural to total communication, to oral programs.

Effective early intervention has been identified as one of the most successful avenues to success for students who are deaf or hard of hearing. In 1999, the governor of Wisconsin signed a bill supporting Universal Newborn Hearing Screening (UNHS). UNHS assesses the hearing of newborns before leaving the hospital. This positively impacts the number of infants with a hearing impairment identified at birth. It has also increased awareness among birth to three providers and the medical community on the importance of early identification and appropriate services to these very young children and their families. As a result of early interventions, we look forward more children entering school ready to learn.

Technological advances, in the form of digital hearing aids, assistive listening devices and cochlear implants, provide even more opportunities for the development of listening and speech skills among the deaf and hard of hearing population. Computers and the Internet have opened many doors to equal access of information and enhanced direct communication opportunities among deaf and hard of hearing people across the country.

We know there is no one device, curriculum, language, communication mode or educational philosophy that is appropriate for every child. There is no one factor that can predict success of students who are deaf or hard of hearing. The greatest indicators of success are early identification, strong and consistent family support, appropriate educational supports from qualified staff and an individual sense of confidence and well-being of the student.

IEP Team Process—Evaluation

Evaluation is an essential part of the special education process for children with disabilities. Children are evaluated initially to see whether or not they have impairment and whether, because of that impairment they need special education and related services. Information gathered during the evaluation helps to determine the educational needs of the child and to guide the IEP team in determining the services that are appropriate for the child. federal and state special education law is specific about requirements for evaluating students. This section will briefly highlight those provisions of the law. Further details can be found in Wisconsin Chapter 115.782, Wis. Stats., and in federal Individuals with Disabilities Education Act (IDEA) of 1997 regulations 34 CFR 300.530-536.

Referral

- Any person who reasonably believes that a child is a child with a disability may refer the child to a local education agency.
- Certain individuals such as physicians, nurses, psychologists, social workers, administrators of social agencies, and school personnel are required to make a referral when they suspect a child has a disability.
- All referrals must be in writing.
- Prior to submitting the referral a person required to make a referral must inform the child's parent.
- When the local educational agency (LEA) receives the referral, the 90 day timeline from receipt of referral to sending placement notice begins.
- School districts must have written procedures describing the referral process.

The IEP Team

When a child is referred, the LEA appoints an IEP team (s. 115.777, Wis. Stats.). This IEP team includes:

- **The parents of the child** are equal participants on the IEP team throughout the process.
- **At least one regular education teacher** if the child is or may be participating in a regular education environment. It is the intent of the law that the regular educator should be one who is or will be teaching the child.
- **At least one special education teacher** who has extensive and recent training and experience related to the child's known or suspected disability or, where appropriate, at least one special education provider of the child.
- **A local education agency (LEA) representative** who is qualified to provide, or supervise the provision of special education, is knowledgeable about the general curriculum and is knowledgeable about the availability of and authorized to commit LEA resources. This individual can also fill another role if the individual meets the requirements for another role.

- **An individual who can interpret the instructional implications of evaluation results** can also fill another role.
- **Other individuals, at the discretion of the parent or LEA**, including related services personnel as appropriate. It is important to be aware that the occupational therapy, physical therapy, and school nursing practice acts and professional standards require an evaluation prior to providing services. A representative from birth to 3 programs or Head Start should be included when referring preschool children.
- **The child, whenever appropriate** must be invited to any IEP meeting where transition is discussed.

IEP Team Duties

- The IEP team is responsible for three basic activities:
 - First, to **evaluate** the child to determine whether the child has or continues to have a disability and to identify the child's educational needs.
 - Second, for each child who has a disability, **to develop, review, and revise** the child's IEP.
 - Third, **to determine** a special education placement for each child who has a disability.
- It is important to remember that these activities are part of a unified and fluid process. The IEP team can complete these activities in one meeting or more than one. Evaluation information is used to identify appropriate goals and objectives for the student to work on throughout the year. The basic idea is that those who know and care about the child collaborate to identify and meet the child's needs.

Evaluation Activities

- The IEP team completes three basic activities during any evaluation. These activities are common to both initial and re-evaluation situations although there are some procedural differences between the two.
- First, the IEP team **reviews existing data** and determines whether additional data are needed. A review of existing data is always the first step of any evaluation.
- If additional data are needed, the IEP team **conducts any necessary tests and other evaluation materials** in order to determine if the child is, or continues to be, a child with a disability and to determine the child's present level of performance and educational needs.
 - The LEA assesses the child in all areas of suspected disability and conducts a nondiscriminatory evaluation. (The provisions for a nondiscriminatory evaluation are found at s. 115.782(2), Wis. Stats.).
 - Each participant who administers new tests or evaluation materials completes an individual summary of findings.
- The IEP team then **completes an evaluation report**.

Initial Evaluation

- Following the receipt of an initial referral, the LEA provides the parent with a notice that a referral has been made.
- **The notice includes the individuals the LEA has appointed as IEP team participants, in addition to the parent and student as appropriate, and the qualifications of those participants.**
- The IEP team reviews existing data and determines whether additional data must be collected in order to determine whether the child is a child with a disability and to identify the child's present level of performance and educational needs.
- The IEP team must review existing data **including information provided by the parents**, previous interventions and their effects, current classroom-based assessments and observations by teachers and others. After doing so, the IEP team decides whether additional data are needed. Existing data would include any information from outside sources including evaluation data for a child transitioning from a Birth-Three program or Head Start program.
- **It is not required to have an IEP team meeting to review existing data, however the IEP team may decide this in a meeting.**
- If the IEP team, which includes the parents, finds that **no additional data are needed, the LEA notifies the parents in writing of the finding and reasons for it.**
- The next step is to invite the parents to an IEP team meeting and make a determination about whether the child has a disability based on existing data.
- If there is a disagreement between the parent and the LEA that cannot be resolved about whether additional data are needed, the parent or LEA may pursue mediation, due process and/or complaints (as at all stages of the IEP process).
- If the IEP team, which includes the parent, **determines additional information is needed**, the IEP team specifies what data are needed and the qualifications of evaluators who will collect the data.
- Parents are notified of this decision in writing. The notification includes all evaluation procedures, tests, or other evaluation materials that will be used, who will be conducting the assessment (if known), and their qualifications.
- **Parental consent** is needed before administering new tests or other evaluation materials. Parents may revoke their consent at any time prior to the completion of the evaluation.
- Following the administration of tests and other evaluation materials, the IEP team meets, reviews all evaluation information, and makes a determination as to whether the child is a child with a disability and identifies the child's educational needs.

Re-evaluation—General Provisions

- Re-evaluations are conducted at the request of the child's parent or teacher, when conditions warrant, and at least once every three years.
- The procedures for re-evaluation are essentially the same as for initial evaluations.

- Prior to beginning a reevaluation, the LEA provides the parents with **written notice**. This notice informs the parents that the LEA intends to re-evaluate the child and the reason for the re-evaluation.
- The notice also includes the IEP team participants, in addition to the parent and child (if appropriate), who have been appointed by the LEA, their names and qualifications.
- The IEP team reviews existing data including:
 - Existing evaluation data.
 - Information provided by the parents.
 - Previous interventions and their effects.
 - Current classroom-based information.
 - Observations and interviews.
- Upon re-evaluation, if after reviewing existing data, the IEP team determines **no additional data are needed**, the LEA **notifies** the parent in writing of the finding and the reason for it, and the parent's right to request assessment to determine whether the child continues to be a child with a disability (please note that the parent is an IEP team participant and thus knows that this decision has been made. Providing them with written notice is a statutory requirement).
- If **additional data are needed**, the parent is **notified**, and a description of the types of tests and other evaluation materials to be conducted and names (if known) and qualifications of examiners are provided.
- **Parental consent** is needed before administering new tests, assessments, or other evaluation materials.
 - Except**, consent need not be obtained if the LEA has taken reasonable measures to obtain consent and parents fail to respond. This is different than if the parent refuses to give consent.

Evaluation IEP Team Determination

- Based on the review of existing data (and the results of new tests and other evaluation materials if administered), the IEP team determines:
 - whether the child has or continues to have impairment listed in state statute, s.115.76 (a), Wis. Stats.,
 - the present levels of performance and educational needs,
 - whether the child needs special education, and
 - whether additions or modifications to the special education and related services are needed to enable the child to meet the measurable, annual goals specified on the child's IEP and to participate, as appropriate, in the general curriculum.

These determinations are an important bridge between evaluation and program planning and are documented as part of the IEP development and review process.

- The IEP team may not determine that a child is a child with a disability solely because the child has received insufficient instruction in reading or math or because the child has limited proficiency in English.

Evaluation Participant Summary of Findings

- Each IEP team participant who conducts new tests, assessments, or other evaluation materials submits a summary of their findings.
- This summary is made available to all IEP team participants at the IEP team meeting when the data is discussed. It is also attached to the evaluation report.
- The summary of findings is:
 - in writing,
 - about one page in length,
 - understandable to all IEP team participants, and
 - includes information about the child’s strengths and needs that will be useful to program planning.
- It is not intended to be a lengthy report nor just a list of standardized test scores.
- Each summary of findings becomes part of the evaluation report and is not a “stand alone” document.

