
STATUS OF EDUCATIONAL SERVICES TO DEAF, DEAF-BLIND AND HARD OF HEARING CHILDREN AND YOUTH IN WASHINGTON

A REPORT FROM THE BOARD OF TRUSTEES OF THE WASHINGTON STATE
CENTER FOR CHILDHOOD DEAFNESS AND HEARING LOSS ON BEHALF OF THE
PEOPLE OF WASHINGTON



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ACKNOWLEDGEMENTS

Children who are deaf, deaf-blind, and hard of hearing can achieve the same academic outcomes as children with normal hearing; however, achievement gaps between children with hearing loss or deaf-blindness and those with normal hearing continue. Children who are deaf, deaf-blind and hard of hearing fall behind when the early intervention and education systems fail to appropriately accommodate them. To better understand why achievement gaps persist between children with normal hearing and children who are deaf, deaf-blind or hard of hearing, we performed many hours of study, deliberation, and discussion. This report contains our findings. Our goal is to provide recommendations that will result in service and placement options for children regardless of where they live and close the achievement gap.

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Abbreviations/Acronyms

ASL – *American Sign Language*
CDHL – *Washington State Center for Childhood Deafness and Hearing Loss*
D/DB/HH – *Deaf/Deaf-Blind/Hard of Hearing*
DOH – *Department of Health*
DEL – *Department of Early Learning*
DVR – *Department of Vocational Rehabilitation*
EI – *Early Intervention*
ESD – *Educational Service District*
FAPE – *Free and Appropriate Public Education*
FRC – *Family Resource Coordinator*
HI – *Hearing impaired*
IEP – *Individualized Education Program*
LEA – *Local Education Agency*
LRE – *Least Restrictive Environment*
LSL – *Listening and Spoken Language*
OSPI – *Office of the Superintendent of Public Instruction*
SEE – *Signing Exact English*
SIM-COM – *Simultaneous Communication (signing and speaking)*
TC – *Total Communication*
TOD – *Teacher of the Deaf/Hard of Hearing*
WAC – *Washington Administration Code*
WSD – *Washington School for the Deaf*
WSDS – *Washington Sensory Disabilities Services*

SECTION 1: OVERVIEW

BRIEF BACKGROUND

PURPOSE

Engrossed Second Substitute House Bill 1879, signed into law on May 7, 2009, established the Washington State Center for Childhood Deafness and Hearing Loss (CDHL). CDHL includes the Washington School for the Deaf (WSD), a residential school in Vancouver. In addition, the law directs CDHL to provide statewide leadership for the coordination and delivery of educational services for children who are deaf, deaf-blind, and hard of hearing (D/DB/HH). This must include the full range of communication modalities. CDHL must also collaborate with appropriate private and public partners for the training and professional development of educators who work with children who are D/DB/HH. A pivotal component of the law directed CDHL to collect information from stakeholders throughout the state so existing strengths and gaps in the current service delivery for children who are D/DB/HH could be identified. Service delivery options, resources and policy changes necessary to fully accommodate D/DB/HH children were to be documented, and two demonstration sites for regional programs serving these children could be established.

Additional requirements included:

- Establish the regional programs within an educational service district and manage through shared governance by the school districts;
- Collaborate and partner with, enhance, and avoid duplication of existing and available services and programs, both public and private;
- Provide services at one or more central locations in the educational service districts;
- Provide services to students in their resident districts, including students who are deaf or hard of hearing who may not qualify for special education services;
- Include educational and transportation services for children, consultation for teachers and staff, and outreach to families; and
- Support communication-rich learning environments and instruction of students in the full spectrum of communication modalities by qualified professionals, including American Sign Language, listening and spoken language, total communication, and signed exact English.

RATIONALE

This legislation was established to address the unique communication and accommodation requirements for children and youth who are D/DB/HH. Additionally, it acknowledges the need to further develop a comprehensive statewide systematic approach to serving the specialized needs of D/DB/HH children and their families. Recent research (Antia et al., 2009; Johnson, 2006; Moeller, 2000; Reed et al., 2008; Yoshinaga-Itano et al., 1998, 2010) demonstrates that early identification and intervention, language acquisition, and ongoing appropriate educational support significantly increase the academic achievement for D/DB/HH children. These ideals are further supported by the goals of the National Agenda in Deaf Education (see Appendix A). It is essential for Washington's education system to support these children and youth along their journey to becoming productive

members of our community. To do so will require eliminating barriers that currently prevent them from a full array of options and opportunities. Deafness and hearing loss affect language and communication development. Once addressed and accommodated, however, the same educational outcomes prevail as for all children and youth.

DATA COLLECTION AND ANALYSIS

During the 2009-2010 school year, a group of key agency and stakeholder representatives (hereafter referred to as Core Team) facilitated a comprehensive information gathering and data collection effort. It included the following:

- Identification of Core Team key issues
- Review of state and local demographic data of deaf, deaf-blind, and hard of hearing children.
- Facilitation of 14 stakeholder focus group meetings throughout the state in every Educational Service District and at the Washington School for the Deaf. These included parents, school administrators, deaf education teachers, school personnel, early intervention specialists, students, private and non-profit service agencies, and members of the Deaf Community. A total of 3537 comments from 514 stakeholders across 84 focus groups were compiled and analyzed.
- Completion of parent and professional surveys obtained at the stakeholder meetings asking about available services or needed services.
- Distribution and completion of on line value-satisfaction surveys for teachers and related service providers, parents, administrators, and early intervention specialists.
- Distribution and completion of job analysis on line surveys for educational interpreters and educational audiologists.

KEY ISSUES AND RECOMMENDATIONS

Analysis of the data revealed many strengths as well as several issues regarding services to deaf, deaf-blind, and hard of hearing students in Washington. These issues are summarized below along with recommendations to address them. Section 4 provides a more in-depth description of each of these.

ADMINISTRATION AND OVERSIGHT

Issue 1: Fragmented Authority. Authority and responsibility for ensuring D/DB/HH children and youth and their families have access to appropriate identification, developmental and educational services is fragmented. Multiple agencies have responsibility for services depending on age and other factors (e.g., OSPI, 295 local education agencies, CDHL, DOH, DEL, DVR). [Evidence: Key Issues, Focus Group meetings, Services Surveys]

Recommendation 1.1: Establish Collaborative Governance

CDHL is the state agency given authority for providing statewide leadership for the coordination and delivery of educational services to children who are D/DB/HH. CDHL should

establish a system of collaborative governance for developmental and educational services for children and youth who are D/DB/HH. Under this governance, CDHL should serve as the primary contact for all issues pertaining to deafness, deaf-blindness, and hearing loss including:

CDHL, through employees, programs and partnerships, is the single state agency with expertise in deafness/deaf-blindness/hearing loss. As such CDHL will:

- *Continue to partner with public and private agencies that strengthen statewide services for D/DB/HH children and youth,*
- *Provide information and assistance to families,*
- *Provide support to schools,*
- *Develop practice standards & guidelines,*
- *Coordinate with Department of Health and OSPI to access pertinent information,*
- *Coordinate services among state agencies,*
- *Manage data systems, and*
- *Leverage dollars from other state agencies and LEAs.*

- Partnering with public and private agencies to strengthen educational services for children and youth who are D/DB/HH;
 - Providing information and assistance to families, enabling them to make informed decisions about their children's education (see recommendations 14, 15);
 - Providing support to schools in areas such as personnel, professional development, and service delivery to assist in the education of D/DB/HH children and youth (see recommendations 4, 7, 9, 15);
 - Developing practice standards and other necessary guidelines to assist families, school districts and public and non-public agencies and programs in the education of D/DB/HH children and youth (see recommendations 5, 6, 9, 11, 12, 13);
 - Coordinating with the Department of Health to access screening and diagnostic information about infants who are D/DB/HH (see recommendation 8);
 - Coordinating services among state agencies,

especially the Department of Early Learning and OSPI, for D/DB/HH (see recommendations 8, 9, 10, 11);

- Managing a data system to track and report performance of children and youth who are D/DB/HH (see recommendation 10);
- Leveraging dollars from other state agencies and local education agencies (LEAs) to reduce duplication of effort, close gaps, and increase efficiency with limited resources.

Issue 2: Funding. The cost of educating D/DB/HH children and youth is extraordinarily high because of the need for extensive early intervention (birth through age 2) and, in the case of Part B (ages 3-21), related and support services beyond instruction in order to meet the requirements of a Free and Appropriate Public Education (FAPE). Due to the low incidence of deafness, deaf-blindness, and hearing loss, many districts, especially those in rural areas, are unable to provide comprehensive programs serving these children/youth in their first language. Funding is inadequate and is inconsistent among the 295 school districts and other public and non-public agencies. Multiple early intervention funding sources, complexities, and variations in funding create barriers for providing these supports to infants/toddlers who are D/DB/HH and their families. Access to appropriate services after age 3 is inconsistent due to the interpretation of Washington Administrative Codes (WACs), district philosophies and resources, and a family's ability to advocate. [Evidence: Key Issues, Focus Group meetings, Services Surveys]

Recommendation 2.1: State to Assume Financial Responsibility for Certain Costs.

The state should assume the financial responsibility for ensuring D/DB/HH children and youth receive appropriate early intervention and related and support services. Funding for all services should be allotted based on the true per child cost of the services. Such services must address:

- Early identification;
- Assessment;
- Early intervention services;
- Instructional support services;
- Consultant assistance;
- Accommodations;
- Technology;
- Training;
- Transportation;
- Sign language interpreting;
- Additional related services (i.e., speech-language, educational audiology, counseling, occupational and physical therapy).

Issue 3: LEA Responsibility/Insufficient Capacity. Legal responsibility for educational services is vested in the LEA. However, most LEAs do not have sufficient numbers of Teachers of the Deaf (TODs), trained school district personnel, services, and resources to adequately assess student needs, and prescribe and deliver programs that are appropriate to each D/DB/HH child and youth. [Evidence: Key Issues, Focus Group Mtgs, Services Surveys]

Further, TODs, early intervention specialists, and related service providers serving D/DB/HH children and youth are frequently evaluated by administrators who do not have expertise in the development and education of these children. Sign language interpreters are evaluated by administrators who do not know sign language and therefore cannot assess their job required skills. [Evidence: Focus Group Meetings]

Recommendation 3.1: Increase LEA Responsibility & Capacity

In exchange for increased financial support (as discussed in Recommendation 2.1), LEAs should be responsible for meeting additional state guidelines and standards. Using services through CDHL, including regional programs, the LEAs will develop and provide educational services and report performance towards grade level standards and state assessment tests.

Recommendation 3.2: Increase CDHL Support to Schools.

CDHL should assist school districts in identifying personnel needs to meet their student service obligations. In the absence of appropriate professional personnel at the local level, CDHL will assist school districts in the evaluation of students, the Individualized Education Program (IEP) process, and the evaluation and training of staff that provide services.

PERSONNEL AND TRAINING

Issue 4: Personnel Standards. Washington certification requirements and the process to obtain certification create significant barriers to recruitment and retention of qualified staff. At the same time, there are no minimum standards for educational interpreters. [Evidence: Key Issues, Focus Group meetings, Services Surveys]

Recommendation 4.1: Establish D/DB/HH Teacher Standards.

