



Guidelines for the Assessment and Educational Evaluation of Students Who Are Deaf or Hard of Hearing

Based on *Ohio Operating Standards for the Education of Students With Disabilities, 3301-51-01-11, 21*

 **THE OUTREACH CENTER**
for Deafness and Blindness

This document is dedicated to all children who are deaf/hard of hearing (D/HH) and their families. Since 1829, Ohio has been committed to providing an education to children who are D/HH. The purpose of this guide is to ensure that all children who are D/HH develop lifelong skills to learn, grow, and experience a quality life.

This guide was developed to help educators use student assessment and evaluation information to assist parents as well as MFE, IEP, and Section 504 teams in determining how best to meet students' educational needs.

The Outreach Center for Deafness and Blindness (The Outreach Center; <http://deafandblindoutreach.org>) at the Ohio Center for Autism and Low Incidence (OCALI; <http://www.ocali.org>) would like to express a special gratitude to The Center for Deaf and Hard of Hearing Education in Indiana for their permission to revise and adapt their original document to meet Ohio's needs. We would also like to thank peer reviewers at the Cleveland Hearing and Speech Center, Nationwide Children's Hospital Hearing Program (Columbus), and Statewide Services at the Ohio School for the Deaf, who shared the vision of improving educational outcomes for children who are deaf and hard of hearing.

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FOREWORD

I grew up in an area of Ohio where I was fortunate enough to attend a public school that had a large mainstreaming program for students who were deaf and hard of hearing. As a result, as a young child I met and developed friendships with children who could not hear and who communicated primarily in sign language. Like many, I was intrigued by their language. I was intrigued by how similar the children were to me, yet unable to freely communicate with everyone in the room, their eyes full of wonder and excitement, just like mine. The biggest difference between us, as far as I could tell, was that they needed to rely on the voice of their sign language interpreters to translate their signs into spoken English when they wanted to ask a question, make a comment, or even joke with a classmate. I wanted to bridge that gap. Slowly, sign by sign, phrase by phrase, they taught me their language. They were very patient with me, and more than anything, they seemed thrilled to have a peer interested in taking the time to learn to communicate directly with them. For this, I am forever grateful.

As our friendships developed over the years, I spent time with some of these children outside of school and had the privilege of meeting their families. In each case, my deaf friends were the only members of their families with hearing loss. Indeed, most deaf and hard of hearing children are born to hearing parents. I learned at a very young age the challenges that deaf and hard of hearing youngsters face as a result of living not only in a hearing family, but also in a hearing world. No matter how they communicated – orally or manually, or a combination of both – they often were faced with obstacles. Depending on the friend, they would either shut down in the face of those obstacles or they would problem-solve and persevere until they overcame them. **Each child was unique in the way s/he handled a situation and in how equipped s/he was to do so.**

As I grew older, I came to appreciate the challenges their hearing parents had in raising these deaf children and how difficult it sometimes was to ensure that they were receiving the best education, language experiences, and social and work opportunities. Now, a pediatric neuropsychologist who specializes in working with deaf and hard of hearing children (regardless of communication modality), I am committed to helping families and schools put these things into place, meeting the individual needs of each child.

If you are sitting down to read these guidelines, it is likely that you too can appreciate that deaf children – even those who have a cochlear implant (or two) – are not the same as hearing children even when their hearing is amplified. Many assume that once a child has hearing aids or is implanted, the child is able to function and learn just like a typically hearing child. While this may be true for some children, there are many for whom it is not. **Children's development must be considered individually, carefully, and thoroughly. Their progress must be assessed within the context of their medical, developmental, and language histories.**

This includes such factors as how soon was the hearing loss identified; how severe is the loss and is it stable, fluctuating, or progressing over time? What communication modality is the family using and have they been able to fully commit to using that method with their child, learning communication strategies and, if necessary, the manual communication system their child is using? Moreover, the etiology or cause of a child's hearing loss can have varying – and profound – effects on other aspects of the child's development, and it is critical to consider and explore those in an informed manner.

In sum, there is much for evaluators to educate themselves about prior to assessing a child who is deaf or hard of hearing. The assessment process cannot be taken lightly, as it will determine the course of the child's education and creation of an intervention plan.

The purpose of these guidelines is to provide you with current best practices in the assessment of deaf and hard of hearing students. We hope that it will offer you answers to the most frequently asked questions, while also bringing critical issues to the forefront of your attention. Eliminating communication barriers when evaluating deaf and hard of hearing youngsters is a crucial starting point for developing rapport with each student before initiating an evaluation. It also is essential for collecting valid and reliable data that will successfully drive the development of an appropriate educational plan, but it is not the whole story.

We have delineated several facets of an educational evaluation that require careful consideration and planning. **Working collaboratively with professionals who have experience in evaluating deaf and hard of hearing students is a critical component of the assessment process.** Resources for the support of the assessment team are available on page 20 to facilitate collaboration and consultation on behalf of these children. Together, we can make a meaningful impact in the state of Ohio on the learning trajectory of our deaf and hard of hearing students, ensuring that we gain an accurate understanding of their cognitive, learning, and psychosocial needs through our evaluations. Ultimately, this will lead to the development of educational plans that meet each student's unique and personal needs.

Karen Burk Paull, Ph.D.
Pediatric Neuropsychologist
Cleveland Hearing and Speech Center



PREFACE

All children in the United States have the right to a free appropriate public education (FAPE) in their least restrictive environment (LRE) to succeed. An educational evaluation of a child's strengths and areas needing improvement provide professionals with the insight necessary to allow for that success to be reached.

The Universal Newborn Hearing Screening (UNHS) legislation enacted in 2000 created the opportunity for very early identification of hearing levels in infants, leading to earlier parent support and the development of communication and language, as needed. As a result of these efforts, many of the students who are D/HH, given appropriate early intervention services, are arriving in our schools with language and communication commensurate with that of their hearing peers. By contrast, prior to 2000, the average age of identification was 2.5 years of age, leading most educators to spend the early years focusing on closing a significant language gap. While not every student is identified early and begins receiving early intervention, that is our goal for all students.

The *Ohio Operating Standards for the Education of Children With Disabilities*, Ohio Administrative Code of Rules 3301-51-01 to 09 and 11, and 21, became effective on July 1, 2014. The *Ohio Operating Standards for the Education of Children With Disabilities* require traditional public schools and chartered community schools to adopt written policies and procedures regarding the education of students with disabilities (3301-51-02(A)). In addition, the Operating Standards allow districts to choose which method they will use to determine the existence of a specific learning disability and require districts to develop written procedures for the implementation of their chosen method (3301-51-06(H)(3)(f)).

The caveat is that many students who are D/HH do not perform as well as we would anticipate and will continue to need a comprehensive evaluation in order to develop specific, appropriate academic goals that are unique to each student. For some students, an additional concern, such as a specific learning disability or emotional challenges, interferes with the student's learning. Without looking at the student as a whole, academic and methodology decisions might be based solely on a child's audiogram and communication skills.

When making critical educational/programmatic decisions, parents and professionals need to consider the student's cognitive potential, thinking skills, preferred mode of communication, learning style, and academic abilities. In addition, the student's cultural background must also be considered. Consideration of all these is necessary in order to implement an individualized education program that allows the student to take advantage of his or her potential to learn, grow, and live the best possible life.

These Guidelines were developed in accordance with *Ohio Operating Standards for the Education of Children With Disabilities*, Ohio Administrative Code of Rules 3301-51-01 to 09 and 11, and 21. The Operating Standards may be found at <http://education.ohio.gov/getattachment/Topics/Special-Education/Federal-and-State-Requirements/Operational-Standards-and-Guidance/2014-Ohio-Operating-Standards-for-the-Education-of-Children-with-Disabilities.pdf.aspx>

The Ohio Operating Standards for the Education of Children (3301-51-01(B)(10)(d)(iii)(iv)(vi) provide definitions of disability terms: *deafness*, *deaf-blindness* and *hearing impairment*. For the purposes of this document, we adhere to the following definitions:

- “Deafness” means a hearing impairment that is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification that adversely affects a child’s educational performance.
- “Deaf-blindness” means concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational needs that they cannot be accommodated in special education programs solely for children with deafness or children with blindness.
- “Hearing impairment” means an impairment in hearing, whether permanent or fluctuating, that adversely affects a child’s educational performance but that is not included under the definition of deafness in this rule.

According to *Ohio Operating Standards for Students With Disabilities*, 3301-51-06(E)(3)(a-f), students are evaluated in all areas related to the suspected disability.

While some areas of assessment assist in identification for all students, for students who are D/HH, additional areas need to be considered during evaluations such as the following:

- Communication
- Vision
- Audiological
- Language (signed/spoken)
- Social/emotional
- Speech

These areas constitute a large part of the focus of this document. In order to determine if a student’s language and communication skills are commensurate with his or her cognitive abilities, especially for students identified early, information regarding cognitive potential is important. Because of the particularly high incidence (40-50%) of accompanying exceptionalities in this population, (Gallaudet Research Institute, 2005) it is especially important that attention be given to these areas. In addition, attention will be given in this document to how the general areas of assessment are administered and interpreted with respect to a student’s access to language, in order to truly reflect the student’s academic abilities.

The information that follows is a collection of suggestions for parents and professionals to use in determining what to include in an educational evaluation procedure along with best practices for administration.

Disclaimer: In this document, the term Deaf/hard of hearing (D/HH) will be used in an all-inclusive manner, to include students who may identify as Deaf, deaf, deafblind, deaf disabled, hard of hearing, late-deafened, and hearing impaired. We recognize that for many individuals, identity is fluid and can change over time or settings. We have chosen to use one term – deaf/hard of hearing – with the goal of recognizing experiences that are shared by all members of our diverse communities while also honoring all of our differences. (Inspired by the National Deaf Center on Postsecondary Outcomes; www.nationaldeafcenter.org) The term, ‘student’, which means any child who is deaf/hard of hearing from age 3-21.

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Bobbi Colatruglio, M.A., CCC-SLP
Speech Language Pathologist
Nationwide Children Hospital, Columbus

Molly Estes, M.A.
ASL Specialist
Ohio School for the Deaf

Susan McTyiere, AuD.
Educational Audiologist
Ohio School for the Deaf

Karen Paull, Ph.D.
Pediatric Neuropsychologist
Cleveland Hearing and Speech Center

Miranda Walker, M.A., CCC-SLP
Speech Language pathologist
Ohio School for the Deaf

Megan McShea, M.A., CCC-SLP
Speech Language Pathologist
Ohio School for the Deaf

EDUCATIONAL EVALUATION GUIDELINES

In looking at each student as a whole child and attempting to meet his or her unique needs, an individual education program (IEP) or a Section 504 Plan (504 Plan) is developed once eligibility has been established by the multifactorial evaluation (MFE) team. These results are available in the evaluation team report (ETR).

The forms may be found at <http://education.ohio.gov/Topics/Special-Education/Federal-and-State-Requirements/Ohio-Required-Forms>.