Please note: It is not appropriate for an IEP team participant to make recommendations about whether a child meets eligibility criteria on their individual summary of findings. This decision rests with the IEP team as a group.

Evaluation Report

- The IEP team documents the evaluation findings in its evaluation report. This includes information from:
 - review of existing data,
 - findings from any new or additional tests or evaluation materials administered including participants’ summaries of findings, and
 - determination of eligibility for special education including:
 - whether the child has an impairment,
 - if the child needs special education,
 - additional required documentation if the child was evaluated for a learning disability. In addition, for a child suspected of having a specific learning disability, each IEP team member must certify in writing whether the report reflects his or her conclusion. If it does not, the IEP team member must submit a separate statement presenting his or her conclusions,
 - additional required documentation if the child was evaluated for a visual impairment or if a child with a visual impairment requires Braille.
- The LEA informs all IEP team participants that they may request a copy of the evaluation report or additional time before the IEP team develops an IEP for the child.

- The LEA asks each IEP team participant if they would like a copy of the report or additional time prior to moving forward to develop the individualized education program.
- Any IEP team participant may request a copy of the evaluation report at any time, following the evaluation.
- Unless provided earlier at an IEP team participant's request, a copy of the evaluation report is provided to parents with the placement notice.
- If the IEP team determines the child is **not** a child with a disability, it identifies any educational needs of the child and any LEA or non-LEA services that may benefit the child.
- Unless provided earlier, a copy of the evaluation report is provided with notice of IEP team findings that the child does not have a disability.

Criteria for Students Who are Deaf or Hard of Hearing

Wisconsin (PI 11.36(4))

Hearing impairment, including deafness, means a significant impairment in hearing, with or without amplification, whether permanent or chronically fluctuating, that significantly adversely affects a child's educational performance including academic performance, speech perception and production, or language and communication skills. A current evaluation by an audiologist licensed under Chapter 459 shall be one of the components for an initial evaluation of a child with a suspected hearing impairment.

Elements of the Criteria

This document divides the eligibility criteria for students who are deaf or hard of hearing into three areas for discussion and review.

(1) AUDIOLOGICAL EVALUATION

"A current evaluation by an audiologist licensed under Chapter 459 shall be one of the components for an initial evaluation of a child with a suspected hearing impairment"

A current audiological evaluation completed by an audiologist licensed under Chapter 459, Wis. Stats., is a required part of the initial evaluation. There is no federal definition of "current." The IEP team determines if the audiological report in the child's file provides sufficient current information in order to make a determination of impairment.

- Parents and school staff need to work together to insure that a student with a suspected hearing loss is evaluated by a licensed audiologist.
- Eligibility is not based solely on the audiological evaluation results. The audiological evaluation alone does not completely define the functional hearing of the student or the ability of the student to learn through auditory or visual modalities. Not all students who are deaf or hard of hearing with a similar audiological evaluation will function in the same manner even with amplification.
- The IEP team should review information about how the student uses his/her hearing in multiple settings and under various conditions (varied input complexity, various types of background noise and different modes of input), with and without amplification.

- The audiological evaluation should include information regarding the potential of the child to benefit from his/her hearing with or without hearing aids and/or assistive listening devices.
- The audiological evaluation should also include, if appropriate, information on the potential for a progressive hearing loss. These students need audiologic monitoring and are at risk for decreased hearing that can impact their educational performance.
- For re-evaluations, the IEP team determines if the most current audiological report is sufficient, or if a new audiological evaluation is necessary. When conducting a re-evaluation for a young child or a student with a fluctuating hearing loss, a new audiological evaluation may be recommended in order to obtain a current assessment on the child's hearing including their ability to effectively use their hearing aids and other listening devices. For older students with a history of consistent audiological evaluations, the IEP team may determine that a new evaluation is not needed in order to determine if the child is a *child with an impairment*.
 - If the IEP team determines that a new audiological evaluation is not needed, the educational audiologist working with the student may contribute information about the student's use of his/her hearing aids and other listening devices and the effect on the student's present level of educational performance. This information can be incorporated into the discussion on the need for special education.

(2) SIGNIFICANT IMPAIRMENT IN HEARING

“Hearing impairment, including deafness, means a significant impairment in hearing, with or without amplification, whether permanent or chronically fluctuating,…”

- ***“significant impairment in hearing”***

A “significant impairment in hearing” means an impairment that impedes the student's ability to listen with comprehension in a variety of quiet and noisy environments. The educational environment includes all areas in the school environment such as the classroom (or classrooms), halls, lunch room, gym, library, etc. There may be settings, including some classrooms, where the student may be able, with the benefit of a hearing aid and/or assistive listening device, to listen with comprehension. In other settings listening may be very challenging for the student and more visual information is needed.

A child with a moderate or greater bilateral hearing loss may experience a significant barrier to communication through auditory means. A complete evaluation will assist in

determining the potential impact of this hearing loss on the child's educational performance.

Establishing the significance of a mild bilateral or unilateral (hearing loss in one ear) hearing loss on educational performance poses a greater challenge to the IEP team in their evaluation process. For these children, speech and language skills often develop normally in the early years of life. Their hearing loss is often not identified until the child is school age and when academic and/or communication deficits become significant.

What may be identified as a mild loss may have a significant impact on educational development and communication. Children who have a mild hearing loss, a unilateral hearing loss, or a progressive or fluctuating hearing loss may be found to have a significant impairment in hearing. This impairment may impede the child's ability to understand information through hearing.

Students who have a unilateral hearing loss may be included in the group of students considered to be hard of hearing (Ross 1990). While speech and language may develop normally, research indicates significant academic delays that often result in students repeating a grade at a much higher rate than children with normal hearing. While seeming to hear clearly in some situations, they may not be able to hear with comprehension in other situations especially in noisy environments. These children may demonstrate academic language delays and may experience difficulty in understanding speech in background noise. It is important for the IEP team to address information shared by the parents, classroom teacher, educational audiologist, and teacher of students who are deaf or hard of hearing. Often these students, when given appropriate supports, may develop strategies to compensate for their hearing loss, gain confidence and, with support, be able to self-advocate for their needs.

The audiological evaluation and the history of the child's hearing is an important part of the evaluation information needed by the IEP team. In addition to the audiogram, the audiological report should include information about the communication situations and environments where the child can be expected to have difficulty. The report should also discuss the types of hearing aids and assistive listening devices most likely to be of benefit to the child.

- ***“with or without amplification”***

Most students with a hearing impairment use a personal hearing aid(s) and an assistive listening device. There are some students who do not experience benefit from a hearing aid, and others who, due to sensitivity or other medical conditions, cannot successfully wear amplification. Use of hearing aids or assistive listening devices are not required for evaluation and are not a factor in determining eligibility.

- ***“whether permanent or chronically fluctuating”***

There are students, especially young children, who experience fluctuations in hearing that adversely affect their language development and educational performance. Even children with a permanent hearing loss, may experience fluctuations in hearing due to ear infections. During these periods, children may not be able to use their hearing aids which compound the child’s inability to hear as they do when healthy. Fluctuating hearing loss must be documented through audiometric testing.

There is no federal or state definition of a *chronically fluctuating* hearing impairment. If a child is suspected of having a fluctuating hearing loss *that adversely affects their education*, the IEP team should document the following:

- Periods when the child does have an impairment or increased impairment in hearing and its impact on the child’s ability to participate in and benefit from their education in the classroom.
- The length and frequency of the episodes of diminished hearing acuity.
- Any pertinent medical history.
- Information from the parent regarding the impact of the hearing loss at home.
- Information from the classroom teacher and others in the educational environment regarding the child’s behavior and educational impact due to the increased loss of hearing.
- Evaluation data that establishes evidence of a link between the hearing loss and educational performance.

A fluctuating impairment in hearing that impedes the child’s ability to listen with comprehension over a period of time may adversely affect a child’s educational performance to a degree that would find this child to be a child with a significant impairment in hearing.

(3) ADVERSELY AFFECTS A CHILD’S EDUCATIONAL PERFORMANCE

“... significantly adversely affects a child’s educational performance including academic performance, speech perception and production, or language and communication skills.”

- ***academic performance***

Most children enter school with a basic command of language, an extensive vocabulary, and ability to process linguistic information. Schools design their curriculum to build on the existing language skills of typically developing children. Children who are deaf or hard of hearing seldom bring to school the same extensive language base as do children with normal hearing. Limited access to *incidental learning* through everyday

opportunities for direct interaction with peers and adults inhibits the language development of these students. It is important for the IEP team to consider the student's academic potential along with his/her performance and how the impairment in hearing impacts the child's ability to develop language and literacy skills comparable to age level peers. When assessing a child's language and academic competency, conversational language as well as academic language needs to be addressed. If the child demonstrates the characteristics of language delay typical of children with a hearing impairment, then the child may be a child with an impairment in hearing and in need of special education. If identification of a delay and remediation occur early so that the child can develop a strong language base, the child is more likely to participate fully in the general curriculum at grade level. *"The notion that a student is doing well, "for a deaf child" does this population a disservice."* (NASDE Guidelines)

When evaluating a 3, 4 or 5 year old child, consider previous interventions and their effects including family involvement, therapy, and exposure to early literacy activities. A young child who has received appropriate supports may be ready to enter school functioning at a level comparable to their nondisabled peers. It is important for the IEP team to consider the type and level of support that has been provided and would need to continue in order for the child to participate in and benefit from the general curriculum or age appropriate activities.