OSPI, in consultation with CDHL, should convene a work group to establish certification requirements for teachers of the D/DB/HH. The certification standards should reflect the appropriate professional preparation required for these specialty groups. Teachers with a graduate degree should be exempt from the ProCert requirements. Information regarding available accredited graduate programs in Deaf Education and relevant workshops and training opportunities to earn clock hours should also be provided.

Recommendation 4.2: Establish Educational Interpreter Standards.

OSPI, in consultation with CDHL, should establish state minimum standards and certification requirements for educational interpreters and support access to the assessment of sign language interpreting skills.

Issue 5: General Education Teachers. Most general education teachers and many special education teachers, including speech-language pathologists, are not adequately equipped to teach and provide accommodations for children and youth who are D/DB/HH. In addition, they lack easy access to resources to assist them. [Evidence: Key Issues, Focus Group Meetings, Services Surveys]

Recommendation 5.1: Increase Professional Development Opportunities.

CDHL should develop and provide in-service training programs and on-going support for school staff regarding the changing needs of D/DB/HH children and youth and requisite instruction and services necessary to support these children.

TRACKING, EVALUATION, AND MONITORING OF PERFORMANCE

Issue 6: Early Identification of Hearing Loss and Intervention Services. All Washington birthing hospitals conduct universal newborn hearing screening. DOH has a system for screening and tracking newborns for hearing loss; however, many infants at risk for hearing loss are lost to follow-up services for several reasons. These include: relatively few audiologists trained to diagnose hearing loss in infants; limited awareness and understanding by pediatric and family healthcare providers about hearing loss and its impact on development; incomplete and often biased information about early intervention and educational services provided to parents regarding the ways they can help their children learn to communicate; and the lack of an integrated service delivery system (services are currently provided through multiple agencies: DEL, OSPI, CDHL, DSHS). [Evidence: Key Issues, Focus Group Meetings]

Recommendation 6.1: Establish a Statewide Tracking System.

CDHL should coordinate with DOH and the Department of Early Learning (DEL) to enhance the statewide tracking system to monitor early intervention and age appropriate services and performance for children who are D/DB/HH throughout their early intervention years. Further, these agencies should recommend system changes that result in families receiving comprehensive unbiased information and experiencing a seamless transition from identification to referral to child appropriate services. This system should include all children with hearing loss so they are tracked upon entry into school services regardless of special education eligibility status.

Issue 7: Evaluation of Children and Youth. Most LEAs do not have a clear understanding of the assessment process for children and youth that are D/DB/HH to identify their program needs, nor do they have appropriately trained staff to administer and interpret the assessments. No standardized assessments for children who have a combined vision and hearing loss exist. [Evidence: Key Issues, Focus Group Meetings]

Recommendation 7.1: Develop Evaluation Protocols for Ages 3 – 21 and Training for Test Administration and Interpretation.

CDHL should convene a work group to develop a list of appropriate evaluation tools for D/DB/HH. To assure appropriate evaluation methods are used, CDHL will provide on-going training for all personnel involved with evaluating D/DB/HH children/youth including test selection, administration, interpretation of results, and development of recommendations for instruction.

Issue 8: Lack of Performance Data. There is no mechanism to collect and analyze statewide performance data for children and youth who are D/DB/HH. This makes it difficult to

Parents reported:

- *“We are left to find out information on our own”;*
- *“We bear the sole burden for making key decisions”;*
- *“We had to organize our son’s transition from the elementary deaf program to the mainstream program.”*

measure the effectiveness of services and programs. Additionally, low staff expectations for student achievement compromise student outcomes and perpetuate the documented poor performance of those that do not receive appropriate support and educational services. [Evidence: Key Issues, Focus Group Meetings]

Recommendation 8.1: Create a Data Management System to Monitor Student Performance.

CDHL should coordinate with the Departments of Health and Early Learning, OSPI, and any other relevant agencies to create a data management system to track annual performance data on children and youth who are D/DB/HH from birth through graduation. An annual report detailing early intervention and student performance should be made available to the public.

SERVICE AND PLACEMENT OPTIONS

Issue 9: Lack of Appropriate Services. It is hard for the existing educational system to provide a continuum of appropriate services with qualified service providers. District level staff members are often not familiar with the various communication options that need to be provided to children/ youth that are D/DB/HH should be provided (e.g., ASL, Cued Speech, LSL, SEE). The problem is exacerbated by fluctuating enrollments and is often greater in rural, remote, and small population schools. Isolation further limits students’ and families’ access to information, service providers, and deaf/deaf-blind/hard of hearing role models. [Evidence: Key Issues, Focus Group meetings, Services Surveys]

Recommendation 9.1: Ensure Placement Options.

CDHL, in accordance with recommendation 3.1, should leverage local, regional, and state resources to ensure all children and youth, birth to age 21, have access to the specialized services and programs designed to meet the needs of D/DB/HH to which they are entitled. Placement options that offer appropriate educational services in the child/ youth’s communication modality include nearby district programs, state-sponsored shared intra-district day programs, attendance at non-public agencies, or attendance at WSD.

Parents reported:

- *“Districts are uneducated regarding how a deaf child learns language and what is appropriate instruction given the modality of the child”;*
- *“Not many options are available—either a self-contained class or mainstreaming without supports for the hearing impairment.”*

Recommendation 9.2: Develop Statewide Service and Program Guidelines.

CDHL should develop and implement statewide service and program guidelines to assist D/DB/HH children and youth in meeting developmental and grade level expectations.

One parent reported: *“I do not feel as a parent that I was part of a ‘team’ for my son’s education. I did, however, feel ‘strong-armed’ and ‘bullied’ into accepting what they were TELLING me they were going to do.”*

EARLY INTERVENTION

Issue 10: Gaps in Early Intervention Services. Early hearing loss detection and diagnosis and appropriate early intervention for infants who are D/DB/HH can reduce or eliminate gaps in development. Once gaps exist, they are difficult to overcome. Washington’s early intervention services lack consistency in assessment, curricula, and qualified providers—all components that are critical to ensure infants and toddlers and their families receive support necessary for healthy development. This problem is further complicated by the lack of comprehensive unbiased information provided to parents/families at the time of diagnosis. [Evidence: Key Issues, Focus Group meetings, Services Surveys]

Recommendation 10.1: Strengthen Early Intervention Services.

CDHL will facilitate a multi-agency work group responsible for ensuring statewide early intervention services are available to all D/DB/HH infants, toddlers and young children (birth to age 3) and their families. Services will include:

- Unbiased information about language acquisition, communication options and overall development that support the family’s goals for their child.
- Uniform evaluation protocols that identify typical developmental benchmarks and use the data to adjust early intervention programming and services.
- Specialists trained to provide related and support services to this population of children.

PARENT AND FAMILY INVOLVEMENT

Issue 11: Information and Support for Parents and Families. Parents and family members report they do not consistently receive comprehensive unbiased information about what communication modalities exist and the potential benefits and limitations of each. Information dissemination varies around the state. Access to information is even more complicated for non-English speaking families. [Evidence: Key Issues, Focus Group meetings, Services Surveys]

Parents and family members lack sufficient support and training to address the language, communication, educational and social needs of their children/youth. They feel they have to locate and navigate program and service options on their own without adequate information and support. [Evidence: Key Issues, Focus Group meetings, Services Surveys]

Recommendation 11.1: Provide Information and Assistance to Families.

CDHL should convene a work group to develop a set of unbiased resources for families about options for communication and early learning, as well as self-advocacy. These core materials will be shared with families when their children are identified with hearing loss, regardless of where they live in the state. The materials will enable parents and family members to better understand how to help their children develop language and learning, and to understand their rights and those of their children in early intervention and school settings.

Issue12: Parent and Professional Relationships. Parents and family members do not feel are welcome as members of the educational team in the P-12 school system or may not understand how to best advocate for their children and their needs. They feel their opinions are not valued and they are not encouraged to be involved as an equal team member. [Evidence: Key Issues, Focus Group meetings, Services Surveys]

Recommendation 12.1: Strengthen School-Parent Relationships

CDHL should provide training for families and professionals related to effective teaming and dispute resolution techniques. CDHL should provide training for professionals to increase their understanding of the changing and varied needs of children/youth who are D/DB/HH, including relevant regulations.

ACTION REQUESTED

CDHL stands ready to act as the state authority for D/DB/HH services. In accordance with the issues detailed in this report, when provided the resources, CDHL will:

- **Develop recommended policy changes**
- **Establish programs and services, including regional programs, to meet the needs of children and youth who are D/DB/HH**
- **Provide training resources and information to children, families, local school districts, and other service providers.**

“Unbiased” means information about all communication modalities (i.e. ASL, Cued Speech, LSL, SEE) and educational options and services that is based on evidence rather than opinion. This information informs parents so that they are able to make reasoned decisions about the developmental and educational needs of their children.

CDHL will work in collaboration with OSPI, ESDs, local school districts, other state agencies, non-public agencies and programs, parents and other pertinent stakeholders when developing these policies and programs. CDHL has identified a series of next steps to begin this process. These activities are listed in Section 5, Implementation Plan.

SECTION 2. SCOPE OF WORK

HISTORY

The Washington legislature first demonstrated its desire to improve outcomes for students who are D/DB/HH in 2006 when it directed the Washington State Institute for Public Policy (WSIPP) to hold a series of stakeholder meetings to investigate the strengths and weaknesses of educational services available to these children and youth. The results of this study, published in 2007 (Pennucci, Smith & Roth), identified several weaknesses:

- Lack of a coordinated system;
- Limited availability of professional expertise and service in most areas of the state;
- Widespread use of unqualified educational interpreters;
- Isolation of D/DB/HH children in mainstream schools;
- Inconsistent provision of information and services for parents of infants and toddlers;
- Other issues: special challenges for subpopulations, lack of transition programs, and a disconnect between day-to-day practice and research.

Suggestions to address these problems included placing authority for system coordination and oversight in a single state entity, developing regional programs, developing teacher and interpreter standards, strengthening early identification and intervention requirements, and expanding resources for technology-based supports.

The WAC code 392-172A-03110, titled “Development, review and revision of the IEP” consistent with IDEA, states that in developing each student's IEP, the IEP team must:

(iv) Consider the communication needs of the student, and in the case of a student who is deaf or hard of hearing, consider the student's language and communication needs, opportunities for direct communication with peers and professional personnel in the student's language and communication mode, academic level, and full range of needs, language and communication mode.

This regulation requires school districts to address the individual needs of students who are D/DB/HH yet the WSIPP reported that few school districts have the resources to provide the necessary services to meet these needs. The lack of resources limits attainment of developmental and educational achievement goals and ultimately the district's ability to meet its federal and state obligation to provide a free and appropriate public education (FAPE).