The following components provide information that will help the MFE team determine if the eligibility of deafness, hearing impairment, or deafblindness are met (OAC 3301-51-01 (B)(10) (d) (iii, iv,vi). As part of the educational evaluation process, the following interrelated variables should be considered:

Audiological Factors

- Age of onset
- Age of identification
- Age of full-time amplification
- Auditory skills and use of residual hearing
- Effectiveness of hearing technology
- Etiology of the hearing loss
- Type and degree of hearing loss

Behavioral Factors

- Attitudinal and motivational level
- Psychosocial behaviors

Communication Factors

- Augmentative communication devices; assistive technology
- Primary language
- Preferred mode of communication

Educational Factors

- Additional eligibilities or exceptionalities
- Attendance consistency and stability
- Early education (First Steps, preschool, etc.)
- Performance on curriculum-based assessments and measures

Social-Developmental-Medical Factors

- Family history, including home language, cultural factors, and hearing status of family members
- Genetic history
- Medical issues/concerns: risk factors (e.g., infections, syndromes & medical alerts), mental health, routine medications, etc.
- Parent knowledge and support
- Vision status



Family Engagement: Parental involvement during the educational evaluation process is critical. Parents are asked to provide information regarding the following components:

- Birth history and results of Universal Newborn Hearing Screening
- Medical and audiological histories
- Social and developmental history
- Mode of communication, home language, cultural factors
- Educational history (e.g., grades and portfolios)
- Description of the student's strengths, weaknesses, and interests
- Description of the student's temperament and behavior
- Other pertinent information
- Complete adaptive behavior or other inventories as requested



PERSONNEL CONDUCTING THE EDUCATIONAL EVALUATION

Personnel with an understanding of deafness will be able to provide the most reliable assessments, interpretation of the results, and recommendations for teams and families. Knowledge about current research, technological innovations, language and child development, diversity within the Deaf community, and resources for families and professionals will be meaningful to the child and the team. Personnel who have the necessary qualifications, as listed in the test manuals, and are skilled in administering the evaluation tools and in interpreting the results will ensure nondiscriminatory testing. Personnel administering evaluation tools in the student's native language or mode of communication will be able to provide the most reliable results. These considerations are essential when making collaborative and informed decisions about the student's educational needs.

Recommendations are based on the results of the evaluation as they relate to the impact of hearing on communication, language, literacy, social-emotional behaviors, and academic competency. An MFE may include the following licensed personnel, as appropriate:

- American Sign Language (ASL) specialist
- Educational audiologist
- Teacher of D/HH
- Early childhood specialist
- Educational consultant
- Occupational therapist
- Physical therapist
- School psychologist
- Social worker
- Speech-language pathologist

EDUCATIONAL EVALUATION DOMAINS

Auditory Abilities and Skills

The goals of the evaluation include confirmation of a suspected disability and determination of its potential educational impact. **This information will help guide planning for appropriate educational and classroom accommodations or modifications in order to promote auditory access to the curriculum and the environment to support learning.**

An assessment provides necessary information regarding the nature and degree of hearing, the student’s auditory perception skills and abilities, use and benefit from amplification and assistive technology, and specifics related to the student’s auditory and listening performance in the typical classroom. To ensure appropriate expectations, it is important to consider the student’s overall needs with respect to chronological age, age of full-time device use, and language and academic skills expected for same-aged peers. **Testing should be completed under ideal listening conditions as well as under simulated classroom conditions, and may include traditional sound-booth testing, classroom observation, and input from the student’s instructors.** The following is a guide for assessment; it is not an exhaustive list. Please refer to the Appendix for further information, including links to assessments tools.

Areas of Audiological Evaluation	
Areas of Assessment	Assessment Tools
Case history review	<ul style="list-style-type: none"> • UNHS (Universal Newborn Hearing Screening) results • Medical history, including pre-, peri-, and post-natal history • Family history • Additional risk factors for hearing loss • Therapeutic services • Educational history • Language use, exposure, and preference
Otoscopy	<ul style="list-style-type: none"> • Visual inspection of the structure of the outer ear, ear canal, and eardrum
Physiological assessment or objective measures of auditory system	<ul style="list-style-type: none"> • Emittance measure • Tympanometry • Acoustic reflexes • Otoacoustic emissions • Distortion product otoacoustic emissions (DPOAEs) • Transient evoked otoacoustic emissions (TEOAEs) • Auditory brainstem response (ABR) (not performed in schools; however, the results are pertinent) • Auditory steady state response (ASSR; not performed in schools; however, the results are pertinent)
Measures to determine nature and degree of hearing loss	<ul style="list-style-type: none"> • Pure-tone testing (air and bone conduction) • Speech awareness threshold (SAT) or speech detection threshold (SDT) • Speech reception threshold (SRT) • Supra-threshold word recognition testing

<p>Assessments of auditory function with amplification and assistive technology-speech perception</p>	<ul style="list-style-type: none"> • Emerging auditory perception skills • Ling Seven Sound Test (detection and recognition) • Early Speech Perception (ESP) test <ul style="list-style-type: none"> – Standard Version – Low Verbal Version • Environmental sound recognition tests <ul style="list-style-type: none"> – Sound Effects Recognition Task – Familiar Sounds Test • Word recognition • Northwestern University Children’s Perception of Speech Test (NU-CHIPS) • Word Intelligibility by Picture Identification (WIPI) • Phonetically Balanced Kindergarten (PBK-50) • Northwestern University Auditory Test (NU-6) • Lexical Neighborhood Test (LNT) • Multisyllabic Lexical Neighborhood Test (MLNT) • Speech Recognition for Phrases and Sentences • Mr. Potato Head Task • Common Objects Token (COT) test • Common Phrases Test • CID W-22 Everyday Sentences • Pediatric Speech Intelligibility Test (PSI) • Bamford-Kowal-Bench Speech in Noise Test (BKB-SIN) • QuickSIN • Hearing in Noise Test (HINT) • Hearing in Noise Test-Children (HINT-C) • Functional Listening Evaluation (FLE; performed in classroom)
<p>Auditory Performance and Developmental Checklists</p>	<ul style="list-style-type: none"> • Early Listening Function (E.L.F.) • Children’s Home Inventory of Listening Difficulty (CHILD) • Children’s Auditory Performance Scale (CHAPS) • Functional Auditory Performance Indicators (FAPI) • Infant-Toddler Meaningful Auditory Integration Scale (IT-MAIS) and Meaningful Auditory Integration Scale (MAIS) • Listening Inventory for Life-Revised (L.I.F.E.-R) • Screening Instrument for Targeting Education Risk (S.I.F.T.E.R.) • Preschool/Secondary

<p>Verification and validation of hearing technology</p>	<ul style="list-style-type: none"> • Visual inspection • Listening check • Electroacoustic analysis of technical function • Device alone and device coupled with FM technology • Test box verification of special features (noise suppression, transposition, directional microphones, etc.) • Real-ear or simulated real-ear measurements • Speech Intelligibility Index (SII) • Validation instruments • Children’s Outcomes Worksheet (COW) • Client Oriented Scale of Improvement (COSI) • LittleEars Auditory Questionnaire • Parents’ Evaluation of Aural/Oral Performance in Children (P.E.A.C.H.)
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Communication Evaluation

A communication evaluation includes signed, spoken, and/or written language, as deemed appropriate for the student. It consists of formal and informal testing and gathering of information in the following areas:

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- Prosodic features: intonation, pitch, rhythm, and stress
- Voice quality, including nasality
- Intelligibility of connected speech
- Semantic and grammatical accuracy
- Pragmatics/discourse
- Self-advocacy and independence with communication
- Cognitive academic language proficiency (CALP)
- Thinking and reasoning skills



The student’s performance on the spoken communication evaluation provides information about his or her ability to benefit from amplification or other assistive listening technology, and indicates whether the student needs added support such as sign, or a combination of supports. This evaluation may also include an informal assessment of the student’s ability to care for and maintain his/her hearing aids, cochlear implants, or other assistive listening device.

Interpretation: Using item analysis tools and test interpretation will provide valuable supplemental information. Deciphering whether error patterns are due to hearing loss, language delay, or disordered development will help to guide therapy goals and techniques used. It may be beneficial to use tests that are standardized on a younger population than the student you are evaluating. Being able to find the student’s current level of functioning to establish their zone of proximal development for goals and treatment planning.

The following list of instruments for the evaluation of speech and language skills is intended to serve as a guide; it is not an exhaustive list.

Areas of Assessment	Assessment Tools
<p>Auditory perception: the ability to recognize and understand what is heard</p>	<ul style="list-style-type: none"> • Auditory Discrimination and Lip Reading Skill Inventory • Informal receptive modes assessment <p>Note: Many auditory perceptual skills are not appropriately assessed with a one-time assessment measure but should be monitored through ongoing intervention and tracking tools</p>
<p>Articulation and speech production: the ability to (a) form and produce words or signs accurately and (b) improve production with feedback, including prosodic features (i.e., intonation, pitch, rhythm, and stress), voice quality (including nasality), and intelligibility of connected speech</p>	<ul style="list-style-type: none"> • Khan-Lewis Phonological Analysis, 3rd Edition • Kaufman Speech Praxis Test for Children • Auditory Perception Test for the Hearing Impaired (APT/HI)
<p>Semantics: vocabulary mastery and the ability to understand the multiple meanings and basic concepts, both receptively and expressively. May also include comprehension of situational concepts and contexts</p>	<ul style="list-style-type: none"> • Clinical Evaluation of Language Fundamentals, Preschool (CELF-P) Edition • Cottage Acquisition Scales for Listening, Language and Speech • Kaufman Speech Praxis Test for Children • Goldman Fristoe Test of Articulation, Third Edition • CELF-Fifth Edition Subtests • Expressive and Receptive One Word Picture Vocabulary Acquisition • Preschool Language Scale 5
<p>Syntax: receptive and expressive abilities to use word order and morphemes to create grammatically correct sentences</p>	<ul style="list-style-type: none"> • Clinical Evaluation of Language Fundamentals, Preschool (CELF-P) Edition • Cottage Acquisition Scales for Listening, Language and Speech • Language sample • Clinical Evaluation of Language Fundamentals-5
<p>Pragmatics and discourse: the ability to (a) use language for self-advocacy and independence and (b) hold a socially appropriate conversation at both a basic interpersonal level and an abstract, complex level</p>	<ul style="list-style-type: none"> • CELF-P • Clinical Evaluation of Language Fundamental Pragmatic Checklist • Functional Communication Profile Revised (age 3-adult)

<p>Thinking and reasoning: the ability to use language to reason solutions, solve problems, and perform other executive function skills, including, but not limited to, organization, abstract concepts, humor, planning, attention, and memory</p>	<ul style="list-style-type: none"> • Adolescent Test of Problem Solving • Language sample analysis • Listening Comprehension Test 2 • Preschool Language Scale 5 • Ross Information Processing Evaluation, Primary and 2 • Test of Adolescent and Adult Language • Test of Auditory Processing and Reasoning Skills-3 • Test of Early Language Development • Test of Language Competence, Level 1 and Level 2 • Test of Language Development, Primary, Fourth Edition (TOLD-O:4) and Test of Language Development Intermediate, Fourth Edition (TOLD: I-4) • Test of Narrative Language • Test of Problem Solving • Test of Written Language-4 • Wiig Assessment of Basic Concepts • Woodcock-Johnson Tests of Achievement, Third or Fourth Edition (WJ-III or IV ACH) • Written language samples
<p>American Sign Language (ASL): a visual-spatial language used in the United States and Canada. Linguistic information is conveyed by the movement of hands and non-manual signals received through the eyes and processed in the language areas of the brain. ASL has its own rules of grammar, phonology, morphology, semantics, syntax, and pragmatics.</p>	<ul style="list-style-type: none"> • ASLRST: American Sign Language Receptive Skills Test • ASL and Nonlinguistic Perspective Taking Comprehension Tests • ASLAI: Assessment Instruction, provided by Boston University • Visual Communication and Sign Language Checklist for Deaf/Hard of Hearing Children (VCSL) <p>Note: Although the following tests are normed on hearing children, if given by an ASL specialist, they can provide useful information about a student's sign language:</p> <ul style="list-style-type: none"> • Language Processing test (LPT) • The Listening Comprehension Test 2 • Test of Narrative Language (TNL) • The Test of Problem Solving (TOPS 3/TOPS 2 Adolescent) • Wiig Assessment of Basic Concepts (WABC)

Psychological Evaluation

A psychological evaluation includes testing domains of human development and learning (i.e., cognitive, achievement, adaptive behavior, emotional, social, behavior, language, and perceptual-motor) within a collaborative, data-base, framework http://www.intensiveintervention.org/sites/default/files/DBI_Framework.pdf and National Association of School Psychologists. (2012). Students who are deaf or hard of hearing and their families [Position statement]. Bethesda, MD: Author.) respecting diversity of student strengths, needs, learning styles and cultures.