The most common impact of a hearing impairment on academics is in the area of reading and literacy skills. Successful reading depends on multiple factors including general world knowledge, effective decoding skills, exposure to language and early literacy and experience with print. Writing is dependent on good reading skills. Literacy competency is the heart of educational performance. Ability to read with comprehension and to read for information is the center of academic success. Students who are deaf and those who are hard of hearing are challenged in this academic area often developing independent reading skills several grades below their non-disabled peers.

- ***"speech perception and/or production"***

Speech perception and production are affected by the ability to hear and decode the acoustic information in speech. Most students with an impairment in hearing will know that someone is speaking, but the message will be distorted or diminished such that the listener misses many acoustic cues. Often this will result in errors in the student's own speech production. During group situations, such as class discussion, or in noisy situations such as small group activities, these students may not be able to follow the dialogue, grasp the main points, or learn new concepts and vocabulary. This in turn may lead to delays in language and curricular knowledge and use. Weak speech perception and production can also impact a student's confidence in participating in discussion or verbal exchange. Common behavioral indicators of frustration are acting-out or withdrawal. A teacher of students who are deaf or hard of hearing is a key player in helping to interface the student's abilities with the listening and learning demands of the

classroom. A speech and language evaluation should be a part of the evaluation for children being evaluated for hearing impairment.

- ***“language and communication skills”***

In 1992, Dr. Robert Davila, Assistant Secretary of the Department of Education, Office of Special Educational Programs (OSEP) published a Notice of Policy Guidance in the Federal Register regarding the provision of appropriate educational services for students who are deaf or hard of hearing. *“The disability of deafness often results in significant and unique educational needs for the individual child. The major barriers to learning associated with deafness relate to language and communication, which, in turn, profoundly affect most aspects of the educational process. For example, acquiring basic English language skills is a tremendous challenge for most students who are deaf. While the department and others are supporting research activities in the area of language acquisition for children who are deaf, effective methods of instruction that can be implemented in a variety of educational settings are still not available. The reading skills of deaf children reflect perhaps the most momentous and dismal effects of the disability and of the education system’s struggle to effectively teach deaf children....”*

The 1992 letter from OSEP emphasized the need for IEP teams to conduct comprehensive evaluations of language development along with the language **potential** of the child being evaluated. Students who are deaf or hard of hearing do not need to fail in order to receive services but need to show adverse affects or indicators of linguistic and academic delay. For the youngest children, there may be indicators that demonstrate that the child is ‘likely to develop a delay’. Inability to directly communicate with peers has a negative impact on academic success, social development and self-esteem. The needs of students with mild to moderate hearing loss and those with a unilateral hearing loss may also be educationally significant due to the complex and invisible nature of the disability.

Language is at the heart of human development. Language connects us to information and to each other. Students with hearing impairments have gaps in basic language skills in everyday conversation and even more so with academic language. The inability to hear everyday conversation impedes a child’s opportunity for incidental learning and vocabulary development which leads to gaps in literacy skill development.

The IDEA included in its guidelines for students who are deaf or hard of hearing the consideration of the child’s opportunities for direct communication between peers and staff. Direct communication is vital in building strong language skills as a basis for reading competency as well as the social skills needed to be successful in the community. Direct communication does not mean through the use of an interpreter alone but includes the potential for the student to communicate on their own with classmates and others in school.

In addition to reading competency, effective communication skills, including speech, language and communication skills are the center of social skills and self-esteem. For

all children, including those with a fluctuating hearing loss, multiple considerations may need to be addressed on a regular basis such as the acoustics (noise level) in the room, comfort with using assistive listening devices, fatigue, stress, health, language awareness and development etc. It is important to be aware of these factors and to regularly monitor the educational environment as well as the student's level of functioning in each setting.

Language links people. Therefore an impairment that impedes human interaction can create poor sense of self and an inability to socialize appropriately with peers. *“Compounding the manifest educational considerations, the communication nature of the disability is inherently isolating, with considerable effect on the interaction with peers and teachers that make up the educational process. This interaction, for the purpose of transmitting knowledge and developing the child’s self-esteem and identity, is dependent upon direct communication. Even the availability of interpreter services in the educational setting may not address deaf children’s needs for direct and meaningful communication with peers and teachers.” (1992 OSEP letter)*

Need For Special Education

PI 11.35 (2) A child shall be identified as having a disability if the IEP team has determined from an evaluation conducted under s. 115.782, Stats., that the child has an impairment under s. PI 11.36 that adversely affects the child's educational performance, and the child, as a result thereof, needs special education and related services.

PI 11.35 (3) As part of an evaluation or re-evaluation under s. 115.782, Stats., conducted by the IEP team in determining whether a child is or continues to be a child with a disability, the IEP team shall identify all of the following:

- (a) The child's needs that cannot be met through the regular education program as structured at the time the evaluation was conducted.*
- (b) Modifications, if any, that can be made in the regular education program, such as adaptation of content, methodology or delivery of instruction to meet the child's needs identified under par. (a), that will allow the child to access the general education curriculum and meet the educational standards that apply to all children.*
- (c) Additions or modifications, if any, that the child needs which are not provided through the general education curriculum, including replacement content, expanded core curriculum or other supports.*

A disability under federal and state special education requirements means that the student meets the eligibility criteria for at least one of the impairments and has a "need" for special education. A student may meet the eligibility criteria for a Hearing Disability, for example, but does not automatically have a need for special education. In the Appendix, there is a tool for guiding the IEP team's discussion about eligibility criteria and the need for special education. The Need for Special Education is not required but may be useful in addressing the three issues related to need.

Throughout the determination of whether the student has an impairment, the IEP team has also been discussing the student's needs in relationship to program planning for the student. Once the IEP team has determined the impairment they now must make a decision in regards to whether the student needs special education and related services as the result of this impairment.

Need for special education is an important issue that is often overlooked - A student does not "automatically" need special education just because s/he meets the criteria for an impairment.

If the IEP team determines that a child has an impairment and a need for special education, the child is then considered a child with a disability. "Disability" means impairment **plus** need for special education. The new rules have included a process to assist the IEP team in determining that the student needs special education.

The rules state that:

As part of an evaluation or re-evaluation conducted by the IEP team in determining whether a child is or continues to be a child with a disability, the IEP team shall identify all of the following:

I. What are the child's needs that cannot be met in regular education as structured at the time of the evaluation?

In discussing this issue, the IEP team should keep in mind that there is some level of variability within classrooms and schools have an obligation to address it. This first question requires the IEP team to examine the regular education environment to identify needs that cannot be met in that environment as structured. The IEP team must discuss the match-mismatch between the needs of the student and the regular education program. If there is a match between the regular education program and the needs of the student, the IEP may decide that the child has an impairment but does not need special education. If the mismatch is too great, the IEP team's analysis is not finished and they will move on to the second question.

This first consideration requires the IEP team to scrutinize the regular education environment to identify needs that cannot be met in that environment as structured. The IEP team must discuss the match-mismatch between the student's needs and the regular education program. If there is a match between regular education and the child's needs then the IEP team may decide that the child may have an impairment but does **not** need special education. If the mismatch is too great to meet the student's needs, the IEP team's analysis is not finished.

The next level of analysis is:

II. What modifications, if any, can be made in the regular education program, such as adaptation of content, methodology, or delivery of instruction to meet the child's needs that will allow the child to access the general education curriculum and meet the educational standards that apply to all children. (consider adaptation of content, methodology or delivery of instruction)?

It is not acceptable to take the position that the student must fit into the regular education program as structured within narrow limits. Schools have an obligation to adequately address a range of needs in all regular education programs. Flexibility, creativity, and teaching skills are part of the analysis.

As the IEP team starts to discuss modifications that may be needed in regular education for students who are deaf or hard of hearing they should take into consideration the following:

- What is involved in implementing the modification? (Time to implement, time for training, preparation, short-term versus ongoing)
- Can the modification be used with more students than the student being evaluated?

- Is this modification based on the general education classroom curriculum?

Examples of Adaptation of Content Include:

- Class lecture outline or notes.
- Provide texts with high readability.
- Read or interpret texts for student prior to independent reading.
- Experiential learning opportunities.
- Preteaching and post-teaching of vocabulary in new content areas.

Examples of adaptation of methodology include:

- Changing how a concept is taught, incorporating teaching strategies that pre-teach, provide for repetition and reinforce key concepts and new vocabulary needed to complete activities.
- Providing instruction in a variety of ways (visual, auditory, tactile).

Examples of delivery of instruction include:

- Small group versus. large group instruction.
- Use of assistive technology including:
 - visual systems (overhead projectors, PowerPoint, closed captioned movies and video programs).
 - auditory systems (FM, classroom amplification systems).
- Use of interpreters.

The modifications needed by the student as identified by the IEP team are those that can be made in regular education allowing the student to access the general education curriculum and meet the educational standards that apply to all students. Changes that do not alter the expectations or general content of what is being taught are still considered the general education curriculum. If options can be provided relatively easily within the general education curriculum to address the child's needs and allow them to access the general curriculum and meet the standards that apply to all children, the child is likely **not** to demonstrate a need for special education.