LEGISLATION

In response to the WSIPP report, the legislature recognized that a system of statewide improvements needed to be made to address the lack of appropriate educational opportunities for children and youth who are D/DB/HH. Engrossed Second Substitute House Bill 1879 was unanimously passed in both the House of Representatives and the Senate and signed by the governor on May 9, 2009, creating the Washington State Center for Childhood Deafness and Hearing Loss (CDHL). This bill directed CDHL to provide statewide leadership for the coordination

and delivery of educational services for children who are D/DB/HH in the full range of communication modalities and collaborate with appropriate private and public partners for the training and professional development of educators who work with these children (see the Purpose Statement in Section 1, Overview, for more information on the requirements of the legislation).

WORK STRUCTURE AND ACTIVITIES

Immediately following passage of Engrossed Second Substitute House Bill 1879, CDHL leadership, in conjunction with a contracted facilitator, began to develop a plan for information and data collection to address the fact finding requirements of the legislation. This plan specifically addressed the collection of statewide input from stakeholders to identify existing strengths and gaps in current service delivery for deaf, deaf-blind, and hard of hearing children. As required by the bill, a Core Team representing key agencies and stakeholders with interests in the education of D/DB/HH children was convened. In October of 2009, the Core Team identified a set of key issues and started the aggressive data collection plan illustrated in Figure 1. A variety of methods for announcing the various stakeholder opportunities were used, including a website for the project and email distribution. In addition, Core Team members were charged with the responsibility of disseminating information to specific target groups based upon their individual constituents and affiliations.

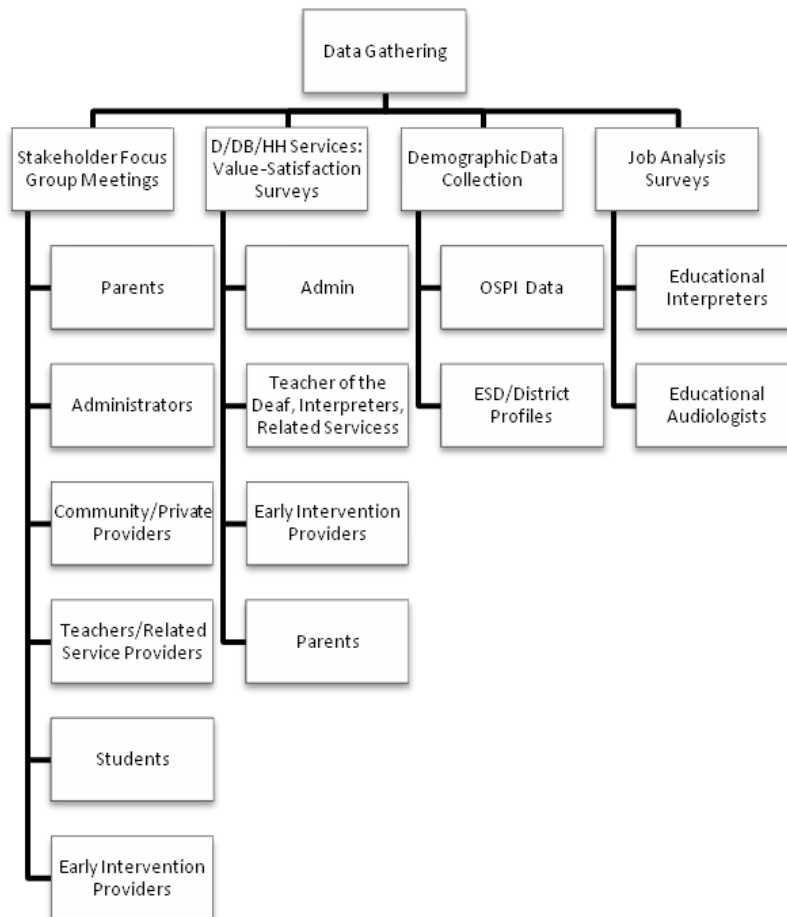


Figure 1: Data collection plan

SUMMARY OF DATA GATHERING ACTIVITIES

CORE TEAM KEY ISSUES

At the first meeting of the Core Team in October, 2009, key issues facing the education of children and youth who are D/DB/HH were identified. This activity provided a context for identifying data collection needs as part of the fact finding process that would be conducted throughout the state.

STAKEHOLDER MEETING FOCUS GROUPS

Stakeholder meetings were conducted between January and May of 2010 within each of the nine Educational Service Districts (ESDs) as well as at the Washington School for the Deaf and at a, additional meeting of parents of D/DB/HH children. This meeting schedule and participation information is summarized in Appendix B. In order to encourage participation of all attendees in a safe and accessible format, small focus groups of no more than 15 members were structured according to roles. These included parents, school administrators, community and private service providers, teachers and related service providers including educational interpreters, early intervention specialists, and students. Core team members were trained in focus group facilitation strategies using a structured question format that was replicated across all settings and groups. In addition to focus group discussions, teachers and related service providers were invited to complete a checklist regarding available services within their school districts and parents were asked to complete a checklist identifying services utilized by their children.

SURVEY REGARDING PROGRAMS AND SERVICES FOR CHILDREN AND YOUTH WHO ARE D/DB/HH

A survey to address the current status of services to children and youth who are D/DB/HH was developed and customized for each of the four target groups: 1) administrators with responsibility for services to D/DB/HH students, 2) teachers of the deaf and related service providers, 3) early intervention specialists including Family Resources Coordinators, and 4) parents. The survey addressed practices in the areas of:

- Identification and referral
- Evaluation
- Oversight, infrastructure and support for learning
- Instruction and student performance
- Parent, family and community involvement

Respondents were asked to rate each element on two levels—first, to evaluate the level of importance or value it has for providing essential services for D/DB/HH students, and second, to evaluate the level of satisfaction of current implementation within each respondent's setting. The importance scales used a rating of 1 = not important to 4 = very important. The level of satisfaction scale used a rating of 1 = unsatisfied (few of the components, <50%, are implemented),

2 = somewhat satisfied (many of the components, 50-69%, are implemented), 3 = satisfied (most of the components, 70-89%, are implemented), 4 = very satisfied (all components, \geq 90%, are consistently implemented) and 5 = don't know/not applicable. The number of items in the survey varied by group from 18 items for parents to 35 items for teachers and related service providers. The surveys were conducted on line via Survey Monkey and was available from February through June 5, 2010.

DEMOGRAPHIC DATA COLLECTION

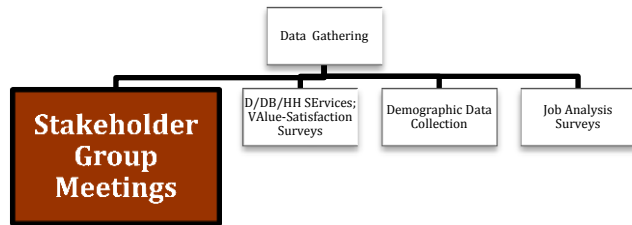
Population statistics for students served in the special education categories of deaf, deaf-blind, or hearing impaired were collected from OSPI's annual federal IDEA child count for the state, ESDs and school districts. An on line survey for individual school districts was also conducted to gain knowledge regarding students with hearing loss who were served through 504 Plans as well as those not receiving any services. This survey was available from February through June 5, 2010.

JOB ANALYSIS SURVEYS

The Core Team identified educational interpreting and educational audiology as two areas where students were potentially underserved. To better understand the services provided in these areas as well as limitations, specific surveys were developed and made available on line using the Survey Monkey format for these two professional groups. This survey was available February through June 5, 2010. Although not addressed with a specific survey, another underserved area is services from a Teacher of the Deaf (TOD). The lack of TODs was a recurrent theme in stakeholder meetings and the online survey.

SECTION 3. DATA GATHERING RESULTS

The following sections summarize the results of each of the data collection activities.



STAKEHOLDER GROUP MEETINGS

Stakeholder meetings were conducted between January and May of 2010, within each of the nine Educational Service Districts (ESDs) as well as at the Washington School for the Deaf and at a special meeting of parents of D/DB/HH children. Each meeting included focus groups as previously described on p. 12. Appendix B profiles the type and number of meeting participants for each site. A total of 514 participants produced 3537 comments. The focus group questions addressed by participants were:

- What is working well?
- What specific services need to be enhanced or are needed that do not currently exist?
- What outcomes would you expect as a result of additional services?
- Given this opportunity to give input to the state regarding services to D/DB/HH children, what advice would you give?

The comments from all groups (i.e., teachers, administrators, parents, consumers, community members) were synthesized and analyzed according to the themes below.

- Administration and coordination of programs and services
- School communication and collaboration
- Parent involvement
- Personnel
- Academic services
- Support services
- Technology services
- Training
- Early intervention

Appendix C, Focus Group Comments: Themes Matrix Summary, contains a synopsis of the comments. The comments within the themes were further analyzed and prioritized by the Core Team in a multi-step process. The resulting priorities are reflected in the Strengths, Issues, Needs, Outcomes, and Recommendations statements in Section 4 and the Overview in Section 1.

STAKEHOLDER MEETING SURVEYS

As part of the Stakeholder meeting data collection process, surveys were available for school service providers and parents.

TEACHER AND RELATED SERVICE PROVIDER SURVEYS

Surveys were completed by 81 teachers and related service providers aimed at identifying services that were available as well as gaps in services. *Availability of services indicated on the survey does not necessarily reflect that the services are sufficient to meet individual student needs or that the providers have appropriate qualifications.* Pertinent findings are summarized in Table 1. The full survey results for teachers and service providers are located in Appendix D-1.

Hearing Technology Options for D/HH Students

Personal Hearing Instruments: These devices are generally the responsibility of the parents/ family and therefore are not provided by the school under IDEA or Section 504. These include *hearing aids, cochlear implants (CI), and bone anchored hearing aids (Baha).*

Hearing Assistive Technology: These devices are provided by the school under IDEA or Section 504 as technology to improve access to learning. These listening systems can deliver the speaker's voice directly to the student through their personal hearing instrument, through a school owned system (*personal FM*), through a speaker placed next to the student (*desktop audio*), or through speakers designed for the whole room (*classroom audio*).