Standardized instruments provide information about the student's skills and abilities compared to those of hearing peers. **It is important to consider the results of standardized tests in conjunction with other evaluation information (e.g., criterion-referenced educational evaluation, portfolio educational evaluation) when developing the student's IEP in order to have a complete picture of the whole student 's abilities.** In addition to academic achievement testing for initial and additional evaluations, students who are deaf/hard of hearing should also participate in any age-appropriate statewide and local educational evaluation programs unless they qualify for alternative forms of testing as determined by established criteria (<http://education.ohio.gov/Topics/Testing/Ohio-English-Language-Proficiency-Assessment-OELPA/Ohios-Alternate-Assessment-for-Students-with-Sign>).

The following is a brief description of the various domains assessed as part of a psychological evaluation.

If a student is delayed in any area, a test of *intellectual functioning* may be conducted as part of the evaluation, if deemed appropriate by the team. **An educational evaluation of visual perceptual skills is of great significance for a student who relies heavily on the visual channel for communication. Early identification of areas of weakness in this domain is important. Areas evaluated may include visual discrimination, visual memory, visual-motor integration, visual figure-ground, visual closure, and spatial relations. For example, students who acquire language through American Sign Language, rely on visual processing abilities and accurate information about these abilities will help guide decision making.**

Adaptive behavior rating scales may be used for students who are D/HH for initial eligibility referrals as well as for those who are very young or have multiple disabilities. Areas evaluated may include self-help skills, daily living skills, independent functioning, and communication and social skills.

Communication problems can impact personality development and social/emotional adjustment. **Social-emotional maturity is a major component of the educational evaluation process for a student who is D/HH because emotional factors have a direct influence on the learning behavior.** Social-emotional evaluations address self-image, social/interpersonal skills, emotional adjustment, and lifestyle expectations.

An evaluation of *visual-perceptual motor skills* may be especially significant for students who are D/HH, as etiologies such as meningitis, rubella, and neurologically based hearing levels may result in vestibular damage affecting equilibrium, body awareness, and visual-motor functioning. If a student is referred for a comprehensive motor evaluation, it should be conducted by an occupational therapist or a physical therapist. Areas evaluated typically include both fine- and gross-motor skills.

If one or more of the following symptoms are noted, screening for Usher Syndrome is strongly recommended in addition to other testing:

- Balance problems
- Decreased night vision
- Gradual loss of visual field
- Profound hearing levels from birth with balance problems
- Moderately-severe hearing levels from birth with normal balance
- Normal hearing at birth with progressive loss of hearing beginning in childhood or the early teen years

Follow-up with qualified medical professionals is needed to establish deaf-blind eligibility for appropriate programming.

The following is not an exhaustive list, and only select subtests from the tests are deemed appropriate for specific students.

Areas of Psychological or IQ Assessment	
Areas of Assessment	Assessment Tools
Cognitive/Intellectual	<ul style="list-style-type: none"> • Comprehensive Test of Nonverbal Intelligence II (CTONI-2) • Leiter International Performance Scale, 3rd Edition (Leiter-3) • Wechsler Adult Intelligence Scale, Fourth Edition (WAIS-IV) • Wechsler Intelligence Scale for Children, Fourth Edition (WISC-IV) • Wechsler Preschool and Primary Scale of Intelligence, Fourth Edition (WPPSI-IV)
Developmental (birth to 3)	<ul style="list-style-type: none"> • Bayley Scales of Infant Development III • Bracken Concept Scale – Third Edition
Adaptive Behavior (required for initial eligibility for D/HH)	<ul style="list-style-type: none"> • Adaptive Behavior Assessment System, Second Edition (ABAS-II) • Vineland Adaptive Behavior Scales, Third Edition
Social/Emotional	<ul style="list-style-type: none"> • Behavior Assessment System for Children – Third Edition (BASC-3) • Conner’s Rating Scales – Third Edition • Devereux Scales of Mental Disorders • Matson Evaluation of Social Skills – D/HH Version • Minnesota Multiphasic Personality Inventory – Adolescent (MMPI-A) • Piers-Harris Children’s Self-Concept Scale, Second Edition
Social/Emotional Projective Assessments (type of procedure where the psychologist is interpreting responses to determine alternate meanings and develop hypotheses about a person’s psychological functioning)	<ul style="list-style-type: none"> • Children’s Apperception Test • Drawing Projective Tests (e.g., House-Tree-Person, Kinetic Family Drawing) • Roberts Apperception Test • Thematic Apperception Test
Visual Perceptual Skills	<ul style="list-style-type: none"> • Beery-Buktenica Developmental Test of Visual-Motor Integration, Sixth Edition (VMI) • Bender Visual Motor Gestalt II • Test of Visual Perceptual Skills – Third Edition (TVPS-3)

Pre-Academic/Academic Skills

Assessment of pre-academic skills, or a developmental evaluation of readiness skills (e.g., visual discrimination skills, identification of letters and numbers, identification of body parts, matching, predicting, sorting, and basic concepts) is important for developing IEP goals and objectives and for determining whether the student has needed foundational skills on which to build further academic instruction.

Achievement, or an evaluation of academic skills should provide information regarding the student’s present level of functioning. This may include formal, standardized evaluations of student’s skills as well as a review of academic progress in their current program and documentation of previous assessment data as pertinent to the current referral.

The results of the pre-academic/academic skills assessment help the educational team decide whether to develop a 504 Plan or an IEP for the student. The criteria for identification, eligibility, appropriate education, and due process procedures vary between Individual with Disabilities Education Act (<https://sites.ed.gov/idea/>) and Section 504 (<https://www2.ed.gov/about/offices/list/ocr/504faq.html>). It is important for the educational team to understand the differences and the effects they can have on the program being developed for the student (deBettencourt, 2002). The 504 Plan addresses only the accommodations being provided and monitored by personnel assigned by the 504 team. The IEP addresses direct services and parental participation and provides ongoing monitoring of the student’s progress.

Pre-Academic/Academic Skill Assessments	
Areas of Assessment	Assessment Tools
Pre-Academic/Academic (required for initial eligibility for D/HH)	<ul style="list-style-type: none"> • Brigance Inventory of Early Development – Revised (selected tests) • Bracken Basic Concepts Scale, Third Edition – Expressive • Bracken Basic Concepts Scale, Third Edition – Receptive • Kaufman Test of Educational Achievement – Third Edition (KTEA-III) • Wechsler Individual Achievement Test, Third Edition • Woodcock-Johnson Tests of Achievement – Fourth Edition (WJ-IV) • Gray Silent Reading Test • Oral and Written Language Scales, Second Edition (OWLS-II) • STAR Early Literacy, Reading and Math

Collaborative Play-Based Assessment

For young children who are transitioning into preschool (such as early intervention (birth to 3) to preschool age 3) or are of preschool age, a thorough evaluation of their skills is important prior to developing an educational program for them. **This evaluation is best conducted by the Multifactorial Evaluation team in collaboration with a teacher of the deaf/early intervention specialist/service provider who is proficient in the student’s primary language or mode of communication** (see the following for the importance of this issue).

TESTS ADMINISTERED IN THE PRIMARY LANGUAGE AND PREFERRED LANGUAGE MODE

To obtain a true measure of a student's achievement and abilities, assessment instruments must be administered in the student's primary language and preferred mode of communication – whether signed or spoken (with or without the support of signs or cues). At the same time, it is important to recognize that the nature of some tasks may be altered when using the student's primary language. For example, instructions provided in ASL may inadvertently demonstrate *how* to solve the types of problems presented, rather than simply stating *what* is expected. Therefore, if demonstration and/or elaboration (which is sometimes inherent in ASL) is provided, it is important that examiners try to minimize this kind of effect while administering a measure.

The same is the case when working with an interpreter. For example, if using an interpreter during the assessment of verbal and language-comprehension abilities, several challenges may arise, including errors in translation from examiner to student and vice versa, accidental sharing of answers with the student while translating test directions, and inadvertently disclosing answers through iconic signs (e.g., "show me the picture 'drinking'" – the sign for drinking looks like one is holding a glass up to one's lips, drinking). Moreover, test translations can result in significant changes in the underlying psychological constructs assessed by the translated version, altering test validity and possibly resulting in errors leading to invalid results.

Ensuring that the interpreter understands the nature of each test before helping to translate it may help prevent some of these issues. **For example, evaluators should review the manual of each test being administered with the interpreter prior to the assessing the students.** Some manuals include suggestions for how best to modify a given test and, therefore, should be reviewed for best practices (for example, language accessibility for the students who are D/HH) on providing assessments and educational evaluations to the students who are deaf/hard of hearing.

Formerly, best practices recommended administering only nonverbal tests to students who are D/HH due to concerns about validity. However, it is critical to obtain a complete picture of a student's functioning and to include language-based assessment. Whether to include this information as part of the documentation of IQ/cognitive functioning should be determined thoughtfully and on a case-by-case basis, with decisions guided by the level of a student's language development. Regardless, measurement of a student's language-based processing provides a helpful indicator of expected academic achievement. Finally, it is important to recognize that manually coded English systems, such as signing exact English, cued speech, and visual phonics are not considered forms of language. Rather, they are systems expressing the phonemes, morphemes, and/or grammar of spoken English.

While it is important that assessment of students who are D/HH be conducted by personnel who knows the student's primary language is preferable to the use of an interpreter for the reasons outlined above, we recognize the reality in today's educational environments that there is a shortage of qualified personnel. In the absence of sufficient resources, therefore, it is important that the MFE teams and others who are involved in testing students who are D/HH take into consideration the issues discussed above and try to minimize them to the greatest extent possible.



Language/Communication Mode

How a family and their child will communicate is a critical decision. A comprehensive assessment, including audiological test results, and an in-depth language evaluation play a major role in providing information to guide informed decision making in this area.

The American Speech-Language-Hearing Association (ASHA) defines language as a complex and dynamic system of conventional symbols that is used in various modes for thought and communication (<http://www.asha.org/policy/RP1982-00125/>). For students who are D/HH, the communication mode used to express their language of choice can be manual, oral, or a combination, such as signing, cued speech, visual phonics, augmentative and alternative communication, signing exact English, and total communication. When considering these options during the evaluation process, the following questions may prove helpful:

- Spoken Language (English): Will the student’s hearing levels (with or without hearing technology) enable complete access to learning the language through audition in a manner and timeframe that allows for communicative competence, basic interpersonal communication, and cognitive academic language proficiency?
- Manual Language (ASL): Will American Sign Language enhance a student’s communicative competence and potential to develop basic interpersonal communication skills and cognitive academic language proficiency?
- Visual Support/System: Will providing visual system/access (signing exact English, cued speech, and visual phonics) to auditory language provide the student access to auditory language?