Finally, the IEP team needs to address:

III. What additions or modifications, if any, are needed by the child that are not provided through the general education curriculum, considering replacement content, expanded core curriculum or other supports.

Does the student have needs that are not met in regular education even after that program is carefully scrutinized and appropriate modifications are explored? If so, as the IEP team considers the student's needs, they will need to identify any instruction and supports outside of the regular education curriculum that the student would need. These additions or modification may or may not require special education.

Below are examples in each area that may be appropriate for a student who is deaf or hard of hearing:

Replacement Content

- Life-skills curriculum.
- Literacy: reading and writing curriculum.
- High language content courses such as science, civics, social studies.
- Life-skills curriculum.
- Functional academic curriculum.

Expanded Core Curriculum Language and/vocabulary development

Since students who are deaf or hard of hearing miss out on incidental language and therefore incidental learning opportunities, they commonly experience gaps in English language use and in general knowledge. These students often need additional instruction. This can include (but is not limited to):

- Vocabulary enrichment experiences and general development of language for all areas of communication (expressive, receptive, written, spoken, etc).
- Pre-teaching and post-teaching of specific language to be presented in new units of study along with continual review.
- Pre-teaching of concepts commonly known by age level peers that contribute to a student's understanding of academic information.

Communication

The communication issue is not easy to address because it is so multifaceted. There is no one language or communication mode appropriate for all children. Some students will even use a mixture of language and communication modes throughout their school day. Basic factors to consider during the evaluation process are:

- Student's ability to listen with comprehension in quiet settings.
- Student's ability to listen with comprehension in noisy settings.
- Student's ability to communicate effectively with adults and with peers (either via listening and speech or using sign).
- Parent and student choice of language or communication mode to be used.
- Consideration of the impact of cultural, linguistic, familial, social, audiological and cognition aspects.
- Communication patterns and needs of the student in multiple environments from play, to small group work to formal class lecture, etc.
- Well-managed listening environment based on acoustics and technology, etc.
- Well-managed visual environment based on lighting, color, visual distractions, etc.
- Effective teacher communication skills.
- Awareness of communication patterns typically used in the community including patterns of social interaction and work-related communication strategies.

Use of an Interpreter

- Specialized instruction in the signs used during the class day for the spoken and printed word.
- Review of vocabulary and determination of appropriate signs to be used.
- Tutoring time.
- Student understanding and functioning along the continuum from dependence to independence.
- Transition to the practice of using interpreters in the community.
- Information on the role of the educational interpreter for general education staff and classmates.

Note: the presence of an interpreter does not replace the responsibility of the general education teachers to interact directly with the student.

Speech Perception and Production

The ability to listen with comprehension is not an automatic outcome of having a hearing aid, assistive listening device, or a cochlear implant. Students need specialized instruction to:

- Develop the ability to listen with comprehension to spoken messages taking advantage of opportunities for incidental learning.
- Develop oral communication skills—being able to communicate through speech and listening to the best of their ability.
- Develop phonemic awareness that impacts decoding skills needed for reading.
- Interact effectively, especially with peers; a skill that impacts self-esteem.
- Self monitor his/her amplification system for proper functioning.
- Manage the acoustic and communication environment.
- Self-advocate for the right to access communication throughout the educational environment.

Use of Auditory Technology

To enable students who are deaf or hard of hearing to have full access to communication and information within the educational setting, appropriate classroom adaptations, and use of technology need to be considered during the IEP process. Consider the following needs:

- Management of the visual environment and reduction of visual distractions.
- Control and reduction of reverberation and background noise.
- Assistive listening technology and personal hearing aids.
- Enhancement of informational presentations to ensure equal access.

Students who use amplification (hearing aids, ALD's) or a cochlear implant and those who teach them need specialized instruction in the care and management of these

devices. These students need continual monitoring and support to become independent and successful users of their auditory technology.

Other options of expanded core curriculum unique for students who are deaf or hard of hearing may include:

- Deaf studies—the study of history, folklore and the language of the Deaf community in America.
- Communication resources—use of interpreters, TV captioning devices, community agencies and resources supporting the needs of deaf and hard of hearing people, TTY use and availability, telephone relay services, legal rights and supports, etc.
- Life skills—vocational options and experience, post-secondary programs with needed academic supports, community advocacy organizations, Deaf or Hard of Hearing clubs and organizations, self advocacy skills.
- American Sign Language (ASL)—instruction of the linguistics, grammatical structure, and history of American Sign Language
- Communication skills for families—The most successful students come from homes where the family communicates with their child effectively and consistently in a manner that continues to challenge their child’s growth through exposure to the world around them, providing educational support and thinking/problem solving skills.
- Social skills instruction—Nuances of manners and mannerisms come through listening and experience. Those who do not over-hear everyday interaction, especially the subtleties of communication need instruction in this area.
- Self-advocacy instruction—The young student and then adult will be more successful in their life if he or she is able to effectively advocate for their needs

Assessment

The IEP Team

Below are a few sections from Chapter 115 of the state statute regarding aspects of the IEP team and evaluation process. These highlighted considerations are some that need to be addressed when conducting formal assessments of students who are deaf or hard of hearing.

115.78(1m) "Each team shall consist of ... at least one special education teacher who has extensive and recent training and experience related to the child's known or suspected disability."

The IEP team must include a teacher with recent and extensive knowledge and experience working with students who are deaf or hard of hearing. The evaluation incorporates a variety of tests and/or observations in order to determine eligibility. When a child with a hearing impairment is identified and referred for special education, it is important that a teacher licensed to teach students who are deaf or hard of hearing be a part of the IEP team conducting and reviewing evaluation data. The speech and language pathologist and educational audiologist, while key participants on the IEP team, do not replace the need for a licensed teacher. The teacher of students who are deaf or hard of hearing has special expertise concerning the impact of the hearing impairment on the **student's educational performance**. A speech and language pathologist or other educator without this specific training is not sufficient in place of a teacher licensed to teach students who are deaf or hard of hearing.

The Evaluation s. 115.782, Wis. Stats.

For students who are deaf or hard of hearing who use sign language to communicate, it is important to ensure that the person conducting the test not only know and be fluent in the communication preference of the student, but also know how to make accommodations for the student. When this is not possible, an educational interpreter shall be called in to assist in communication.

b. That any standardized tests that are given Have been validated for the specific purpose for which they are used, are administered by trained and knowledgeable personnel and are administered in accordance with any instructions provided by the producer of the tests.

In order to obtain an accurate measure of the student's knowledge, skill, and potential, some assessments or tests may require accommodations for students who are deaf or hard of hearing. Accommodations should be individualized and based on the student's

needs as documented in her/his IEP. Factors to be considered include reading level, processing rate when reading and primary language.

Some examples of testing accommodations provided to students who are deaf or hard of hearing are:

- Extended time.
- Use of a sign language or oral interpreter.
- Provision for a distraction free environment.

Instructions given in sign language may deviate from standardization due to the linguistic difference between sign communication and spoken English, although this will not necessarily invalidate the usefulness of a test. Caution must always be used when any accommodation is utilized in order to avoid invalidating the test. The written report of test scores should always include a statement of the accommodations that were used and how these may have affected student's performance. When utilizing an educational interpreter, take time to share the process and purpose of the assessment so that it is not compromised due to interpretation.

Regardless of the student's degree of hearing loss and/or verbal skills, tests of verbal intelligence should be interpreted with caution by someone familiar with the impact of a hearing impairment. These tests may not reflect the true intelligence of the student.

"In evaluating each child with a disability ... the evaluation is sufficiently comprehensive to identify all of the child's special education and related services needs, whether or not commonly linked to the disability category in which the child has been classified."
Federal Register 300.532(h).

Speech and Language Disability

Most students with an impairment in hearing, will be a student in need of speech and language services as well. It is important that this area be addressed in the student's evaluation. For those who do not meet the criteria of a speech and language disability, the student may be found in need of speech as a related service. (See the Eligibility Criteria Technical Assistance Guide for Students with a Speech and Language Impairment.)

Vision

Students with a hearing impairment, even mild, rely more on their vision for speech-reading, obtaining information in the classroom, watching an educational interpreter, etc. A current vision evaluation is important for these students. This is not a district's responsibility to require or pay for vision testing unless the IEP team determines it is a necessary part of the child's evaluation. An eye exam is a required component if a disability in vision is suspected. (See the Eligibility Criteria Technical Assistance Guide for Students Who are Visually Impaired.)

Specific Learning Disability

If IEP team participants, including the parents, suspect the child has a specific learning disability (SLD) that may adversely impact on the student's learning, sufficient data need to be collected so that the IEP team can determine whether the child meets SLD criteria. It is possible for a child with an impairment in hearing to also have a specific learning disability. The IEP team needs to determine that the student's academic delays are beyond that typical of a child who is deaf or hard of hearing. (See the Eligibility Criteria Technical Assistance Guide for Students with a Significant Learning Disability.)

Central Auditory Processing Disorder

Central Auditory Processing Disorder (CAPD) is not a category of disability. However, students who have a documented central auditory processing disorder may be found to meet the criteria for students with an impairment in hearing. The CAPD must be documented through an evaluation by an audiologist with understanding of CAPD. This evaluation report should include information on the specific deficit area impacting the student's educational performance.