Table 1. Teacher/Related Service Provider Survey Summary

Finding	<u>Available more than 70% of the time</u>	<u>Available less than 70% of the time</u>
Local placement options in addition to the statewide option of WSD	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • D/HH self-contained classroom: Sim-Com/TC • DHH self-contained classroom: ASL • DHH resource room/mainstream combination: Sim-Com/TC • General education classroom fulltime with itinerant/consult support in self-contained classroom: Special Education • D/HH resource room/mainstream combination: Auditory-Oral • D/HH self-contained classroom: Auditory-Oral

Services	<ul style="list-style-type: none"> • TOD (classroom and itinerant) • Consultation • Interpreting • Speech-language • Access to D/HH peers • Access to D/HH role models • Recreational/social opportunities 	<ul style="list-style-type: none"> • Educational audiology • Transition services • Counseling • Family counseling & training • Sign language instruction for family members • Transition: self-advocacy and personal responsibility training, financial resources
Communication Accommodations	<ul style="list-style-type: none"> • Customary teacher accommodations (obtain attention prior to speaking, using lighting to enhance speech reading, reducing background noise, reduce visual distractions, present information, clearly enunciated speech, delivered in easy to understand format, frequent checks for understanding) • Special seating arrangement 	<ul style="list-style-type: none"> • Extra time for processing information
Amplification Accommodations	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • Personal FM System • Classroom Audio Distribution System • Desktop Audio System
Assistive Technology	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • Alerting devices • videophone or text phone
Instructional Accommodations & Modifications	<ul style="list-style-type: none"> • Visual supplements 	<ul style="list-style-type: none"> • Video/TV captioning/ scripts • Down time/breaks from listening • Extended time to complete work • Tutoring • Peer note taker • Interactive white board • Classroom captioning of instruction • Note taker • Speech-to-text software • Large print/Braille (Note: only a few providers who educate students with visual impairments completed this survey)

PARENT SURVEYS

Parent surveys focused on options and services that were currently available at the school attended by the respondent's son or daughter. Highlights of the 67 completed surveys are summarized in Table 2. *Availability of services indicated on the survey does not necessarily reflect that the services are sufficient to meet individual student needs or that the providers have appropriate qualifications.* The complete survey summary is located in Appendix D-2. Modes of communication and placements of children as reported by parents completing survey:

Primary Communication Mode

Listening and Spoken Language (LSL)	42.9%
American Sign Language (ASL)	41.1%
Sim Com/Total Communication	3.6%

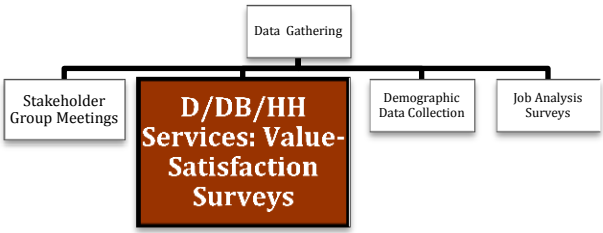
Current Placement

Public School DHH Self-Contained Classroom	26.2%
Private School	18.0%
Parent-Infant Program	16.4%
Public School DHH Resource/ Mainstream Combination	14.6%
Washington School for the Deaf	13.1%
Home School	3.3%
Public School Special Education Self-Contained Classroom	1.6%

Table 2. Parent Survey Summary

Finding	<u>Used more than 70% of the time</u>	<u>Used less than 70% of the time</u>
Services and Supports	<ul style="list-style-type: none"> • TOD (classroom and itinerant) • Interpreting • Speech-language 	<ul style="list-style-type: none"> • Consultation • Educational audiology • Counseling • Family counseling & training • Sign language instruction for family members • D/HH peers • D/HH role models • Transition services • Recreational/social opportunities
Communication Accommodations	<ul style="list-style-type: none"> • Clearly enunciates speech • Special seating arrangement 	<ul style="list-style-type: none"> • Customary teacher accommodations (obtain attention prior to speaking, using lighting to enhance speech reading, reducing background noise, reduce visual distractions, present information, delivered in easy to understand format, frequent checks for understanding)

Assistive Technology	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • Alerting devices (smoke or fire alarm) • Videophone or text phone
Amplification Accommodations	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • Personal FM System • Classroom Audio Distribution System • Desktop Audio System
Instructional Accommodations & Modifications	<ul style="list-style-type: none"> • Visual supplements 	<ul style="list-style-type: none"> • Interactive whiteboard • Classroom captioning of instruction • Video/TV captioning/ scripts • Peer note taker • Down time/breaks from listening • Extended time to complete assignments • Speech-to-text software • Tutoring • Note taker • Large print/Braille (Note: only a few providers who educate students with visually impairments completed this survey)



D/DB/HH SERVICES: VALUE-SATISFACTION SURVEYS

Current services provided to D/DB/HH children and youth were analyzed through a survey accessed via Survey Monkey. Four respondent groups participated in the survey:

- Administrators – 136 responses
- Teachers of Deaf/Related Service Providers – 106 responses
- Early Intervention Providers – 51 responses
- Parents – 125 responses

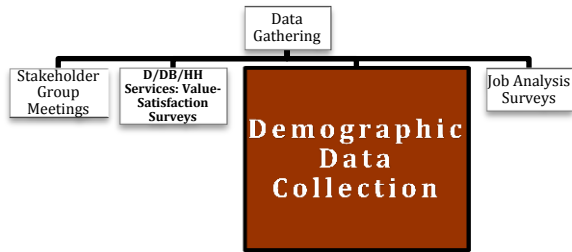
Characteristics of each respondent group are summarized in Appendix E.

Respondents rated program components first on its importance or value as for D/DB/HH students and second on their satisfaction with the current implementation of the program components in the respondent’s setting. Ratings were analyzed for each group and questions that met a high *value* score of ≥ 3.5 (out of 4 points) and a low *satisfaction* score < 2.5 (out of 4 points) were prioritized.

The following program components were identified as high value/low satisfaction according to the above criteria. Those that are asterisked (*) met the criteria for more than one of the respondent groups.

- | | |
|--|--|
| <ul style="list-style-type: none"> Identification & Referral* Collaboration Hearing Screening Audiological Referral* Vision Screening Persons Conducting the Evaluation Domains to be Evaluated Test Administration Evaluation Team Placement Considerations Statement of Purpose Policy on Language & Communication State Oversight* | <ul style="list-style-type: none"> Continuum of Options* Children/Youth with Multiple Disabilities Program Administrator Other Personnel: Educational Interpreters Staff Development Training for General Education Personnel* Facilities Self-Assessment Transitions Parent Support & Training* Parent Leadership & Participation in Program Development |
|--|--|

Appendix F contains a matrix comparing the value and satisfaction ratings for each item for all respondent groups. Appendix G contains a table of the comments for each of the question topics that met the prioritized criteria. The findings from this survey are reflected within Section 4, Summary: Strengths, Issues, Needs, Outcomes, and Recommendations.



DEMOGRAPHIC DATA COLLECTION

1. What data are currently collected on students who are deaf, deaf-blind, and hard of hearing who are served through special education in Washington?

OSPI, through its annual federal IDEA student count, collects the following data on students with disabilities:

- Student ID number
- Date of Birth
- Ethnicity
- Disability category (WAC uses the categories of deaf and hearing impaired; hearing impaired and hard of hearing are referring the same group)
- Least Restrictive Environment (LRE) code
- Serving district
- Sending district – if out of district placement

Figure 2 contains a summary of the number of students, ages 3 through 21, in each reported disability category for 2000-2009. Note that for deafness and hearing impairments (e.g., hard of hearing), there has been an overall decline in the number of students reported.

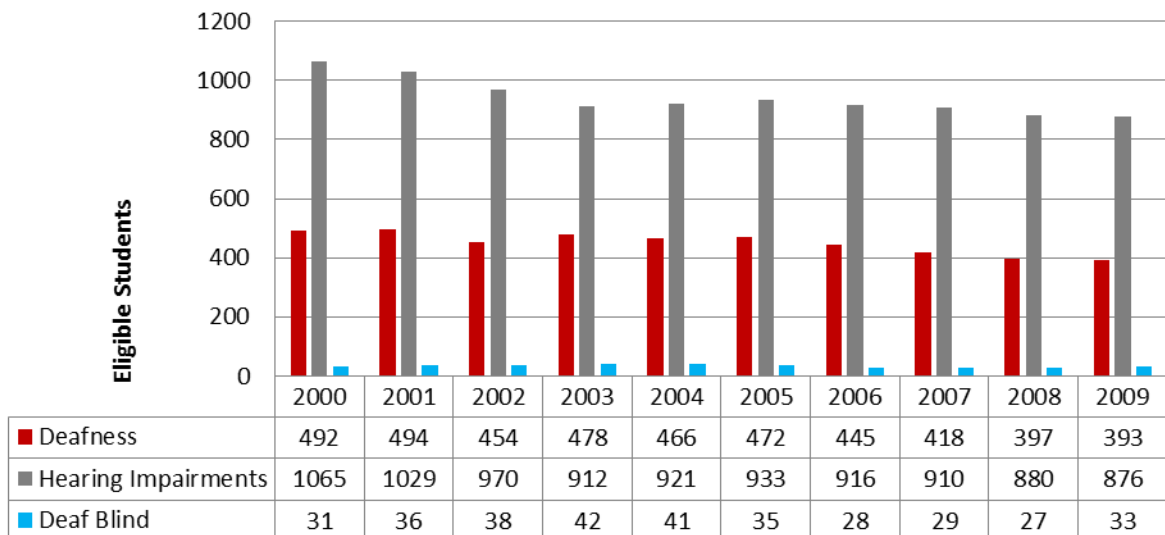


Figure 2: Number of students who are D/DB/HH from 2000 to 2009.

A comparison of the number of eligible students by age who are reported as deaf and hearing impaired (e.g., hard of hearing) between 2000 and 2008 is shown in Figure 3. This figure illustrates the impact of newborn hearing screening as there are many more children with hearing loss in the 3-6 year old range in 2008 than in 2000. Statewide newborn hearing screening was implemented in 2005. The decrease in number of students with hearing impairments from age 7 to 17 is also apparent.

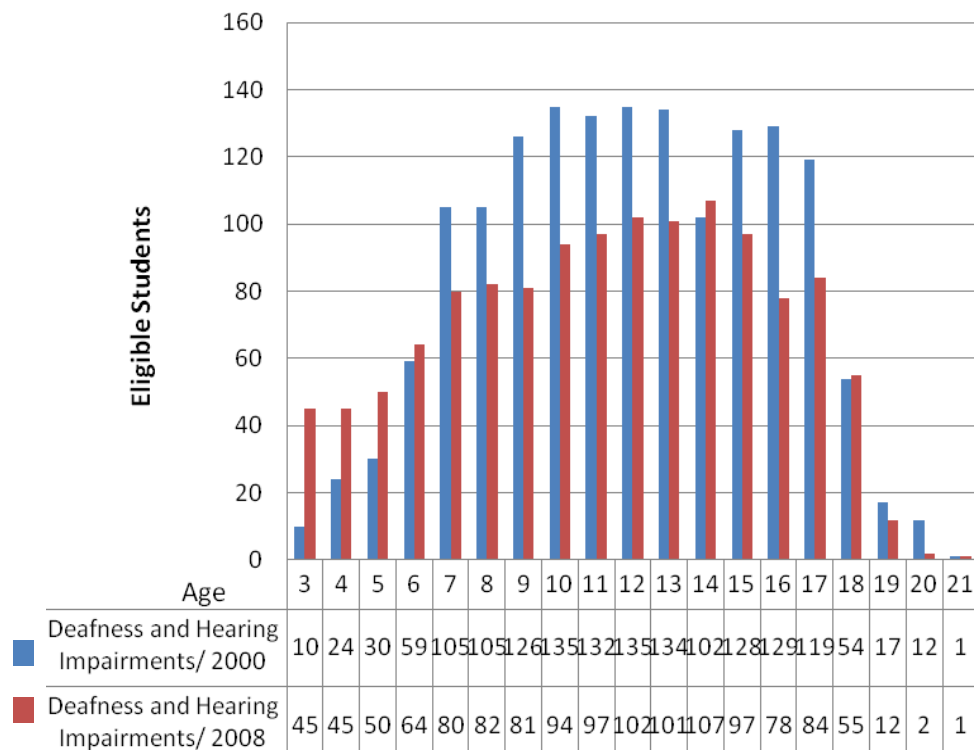


Figure 3: Number of students who are D/HH by age 2000 compared to 2008.