When evaluating students who are D/HH, it is imperative to consider the child’s language and communication needs, opportunities for direct communications with peers and professional personnel in the student’s language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the student’s language and communication mode as well as the need for assistive technology devices and services (Ohio *Operating Standards for the Education of Children With Disabilities*, 3301-51-07 (L)(1)(b)(iv)) (iv-v)).

To help in this effort, the Communication Plan is a tool that provides guidance in determining the student’s primary language(s) and communication modes as a means of providing environmental accessibility in the student’s educational settings. When a student has been determined eligible for special education services, the Communication Plan worksheet may be included with the MFE team assessment report (ETR).

Language Options	Communication Modes
ASL, English	Manual
English	Spoken
English	Cued speech
English	Visual phonics
English, ASL	Assistive and augmentative communication (AAC; pics, symbols, voice output)

RESOURCES AND SUPPORT FOR ASSESSMENT TEAMS

The Outreach Center for Deafness and Blindness at OCALI (The Outreach Center; <http://deafandblindoutreach.org>) provides resources for school districts, families, and communities serving students who are D/HH or blind/visually impaired. The goal of the Outreach Center is to increase access and equity for students, families, and communities through connections, resources, and supports as a means of supporting students where they are, with what they need, when they need it to learn, grow, and live their best possible lives.

For education teams seeking assistance or direct support with assessments for students who are D/HH, the Ohio Department of Education offers direct support through the Statewide Services Assessment Team located at the Ohio School for the Deaf (<http://www.ohioschoolforthe deaf.org/en-us/statewideservices.aspx>).

Appendix I

GLOSSARY

This glossary is included to provide clear definitions and descriptions of the terms used in the educational evaluation of children who are D/HH.

Acoustics: pertaining to sound, the sense of hearing, or the science of sound.

Acoustic room treatment: the use of sound-absorbing materials (such as carpet and acoustical tile) to reduce ambient room noise and improve the signal-to-noise ratio, thus enhancing the usefulness of hearing aids, cochlear implants, and other types of amplification.

Acquired hearing loss: a hearing loss that is not present at birth; sometimes referred to as an “adventitious loss.”

Air conduction (AC): sound from the air delivered through the ear canal, the eardrum, and middle ear to the inner ear.

Ambient noise: background noise that competes with the main speech signal.

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

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

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

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

Auditory neuropathy spectrum disorder (ANS): a variety of hearing loss in which the outer hair cells within the cochlea are present and functional, but sound information is not consistently transmitted to the brain by the auditory nerve, resulting in a dyssynchronous signal to the brain.

Auditory/oral: a communication methodology that encourages children to make use of the hearing they have (residual hearing) through the use of appropriate technology (e.g., hearing aids, cochlear implants, FM systems) and therapeutic intervention. In this approach, children are taught to listen and speak.

Auditory training: the process of training a person to use his or her amplified residual hearing for the recognition, identification, and interpretation of sound

Aural habilitation/rehabilitation: training designed to help an individual with elevated hearing levels to make productive use of amplified residual hearing that may or may not include training in speechreading/lip reading.

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

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

Bilingual: being fluent in two languages; for some deaf children, this includes the use of ASL and English.

Bone conduction: sound received through the vibration of the bones of the skull.

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

Captionist: the person who provides real-time captioning for a student using either C-Print or CART (see below).

CART (communication access realtime translation): instantaneous verbatim (word-for-word) translation of the spoken word into English text using a stenotype machine, notebook computer, and real-time software with a display of the text on a laptop computer, monitor, or screen.

Central auditory processing disorder (CAPD): a condition typically associated with normal hearing levels that affects the ability to decode the sounds a person hears. CAPD appears to result from a dysfunction in part of the brain that process sound. It differs from ANSD (see above) in that the latter is a result of the auditory nerve delivering sound to the brain inconsistently.

Cochlear implant: an electronic device surgically implanted to stimulate nerve endings in the inner ear (cochlea) in order to receive and process sound signals to send to the brain via the auditory nerve.

Conductive hearing loss: difficulty for sound to be “conducted” to the nerves in the inner ear caused by a problem in the outer or middle ear. The amount of loss depends on the nature of the cause of the sound conduction issue.

Configuration of loss: the amount of hearing loss at each frequency (pitch) and the overall picture of hearing that is created on an audiogram (see above).

Congenital hearing loss: a hearing loss that is present at birth or that is associated with the birth process or that develops in the first few days of life.

Cued speech: a phone-based system that makes traditionally spoken languages accessible by using a small number of handshapes, known as cues (representing consonants), in different locations near the mouth (representing vowels), as a supplement to speechreading.

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

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

Deaf community: the community of people whose primary mode of communication is ASL and who share a common identity, a common culture, and a common way of interacting with each other and the hearing community.

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

Degree of hearing loss: the severity of hearing loss, typically divided into seven categories. The numerical values are based on the average of the hearing levels at three frequencies, 500 Hz, 1000 Hz, and 2000 Hz, in the better ear, without amplification. Some people use slightly smaller or slightly larger numbers for each of the following categories:

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

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

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

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

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

Frequency: the number of vibrations per second of a sound. Frequency, expressed in Hertz (Hz), determines the pitch of sound.

Gesture: movement of any part of the body to express or emphasize an idea, an emotion, or a function. Gestures are not part of a formal communication system.

Hard of hearing: an individual with partial ability to hear who may communicate via sign language, spoken language, or both.

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

Intensity: the loudness of a sound measured in decibels (dB).

Interpreter or transliterator for the deaf: a person who facilitates communication between hearing and deaf or hard of hearing persons through the interpretation of English into a signed language (e.g., ASL), the signed language into English, or the transliteration of a language into a visual/phonemic code by an oral interpreter or cued speech interpreter. A special kind of interpreter, the educational interpreter, specializes in classroom interpreting.

Intervener: an individual with knowledge and skills in the mode of communication of a student who is deafblind who can communicate to the student what is occurring in the educational setting.

Language: the comprehension (receptive) and/or use (expressive) of a spoken, written, and/or other signed (e.g., ASL) language.

- ASL is a visual-spatial language used in the United States and Canada. The linguistic information is processed through the eyes and conveyed by the movement of the hands and non-manual signals. ASL has its own rules of grammar, phonology, morphology, semantics, syntax, and pragmatics.
- Spoken and written language and their associated components are each a synergistic system comprised of individual language domains (phonology, morphology, syntax, semantics, pragmatics) that form a dynamic integrative whole (Berko Gleason, 2005).

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

Mixed hearing loss: a hearing loss that has a combined conductive and sensorineural component.

Morpheme: a linguistic unit of relatively stable meaning that cannot be divided into smaller meaningful parts.

Ophthalmologist: a physician specializing in the treatment of diseases of the eye.

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

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

Otologist: a physician who specializes in the medical conditions of the ear.

Pragmatics: the appropriateness of language given the particular situation, speaker, and audience.

Progressive vs. sudden hearing loss: a progressive hearing loss is one that has decreased over time, such as a hearing loss resulting from a tumor on the auditory nerve, ototoxicity, or enlarged vestibular aqueduct syndrome (EVAS). A sudden hearing loss is one that has an acute or rapid onset and, therefore, occurs quickly, possibly caused by head trauma or a virus.

Residual hearing: the amount of usable hearing available for amplification purposes.

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

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

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

Signal-to-noise ratio: the difference in the intensities of the speech signal (e.g., the teacher's voice) and the ambient (background) noise

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

Speech perception: the ability to recognize speech stimuli presented at supra-threshold levels (levels loud enough to be heard).

Speech intelligibility: the ability to understand speech (assessment); the ability to be understood when using speech (expressive).

Speech and word recognition: the ability to understand what is being spoken.

Syntax: defines the word classes of language (i.e., nouns, verbs, etc.) and the rules for their combination (i.e., which words can be combined, and in what order, to convey meaning).

Standards: grade-level expectations for students. Content standards are designed to encourage the highest achievement of every student by defining the knowledge, concepts, and skills that students should acquire at each grade level.

Symmetrical vs. asymmetrical hearing loss: symmetrical hearing loss means that the degree and configuration of the hearing loss are the same/similar in each ear. An asymmetrical hearing loss is one in which the degree and/or configuration of the loss is different in each ear.

Transition: this term is used in two situations. The first is when students are moving into the school system at age 3. The other use is for a coordinated set of activities that may address, among others, the assessment, planning process, educational and community experiences for youth with disabilities as they turn age 14. The intent of transition is to create opportunities for youth with disabilities that result in positive adult outcomes, including raising expectations, assessing interests, utilizing community supports, becoming involved in school and community activities, and fostering leadership development.

Unilateral hearing loss: may be a mild to profound loss of hearing in one ear. May adversely affect educational progress.

Appendix II

ADDITIONAL RESOURCES

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Communication Planning Guide for Students Who Are Deaf or Hard of Hearing

Appendix III

THE COMMUNICATION PLAN

Student Name: _____

Date of Birth: _____

Introduction

Communication and language are the foundations of learning. Students in an educational setting who are deaf/hard of hearing access communication in a variety of ways. It is important for teams, including students and families, to gather and share information about a student's language, communication, and access. This Communication Plan is a tool that can help facilitate a meaningful discussion as team members embark on this decision-making process.

A series of laws pertain to special education and, specifically, students who are deaf/hard of hearing. These include the Individuals With Disabilities Education Act (IDEA), Section 504 of the Rehabilitation Act of 1973, and Title II of the Americans With Disabilities Act (ADA). In addition, in November 2014, the U.S. Department of Justice and the U.S. Department of Education issued the document "Frequently Asked Questions on Effective Communication for Students With Hearing, Vision, or Speech Disabilities in Public Elementary and Secondary Schools" (DOJ-DOE FAQ). This document reflects many of the questions parents, families, teachers, service providers, and administrators may have regarding the communication needs of students who are deaf or hard of hearing.

The Communication Plan, organized into five sections, incorporates effective communication guidance for IEP teams: Language and Communication Modality, Auxiliary Aids and Services, Expanded Support Services, Continuous Communication Access, Least Restrictive Environment and Placement Services. Careful consideration of each aspect of this plan will allow teams to feel confident as they plan for successful and meaningful communication access for students in the educational setting.



"Consider the communication needs of the child, and in the case of a child who is deaf or hard of hearing, consider the child's language and communication needs, opportunities for direct communications with peers and professional personnel in the child's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the child's language and communication mode" (*Operating Standards for the Education of Children with Disabilities*, 3301-51-07 (L)(1)(b)(iv).

1A. The child's/student's primary language is one or more of the following:

Check all that apply.

Expressive	Receptive	
<input type="checkbox"/>	<input type="checkbox"/>	English
<input type="checkbox"/>	<input type="checkbox"/>	American Sign Language
<input type="checkbox"/>	<input type="checkbox"/>	Other native language (Spanish, Somali, etc.); specify the language _____ Is that language spoken or signed? specify _____
<input type="checkbox"/>	<input type="checkbox"/>	Combination of several languages
<input type="checkbox"/>	<input type="checkbox"/>	Minimal language skills, no primary language Comments:

1B. The child's/student's primary communication mode is one or more of the following.

Check all that apply and if more than one applies, explain.