Research presented by Jeanane Ferre, Ph.D., identifies five deficit areas within CAPD. These are: Decoding Deficit, Integration Deficit, Prosodic Deficit, Associative Deficit and Output-Organization Deficit. The specific impact of the deficit may determine if the child is in need of special education and, if so, in what area of special education. These students may be found eligible for special education under hearing impairment, specific learning disability, speech and language disability or other health impairment. When the student has a CAPD, it is suggested that the IEP team include educational personnel from each above mentioned discipline in order to conduct a thorough evaluation. If the IEP team determines there is no need for special education, the team may identify strategies to be used by the general education staff to assist in meeting the educational needs of the student.

Considerations When Assessing Students Who are Deaf or Hard of Hearing

When assessing students with a hearing loss it is important to consider some factors that may influence the results.

- Student amplification needs to be available and working properly.
- The student's preferred mode of communication needs to be matched with the person completing the assessment.
- For students who use oral communication, the tester needs to ascertain if the student needs more time to look at the speaker for each question or direction. The student may need information repeated if the language is unfamiliar to him/her.
- In cases where a sign language interpreter is used, the tester needs to work with the interpreter prior to assessing so that the interpretation of the directions or questions does not give more information to the student and invalidate the test.

- The setting for the testing should be quiet and free of visual and auditory distractions.

Students who are deaf or hard of hearing represent the racial, cultural, linguistic, and economic diversity of Wisconsin. Many students who are from other countries have not had the educational or testing experiences similar to children of the United States. This factor should be considered when determining types of assessment procedures to use. Likewise, the communication preferences and practices of families from other cultural backgrounds impacts the student's receptiveness to communication options in our schools and needs to be considered by the team.

The assessment necessary to determine that a student meets the eligibility criteria needs to encompass not only academic but also audiologic, speech perception and production, language, and communication. Test scores alone cannot give a complete picture of the student's abilities or deficits. It is necessary to look at formal assessment tools and weigh the results of these against informal measures as well as observation, teacher reporting, parent reporting, and classroom functioning over time.

Best practice states that assessment should be viewed as an information gathering process over time. If assessment is used to inform instruction, then it needs to be done systematically and on a regular (ongoing) basis. In that way, when a student is due for a re-evaluation, data will be available from the entire time between evaluation dates. Assessment during an initial evaluation or re-evaluation serves more than one purpose. One purpose is to provide information that helps the IEP team to determine if the student meets the eligibility criteria. Another purpose is to identify the child's present level of educational performance and educational needs. This information leads to improved instruction and ultimately, to improved student performance. *"When assessment information serves as a basis for planning of a child's daily program, it serves its primary purpose."* (Eccarius, 1997)

When evaluating a child with a hearing impairment there are certain questions that provide vital information to assist the IEP team during the evaluation process. Answers to these questions can assist the team in determining the child's educational needs by providing information on the potential for the child to acquire language. This includes language via speech, listening with comprehension, speech-reading and signing.

- What is the etiology (cause) of the child's hearing loss (if known)?
- At what age did the child lose his/her hearing (if known)?
- At what age was the child identified as having a hearing loss?
- What is the child's aided residual hearing including speech recognition and discrimination?
- What are some examples of the child's functional use of hearing?
- At what age was the child fit with amplification?
- At what age did the child receive services to address his/her hearing loss?
- What are the child's spontaneous communication preferences and tendencies?
- What is the language of the family?

- What experiences has the family had interacting with people who are deaf or hard of hearing?
- At what age did the child begin to understand and use language effectively?
- What is the family's perspective on communication with their child?
- What cultural aspects of the family may impact the child's education?
- Does the team suspect, or does the child have disabilities in addition to his/her hearing impairment? If so, what? Has an evaluation been done? What are the results?
- Has a recent eye exam been done? If so, what was the result?
- What is the intellectual potential of the child?

Informal Assessments

Language and Communication

Educators should evaluate the student's receptive and expressive language use and preference. Assessment is to be done in the student's primary language and preferred mode of communication. This requires special expertise on the part of the educator conducting the assessment.

Areas to assess include:

- Language used by the student (not teacher preference).
- Primary and secondary languages and modes used (sign, speech).
- System of communication (e.g., spoken English, Signed English, Cued Speech, American Sign Language, etc.).
- Receptive and expressive language preference and use.
- Communication preferences and use in different environments and situations such as home, school (classroom, lunchroom, playground, community, etc.).
- Student's level of fluency and clarity in the language of their choice.
- Grammatical, semantic and social level of skill in understanding and use of language (spoken and sign) when communicating with adults and peers.
- Auditory and visual processing skills including visual-spatial orientation, auditory sequencing, etc.
- Overall language skills; comprehension and use.
- Nonverbal communication used by students with multiple impairments who are unable to use a formal communication system.

Some informal and commonly used assessments tools include: DOLCH words, Spelling 100 words, Reading Inventories, and Brigance Listening Subtest and Reading Inventory. Also:

Pre-School Screening Instrument for Targeting Educational Risks (S.I.F.T.E.R.)

Educational Audiology Association

4319 Ehrlich Road

Tampa, Florida 33624

School Age S.I.F.T.E.R.
Educational Audiology Association
4319 Ehrlich Road
Tampa, Florida 33624

Informal assessment for overall communication and academic functioning in the school environment can be obtained through use of inventories that give the IEP team information on the child's behaviors that indicate strengths and weaknesses.

Family Communication

“Families have the most powerful influence in their child's development and language acquisition. The education of the family is a critical component to overall success of the child. It is important for the IEP team to give careful attention to supporting the needs of the family to develop communication competency.”

Families have needs for unbiased broad-ranged information and support in building effective communication skills in order to support the child's educational growth. The need to assess the family's communication effectiveness at home is important at different stages of the child's development and not only as the child enters school. Effective parental communication with older deaf and hard of hearing children and teenagers is equally important.

Family support is a critical factor in the child's development of communication skills. The child's ability to communicate effectively and consistently and the level of language development and world knowledge the child brings to school are highly dependent on the family's ability to support all areas of the child's development. Therefore, it is important to include an assessment of the family's level of knowledge regarding the impact of hearing loss, communication preference, as well as skill and consistency of the family communication directly and effectively with the child.

Sign Communication

Assessment of sign communication skills for students who use sign language is also important. There are no formal assessment tools designed to assess children at this time; however, informal assessment can and should be done. It is important to note that the person doing the sign communication evaluation needs to be familiar with the linguistic features of American Sign Language (ASL) regardless of what form of sign communication is used. The linguistic features of ASL such as handshapes, use of space, fingerspelling, facial grammatical features and conceptual accuracy form the basis for effective sign communication.

Aspects of sign communication to assess include:

- Correct formation of sign considering the four parameters of a sign (movement, location, palm orientation and handshape).
- Correct formation and use of fingerspelling and numbers.

- Use of nonmanual markers including facial grammatical features for questioning statements, topic indicators, adjectives, adverbs.
- Correct emphasis placed on main ideas.
- Sentence endings and new topic indicators (pausing).
- Ability to vary language register with various people and in various situations. (with adults, peers, casual conversation, formal presentation, etc.).
- Fluency of language both receptively and expressively.
- Correct and varied use of classifiers to indicate objects and actions (adjective and adverbs).
- Appropriate use of eye contact and gaze to indicate spacial relationships, topic markers.
- Correct use of space to indicate activities, people, interactions, cause and effect, sequence of events, etc.
- Correct use of indicators (pronouns).
- Correct use of verb directionality.
- Demonstrates affect that matches the message.
- Student uses grammatical structure that is consistent indicating a language base rather than a mix of language, modes, and home signs without consistent structure.

Functional Hearing

Audiological evaluations give us information that needs to be supplemented by observations of the auditory functioning of the child across time. Teachers and educational audiologists, when available, observe the functional use of the child's hearing and provide on-going assessment to determine how the child is using his/her residual hearing. An educational audiologist is an important part of the educational team. Educational audiologists provide the auditory management services necessary for the child to successfully use her/her residual hearing for listening and intelligible speech production. It is important to remember that for very young and difficult to test student's, repeated audiological evaluations may be needed to completely define the student's auditory status and potential.

Informal assessments of hearing are conducted throughout a child's school environment so that staff know:

- How the student uses his/her hearing across settings.
- Effectiveness of the child's amplification in different settings.
- Hearing fluctuation.
- Ability of the student to generalize auditory skills previously taught.
- Auditory or attending skills that need to be taught or reviewed.

Assessments May Include

1. Observations:

- In a variety of school environments (general education classroom, extracurricular activities, speech, resource room, gym, recess).
- In a variety of academic environments (lecture, discussion, small group work, independent work).
- In a variety of listening environments (loud, noisy, quiet, with/without reverberation, close to speaker, at a distance, etc.).
- With and without hearing aids and/or assistive listening devices
- At different times of day to judge fatigue.

2. Interviews With School Staff

Ask the following staff questions concerning the child's behavior related to his/her hearing loss and the extent to which it impacts the child's education.

- General education teachers.
- Specials teachers (art, music, computers).
- Educational interpreters.
- Coaches, supervisors of extracurricular activities.
- Speech and language pathologist.