Placement decisions for students who are D/DB/HH must consider the language and communication access parameters of the situation [see text box citation of WAC 392-172A-03110(iv) in Section 1]. This focus often results in a different interpretation of LRE. For D/DB/HH children and youth, LRE is more appropriately interpreted as a *Language-Rich Environment* in order to emphasize this critical role of language and communication. As a result, the LRE for a deaf student might not be the general education classroom but rather an environment where all students are able to communicate directly with the deaf student.

The changes that have occurred in placement of students with hearing loss from 2000 to 2009 are illustrated in Figure 4. Of note is that many more deaf students are receiving 80% or more of their education in general education classrooms (16.5% in 2000 increased to 37.2% in 2009), which may not reflect a language rich environment given the lack of capacity to meet student needs in the state.

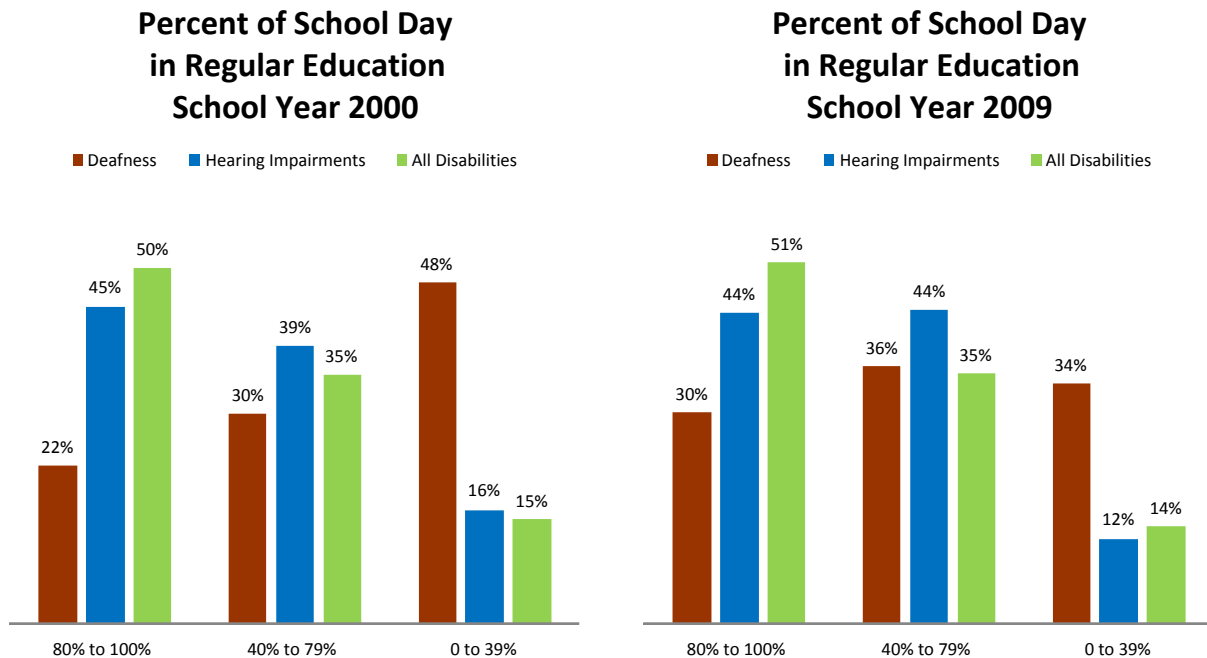


Figure 4: Placements of students who are D/HH compared to placements for all students with disabilities from 2000 to 2009.

Data on the number of students with IEPs who are D/HH for two age groups, 3-5 years and 6-21 years, are shown in Figure 5. This chart illustrates the *decrease* in both groups of students in the 6-21 year range and the *increase* in children in the 3-5 year range. One reason for the increase in children in the 3-5 year group is earlier identification of hearing loss and implementation of intervention as a result of newborn hearing screening.

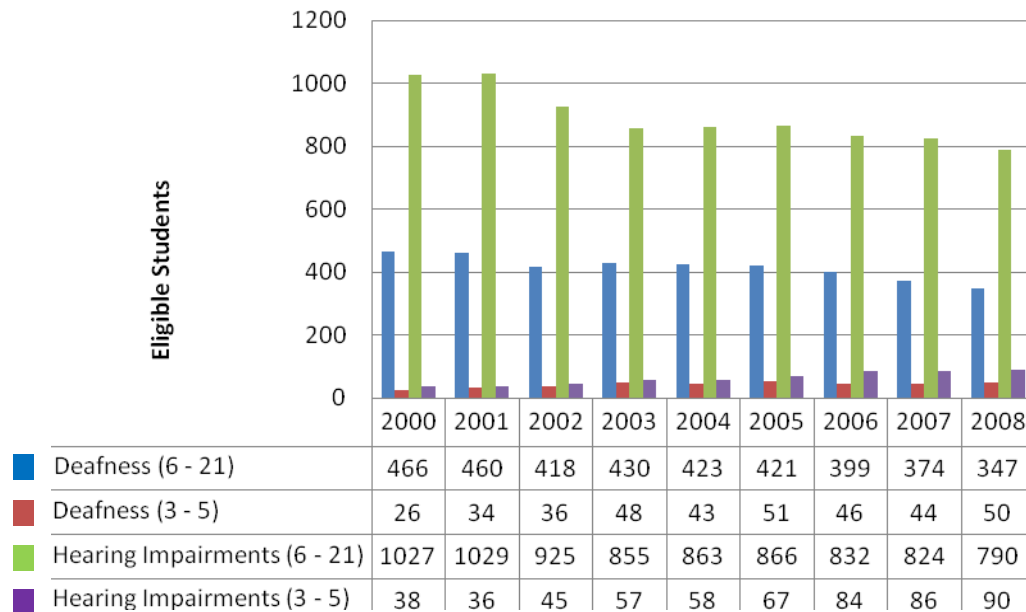


Figure 5: Number of students who are D/HH 3-5 years of age and 6-21 years of age, 2000-2008.

2. Who are the deaf, deaf-blind, and hard of hearing students on IEPs and where are they located in WA in 2009?

- The map in Figure 6 provides a geographical representation of D/DB/HH students, 3-21 years, as reported to OSPI in the 2009 student count according to Educational Service Districts (ESD) based on the serving districts. The map also identifies the number of DB students who are reported on the annual federal Deaf-Blind Census¹.
- The map in Figure 6 reports a total of 97 Teachers of the Deaf serving the estimated 1,280 special education students with hearing loss in Washington.

¹ The Deaf-Blind Census is conducted annually as required by the Office of Special Education Programs (OSEP) and documents students aged birth to 21 who have a *combined hearing loss and visual impairment* (regardless of their special education category). Many of these students are found in the category “multiple disabilities” (in addition to “Deaf,” “Hearing Impaired,” “Blind/VI,” and “Deaf-Blind” categories); all have unique needs as children with dual sensory loss.

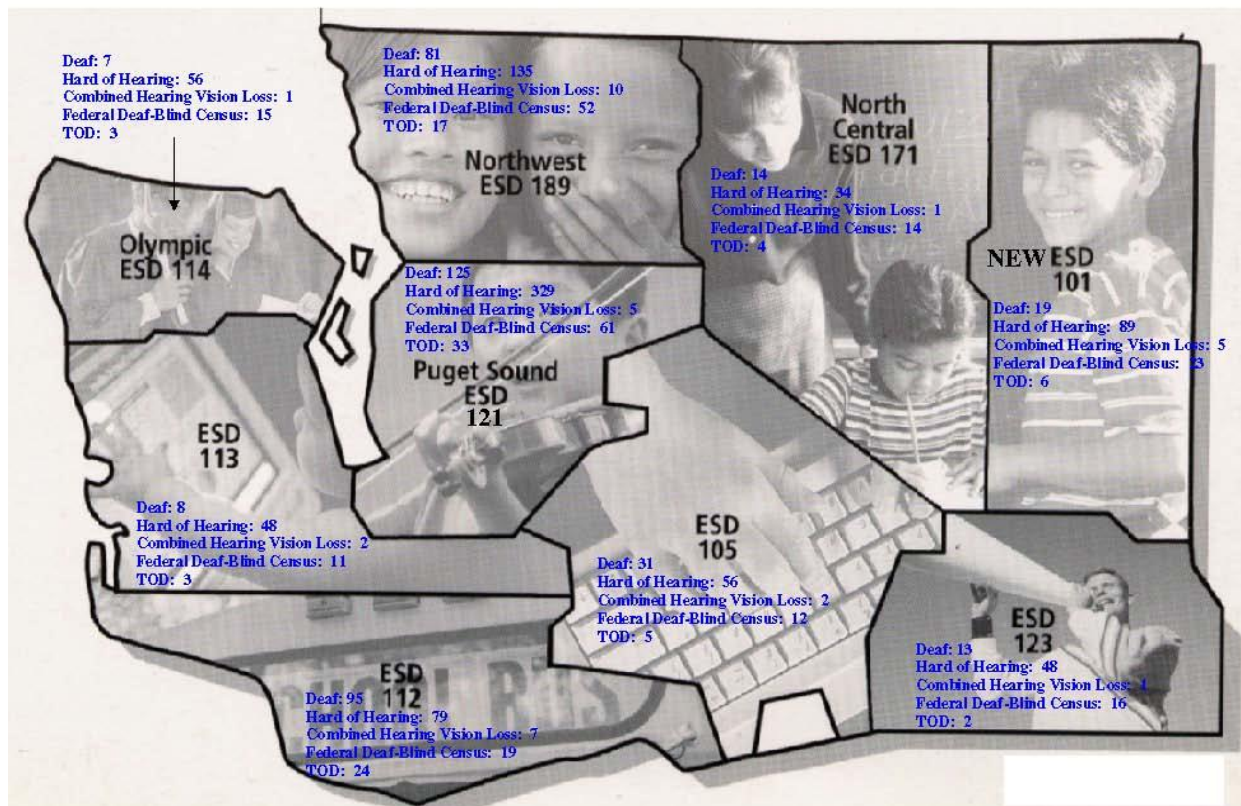


Figure 6: Distribution of D/DB/HH students and number of TODs within each ESD

3. How many students with hearing loss are educated in our schools that are not in special education?

Teachers and parents report a growing number of students with hearing loss who are not in special education. As education moves towards differentiated instruction and providing more prevention measures through the Response to Intervention model, the Core Team and CDHL believe it is important to understand the characteristics of D/DB/HH students in order to plan for accommodations and other support services that may be necessary to achieve and/or sustain grade level or above performance as well as to identify students who may be underserved.