Expressive

- | | |
|--|---|
| <input type="checkbox"/> Spoken language | <input type="checkbox"/> Cued Speech/Cued English |
| <input type="checkbox"/> Fingerspelling | <input type="checkbox"/> Gestures |
| <input type="checkbox"/> Tactile/objects | <input type="checkbox"/> Picture symbols/pictures/photographs |
| <input type="checkbox"/> Home signs | <input type="checkbox"/> Manually coded English (Signing Exact English, etc.) |
| <input type="checkbox"/> American Sign Language | <input type="checkbox"/> Conceptual signs (e.g., Pidgin Signed English, Conceptually Accurate Signed English) |
| <input type="checkbox"/> Other: please explain Comments: | |

Receptive

- | | |
|--|---|
| <input type="checkbox"/> Auditory | <input type="checkbox"/> Cued Speech/Cued English |
| <input type="checkbox"/> Speechreading | <input type="checkbox"/> Gestures |
| <input type="checkbox"/> Tactile/objects | <input type="checkbox"/> Picture symbols/pictures/photographs |
| <input type="checkbox"/> Home signs | <input type="checkbox"/> Manually Coded English (Signing Exact English, etc.) |
| <input type="checkbox"/> American Sign Language | <input type="checkbox"/> Conceptual signs (e.g., Pidgin Signed English, Conceptually Accurate Signed English) |
| <input type="checkbox"/> Other: please explain Comments: | |

SECTION

2

AUXILIARY AIDS AND SERVICES

“The school must honor the individual’s choice unless the school can prove that an alternative auxiliary aid or service provides communication that is as effective as that provided to students without disabilities and affords an equal opportunity to participate in and benefit from the service, program, or activity” (DOJ-DOE FAQ, p. 9).

2A. Does the student require auxiliary aids and services, such as qualified interpreters, notetakers, transcription services, etc., to achieve communication that is as effective as communication for individuals without disabilities? [ADA Title II 28 C.F.R. 35.104(1)] (DOJ-DOE FAQ, p. 7).

Yes

Please explain how the IEP team is ensuring the student is receiving communication that is as effective as what nondisabled peers are receiving and specify what auxiliary aids and services the student is receiving.

No

By answering no, you are indicating that the school can demonstrate the particular auxiliary aid or service (please list below) is not needed or would result in a fundamental alteration in the nature of a service, program, or activity or in undue financial and administrative burdens, and the school must provide a written statement of the reasons for reaching that conclusion and provide a satisfactory alternative auxiliary aid or service (ADA Title II 28 C.F.R. 35.164, DOJ-DOE FAQ, pp. 12-13).

2B. Are the auxiliary aids and services provided by the school primarily based on the preference of the student with disabilities, or his/her parents/guardian? (DOJ-DOE FAQ, p. 19).

Yes (continue to Question 3) Comments:

No (Stop here and discuss with the student and/or guardians their preference for primary language and primary communication mode.)

Comments:

2C. Are the auxiliary aids and services provided in a timely manner? [ADA Title II 28 C.F.R. 35.160 (b)(2)].

Yes

No

If no, please explain why aids and services have not been provided in a timely manner:

SECTION

3

EXPANDED SUPPORT SERVICES

Consider opportunities for direct* communication with peers and professional personnel and opportunities for instruction in the child’s/student’s language and communication mode. Communication: CFR § 300.324(a)(2)(iv).

*Direct language/communication/instruction occurs person-to-person, not through an additional source (e.g., educational interpreter, captioner).

3A. The IEP team has considered:

1. Opportunities for direct* communication with peers. Describe opportunities:
2. Opportunities for direct* communication with professional staff and other school personnel. Describe opportunities:
3. Opportunities for direct* instruction: Describe opportunities:

3B. What supports are needed to increase the proficiency of parents and family members in communicating with the child/student? Parent Counseling Training: CFR § 300.34(8)(i) and (iii).

Issues considered:

Action plan, if any:

3C. Mentors/peers who are deaf/hard of hearing can have a positive impact for everyone – child, parent, and professional. Document who on the team will be responsible for arranging adult role model connections and opportunities for the student.

Issues considered: Action plan, if any:

3D. The teachers, interpreters, and other specialists providing services and auxiliary aids outlined in the Communication Plan must have demonstrated proficiency in and be able to accommodate for the child’s/student’s primary communication mode or language and communicate effectively. Qualified Personnel: Operating Standards: (B)(50) [ADA Title II 28 C.F. R. 35.160(a) (1)].

Issues considered:

Action plan, if any:

4A. Academic instruction, school services, and extracurricular activities in which the child/student participates have been identified and will be presented with effective and fully accessible communication. Consideration of the entire school day, daily transition times, and what the student needs for communication that is as effective as what peers receive in all activities will allow more complete and meaningful educational benefits for the student. Communication: CFR § 300.324(a)(2)(iv), Non-academic settings: CFR § 300.101 FAPE [ADA Title II 28 C.F. R. 35.104 (1)] [ADA Title II 28 C.F. R. 35.160(a) (1)].

Issues considered:

Action plan, if any:

4B. Is there an alternate plan in place to maintain effective communication during academic instruction, school services, and extracurricular activities with the student if any of the following events happen?

- Interpreter is absent
- Hearing aids/cochlear implant(s) is/are not working (batteries are dead, components missing, left at home, etc.)
- FM system is not working
- Closed captions are not available, including videos posted online or digital curricula
- Trained notetaker is absent
- Real-time captioning services are not available

Issues considered:

Action plan, if any:

4C. How will the student be effectively communicated with during emergency situations such as fire alarms, practice drills, tornado alerts, lockdowns, etc.?

Issues considered: Please describe:

5A. Did the team discuss which educational placement provides the student with the most appropriate and continuous access to language and communication throughout the student's day? Was an accurate and complete explanation of the continuum of educational placement options provided and considered based on the student's individual communication and LRE needs? IDEA mandates that educational placement for each student with a disability be only as restrictive as the student's individual needs require. The basic regulatory requirement is that students are only removed from general education classrooms if they cannot be educated satisfactorily in general education classes with the use of supplementary aids and services. Placement Determination: CFR § 300.115 300.116, LRE: CFR § 300.114.

Were the following options presented?

- General education classroom
- Special education classroom
- Program within a school district for students who are deaf /hard of hearing
- Special school for students who are deaf /hard of hearing (Ohio School for the Deaf, St. Rita School for the Deaf, etc.)

Issues considered:

Action plan, if any:

Frequently Asked Questions and Guidance for Completing the Communication Plan for a Student Who Is Deaf/Hard of Hearing

In November 2014, the U.S. Department of Justice and the U.S. Department of Education issued the document *Frequently Asked Questions on Effective Communication for Students With Hearing, Vision, or Speech Disabilities in Public Elementary and Secondary Schools* (DOJ-DOE FAQ <https://www2.ed.gov/about/offices/list/ocr/docs/dcl-faqs-effective-communication-201411.pdf>). In addition, the *Ohio Operating Standards* require IEP teams to consider the unique communication needs of all students with a hearing loss who are receiving related services or support. This document reflects many of the questions parents, families, teachers, service providers, and administrators may have regarding the communication needs of students who are deaf or hard of hearing. This revised Communication Plan incorporates effective communication policies and guidance for IEP teams.

For a glossary of terms used throughout this guide, see:
<https://deafandblindoutreach.org/guidelines-for-the-assessment-glossary>

FREQUENTLY ASKED QUESTIONS

For whom does the Communication Plan need to be completed?

The Communication Plan should be completed for any student who is receiving special education services through an IEP and has a documented hearing loss, including Deafblind, Deaf Plus any additional disability. This includes an auditory processing disorder and conductive, sensorineural, unilateral, bilateral, or mixed hearing loss.

How is the Communication Plan developed?

The IEP team completes the Communication Plan at the IEP meeting. All team members, including parents, student, general education teacher, teacher of the deaf, educational audiologist, educational interpreter, etc., should be present and ready to share pertinent information regarding the student's language and communication. If the student's team does not include a teacher of the deaf or other professional with significant experience working with students who are deaf/hard of hearing, it is highly recommended that such a high qualified professional be included. The Communication Plan is not a checklist, but rather a tool to promote meaningful discussions of each component, resulting in any necessary action plans to address relevant needs. The team must also ensure that there is meaningful correlation between the Communication Plan, the student's IEP goals, and how the student functions in his/her educational environment.

How often should the Communication Plan be reviewed?

Along with the student's IEP, the Communication Plan should be reviewed at least annually.

What if the student's family does not use the same mode of communication as their child?

Parents and families make communication choices for their deaf or hard of hearing child; these choices do not always align with the parents' native language. In such cases, parents and families should be given appropriate training and counseling, such as American Sign Language instruction, in order to enable them to assist in implementation of the child's IEP. § 300.34 (c)(8)(i-iii) Students cannot be denied instructional opportunities based on their family's ability to communicate or their language choices.

What if the student uses a different mode of communication than the one emphasized in our program?

A student's experience with other communication modes cannot be the basis for denial of instructional opportunity. The amount of residual hearing a student has cannot be used as the basis for denial of instructional services within the parameters of eligibility guidelines per the *Ohio Operating Standards*. IEP teams should match students' and families' communication/language choices through IEP supports and services. Schools must provide appropriate auxiliary aids and services so that students with disabilities have an equal opportunity to participate in, and enjoy the benefits of, the services, programs, and activities of the public school district. This means a school must match the child's and family's language choice (DOJ-DOE FAQ, p. 19).

GUIDANCE FOR COMPLETING THE COMMUNICATION PLAN

SECTION

1

LANGUAGE AND COMMUNICATION MODALITY

“Consider the communication needs of the child, and in the case of a child who is deaf or hard of hearing, consider the child’s language and communication needs, opportunities for direct communications with peers and professional personnel in the child’s language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the child’s language and communication mode” *Operating Standards for the Education of Children with Disabilities*, 3301-51-07 (L)(1)(b)(iv).

1A. The student’s primary language (expressive and receptive):

The IEP team discusses and checks the appropriate boxes in each column for the student’s **expressive** and **receptive language**.

Students need to develop English literacy skills based on their individual abilities and potential to ensure academic success. If a student uses American Sign Language, the team should find continuous educational opportunities for the student to develop his or her academic American Sign Language, just as typical peers develop academic English skills.

Discussion Questions

Is the student’s language level sufficient to acquire grade-level skills and concepts of the general education curriculum? If not, how will the team address the development of language skills?

1B. The child’s primary communication mode (expressive and receptive):

The IEP team discusses and checks the appropriate box in each column for the student’s expressive and receptive communication. Consideration must be given to each student’s unique communication needs. The student may or may not use multiple modes. If the student uses multiple modes, describe this in this section under “explanation.” The student’s expressive and receptive modes may differ (e.g., a student may use spoken language expressively and sign language receptively).

Deaf and hard of hearing students often “code switch” based on the needs of their communication partner. This means students have an awareness of their partner’s communication needs and their own preference. This is an important postsecondary transition and self-advocacy skill for deaf and hard of hearing students to develop, and they should be meaningfully guided and supported as they develop this skill.

When possible, include the student in the discussion of his/her preferred communication mode.

Discussion Questions

- What communication mode does the student use to communicate with peers, hearing and deaf?
- What communication mode does the student use to communicate with adults, hearing and deaf?
- What communication mode does the student use in familiar situations?
- What communication mode does the student use in new and unfamiliar situations?
- Does the student change communication mode based on the environment in which he or she is (e.g., general education classroom, resources room, playground, gym class, lunchroom, hallway)?