3. Interview With the Student

Depending on the age of the student, the interviewer needs to structure questions to gain the student's perspective on all aspects related to their hearing loss and the impact it is having on his/her life. See the appendix for sample tools.

Student interview formats are available in the following books:

Ear Gear (A Student Workbook on Hearing and Hearing Aids)—elementary age

Kendall Green Publishers
Gallaudet University Press
800 Florida Ave. NE
Washington DC 20002

Wired for Sound (An Advanced Student Workbook on Hearing and Hearing Aids)—middle and high school age

Kendall Green Publishers
Gallaudet University Press
800 Florida Ave. NE
Washington DC 20002

4. Interviews With Parents/Caregivers

The parents have specific information about functional hearing in the home and the community important for the evaluation process. Often, children display skills in a home environment before they use them at school. Regular communication with a parent

about the child's use of hearing can alert staff to skills that are emerging and that can be reinforced.

Parent Interviews Should Include

- Amount of time amplification is worn outside of school.
- Benefits of the amplification for the child.
- Child's ability to independently manage their amplification.
- Speech and listening activity of the child with different people in the community.
- Communication preferences and tendencies.
- Child's self-advocacy skills for meeting his/her communication needs.

Auditory Skills

Because teachers rely on their verbal explanations and inquiries as important teaching tools, and because active listening is a critical skill students bring to the classroom, any obstacle to listening is an obstacle to learning. Assessment of listening skills is often accomplished by collaboration with all staff working with the student. In order to learn through listening, several skills can be assessed to determine if they contribute to any functional difficulty. These include (but are not limited to):

- Awareness and ability to identify environmental sound sources
- Recognition of vocal inflection and stress patterns.
- Ability to discriminate words that differ in sounds, length or meaning
- Ability to hold several words in working memory.
- Ability to learn by listening and how it compares to learning by watching or doing
- Ability to distinguish known words from unknown words.
- Ability to distinguish understanding between what was heard and what was understood based on world knowledge and context clues.
- Ability to accurately and efficiently derive meaning from a spoken message.

Speechreading

Speechreading is defined as "the ability to understand a speaker's message through listening, lipreading as well as cues from facial expression and body language and by using information provided by the situation and the language that is understood". Lipreading alone is difficult at best for anyone. While this skill can be developed, it is a talent that people have in differing degrees. Approximately half of the English language is visible through lipreading. Understanding the context of the conversation enhances lipreading success. Changes of topic and multiple speakers can be very difficult for even the best speechreaders.

The assessment of speechreading should be functional in nature and incorporate the means of communication commonly used by the student such as through listening or sign language. To assess speechreading, begin with familiar and commonly understood

directions, expressions and statements used in the classroom. From this, generate a list of sentences and phrases to use. First, test the student using the random sentences and phrases using the communication method most commonly used by the student. Then test the student using the same sentences and phrases a) with sign only, (if the student uses sign to communicate), then b) with voice only. Make sure the person doing the assessment uses the same facial expression each time. This allows the tester to see patterns and gaps of understanding when speechreading is the only communication method used. The number of total phrases and sentences should be noted as well as the correct number of responses comparing them when the primary communication method was used with the number of correct responses when the primary communication method was not used.

For longer text, use reading passages from the reading inventories listed in Reading Assessments on page 42. Since there are usually two passages for every grade level, one passage can be given using the student's primary communication method (plus voice) and the second passage can be given without the use of voice. The comprehension questions can be used to determine how well the student understands through speechreading as well as through listening and sign communication.

A third means to informally assess a student's speechreading skill is through having a conversation without voice. The topic should be one of great interest to the student and one that allows for a great deal of information to be shared. One resource to use is: **Speechreading: A Way to Improve Understanding** by Harriet Kaplan, Scott Bally and Carol Garretson.

Formal Assessments

Language and Communication

Below are listed some formal assessment of language and communication:

Young Children

Ann Arbor Learning Inventory

Available from: Academic Therapy Publications, Inc.,
20 Commercial Blvd.
Novato, CA 94949
1-800 422-7249

Early Language Milestones Scale

Available from: PRO-ED
8700 Shoal Creek Blvd
Austin, TX 78757

Grammatical Analysis of Elicited Language (GAEL)

Available from: Central Institute for the Deaf
4560 Clayton Ave.
St. Louis, MO 63110

Preschool Language Assessment Instrument (PLAI)

Available from: The Psychological Corporation
Order Service Center
P.O. Box 708906
San Antonio, TX 78270

Hawaii Early Learning Profile

Available from: VORT Corporation
P.O. Box 60132
Palo Alto, CA 94306
1-650 322-8282

HI-PREFACE

Available from: CESA 6
P.O. Box 2568
Oshkosh, WI, 54903-2568
1-920 236-0567

REEL—2 Receptive-Expressive Emergent Language Test—Second Edition

Available from: PRO-ED
8700 Shoal Creek Road
Austin, TX 78757-6897
1-800 897-3202

Reynell Development Language Scales

Available from: Western Psychology Service
12031 Psychological Drive
Los Angeles, CA 90025-1251

Rosetti Infant—Toddler Language Scale

Available from: LinguaSystems
3100 4th Avenue
East Moline, IL 61244
1-800 776-4332

Scales of Early Communication Skills for Hearing Impaired Children

Available from: Central Institute for the Deaf
4560 Clayton Ave.
St. Louis, MO 63110

SKI*HI Development Scale

Available from: HOPE, Inc.
1856 North 1200 East
North Logan, UT 84341
1-435 245-2888

Auditory Skills/Speech Perception

Below are listed some formal assessments of auditory skills /speech perception:

Early Speech Perception Test (ESP)

Available from: CID Publications
4560 Clayton Avenue
St. Louis, MO 63110

HELP - Auditory Processing —Elementary

Available from: LinguaSystems

3100 4th Avenue
East Moline, IL 61244
1-800 776-4332

The Listening Test

Available from: LinguaSystems
3100 4th Avenue
East Moline, IL 61244

Speech Perception Instructional Curriculum and Evaluation (SPICE)

Available from: CID Publications
4560 Clayton Avenue
St. Louis, MO 63110

TAPS –R (Test of Auditory Perceptual Skills-Revised) and TAPS (Test of Auditory Perceptual Skills—Upper Level)

Available from: PRO-ED
8700 Shoal Creek Road
Austin, TX 78757-6897
1-800 897-3202

Test of Auditory Reasoning and Processing Skills (TARP)

Available from: Academic Communication Associates, Inc.
P.O. Box 4279
Oceanside, CA 92052-4279
1-888 758-9558

Wepman Auditory Discrimination Test

Available from: Western Psychology Services
12301 Wilshire Blvd.
Los Angeles, CA 90025

Word Association for Syllable Perception

Available from: York Press, Inc.
Tinonium, MD 21094

Academic Achievement

Some teachers of students who are deaf or hard of hearing have believed that they were constrained to using only standardized academic tests that were normed for

students who are deaf or hard of hearing. With the reauthorization of IDEA, a new emphasis has been added to support access to the general education curriculum for ALL students. This has led to increased participation of students who are deaf or hard of hearing in the curriculum and standardized tests for all students. Teachers and parents are interested in knowing how each child compares academically with grade level peers. Data from standardized tests quantify learning and determine if the student is making annual progress. Information gathered from the state required assessments (Wisconsin Student Assessment System—WSAS) as well as any district-wide testing provides valuable information to the IEP team when documenting the student's present level of educational performance in relation to the Wisconsin Model Academic Standards. If a student is participating in the general curriculum, then standardized tests and the norms used for nondisabled peers provide valuable information. Criterion referenced tests also give the IEP team information to compare student progress over time.

Below are listed some commonly used norm-referenced achievement tests.

Stanford Achievement Test—SAT

Available from: Gallaudet Research Institute
800 Florida Avenue, NE
Washington, DC 20002

Wechsler Individual Achievement Test—WIAT

Available from: The Psychological Corporation
Order Service Center
P.O. Box 708906
San Antonio, TX 78270

Woodcock-Johnson III Tests of Achievement—WJ III

Available from: Riverside Publishing
425 Spring Lake Drive
Itasca, IL 60143

Reading and Language (Oral and Written)

Below are listed some reading assessments appropriate to use with students who are deaf or hard of hearing.