Individual school districts were surveyed in an attempt to determine the actual number of students with hearing loss as well as identify students with hearing loss on IEPs who may be served under a different disability category. Table 3 contains data from a sample of seven small, medium and large school districts. This table illustrates the discrepancy in OSPI reported data as compared with the CDHL survey results. OSPI and CDHL survey differences for IEP students may be due to the different dates the data were requested and may also reflect inconsistencies

in reporting. Based on the overall student enrollment of the sample school districts, the prevalence of students with hearing loss based on the CDHL survey is estimated at .69% compared to .13% (OSPI) and .18% (CDHL) for students with hearing loss as their primary disability. This represents nearly a four-fold increase in the rate of students with hearing loss and more than five times as many students as our current reporting indicates.

Table 3. Sample of 7 small, medium and large school districts, comparing the federal special education child count (November 1, 2009) with the CDHL survey results collected during the same school year (February- June 2010).

District	Total Student Enrollment	Child Count (OSPI Nov 1, 2009)			Child Count CDHL Survey Results (Feb-June 2010)			CDHL Survey Results: Non-categorical D/HH Students (Feb-June 2010)				CDHL Survey Total ²
		Deaf	HI	Total	Deaf	HI	Total	No IEP/ No 504	504 only	IEP but not D/HH ¹	Total	
District 1 (Eastern WA)	3,863	0	5	5	0	3	3	10	6	8	24	27
District 2 (Western WA)	20,276	8	34	42	39	40	79	119	9	80	208	287
District 3 (Western WA)	26,568	13	20	33	12	29	41	50	10	22	82	123
District 4 (Eastern WA)	2,080	0	3	3	0	4	4	1	1	2	4	8
District 5 (Central WA)	3,667	1	3	4	1	1	2	5	1	2	8	10
District 6 (Central WA)	10,908	1	3	4	1	3	4	20	1	17	38	42
District 7 (Western WA)	6,789	0	3	3	0	3	3	0	0	8	8	11
TOTALS	74,151	23	71	94	53	83	136	205	28	139	372	508
Percent of total student enrollment of sample districts (N=74,151)				.13%			.18%					.69%
Percent of total D/HH population of sample districts (N=508)							27%	40%	5.5%	27%		
Percent of non-IEP DHH populations of sample districts (N=372)								55%	7.5%	37%		

¹These are students who are deaf or hearing impaired but whose primary disability is another category such as multiple disabilities or autism.

²CDHL Total = All IEP and non-IEP students who are D/HH

Services received by students with hearing loss are illustrated in Figure 7. Based on this sample of school districts, only 27% of the total population of students with hearing loss receive services through an IEP designed to address their D/HH needs. For the remaining students, the majority, 40%, receives no supports or services, 27% are on IEPs with a different primary disability (i.e., multiple disabilities, autism), and 5.5% have 504 Plans.

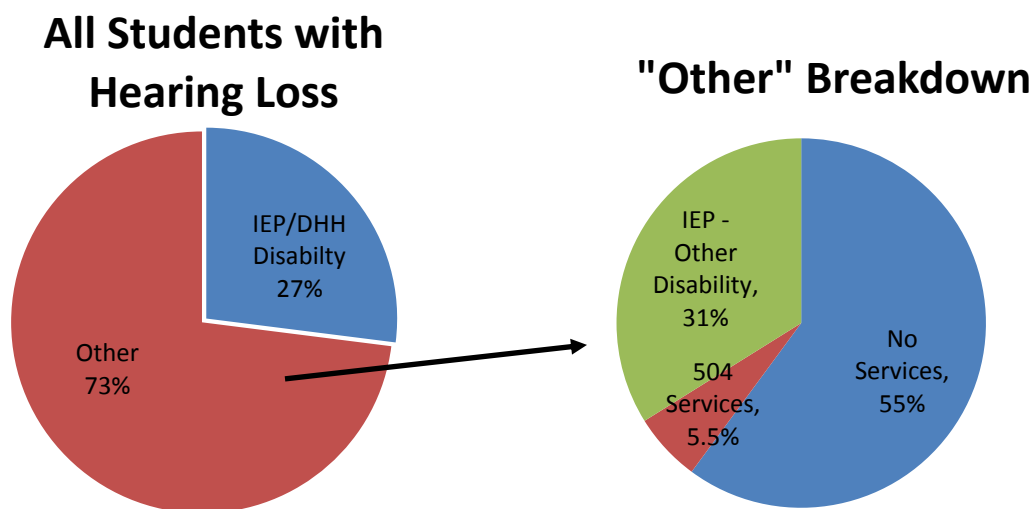


Figure 7: Service characteristics of students with hearing loss.

SUMMARY AND IMPLICATIONS OF DEMOGRAPHIC DATA COLLECTION

The data currently available through OSPI provide an incomplete demographic profile of the student population of D/DB/HH children and youth in Washington. Additional student data are needed to identify all children with hearing loss, regardless of special education status, and to better define any additional disabilities of these students. Table 4 indicates a decrease in the number of students served under IDEA from 2000 to 2009. This highlights the need for a consistent way of reporting student information as this trend is inconsistent with the growth in special education in the state during the same time period.

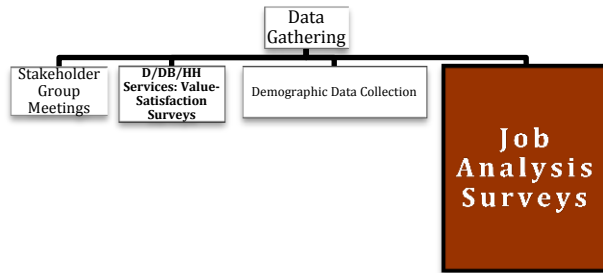
In order to provide a more accurate demographic profile of D/DB/HH students, the following needs are identified:

- All children and youth with hearing loss need to be identified and tracked regardless of their eligibility for special education services so they receive appropriate accommodations, supports and/or further assessments.

- LEAs need to collectively monitor students with hearing loss on 504 Plans to ensure the appropriate accommodations and modifications are implemented effectively and students are meeting grade level expectations.
- Children with hearing loss that are eligible for special education must be reported with hearing loss as their primary disability (e.g., deaf, deaf-blind, or hard of hearing) unless there is clear evidence that another disability has precedence in order to maintain accurate demographic information.
- A mechanism is needed to identify the additional disabilities of children with hearing loss to enable educational teams to effectively plan for and respond to the complex learning problems and support needs of these students.

Table 4. Change in Number of Students Reported as D/DB/HH from 2000 to 2009.

Category	# of Students 2000	# of Students 2009	Net Change	Net % Change
Deafness	492	373	-119	-24%
Hearing Impairments	1,065	874	-191	-18%
Deaf-Blind	31	33	+2	+6%
Total	1,558	1,280	-308	-20%



Professional Interpreting Certification Organizations
 EIPA – Educational Interpreter Performance Assessment
 RID – Registry of Interpreters for the Deaf
 NAD – National Association of the Deaf
 NTS – National Testing System (RID)

JOB ANALYSIS SURVEYS

Educational interpreters and educational audiologists completed job analysis surveys using Survey Monkey. These positions were targeted as being under staffed throughout the state. Both of these areas provide critical access connections to instruction for students who are D/DB/HH. Results are reported below.

EDUCATIONAL INTERPRETERS

The educational interpreter survey was completed by 71 interpreters, representing about 26% of the 275 interpreters reported to be employed by schools in Washington. Educational Interpreting services are clearly defined in IDEA as a related service 34CFR300.34(c)(4):

Interpreting services includes-

- (i) The following when used with respect to children who are deaf or hard of hearing: oral transliteration services, cued language transliteration services, and sign language transliteration and interpreting services, and transcription services, such as communication access real-time translation (CART), C-Print, and TypeWell; and*
- (ii) Special interpreting services for children who are deaf-blind.*

As more students are educated within general education classrooms, the educational interpreter’s role and skill level is critical to their success. Washington does not have certification requirements for educational interpreters. Those who have not graduated from an interpreter training program limit the learning potential of D/DB/HH students. Table 5 summarizes the data based on the educational interpreters completing the survey describing employment conditions for educational interpreters.

I have experienced skilled, certified interpreters and interpreters with poor skills. When I have had interpreters that were not qualified, I was very frustrated. I couldn't understand the teacher and the teacher couldn't understand me. I didn't get good explanations about the projects or what was expected for homework. The person didn't interpret everything that was happening in class and I felt uninvolved, isolated. With certified interpreters, my education really improves. I feel motivated. I have good communication with my teacher and the others students, I can participate in discussions and activities—I am really part of the class. It is SO important to my education to have a qualified interpreter!

Olivia, Student, Age 18

Table 5. Summary of employment conditions for educational interpreters.

Area	Percent of Respondents	Area	Percent of Respondents
1. Employer:		2. Employment:*	
School District	98.5%	Full-time	85.7%
Educational Service District	1.5%	Part-time	11.4%
		Hourly	2.9%
3. Years of experience as interpreter:		4. Graduated from Interpreter Training Program:	
1	1.4%	Yes	62%
2-5	27.5%		
6-10	21.7%		
11-16	27.5%		
17-20	13%		
<20	8.7%		
5. Employment conditions:		6. Pay range (\$9.40-30.60/hr.):	
Has contract	73.5%	<\$10/hr	1.6%
Paid Hourly	94.2%	\$10-15/hr	4.9%
Salaried	5.8%	\$16-21	43.5%
Paid over 9 mo	14.9%	\$22-28	24.2%
Paid over 12 mo	80.6%	>\$28	3.2%
Paid other	4.5%		
Health benefits provided	93.9%		
7. Hours per day worked:*		8. Compensation for extra-curricular activities:*	
< 6 hours	2.8%	Not compensated	0%
6 hours	46.4%	Regular rate of pay	77.9%
7 hours	42%	More than regular rate	20.6%
≥8 hours	8.7%	Less than regular rate	1.5%
		Time off/comp time	11.8%
9. Prep time as part of schedule:		10. Assigned duties in addition to interpreting (playground, tutoring, hall duty):	
Yes	44.9%	Yes	56.7%
No	55.1%	No	43.3%
11. Substitute interpreter hired when ill or absent:		12. Supervisor of Interpreter:	
Yes	70.6%	Spec Ed Director/Program Coordinator	46%
No	29.4%	Principal	36%
		Teacher of the Deaf	29%
		Special Education Teacher	1.7%
13. Are classes scheduled with two interpreters to team interpret:		14. Performance evaluation:	
Yes	27.9%	Program Coordinator	35%
No	72.1%	Principal	13%
		Lead Interpreter	6%
		Outside Evaluator	7%
		No Response	61%
15. Supervisor skill in sign language:*		16. Professional Development Plan written annually:	
Skilled interpreter	32.1%	Yes	13.4%
Skilled signer	19.6%	No	86.6%
Not knowledgeable	48.2%		

17. Age group of children served:		18. Number of D/DB/HH students in district:	
Pre-K	12.9%	Over 20	44.8%
Elementary	30%	11-20	14.9%
Middle School	44.3%	6-10	22.4%
High School	47.1%	2-5	16.4%
Vocational	8.6%	1	1.5%
19. Number of D/DB/HH students in school building:*		20. Work with same/different students:	
Over 20	7.4%	Works with more than one student in the day	58.6%
11-20	20.6%	Works with same student all day	41.4%
6-10	10.3%		
2-5	42.6%		
1	19%		
21. Participates in IEP meetings as a participant-not interpreter:		22. District pays more with certification(NAD, RID, EIPA):	
Yes	50.7%	Yes	15.4%
No	49.3%	No	84.6%
23. Is certification required for employment?		24. Will district pay for certification?	
Required	1.5%	Yes	14.8%
Encouraged but not required	37.9%	No	85.2%
Neither	60.6%		
25. District offers professional development training annually:			
Yes	36.4%		
No - supported to attend other trainings	53%		
No- district provides teacher training only	21.2%		

*Percent does not total 100% due to rounding.