"The school must honor the individual's choice unless the school can prove that an alternative auxiliary aid or service provides communication that is as effective as that provided to students without disabilities and affords an equal opportunity to participate in and benefit from the service, program, or activity" (DOJ-DOE FAQ, p. 9).

2A. Does the student require auxiliary aids and services, such as qualified interpreters, notetakers, transcription services, etc., to achieve communication that is as effective as communication for individuals without disabilities? [ADA Title II 28 C.F.R. 35.104(1)](DOJ-DOE FAQ, p. 7).

Yes

Please explain how the IEP team is ensuring the student is receiving communication that is as effective as what nondisabled peers are receiving and what auxiliary aids and services the student is receiving.

No

By answering no, you are indicating that the school can demonstrate the particular auxiliary aid or service (please list below) is not needed or would result in a fundamental alteration in the nature of a service, program, or activity or in undue financial and administrative burdens, and the school must provide a written statement of the reasons for reaching that conclusion and provide a satisfactory alternative auxiliary aid or service (ADA Title II 28 C.F.R. 35.164, DOJ-DOE FAQ, pp.12-13).

It is important to note that ADA requires effective communication for students who are deaf or hard of hearing. Sign language interpreters are considered an auxiliary aid/service and are "qualified" based on meeting state requirements and their ability to effectively communicate information to their student. It is recommended that sign language interpreters' skills be assessed through the Educational Interpreter Performance Assessment (EIPA) or Sign Language Proficiency Interview (SLPI) and that school districts adopt a standard of required skill levels for sign language interpreters, such as a 4.0 minimum EIPA score and continuing education requirements.

Discussion Questions

- What auxiliary aids and services does the student require to be meaningfully included in his or her educational setting?
- What skills and training do related service providers possess to ensure they provide effective communication to students who are deaf or hard of hearing?
- Where can additional training for providers be obtained as needed?
- Is the student's notetaker trained and providing the same information that nondisabled peers are receiving?
- Is it appropriate, based on effective communication, for the student to receive copies of teachers' notes?
- What training has a notetaker received in order to ensure the notes provided are as effective as those nondisabled peers are receiving?

2B. Are the auxiliary aids and services provided by the school primarily based on the preference of the student with disabilities or his/her parents/guardian? (DOJ-DOE FAQ, p. 19).

Yes (continue to Question 3)

No (Stop here and discuss with the student and/or guardians their preference for primary language and communication mode.)

When determining what types of auxiliary aids and services are necessary, the school must analyze the student's needs and how to meet those needs while giving primary consideration to the specific request of the student or family (DOJ-DOE FAQ, p. 19). The type of auxiliary aids or services necessary to ensure effective communication will vary in accordance with the method of communication used by the

individual; the nature, length, and complexity of the communication involved; and the context in which the communication is taking place.

It is important for IEP teams and families to recognize that a student's preferences can change over time. The student and family's preference should be discussed annually to incorporate any changes in hearing, amplification, or language development over the past year. Students and families often make fluid decisions about communication; for example, what is effective in kindergarten is not always as effective in middle school or beyond.

Discussion Questions

- If a student uses an interpreter, what type of sign language is preferred – American Sign Language, PSE, SEE, CASE?
- What language is used in the student's home?
- How can IEP teams ensure language and communication consistency between home and school?
- How does the student communicate with teachers, interpreters, and other service providers at school?
- How does the student communicate with others outside of the school environment?

2C. Are the auxiliary aids and services provided in a timely manner? [ADA Title II 28 C.F.R. 35.160 (b)(2)].

Yes

No

If no, please explain why aids and services have not been provided in a timely manner:

Auxiliary aids and services may need to be provided to the student before completion of the IDEA evaluation process and eligibility determination in order to be considered timely (e.g., FM system, AAC devices).

Discussion Questions

- How long will it take the team to complete the student's evaluation?
- What is a reasonable timeframe within which to provide the needed aid or service?
- Does the team have access to the auxiliary aid or service now?
- How long will it take to find or order the aid or service?

Consider opportunities for direct* communications with peers and professional personnel and opportunities for instruction in the child's language and communication mode.

**Direct language/communication/instruction occurs person-to-person, not through an additional source (e.g., educational interpreter, captioner).*

What opportunities does the student have to engage in direct communication with peers and professional personnel in the child's language and communication mode, at his or her academic level, and considering his or her full range of needs, including opportunities for direct instruction in the child's language and communication mode?

Opportunities for direct communication with peers, teachers, and community members are important because they encourage the student to develop skills needed for successful postsecondary planning, career preparation, and independent living. Also, direct communication allows the student to naturally develop his/her own communication skills, cognitive skills, self-advocacy skills, and emotional intelligence.

3A. The IEP team has considered:

- Opportunities for direct* communication with peers.

The IEP team will discuss opportunities for the student to communicate directly with peers who are hearing and/or deaf or hard of hearing using the student's language and communication mode. Opportunities in and out of school should be discussed. Direct communication with peers is important as it allows the student to develop social skills with peers, gain and increase self-confidence, learn through peer modeling, learn through incidental communications, develop self-awareness, and develop meaningful and lasting relationships.

- Opportunities for direct* communication with professional staff and other school personnel.

The IEP team will discuss opportunities for the student to communicate directly with staff and school personnel using the student's language and communication mode. This may include related services professionals, school principal, secretary, cafeteria staff, bus driver, etc. When students have direct communication with all school personnel, it promotes independence and allows them to feel a sense of belonging within their community and, thereby, an increased sense of safety and readiness to learn.

- Opportunities for direct* instruction:

The IEP team will discuss opportunities for the student to receive direct instruction from professional staff and school personnel in the student's language and communication mode. Direct instruction means the teaching of general education curriculum and IEP goals. Direct communication with teachers is important in order to allow for proper assessment and evaluation of a student's knowledge. Use of an interpreter to overcome a language barrier poses the potential risk that information is not communicated as fluently and effectively as when two people communicate directly in the same language.

Discussion Questions

- What opportunities exist for the student to communicate directly with peers using his or her preferred language and communication mode?
- Do nondisabled peers have opportunities to learn sign language if the student uses sign language?
- Do typical peers understand the communication needs of the deaf or hard of hearing student in order to allow for direct communication among peers?
- Can the student communicate in his or her native language with teachers?

- Can the student communicate directly with school staff?
- Does the communication access for the student foster independence and social skills growth?
- Can the student communicate with his or her bus driver going to and from school?

3B. What supports are needed to increase the proficiency of parents and family members in communicating with the student? Considerations: Parent Counseling Training 300.34(8)(i) and (iii).

The IEP team should help the parents feel comfortable expressing their needs to help support their child’s development at home. Parents often have difficulty expressing exactly what they may need in order to be able to support their child, but they are often able to express this through discussions with IEP team members.

Parent training and counseling means:

- Assisting parents in understanding their child’s special needs
- Providing parents with information about child development
- Helping parents acquire the skills that necessary to support implementation of their child’s IEP
- Helping parents to understand their rights and responsibilities under IDEA Part B

The needs of parents can vary greatly depending on their child’s disability, age, IEP goals, etc. Generally, parents need support at times of transitions, change in disabilities, or the diagnosis of an additional disability. Parents of children who use sign language should be offered support to increase their signed language and communication skills. The need for such support does not go away, but changes over time. Do not make any assumptions about parents’ ability – one way or the other – to communicate fluently with their child via sign language. Parents of younger children will need support with basic vocabulary and language development; later, as students get older and their sign language skills increase, parents will also need to deepen their language skills. This may present itself in learning vocabulary surrounding specific topics, such as high school “slang” signs, sexuality signs, sports signs, pop culture signs, academic signs, etc.

Parents of children with in-depth communication needs, such as those who are using AAC devices or FM systems, may need training on how to properly use the equipment at home. Parents of children who use spoken language may need additional support and understanding of spoken language development from a qualified speech-language pathologist.

Parent training and counseling can be provided as a related service on the IEP and should be included on the IEP.

Discussion Questions

- What are the family’s strengths with regard to supporting their child’s progress and development?
- What are the family’s struggles or barriers to supporting their child’s progress and development?
- Do the parents and the family believe they can communicate effectively with the child? If not, what kind of additional training is necessary to increase communication?
- Does the school district offer sign language classes for parents and families?
- Would parents benefit from networking with other parents?
- Can the team connect the parents with or make referrals to outside agencies that provide parent support?
- Have the parents and families been offered information and resources specific to their child’s disability?
- What training do parents need?
- Where can that training be obtained?

3C. Deaf/hard of hearing mentors/peers can have a positive impact for everyone – child, parent, and professional. Document who on the team will be responsible for arranging adult role model connections and opportunities for the student. Considerations: Placement Determination 300.116.

As a team, discuss how the involvement of adults and peers who are deaf or hard of hearing might facilitate the student meeting language goals and objectives on his/her IEP. Document the action plan made by the team. Describe opportunities for the student to interact with adults and peers who share his/her language and communication mode. Opportunities should be discussed for in and out of school activities.

Discussion Questions

- Does the team have access to adults who are deaf/hard of hearing in the student's communication mode(s)?
- Does the team have access to academic ASL curriculum to promote pragmatics of ASL for the students who use ASL?
- If no adults who are deaf/hard of hearing are available, what are the options (e.g., video phone to deaf/hard of hearing adults, community centers for Deaf events)?

3D. The teachers, interpreters, and other specialists providing services and auxiliary aids outlined in the Communication Plan must have demonstrated proficiency in, and be able to accommodate for, the child's/student's primary communication mode or language and communicate effectively. Qualified personnel: Operating Standards, 3301-51-09(H)(1-3) [ADA Title II 28 C.F. R. 35.160(a) (1)].

Service providers who are working with students must be able to communicate effectively in the child's primary preferred language, as discussed in Question 2B.

Discussion Questions

- Does the professional staff working with the student have relevant training in providing services and auxiliary aids?
- How have the service providers demonstrated their proficiency?
- Where can staff obtain training to increase their skills and proficiency?
- How much training is needed for professional staff to become proficient?
- Can this training occur in a reasonable timeframe to meet the student's needs?

The purpose of this section is to guide the IEP in discussing issues related to accessibility throughout the school day, including plans for maintaining effective communication in the event that amplification systems stop working or the interpreter is absent. Also, it is critical that students who are deaf and hard of hearing have access to communication during all emergency drills and procedures, as well as during actual emergencies. It is strongly recommended that IEP team discuss detailed methods for maintaining communication during all potential emergencies.

4A. Academic instruction, school services, and extracurricular activities in which the child/student participates have been identified and will be presented with effective and fully accessible communication. Consideration of the entire school day, daily transition times, and what the student needs for communication that is as effective as what peers receive in all activities will allow more complete and meaningful educational benefit for the student. Communication: CFR § 300.324(a)(2)(iv), Non-academic settings: CFR § 300.101 FAPE [ADA Title II 28 C.F. R. 35.104 (1)] [ADA Title II 28 C.F. R. 35.160(a) (1)]

A student who is deaf or hard of hearing has complex communication needs, and these needs can vary and change multiple times during the school day based on the environmental surroundings and peers. Even when using amplification, many students who have a hearing loss struggle to hear in lunch rooms, crowded hallways, assemblies, gym class, on the school bus, and even in the classroom. The IEP team should discuss how the student's communication access and needs change with each transition and environmental change during the school day. This is especially important for students who use listening and spoken language, because acoustics and sound access are not always consistent.

Deaf and hard of hearing students should be afforded the same after-school opportunities as their peers. The IEP team should discuss the process to request accommodations and how communication access will be provided at organized events, including sporting events, drama events, after-school clubs, etc.