Contemporary Classroom Reading Inventory

Available from: Gorsuch Scarisbrick, Publisher
576 Central
Dubuque, IA 52001

Eckwall Reading Inventory

Available from: Allyn & Bacon
160 Gould Street
Needham Heights, MA 02194

OWLS (Oral / Written Language Scale

Available from: PRO-ED
8700 Shoal Creek Road
Austin, TX 78757-6897
1-800 897-3202

Qualitative Reading Inventory

Available from: Addison Wesley Longman Inc.
1185 Avenue of the Americas
New York City, NY 10036

Rhode Island Test of Language Structure

Available from: PRO-ED
8700 Shoal Creek Blvd.
Austin, TX 78757

Test of Relational Concepts

Available from: Gallaudet University
800 Florida Avenue, NE
Washington DC 20002

Tests of Early Reading Ability—Deaf/Hard of Hearing (TERA-D/HH)

Available from: PRO-ED
8700 Shoal Creek Blvd.
Austin, TX 78758

Test of Reading Comprehension TORC-3

Available from: PRO-ED
8700 Shoal Creek Blvd.
Austin, TX 78758

TOWL (Test of Written Language) and TOWL—3

Available from: PRO-ED
8700 Shoal Creek Road
Austin, TX 78757-6897
1-800 897-3202

Social Emotional

Below are listed some assessments of social–emotional development appropriate to use with students who are deaf or hard of hearing:

Meadow/Kendall Social Emotional Assessment Inventory

Available from: Gallaudet University–National Deaf Education Center
KDES PAS-6
800 Florida Avenue, NE
Washington, DC 20002-3695

Social Skills Rating System—AGS

Available from: American Guidance Services, Inc.
Publishers Building
Circle Pines, MN 55014-1796

TOPS-R Elementary Test of Problem Solving) and TOPS Adolescent

Available from: LinguaSystems
3100 4th Avenue
East Moline, IL 61244
1-800 776-4332

Assessing Students with Additional Disabilities

When assessing very young children or students with additional disabilities, observations and interviews are important ways to gather valuable information. For students with multiple disabilities, a hearing loss may not be the most obvious challenge, but it does significantly impact the child's ability to reach their potential. Information about the effect of hearing loss on the student's ability to learn, to communicate and to socialize is an important aspect of assessment.

In addition to the assessments mentioned above, the team should observe the student in the following situations.

- Student interactions with the parent or caregiver
- Student interactions with other support staff who work with the student routinely including the audiologist or speech and language clinician
- Student interactions in multiple settings at different times of the day
- Periodic observations over a period of time to determine patterns

Language development is central to cognitive skills. Students with cognitive disabilities who also have an impairment in hearing benefit from attention to their communication and language development needs. It is important to not overlook or under-estimate the communication and language potential of these students.

Considerations for Assessing Students from Other Cultural Communities

When assessing students from other cultural communities, considerations need to be taken that impact family values, how the child functions within the family and how family

culture impacts school behavior. A few examples of cultural values that may conflict with the needs of students who are deaf or hard of hearing are eye contact and use of assistive listening devices.

Whenever possible, the team should learn of the family's perspective on the educational needs of their child and the type and level of support that will be provided and encouraged at home. Working with the family to build understanding and collaborative support for efforts in the home and school increase the chances of educational success for the child.

The case studies below provide examples of a possible IEP team discussion regarding student's who may be more difficult to identify. The discussion at the end of each case study is based on the Eligibility Worksheet for Students with an Impairment in Hearing and the Need for Special Education Worksheet found at the end of this document.



Case Study - *Monica*

Monica is a 5-year old child with a moderate hearing loss in both ears. She wears hearing aids and benefits from them. When the battery dies or her hearing aid is not functioning properly, Monica complains to the teacher requesting a new battery. She can put her hearing aid in most of the time, but is not able to change the battery.

Monica appears to be fairly shy. She enjoys interacting with a friend in one-on-one play. She often plays with others in quiet activities and prefers to work alone.

Her language assessment indicates that she has receptive and expressive language levels just below age level. While generally understood, she does have some omissions and mispronunciations in her speech especially with word endings and new words. Monica concentrates hard on phonics activities but becomes easily frustrated. She is not learning at the same rate as her peers and misses out on some vowel sounds and final consonants. Word endings such as “s” and “ed” are inconsistently heard in her speech.

Her kindergarten classroom is an active room with lots of center activity where students work in teams making it an exciting but noisy educational environment. During group activities, Monica shows excessive distractibility and, at times, seems to withdraw. She is often unable to follow the teacher's directions on her own. Monica frequently misunderstands peer interaction, more so in noisy situations, that sometimes lead to some inappropriate behavior and apparent frustration.

Monica also has a history of ear infections first noticed when she was a toddler. These infections may last from 2 to 4 weeks. At times, she is unable to use her hearing aid due to pain from a swollen ear canal and pressure in her middle ear. When she is sick, her

lack of cooperation and interaction in the classroom intensifies. She misses out on many of the class activities.

IEP team discussion (please refer to the worksheets in the appendix):

Does Monica have a HEARING IMPAIRMENT?

1. Does the child have a significant impairment in hearing documented by a licensed audiologist?

Monica has an audiological evaluation that documents a moderate permanent hearing impairment in both ears (bilateral). Monica has personal hearing aids and uses them effectively. She also has medical records that document chronic middle ear infections. Her ear infections typically last 2-4 weeks at which time her hearing can fall into the severe range. Monica has a history of infections first noticed when she was a toddler.

2. Does the impairment in hearing adversely affect the child's educational performance?

a. academic performance

Monica has demonstrated delays in her language development just below that of her age level peers. While not "appearing significant" at this point, they indicate challenges in key academic areas including phonemic awareness important to reading. Monica likes to look at picture books. She demonstrates behaviors that indicate early stages of language struggle that are typical of students with hearing impairments.

b. speech perception and production

Monica is challenged when listening with comprehension in noisy class settings such as during time when students are actively engaged in learning centers. She also has a difficult time understanding her peers, especially those with quiet voices. When playing games, she often has a hard time following rules, rules that she is unable to restate indicating that she does not hear them clearly.

When she has an ear infection, her hearing aids are less effective and, at times, she finds them painful to wear. She struggles with listening with comprehension even in quieter settings. She often withdraws and does not actively participate in class activities. When she is unable to wear her hearing aids, she tends to sit alone in the back of the room showing signs of withdrawal. At times, she will complain that her ears hurt and she may sit and cry from the pain.

Monica also demonstrates some speech omissions and mis-pronunciations.

c. language and communication

Monica demonstrates behaviors that indicate language delays that will become a significant struggle for her as she enters first grade with a more structured, phonics based reading program. Her difficulty with certain speech sounds will

only increase as she moves on. Early behavioral signs of frustration with phonics play include weak coping skills.

Socially, Monica appears shy. She often misunderstands statements made by her classmates. When she is unable to communicate effectively, she often plays alone. Monica shows increasing signs of frustration and delays in social development. She needs to build on problem solving skills by asking friends to repeat, or to let them know when she cannot hear them.

Does Monica have a NEED FOR SPECIAL EDUCATION?

1. Does the student have needs that cannot be met in regular education as structured?

In order to maximize her hearing potential Monica needs an environment that is acoustically balanced. She may also benefit from the use of an assistive listening device to assist her ability to listen with comprehension to more of the language exchange in the classroom. Consultation should be provided to the regular education classroom teacher to assist the teacher in understanding and meeting the child's auditory communication needs.

2. Are there modifications that can be made in the regular education program to allow the student access to general education curriculum and to meet the educational standards that apply to all students?

(b) Modifications that would assist Monica include audiological support and instruction that builds her vocabulary development and phonemic awareness. She also needs specialized instruction to support her listening skill development.

3. Are there additions or modifications that the child needs which are not provided through the general education curriculum?

While Monica can identify when her hearing aid is not working, she is not yet able to identify what she can do when she has difficulty understanding others. She also needs support when interacting with peers in learning how to determine if she is unable to hear and what questions she can ask in order to understand what has been said.

Monica demonstrates weakness in identifying sound-letter combinations. She needs the support of a teacher to work on phonics and decoding skills, especially for letter-sound pairs that are out of her hearing range and cause the greatest difficulty. Specialized early reading skill development is key to Monica's success in school. Without early support, Monica will most likely be a child who struggles and then fails in the early academic years after self-confidence is lost. With appropriate support, Monica may eventually be a student who develops needed coping skills and moves out of a need for special education.



Case Study—*Jennifer*

Jennifer is a 17-year old student with a severe-profound bilateral hearing loss. She wears one hearing aid that allows her to hear voice, although not clearly. Those who know her usually understand her speech, but new people find her difficult to understand at times. She may also have difficulty in clearly enunciating new vocabulary.

Jennifer was identified as having a hearing impairment at 20 months. She began to receive speech and language services at age 2. Her family chose to use sign language with Jennifer since she was 2 1/2 years old. Her family and a few close friends have developed a good command of sign communication that they have maintained since she was young. Jennifer's family is very involved in her life and participates in the deaf community for special social functions. They continue to grow and support Jennifer's needs as a young deaf woman in school and her community. They are aware of the unique service agencies for people who are deaf or hard of hearing available in the state and nationally.

Jennifer had speech therapy at school throughout her elementary school years but reached her plateau in middle school and no longer receives this service.

Jennifer uses an interpreter for all classes. She maintains A-B grades in all courses, several of which are Advanced Placement courses, with no specialized instruction. Jennifer does not hesitate to ask for help from her general education teachers when needed. She is an avid reader, with a love of science and science fiction.

Jennifer plans to attend college majoring in medical research. She knows what she wants in life and has the confidence to pursue her dreams.

IEP team discussion:

Does Jennifer have a HEARING IMPAIRMENT?

- 1. Does the child have a significant impairment in hearing documented by a licensed audiologist?**

Yes. Jennifer's most recent audiological evaluation was completed when she was 12 years old. The reports note little change in her hearing levels since she was 6 years old. She has a severe-profound bilateral hearing loss.