EDUCATIONAL AUDIOLOGISTS

The educational audiology survey was completed by 19 educational audiologists, representing about 53% of the 36 educational audiologists reported to be employed by schools in Washington. The American Speech-Language-Hearing Association recommends 1 educational audiologist per 10,000 enrolled students. Given this recommendation, Washington should have 103 educational audiologists employed in the schools based on the 2009 student enrollment of 1,035,765 students. Educational audiology services are clearly defined in IDEA as a related service (34CFR300.34(c)(1):

Audiology includes-

- (i) Identification of children with hearing loss;*
- (ii) Determination of the range, nature, and degree of hearing loss, including referral for medical or other professional attention for the habilitation of hearing;*
- (iii) Provision of habilitation activities, such as language habilitation, auditory training, speech reading, (lip reading), hearing evaluation, and speech conservation;*
- (iv) Creation and administration of programs for prevention of hearing loss;*

- (v) *Counseling and guidance of children, parents, and teachers regarding hearing loss; and*
 (vi) *Determination of children’s needs for group and individual amplification, selecting and fitting an appropriate aid, and evaluating the effectiveness of amplification.*

As more students rely on technology (hearing aids, cochlear implants, personal FM systems, classroom audio distribution systems), the educational audiologist’s role in supporting classroom listening skills through addressing classroom acoustics and managing the hearing and hearing assistive technology used by students in schools continues to become more important. Table 6 describes the data from the survey describing employment conditions for educational audiologists.

Table 6. Summary of Employment Conditions for Educational Audiologists.

Area	Percent of Respondents	Area	Percent of Respondents
1. Employer:		2. Audiology FTE:	
School District	99%	1 FTE	42%
Educational Service District	1%	.6-.9 FTE	42%
		.3-.5 FTE	16%
3. Supervisor of Audiologist:		4. Performance Evaluation:	
Special Ed Director	64.3%	Special Ed Director	61.5%
Program Coordinator	35.7%	Program Coordinator	38.5%
Principal	0%	Principal	0%
5. Supervisor knowledgeable in audiology:		6. Audiology FTE based on student enrollment:	
Knowledgeable	15.8%	8,000-16,000 (.5-.8 FTE)	19%
Not knowledgeable	84.2%	17,000-20,000 (.9-1.0 FTE)	31%
		21,000-30,000 (1.5-2.0 FTE)	31%
		31,000-48,000 (4.8 FTE)	19%
7. Age Group of Children Served:		8. Number of students in district with hearing loss:*	
Birth-2	31.6%	Over 100	82.4%
3-5	89.5%	51-100	11.8%
Elementary	89.5%	11-50	5.9%
Middle School	89.5%	< 10	0%
High School	89.5%		
9. Number of D/HH students with direct IEP services:*		10. Number of D/HH students with indirect IEP services:*	
More than 40	27.8%	More than 40	44.4%
31-40	5.6%	31-40	5.6%
21-30	16.7%	21-30	5.6%
11-20	16.7%	11-20	27.8%
<10	33.3%	<10	16.7%
11. District offers professional development training annually:		12. District pays more with Doctorate in Audiology:	
Yes	47.4%	Yes	62.5%
No - supported to attend other trainings	57.9%	No	37.5%
No - district provides teacher training only	10.5%		

*Percent does not total 100% due to rounding.

Typical duties and responsibilities performed by educational audiologists (from most often performed to least often) are:

- Consultation & in-service to training to staff 95%
- On-site management of FM listening equipment 95%
- Attendance at IEP/504 meetings 95%
- Help with FM equipment selection and verification 90%
- Assistive Technology orientation & training 90%
- Monitoring & troubleshooting hearing aid & CI functions 85%
- Hearing screening follow up for students 80%
- Recommendations for classroom acoustics 80%
- Student counseling re: hearing loss, access, technology 80%
- Parent counseling and training 80%
- Selection & management of sound-field & individual systems 80%
- Monitoring of chronic middle ear problems 70%
- Audiological evaluations for educational recommendations 70%
- Functional listening evaluations in classrooms 70%
- Development of self-advocacy skills with students 70%
- Management and calibration of audiology equipment 70%
- IEP/504 development and case management 70%
- Hearing screening 55%
- Auditory skills development with students 50%
- Hearing loss prevention education 50%
- Classroom acoustic measurements 40%
- Supervision of audiology assistants or support staff 40%
- Supervision of district hearing screening program 35%
- Supervision/management of district audiology program 25%
- CAPD (central auditory processing disorders) assessment 20%
- Articulation/language skills development 10%
- Early intervention services (birth-3) 10%

SECTION 4. SUMMARY: STRENGTHS, ISSUES, NEEDS, OUTCOMES AND RECOMMENDATIONS

STRENGTHS

Specific program and service strengths were identified in the focus group discussions in response to the question, “What is working well in your school program?” Examples of effective practices were cited; however, they were person or school-specific and did not represent district or statewide strengths. Where one parent commented on her child’s nurturing, accepting environment with committed teachers and staff, another parent at the same focus group said school personnel were not supportive, did not have an understanding of the needs of D/DB/HH children and did not respect the family’s contribution to the educational team. Positive examples of what is working well in some areas/programs in the state helped shape the recommendations in this report.

ISSUES, NEEDS, OUTCOMES AND RECOMMENDATIONS

ADMINISTRATION AND OVERSIGHT

Issue 1: Fragmented Authority. Authority and responsibility for ensuring D/DB/HH children and youth and their families have access to appropriate identification, developmental and educational services is fragmented. Multiple agencies have responsibility for services depending on age and other factors (e.g., OSPI, 295 local education agencies, CDHL, DOH, DEL, DVR). [Evidence: Key Issues, Focus Group meetings, Services Surveys]

Needs:

- Ability to share demographic information and other data among agencies. As children transition from early intervention to public school, the records should follow the child.
- Coordination of the expertise of different agencies so families are provided consistent information and understand the process by which each agency operates.
- A “one-stop” source of information and support for families regarding who delivers educational and other related services to children and youth who are D/DB/HH and how they are delivered.

Outcomes:

- CDHL will have the authority and responsibility to ensure D/DB/HH children and youth and their families have access to appropriate developmental and educational services birth to age 21.
- CDHL will provide leadership for collaborative governance for developmental and educational services that result in consistency of information.
- Parents will have increased access to professional expertise.
- Increased service option availability will exist across the state.

Recommendation 1.1: Establish Collaborative Governance

CDHL is the state agency given authority for providing statewide leadership for the coordination and delivery of educational services to children who are D/DB/HH. CDHL should establish a system of collaborative governance for developmental and educational services for children and youth who are D/DB/HH. Under this governance, CDHL should serve as the primary contact for all issues pertaining to deafness, deaf-blindness, and hearing loss including:

- Partnering with public and private agencies to strengthen educational services for children and youth who are D/DB/HH;
- Providing information and assistance to families, enabling them to make informed decisions about their children's education (see recommendations 14, 15);
- Providing support to schools in areas such as personnel, professional development, and service delivery to assist in the education of D/DB/HH children and youth (see recommendations 4, 7, 9, 15);
- Developing practice standards and other necessary guidelines to families, school districts, and public and non-public agencies and programs, in the education of D/DB/HH children and youth (see recommendations 5, 6, 9, 11, 12, 13);
- Coordinating with the Department of Health to access screening and diagnostic information about infants who are D/DB/HH (see recommendation 8);
- Coordinating services among state agencies, especially the Department of Early Learning and OSPI, for D/DB/HH (see recommendations 8, 9, 10, 11);
- Managing a data system to track and report performance of children and youth who are D/DB/HH (see recommendation 10);
- Leveraging dollars from other state agencies and local education agencies (LEAs) to reduce duplication of effort, close gaps, and increase efficiency with limited resources.

Issue 2: Funding. The cost of educating D/DB/HH children and youth is extraordinarily high because of the need for extensive early intervention (birth through age 2) and, in the case of Part B (ages 3-21), related and support services beyond instruction in order to meet the requirements of a Free and Appropriate Public Education (FAPE). Due to the low incidence of deafness, deaf-blindness, and hearing loss, many districts, especially those in rural areas, are unable to provide comprehensive programs serving these children/youth in their first language. Funding is inadequate and is inconsistent among the 295 school districts and other public and non-public agencies. Multiple early intervention funding sources, complexities, and variations in funding create barriers for providing these supports to infants/toddlers who are D/DB/HH and their families. Access to appropriate services after age 3 is inconsistent due to the interpretation of Washington Administrative Codes (WACs), district philosophies and resources, and a family's ability to advocate.. [Evidence: Key Issues, Focus Group meetings, Services Surveys]

Needs:

- Consistent funding for early intervention for each individual child.
- Local lead agencies implementing early intervention services demonstrate they are providing unbiased, comprehensive information and support to families whose children are D/DB/HH.
- Access to an appropriate education program for every child that meets his/her individual needs regardless of where he/she resides in the state.
- Programs for children and youth that use ASL to promote language development and provide full access to instruction and peer-to-peer interactions.

Outcomes:

- Students will have access to needed services in or near their home school district.
- Families will be authentic members of the school community and their child's educational team.

Recommendation 2.1: State to Assume Financial Responsibility for Certain Costs.

The state should assume the financial responsibility for ensuring that D/DB/HH children and youth receive appropriate early intervention and related and support services. Funding for all services should be allotted based on the true per child cost of the services. Such services must address:

- Early identification;
- Assessment;
- Early intervention services;
- Instructional support services;
- Consultant assistance;
- Accommodations;
- Technology;
- Training;
- Transportation;
- Sign language interpreting;
- Additional related services (i.e., speech-language, educational audiology, counseling, occupational and physical therapy).