Discussion Questions

- How will communication access be provided during classroom instruction? During small-group or therapy sessions? During extracurricular activities?
- Do parents need to request communication access for after-school events? If so, whom should they contact?
- If the student is old enough to request communication access and support services him/herself, does the student know the process?
- How does the student communicate with peers and staff during recess? Lunch? Before and after school?
- Does the change in room acoustics impact the student's ability to listen?
- Does the student have visual access to an interpreter at all times without "visual noise" that is distracting to the student?
- Does the student have siblings who participate in after-school events and activities in which the student will need communication access, such as an interpreter or FM system?
- Can the student self-advocate for his or her communication needs in various school settings?
- Does the student have communication access with the bus driver?
- If school field trips are taken, what are the plans for ensuring effective communication during the bus ride and throughout the trip?

4B. Is there an alternate plan in place to maintain communication during academic instruction, school services, and extracurricular activities with the student who is deaf or hard of hearing if any of the following possible events happen?

- Interpreter is absent
- Hearing aids/cochlear implant(s) is/are not working (e.g., batteries are dead, components missing, left at home)
- FM system is not working
- Closed captions are not available, including videos posted online or digital curricula
- Trained notetaker is absent
- Real-time captioning services are not available

It is important for the IEP team to be proactive in planning for unexpected circumstances. The IEP team will discuss alternative means of communication in the event one of the above scenarios occurs in order to ensure full access to and effective communication is still continuous throughout the day and the student has access to academic content. A student should not be sent home or to the resource room because the interpreter is absent, the student's FM system is broken, or an AAC device is not working.

Discussion Questions

- What are the IEP team's plan for finding and contacting a substitute interpreter?
- Is the substitute interpreter a licensed educational interpreter with the Ohio Department of Education?
- How will the IEP team ensure that extra batteries are available for the FM system, hearing aids, or cochlear implants?
- How will the FM system be charged daily?
- What is the IEP team's plan in case the student's FM system is not working?
- Does the IEP team know how or where to get closed captions added to digital media?
- Does the IEP team know how or where to get digital media transcribed?
- What happens if Internet services are not available for real-time captioning services to be provided?

4C. How will the student be effectively communicated with during emergency situations such as fire alarms, practice drills, tornado alerts, lockdowns, etc.?

Students who are deaf or hard of hearing will at times be alone throughout the school day, just as typical peers; however, deaf or hard of hearing students will have communication limitations. The IEP team should discuss these possible limitations and how to address them in emergency situations. Imagine a deaf student who is in the restroom and unaware that the school has just been placed on lockdown or unable to hear the tornado siren being activated. Imagine a hard of hearing student who can hear, but cannot understand the verbal announcement being made during an emergency. Student activities should not be limited by safety and security needs; instead, students should be given the necessary tools and opportunities to practice and develop independence in emergency situations for lifelong independence.



Discussion Questions

- How will all school staff and personnel be educated about the student's communication needs in the event of an emergency?
- What are the options for communication access for the student during a lockdown?
- Can visual supports and alerts be implemented during emergency situations?
- Are the existing alert systems visually accessible (e.g., flashing fire alarms, emClock messages) for the student?
- Does the student understand the safety protocols for emergency situations?
- When and how will the student practice communication access during emergencies?
- If the student uses school-provided transportation, will the driver be able to communicate with the student in the case of an accident or emergency?

5A. Was an accurate and complete explanation of the continuum of educational placement options provided and considered? The IDEA mandates that the placement for each student with a disability be only as restrictive as the student's individual needs require. The basic regulatory requirement is that students are removed from general education classrooms only if they cannot be educated satisfactorily in general education classes with the use of supplementary aids and services. Considerations: Placement Determination 300.115 300.116, LRE 300.114.

Were the following options presented?

- General education classroom
- Special education classroom
- Program within a school district for students who are deaf or hard of hearing
- Special school for students who are deaf or hard of hearing (i.e., Ohio School for the Deaf, St. Rita School for the Deaf, etc.)

"Any setting, including a regular classroom, that prevents a child who is deaf from receiving an appropriate education that meets his or her needs, including communication needs, is not the LRE for that child. Placement decisions must be based on the child's IEP. Thus, the consideration of LRE as a part of the placement decision must always be in the context of LRE in which appropriate services can be provided. Any setting which does not meet the communication and related needs of a child who is deaf, and therefore, does not allow for the provision of FAPE, cannot be considered the LRE for that child. The provision of FAPE is paramount, and the individual placement determination about LRE is to be considered within the context of FAPE" (<https://www2.ed.gov/about/offices/list/ocr/docs/hq9806.html>).

Use the checkboxes to indicate whether or not the continuum of placement options was discussed by the team. Remember to include the parents' and student's preference when deciding on appropriate placement. Document the issues discussed as a team and describe an action plan, if any.

For more information regarding LRE for students who are deaf or hard of hearing, please visit the following Hands & Voices resources: Deaf Is Different and School Placement Considerations for Students Who Are Deaf or Hard of Hearing. For more information regarding LRE, watch this Least Restrictive Environment Video on OCALI's website www.ocali.org.

Discussion Questions

- Have the parents and student toured or visited alternate placement options?
- Has district personnel toured or visited alternate placement options?
- Does the home school district have teachers, interpreters, and related service providers who are experienced and trained to work with children who are deaf or hard of hearing?
- What placement option provides communication access that is equal to the communication access that typical peers receive?
- Does the student have effective communication options in the LRE as defined in IDEA?
- Which placement will provide the student with full, meaningful, and effective communication throughout the academic day, including with peers and school personnel?
- Does the student have access to peers who are deaf and hard of hearing?
- Does the student have access to deaf adult role models?



- Is the placement determined based on the child's IEP goals and required accommodations?
- What kind of services will need to be implemented in order to support the child's language/communication mode needs?
- What additional information about placement options is needed before a placement decision can be?
- What is the student's and family's preferences regarding placement options?

This Communication Plan and guidance document are revisions of the following documents: The Communication Plan and Guidance Document (2013) created by the Center for Outreach Services at the Ohio School for the Deaf, Frequently Asked Questions; Communication Plan for Deaf and Hard of Hearing Students, Colorado; Directions for Iowa's Communication Plan for a Student Who Is Deaf or Hard of Hearing; Addendum for Students Who Are Deaf or Hard of Hearing, Communication Considerations, New Mexico.

The Outreach Center for Deafness and Blindness at OCALI appreciates the participation of the authors of the 2013 version of The Communication Plan and Guidance Document, Tabitha Belhorn, Executive Director of Ohio Hands & Voices and Carrie Davenport, researcher with The Ohio State University in the revision process.

Appendix IV

ASSESSMENT TOOLS ONLINE LINKS

Audiology

Auditory function with amplification and assistive technology-speech perception

Emerging Auditory Perception Skills

<http://successforkidswithhearingloss.com/wp-content/uploads/2011/12/Auditory-Skills-Checklist-Cincinnati-Childrens-Hosp.pdf>

Ling Sound Test (Detection and Recognition) https://www.advancedbionics.com/content/dam/ab/Global/en_ce/documents/libraries/TFS%20Assessment%20Tools/Ling-Six-Sound-Check-Instructions.pdf

Early Speech Perception (ESP) Test

<https://cid.edu/professionals/shop/cid-esp-early-speech-perception-test/>

- Standard Version
- Low Verbal Version

Environmental Sound Recognition Tests <https://www.ee.columbia.edu/~dpwe/talks/HSCMA-2011-06.pdf>

- Sound Effects Recognition Task
- Familiar Sounds Test

Word Recognition

<http://www.audiologyonline.com/articles/word-recognition-testing-puzzling-disconnect-11978>

Northwestern University Children's Perception of Speech Test (NU-CHIPS) <https://auditecincorporated.wordpress.com/2015/09/21/nuchips>

Word Intelligibility by Picture Identification (WIPI)

<https://auditecincorporated.wordpress.com/2015/09/28/wipi>

Phonetically Balanced Kindergarten (PBK-50)

<http://www.firstyears.org/tests/testslang.htm>

Northwestern University Auditory Test (NU-6)

<https://auditecincorporated.wordpress.com/2015/09/28/nu-6/>

Lexical Neighborhood Test (LNT)/Multisyllabic Lexical Neighborhood Test (MLNT)

<https://auditecincorporated.wordpress.com/2015/09/30/Intmlnt>

Mr. Potato Head Task

<https://www.autismoutreach.ca/taskomonth/mr-potato-head>

Common Objects Token (COT) Test

<http://www.earfoundation.org.uk/shop/items/97>

CID W-22 Everyday Sentences

<https://auditecincorporated.wordpress.com>

Pediatric Speech Intelligibility Test (PSI)

<https://auditecincorporated.wordpress.com/tag/pediatric-speech-intelligibility/>

Bamford-Kowal-Bench Speech in Noise Test (BKB-SIN)

<https://www.etymotic.com/auditory-research/speech-in-noise-tests/bkb-sin.html>

QuickSIN

<https://www.etymotic.com/auditory-research/speech-in-noise-tests/quicksin.html>

Hearing in Noise Test (HINT)

<http://www.californiaearinstitute.com/audiology-services-hint-bay-area-ca.php>

Hearing in Noise Test – Children (HINT-C)

<http://www.californiaearinstitute.com/audiology-services-hint-bay-area-ca.php>

Functional Listening Evaluation (FLE)

http://www.handsandvoices.org/pdf/func_eval.pdf

Auditory Performance and Development Checklists

Early Listening Function (E.L.F.)

<http://successforkidswithhearingloss.com/wp-content/uploads/2011/08/ELF-Oticon-version.pdf>

Children’s Home Inventory of Listening Difficulty (CHILD)

https://successforkidswithhearingloss.com/wp-content/uploads/2011/08/CHILD_pgs3-4.pdf

Children’s Auditory Performance Scale (CHAPS)

<http://www.usf.edu/cbcs/csd/documents/chaps-for-each-teacher.pdf>

Functional Auditory Performance Indicators (FAPI)

<http://www.tsbvi.edu/attachments/FunctionalAuditoryPerformanceIndicators.pdf>

Infant-Toddler Meaningful Auditory Integration Scale (IT-MAIS) and Meaningful Auditory Integration Scale (MAIS)

https://www.advancedbionics.com/content/dam/advancedbionics/Documents/Regional/BR/AB_IT-MAIS_Resource.pdf

Listening Inventory for Life – Revised (L.I.F.E.-R)

<http://successforkidswithhearingloss.com/life-r/>

Screening Instrument for Targeting Education Risk (S.I.F.T.E.R.)