2. Does the impairment in hearing adversely affect the child's educational performance?

a. academic performance

Jennifer does not demonstrate a delay in academic performance. She is a vibrant confident young woman with a strong supportive family proficient in communicating with her. She reads independently at an 8th grade level. Her love of reading provides her with a varied view of the world around her. She maintains A-B grades in her coursework without the assistance of specialized instruction.

b. speech perception and production

Yes. Over the years, Jennifer has developed her residual hearing to increase her awareness of informative sounds around her, however, she is unable to understand another person through listening alone and uses additional cues such as context clues, speechreading and gestures to understand others. She independently uses and maintains her hearing aid. She does not derive enough benefit from an FM system to listen with comprehension.

c. language and communication

Jennifer is an avid reader and an inquisitive young woman. Her receptive and expressive language is similar to her peers although she misses out on slang and other higher level-less frequently used vocabulary. Independent reading comprehension is at the 8th grade level as measured on standardized tests. She readily asks questions about events in her life and the world around her promoting continual language development. Her family communicates easily and consistently with her, providing a strong base of language and information about world events. Her preferred form of communication is sign language.

Jennifer also maintains an active social life and participates in her community. She has school friends with whom she will attend sporting events and deaf friends who she maintains regular contact either in person or via email.

Does Jennifer have a NEED FOR SPECIAL EDUCATION?

1. Does the student have needs that cannot be met in regular education as structured?

Yes. Jennifer communicates through the use of a sign language interpreter in all her classes.

2. Are there modifications that can be made in the regular education program to allow the student access to general education curriculum and to meet the educational standards that apply to all students?

She needs access to her education through the use of an educational interpreter.

3. Are there additions or modifications that the child needs which are not provided through the general education curriculum?

At this point in Jennifer's education she does not require modifications to her regular education curriculum or extended core curriculum in order to be able to participate along with her peers with academic success. Jennifer has the tools she needs to meet her transition needs.

Based on the case study presented and the discussion above, Jennifer's need for special education is a challenging one. She does need access to her educational program through the use of an educational interpreter. However, she does not need for specialized instruction to support her success in the general education curriculum nor does she need expanded core curriculum. There are students in our schools who do challenge the IEP team in identifying annual goals needed to benefit from their education.

CASE STUDY—*Danny*

Danny is an 8-year old, second grade student with a profound unilateral hearing loss in his right ear. He has a history of ear infections that have impacted his hearing in his left ear. Danny also has a physical disability with weakness on his left side. His weakened side causes Danny to lean in such a way as to turn his better ear away from the teacher. He also has difficulty locating sound and by the time he does turn to face a speaker, the message is often lost.



Danny's language skills were at the low end of his age-group in kindergarten but are now below his peer group by almost one year. His speech is intelligible, however there are delays in his conversational language development. His IQ scores indicate at least average intellectual ability.

Danny has attended school in the general education classroom in his local district participating in the general education curriculum. Due to academic delays, Danny was referred to the school Student Assistance Team mid-way through first grade. At the time, the staff decided to provide in-class assistance for Danny. To assist Danny, the teacher assigned him to a peer-tutoring group. She also had him sit near the front of the class and worked with him one on one when possible in reviewing assignments.

The teacher is now seeing acting out behaviors of resistance and noncompliance. Danny is not attending to his work as well as he was in the beginning of the school year. She has referred him for special education.

IEP team discussion:

Does Danny have a HEARING IMPAIRMENT?

1. Does the child have a significant impairment in hearing documented by a licensed audiologist?

Danny has an audiological evaluation documenting a permanent profound hearing loss in his right ear. The most recent audiological evaluation was completed 6-months prior to his referral for special education. Danny also has a chronically fluctuating hearing loss in his better ear. His mother has submitted documentation of a history of ear infections along with its impact on his hearing in the left ear. At the time of this referral, Danny has documentation of one ear infection this school year that impeded his hearing in the left ear. Over the last three years, Danny would experience 3-4 significant ear infections per year. Audiological evaluations have been completed for the last 2 years.

2. Does the impairment in hearing adversely affect the child's educational performance?

a. academic performance

Danny was referred to the school's Student Assistance Team during first grade due to his academic delays and his frustration with hearing classroom discussion. In the notes for this meeting, the kindergarten teacher also noted distractible behaviors and lack of attention to class discussion. In addition, she noted some fighting with other students which seem to occur because of misunderstandings. Danny is now at least one year behind in his reading with comprehension and shows more and more moodiness as well as reluctance to focus while in school.

Danny has poor decoding skills that impact his reading abilities. He has an IQ in the normal range, yet his academic functioning is now about one year behind that of his peers.

b. speech perception and production

Danny demonstrates greater fatigue in the afternoons which seems to impact his ability to focus and listen in the classroom. His speech also tends to take on a 'lazy speech' patterns.

c. language and communication

Danny is a bright, inquisitive boy with many questions. He is frustrated when he misunderstands or is unable to clearly hear what is being said in the classroom. While his expressive language is typical of his peers, his confidence in his ability to function within a group is less mature. Danny does not have the strategies needed to ask for clarification of information or for determining when he has not understood through listening alone.

His self-esteem is lower this year than in past years that seems to be impacting his desire to participate in his education. He often plays alone on the playground and becomes easily frustrated when communicating with his peers.

Does Danny have a NEED FOR SPECIAL EDUCATION?

1. Does the student have needs that cannot be met in regular education as structured?

Yes. Danny needs auditory training and listening skills that support his ability to function within the classroom and when needed, self-advocate for assistance. His teacher needs assistance in understanding and meeting Danny's listening and communication needs.

2. Are there modifications that can be made in the regular education program to allow the student access to general education curriculum and to meet the educational standards that apply to all students?

Modifications needed include preferential seating, small group work, and audiological support including consideration of the use of an ALD to improve Danny's ability to listen with increased comprehension. He would also benefit from specialized instruction to assist in listening and decoding skills, then applying these skills to his reading. His delays and the pattern of increased delays coupled with a normal IQ indicate the impact of his hearing impairment on his reading skill development as well as peer interaction.

3. Are there additions or modifications that the child needs which are not provided through the general education curriculum?

Yes. In addition to the general education curriculum, Danny needs one-on-one reading instruction. He also needs instruction in development of coping skills. Academic support is needed to rule out other possible factors that may lead to behavioral concerns.



Wisconsin Department of Public Instruction

ELIGIBILITY CHECKLIST

HEARING IMPAIRMENT

ELG-DHH-001 (Rev. 07-06)

This form is provided for local use only.

INSTRUCTIONS: This form is provided to assist school district individualized education program (IEP) teams in determining if a student appropriately can be determined to have an impairment under Chapter 115, Wis. Stats., and the eligibility criteria established in PI 11.36, Wis. Admin. Code. The IEP team should complete this form to document determination of eligibility for special education services and keep it on file with the student record.

Student Name	Date of Eligibility Determination
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Hearing impairment, including deafness, means a significant impairment in hearing, with or without amplification, whether permanent or chronically fluctuating, that significantly adversely affects a child's educational performance including academic performance, speech perception and production, or language and communication skills. A current evaluation by an audiologist licensed under Chapter 459 shall be one of the components for an initial evaluation of a child with a suspected hearing impairment. Criteria for an impairment in the area of hearing can be documented as follows:

Section I. SIGNIFICANT IMPAIRMENT Question *must be checked Yes.*

Yes No **Is there a significant impairment in hearing?** This means a significant permanent impairment in hearing **OR** a significant pattern of chronically fluctuating impairment in hearing documented by a licensed audiologist and observational data from the parents and teacher of the child.

Documentation:

Section II. ADVERSE AFFECT (*At least one must be checked Yes.*)

Does the impairment in hearing adversely affect the child's:

Yes No a. **educational performance including academic performance**

This means a significant adverse affect on **academic performance** such as phonic awareness, vocabulary general world knowledge, independent reading with comprehension, reading for information, etc.

Documentation:

Yes No b. **speech perception and production**

This means a significant adverse affect on **speech perception and production** including the ability to listen with comprehension to spoken messages in a variety of settings, and the ability to produce speech that is intelligible to others.

Documentation:

Yes No c. **language and communication skills**

This means a significant adverse affect on **language and communication skills** such as vocabulary comparable to age peers, general knowledge, ability to ask questions, apply information, communicate effectively with peers and adults in a variety of situations in order to have needs met, knows the nuances of communication exchange (manners), etc..

Documentation:

Need For Special Education

<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>1. Does the student have needs that cannot be met in regular education as structured? <i>If yes, list the needs below. Use reverse side or attach additional pages if needed.</i></p> <p><i>If no, there is no need for special education.</i></p>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>2. Are there modifications that can be made in the regular education program to allow the student access to general education curriculum and to meet the educational standards that apply to all students? (Consider adaptation of content, methodology and/or delivery of instruction.) If yes, A. <i>List modifications <u>that do not require special education</u>. Use reverse side of page or attach additional pages if needed.</i></p> <p><i>B. List modifications <u>that require special education</u>. Use reverse side of page or attach additional pages if needed.</i></p> <p><i>If no, go to question 3.</i></p>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>3. Are there additions or modification that the child needs which are not provided through the general education curriculum? (Consider replacement content, expanded core curriculum, and/or other supports.) <i>If yes, list below. Use reverse side of page or attach additional pages if needed.</i></p>
<p>In order for the IEP team to determine that the student needs special education, the IEP team must answer “yes” to question 1 <i>AND</i> list needs under 2B and/or 3</p>	