<https://successforkidswithhearingloss.com/uploads/SIFTER.pdf>

- Auditory Discrimination and Lip Reading Skill Inventory
- Informal Receptive Modes Assessment
- Khan-Lewis Phonological Analysis, 3rd Edition

Speech

Auditory Perception

Auditory Discrimination and Lip Reading Skill Inventory

https://m.superduperinc.com/product_reviews_sdm.aspx?pid=ADLR26

Articulation and Speech Production

Khan-Lewis Phonological Analysis, 3rd Edition

<http://www.pearsonclinical.com/language/products/100001242/khanlewis-phonological-analysis-third-edition-klpa-3.html>

Kaufman Speech Praxis Test for Children

<https://www.northernspeech.com/best-seller/kaufman-speech-praxis-test-kspt/>

Auditory Perception Test for the Hearing Impaired (APT/HI)

https://www.pluralpublishing.com/publication_apthi3e.htm

Semantics

Clinical Evaluation of Language Fundamentals, Preschool (CELF-P)

<http://www.pearsonclinical.com/language/products/100000316/celf-preschool-2-celf-preschool-2.html>

Cottage Acquisition Scales for Listening, Language and Speech

<http://www.ecaslls.com>

Kaufman Speech Praxis Test for Children

<https://www.northernspeech.com/best-seller/kaufman-speech-praxis-test-kspt/>

Goldman Fristoe Test of Articulation, Third Edition

<http://www.pearsonclinical.com/language/products/100001202/goldman-fristoe-test-of-articulation-3-gfta-3.html>

Clinical Evaluation of Language Fundamentals, 5th Edition Subtests

<http://www.pearsonclinical.com/language/products/100000705/clinical-evaluation-of-language-fundamentals-fifth-edition-celf-5.html>

Expressive and Receptive One Word Picture Vocabulary Test 3

<http://www.pearsonclinical.com/language/products/100000338/expressive-and-receptive-one-word-picture-vocabulary-tests-fourth-edition-rowpvt-4-eowpvt-4.html>

Preschool Language Scale 5

<http://www.pearsonclinical.com/language/products/100000233/preschool-language-scales-fifth-edition-pls-5.html>

Syntax

Clinical Evaluation of Language Fundamentals, Preschool (CELF-P)

<http://www.pearsonclinical.com/language/products/100000316/celf-preschool-2-celf-preschool-2.html>

Cottage Acquisition Scales for Listening, Language and Speech

<http://www.ecaslls.com>

Clinical Evaluation of Language Fundamentals, 5th Edition Subtests

<http://www.pearsonclinical.com/language/products/100000705/clinical-evaluation-of-language-fundamentals-fifth-edition-celf-5.html>

Pragmatics and Discourse

Clinical Evaluation of Language Fundamentals, Preschool (CELF-P)

<http://www.pearsonclinical.com/language/products/100000316/celf-preschool-2-celf-preschool-2.html>

Clinical Evaluation of Language Fundamentals, 5th Edition Subtests (Pragmatic Checklist)

<http://www.pearsonclinical.com/language/products/100000705/clinical-evaluation-of-language-fundamentals-fifth-edition-celf-5.html>

Functional Communication Profile revised (age 3-adult)

<https://www.linguisticsystems.com/products/product/display?itemid=10218>

Thinking and Reasoning

Adolescent Test of Problem Solving

<https://www.linguisticsystems.com/products/product/display?itemid=10440>

Language Sample Analysis

http://www.speech-language-therapy.com/index.php?option=com_content&view=article&id=93:structuralanalysis&catid=11:admin&Itemid=101

Preschool Language Scale 5

<http://www.pearsonclinical.com/language/products/100000233/preschool-language-scales-fifth-edition-pls-5.html>

Ross Information Processing Evaluation, Primary

<http://www.proedinc.com/customer/productView.aspx?ID=1534>

Test of Adolescent and Adult Language

<http://www.proedinc.com/customer/productView.aspx?ID=4004>

Test of Auditory Processing and Reasoning Skills

<http://www.proedinc.com/customer/productView.aspx?ID=3482>

Test of Auditory Processing Skills 3

<http://www.proedinc.com/customer/productView.aspx?ID=3482>

Test of Early Language Development

<https://www.superduperinc.com/products/view.aspx?stid=240>

Test of Language Competence, Level 1 and Level 2

<http://www.pearsonclinical.com/language/products/100000423/test-of-language-competence--expanded-edition-tlc-expanded.html#tab-details>

Test of Language Development, Primary, Fourth Edition (TOLD-P:4)

<http://www.proedinc.com/Customr/ProductView.aspx?ID=4233>

Test of Language Development: Intermediate, Fourth Edition (TOLD: I-4)

<http://www.proedinc.com/customer/productView.aspx?ID=4229>

Test of Narrative Language

<http://www.proedinc.com/customer/productView.aspx?ID=8674>

Test of Problem Solving

<https://www.linguisticsystems.com/products/product/display?itemid=10362>

Test of Written Language – 4

<http://www.proedinc.com/customer/productView.aspx?ID=4422>

Wigg Assessment of Basic Concepts

<https://www.superduperinc.com/products/view.aspx?stid=349>

Woodcock-Johnson Tests of Achievement, Third or Fourth Edition (WJ-III or IV ACH)

<http://www.hmhco.com/hmh-assessments/clinical-and-special-needs-assessment/wj-iv>

ASL**ASLRST: American Sign Language Receptive Skills Test**

<http://vl2.gallaudet.edu/resources/asl-assessment-toolkits/asl-receptive-skills-test/>

ASL and Nonlinguistic Perspective Taking Comprehension Tests

<http://vl2.gallaudet.edu/resources/asl-assessment-toolkits/asl-nonlinguistic-perspective-taking-comprehension-tests/>

ASLAI: Assessment instruction: Boston University

<http://www.asleducation.org/pages/aslai.html>

Visual Communication and Sign Language Checklist for Deaf and Hard of Hearing Children (VCSL)

<http://vl2.gallaudet.edu/resources/vcsl>

The following list of tests are normed on hearing children. If given by an ASL specialist, they can provide useful information about a student's sign language ability.

Language Processing Test (LPT3)

<https://www.superduperinc.com/products/view.aspx?pid=LST4050>

Listening Comprehension Test 2

<https://www.linguisystems.com/products/product/display?itemid=10398>

Test of Narrative Language (TNL)

<http://www.proedinc.com/customer/productView.aspx?ID=8674>

Test of Problem Solving (TOPS 3/TOPS 2 Adolescent)

<https://www.linguisystems.com/products/product/display?itemid=10362>

Wiig Assessment of Basic Concepts (WABC)

<https://www.superduperinc.com/products/view.aspx?stid=349>

Cognitive/Intellectual

Comprehensive Test of Nonverbal Intelligence II (CTONI-2)

<http://www.pearsonclinical.com/education/products/100000624/comprehensive-test-of-nonverbal-intelligence-second-edition-ctoni-2-ctoni-2.html>

Leiter International Performance Scale, Third Edition (LEITER-3)

<http://www.wpspublish.com/store/p/2840/leiter-international-performance-scale-third-edition-leiter-3>

Wechsler Adult Intelligence Scale, Fourth Edition (WAIS-IV)

<http://www.pearsonclinical.com/psychology/products/100000392/wechsler-adult-intelligence-scale-fourth-edition-wais-iv.html>

Wechsler Intelligence Scale for Children, Fourth Edition (WISC-IV)

<http://www.pearsonclinical.com/psychology/products/100000392/wechsler-adult-intelligence-scale-fourth-edition-wais-iv.html>

Wechsler Preschool and Primary Scale of Intelligence, Fourth Edition (WPPSI-IV)

<http://www.pearsonclinical.com/psychology/products/100000392/wechsler-adult-intelligence-scale-fourth-edition-wais-iv.html>

Development

Bayley Scales of Infant Development – III

<http://www.pearsonclinical.com/childhood/products/100000123/bayley-scales-of-infant-and-toddler-development-third-edition-bayley-iii.html>

Bracken Basic Concept Scale – Third Edition

<http://www.pearsonclinical.com/childhood/products/100000225/bracken-basic-concept-scale--third-edition-receptive-bbcs-3r.html>

Adaptive Behavior

Adaptive Behavior Assessment System, Second Edition (ABAS-III)

<http://www.pearsonclinical.com/psychology/products/100000449/adaptive-behavior-assessment-system-second-edition-abas-second-edition.html>

Vineland Adaptive Behavior Scales, Third Edition

<http://www.pearsonclinical.com/psychology/products/100001622/vineland-adaptive-behavior-scales-third-edition--vineland-3.html>

Social/Emotional

Behavior Rating Inventory of Executive Function (BRIEF)

<http://www4.parinc.com/Products/Product.aspx?ProductID=BRIEF>

Behavioral Assessment System for Children – Second Edition (BASC-2)

<http://www.pearsonclinical.com/education/products/100000658/behavior-assessment-system-for-children-second-edition-basc-2.html>

Conner's Rating Scales – Third Edition

<http://www.pearsonclinical.com/psychology/products/100000523/conners-3rd-edition-conners-3.html>

Devereux Scales of Mental Disorders

<http://www.pearsonclinical.com/psychology/products/100000469/devereux-scales-of-mental-disorders-dsmd.html>

Minnesota Multiphasic Personality Inventory – Adolescent (MMPI-A)

<http://www.pearsonclinical.com/psychology/products/100000465/minnesota-multiphasic-personality-inventory-adolescent-mmpi-a.html>

Piers-Harris Children’s Self-Concept Scale, Second Edition

<http://www.wpspublish.com/store/p/2912/piers-harris-childrens-self-concept-scale-second-edition-piers-harris-2>

Social/Emotional Projective Assessments

Children’s Apperception Test

<http://www4.parinc.com/Products/Product.aspx?ProductID=CAT>

Drawing Projective Tests (e.g., House-Tree-Person, kinetic family drawing)

http://www.intelligentietesten.com/house_tree_person_drawings.htm

Roberts Apperception Test

<http://www4.parinc.com/Products/Product.aspx?ProductID=ROBERTS-2>

Thematic Apperception Test

<http://www4.parinc.com/Products/Product.aspx?ProductID=TAT>

Visual Perceptual Skills

Beery-Buktenica Developmental Test of Visual-Motor Integration, Sixth Edition (VMI)

<http://www.pearsonclinical.com/therapy/products/100000663/the-beery-buktenica-developmental-test-of-visual-motor-integration-6th-edition-beery-vmi.html>

Bender Visual Motor Gestalt II

<http://www.hmhco.com/hmh-assessments/other-clinical-assessments/bender>

Test of Visual Perceptual Skills – Third Edition (TVPS-3)

<http://www.wpspublish.com/store/p/3072/test-of-visual-perceptual-skills-non-motor-third-edition-tvps-3>

Pre-Academic Skills/Academic Skills

Brigance Inventory of Early Development – Revised (selected tests)

<http://www.curriculumassociates.com/products/detail.aspx?title=BrigIED2>

Bracken Basic Concept Scale – Expressive <http://www.pearsonclinical.com/childhood/products/100000488/bracken-basic-concept-scale-expressive-bbcs-e.html>

Bracken Basic Concept Scale – Receptive, Third Edition

<http://www.pearsonclinical.com/childhood/products/100000225/bracken-basic-concept-scale--third-edition-receptive-bbcs-3r.html>

Kaufman Test of Educational Achievement – Third Edition (KTEA-III)

<http://www.pearsonclinical.com/education/products/100000777/kaufman-test-of-educational-achievement-third-edition-ktea-3.html>

Wechsler Individual Achievement Test, Third Edition

<http://www.pearsonclinical.com/psychology/products/100000463/wechsler-individual-achievement-testthird-edition-wiatiii-wiat-iii.html>

Woodcock-Johnson Tests of Achievement – Fourth Edition (WJ-IV)

<http://www.hmhco.com/hmh-assessments/clinical-and-special-needs-assessment/wj-iv>

Gray Silent Reading Test

<http://www.proedinc.com/customer/productView.aspx?ID=1743>

OWLs-II Oral and Written Language Scales, Second Edition

<http://www.pearsonclinical.com/language/products/100000293/owl-ii-lcoe-and-rcweoral-and-written-language-Pcales-second-edition-owls-ii.html>

STAR Reading and Math

<https://www.renaissance.com/products/assessment/star-360/star-reading-skills/>