Issue 3: LEA Responsibility/Insufficient Capacity. Legal responsibility for educational services is vested in the LEA. However, most LEAs do not have sufficient numbers of Teachers of the Deaf (TODs), trained school district personnel, services, and resources to adequately assess student needs, and prescribe and deliver programs that are appropriate to each D/DB/HH child and youth. [Evidence: Key Issues, Focus Group meetings, Services Surveys]

Further, TODs, early intervention specialists, and related service providers serving D/DB/HH children and youth are frequently evaluated by administrators who do not

have expertise in the development and education of these children. Sign language interpreters are evaluated by administrators who do not know sign language and therefore cannot assess their job required skills. [Evidence: Focus Group Meetings]

Needs:

- School personnel with specific knowledge and training to make appropriate decisions for children and youth who are D/DB/HH.
- Decisions about services based on student needs rather than available resources.
- Certification for educational interpreters in schools to ensure they possess skills unique to the education setting, including supporting students' language and academic development.
- CDHL as the coordinating agency for LEAs to provide expert unbiased consultation focusing on research, best practices, assistance in personnel evaluation, and support with student assessment that addresses the many unique aspects of D/DB/HH education.
- Extended language development and learning opportunities outside the boundaries of the traditional school year to assist children and youth who are D/DB/HH who are not on grade level to become successful, productive, literate adults.
- Consultation by individuals with expertise in the child/youth's communication mode to develop and/or oversee his/her services.
- Trained staff to provide communication support for students (i.e., ASL, Cued Speech, LSL, SEE).
- Program and educational environment continuity (birth-age 2, 3-5 years, 6-17 years, 18-21 years) based on communication modality, including transition support between levels.
- High school transition services specifically designed for D/DB/HH students.
- Evaluation procedures for teachers, early intervention and related service providers that recognize the unique characteristics of each person's role and responsibility in the education of children & youth who are D/DB/HH.
- Evaluation procedures for educational interpreters conducted by a professional organization (i.e., EIPA, RID, NAD) or a person knowledgeable in the area of sign interpretation and role of the educational interpreter.

One parent reported "School districts think they can handle all problems for children. They can't! These children need special education that the average school district is not capable of providing, but won't admit it. The problem is that there is no oversight or uniformity and the children suffer for it."

Outcomes:

- LEAs will exchange some local control (i.e., educational interpreter certification, consultation, language development outside the school year, supervision of staff) for support from CDHL and resources to meet their legal obligation.
- Performance on state assessment tests will be reported.
- A meaningful teacher evaluation process will be used.

Recommendation 3.1: Increase LEA Responsibility & Capacity

In exchange for increased financial support (as discussed in Recommendation #2), LEAs should be responsible for meeting additional state guidelines and standards. Using services through CDHL, including regional programs, the LEAs will develop and provide educational services and report performance towards grade level standards and state assessment tests.

Recommendation 3.2: Increase CDHL Support to Schools.

CDHL should assist school districts in identifying personnel needs to meet their student service obligations. In the absence of appropriate professional personnel at the local level, CDHL will assist school districts in the evaluation of students, the Individual Education Plan (IEP) process, and the evaluation and training of staff that provide services.

PERSONNEL AND TRAINING

Issue 4: Personnel Standards. Washington certification requirement and the process to obtain certification create significant barriers to recruitment and retention of qualified staff. At the same time, there are no minimum standards for educational interpreters. [Evidence: Key Issues, Focus Group meetings, Services Surveys]

Needs:

- Uniform standards designed to address the unique needs of children and youth who are D/DB/HH and applied to professionals serving them:
 - Early Intervention Specialists
 - TODs
 - Educational Audiologists
 - Speech Language Pathologists
 - Educational Interpreters
 - School Psychologists
- Degree in Deaf Education as the minimum requirement for deaf education teacher certification.
- An in-state teacher preparation program in Deaf Education that addresses all communication modalities or support to attend accredited on line or out-of-state programs.
- Uniform state standards and certification requirements for educational interpreters.
- School psychologists, mental health providers, and counselors with expertise working with children and youth who are D/DB/HH.
- On-going training for TODs, early intervention specialists, and related service providers that addresses the changing needs and practices in the education of children and youth D/DB/HH.

- Deaf education teachers with skills to adapt the general education curricula to address the learning needs of children and youth who are D/DB/HH.
- Clearly delineated roles and responsibilities for all providers including sensitivity to cultural differences.
- Elimination of barriers (e.g. ProCert requirements) that limit teacher recruitment and retention.
- Recognition of continuing education hours completed online or out-of-state when related to the specific job responsibilities for certified teachers/professionals.

Outcome:

- Sufficient number of highly trained TODs, early intervention specialists and related service providers, including educational interpreters, will have appropriate professional credentials and Washington endorsement to meet the needs of children and youth who are D/DB/HH.

Recommendation 4.1: Establish D/DB/HH Teacher Standards.

OSPI, in consultation with CDHL, should convene a work group to establish certification requirements for teachers of the D/DB/HH. The certification standards should reflect the appropriate professional preparation required for these specialty groups. Teachers with a graduate degree should be exempt from the ProCert requirements. Information regarding available accredited graduate programs in Deaf Education and relevant workshops and training opportunities to earn clock hours should also be provided.

Recommendation 4.2: Establish Educational Interpreter Standards.

OSPI, in consultation with CDHL, should establish state minimum standards and certification requirements for educational interpreters and support access to the assessment of sign language interpreting skills.

Issue 5: General Education Teachers. Most general education teachers and many special education teachers, including speech-language pathologists, are not adequately equipped to teach and provide accommodations for children and youth who are D/DB/HH. In addition, lack easy access to resources to assist them. [Evidence: Key Issues, Focus Group meetings, Services Surveys]

Needs:

- Awareness and sensitivity to the unique language and communication modalities appropriate for children and youth who are D/DB/HH and their families.
- Training to understand how to use educational interpreters.
- Training on the use of advanced technology designed for D/DB/HH individuals.
- Support to fully implement educational accommodations and modifications for children and youth who are D/DB/HH.
- Opportunities for general education or special education teachers and deaf education providers to plan for instruction and to evaluate the effectiveness of that instruction.

Outcome:

- General education and special education teachers have the knowledge to support and teach children and youth who are D/DB/HH in their classrooms so they make progress commensurate with grade level standards.

Recommendation 5.1: Increase Professional Development Opportunities.

CDHL should develop and provide in-service training programs and on-going support for school staff regarding the changing needs of D/DB/HH children and youth and requisite instruction and services necessary to support these children.

TRACKING, EVALUATION AND MONITORING OF PERFORMANCE

Issue 6: Early Identification of Hearing Loss and Intervention Services. All Washington birthing hospitals conduct universal newborn hearing screening. DOH has a system for screening and tracking newborns for hearing loss; however, many infants at risk for hearing loss are lost to follow-up services for several reasons. These include: relatively few audiologists trained to diagnose hearing loss in infants; limited awareness and understanding by pediatric and family healthcare providers about hearing loss and its impact on development; incomplete and often biased information about early intervention and educational services provided to parents regarding the ways in which they can help their children to communicate; and the lack of an integrated service delivery system (services are currently provided through multiple agencies: DEL, OSPI, CDHL, DSHS). [Evidence: Key Issues, Focus Group Meetings]

Needs:

- Education for physicians, pediatric and non-pediatric audiologists, speech-language pathologists, and other health care providers about (1) deafness, deaf-blindness and hearing loss, (2) speech and language development, (3) referral processes, and (4) the need to consider the possibility of additional disabilities, such as vision loss.
- Central resource for parents to receive comprehensive, unbiased information regarding services and placement options.
- Infant hearing screening for all newborns, including births that occur outside hospital settings, along with a comprehensive tracking system from identification to referral.
- Access to trained pediatric audiologists throughout the state.
- Identification and referral services that are sensitive and responsive to unique cultural differences.
- System of support to assist families moving through the identification, referral, and assessment process prior to their enrollment in early intervention services.

Outcomes:

- Children and youth will be identified at the earliest opportunity.
- Parents will receive unbiased, comprehensive information and support to select services appropriate for their child.
- Parent-to-parent support and ongoing information will be available throughout the child/youth's developmental and educational experience that addresses changing

needs and preferences. This support system will be seamless from early intervention through high school graduation.

Recommendation 6.1: Establish a Statewide Tracking System.

CDHL should coordinate with DOH and the Department of Early Learning (DEL) to enhance the statewide tracking system to monitor early intervention and age appropriate services and performance for children who are D/DB/HH throughout their early intervention years. Further, these agencies should recommend system changes that result in families receiving comprehensive unbiased information and experiencing a seamless transition from identification to referral to child appropriate services. This system should include all children with hearing loss so they are tracked upon entry into school services regardless of special education eligibility status.

Issue 7: Evaluation of Children and Youth. Most LEAs do not have a clear understanding of the assessment process for children and youth that are D/DB/HH to identify their program needs, nor do they have appropriately trained staff to administer and interpret the assessments. No standardized assessments for children who have a combined vision and hearing loss exist. [Evidence: Key Issues, Focus Group Meetings]

Needs:

- District personnel (i.e., superintendents, principals, special education directors) understand the unique training required to administer and interpret tests.
- Trained evaluators available to every district in the state.
- Evaluation teams always include a TOD with expertise in the communication modality of the child.
- Age-appropriate list of areas to be evaluated for determining initial and continuing eligibility for special education and program needs.
- A state-recognized set of age-appropriate evaluation tools for evaluating D/DB/HH children/youth that address all areas to be evaluated.
- Training provided for persons conducting evaluations about the impact of deafness/deaf blindness/hearing loss on the administration and interpretation of tests.
- Education of test givers and educational interpreters about the interpreter's role during test administration.
- Educational interpreter's mode of communication and skill level appropriate to the child/youth's mode of communication and skill level.
- Tracking of student performance to align practices and services with desired outcomes.

Outcome:

- Children and youth will be accurately assessed using a standard evaluation process in order to provide appropriate services.

Recommendation 7.1: Develop Evaluation Protocols for Ages 3 - 21 and Training for Test Administration and Interpretation.

CDHL should convene a work group to develop a list of appropriate evaluation tools for D/DB/HH. To assure appropriate evaluation methods are used, CDHL will provide on-going training for all personnel involved with evaluating D/DB/HH children/youth including test selection, administration, interpretation of results, and development of recommendations for instruction.

Issue 8: Lack of Performance Data. There is no mechanism to collect and analyze statewide performance data for children and youth who are D/DB/HH, this makes it difficult to measure the effectiveness of services and programs. Additionally, low staff expectations for student achievement compromise student outcomes and perpetuate the documented poor performance of those that do not receive appropriate support and educational services. [Evidence: Key Issues, Focus Group Meetings]

Needs:

- Language/communication planning as the foundation of all developmental and educational service birth through grade 12.
- Classroom, district and statewide assessment tools and methodology accurately assess student learning.
- Teachers receive training to use assessment information to improve instruction.
- Transition services designed to prepare students for post-secondary options.
- Teams, including parents, plan transitions at each significant change (i.e., early intervention to preschool, preschool to elementary, elementary to middle school, middle school to high school, self-contained class to mainstream setting) to improve continuity across grade levels.
- Technology consistently available as an instructional tool for children/youth.
- Linguistic instruction in ASL and English for those D/DB/HH children/youth that use ASL.
- Instruction in Deaf History and exposure to Deaf Culture available to all interested children/youth and families.
- TODs, special education teachers, general education teachers, early intervention specialists and related service providers trained on developing effective instruction and programming for children/youth with multiple disabilities.
- Deaf adult role models aligned with the culture and communication modality of the child/youth and family within the educational environment and the community.
- Skilled educational interpreters and/or appropriate technology so D/DB/HH children/youth can participate in all school and extra-curricular activities available to hearing students.
- D/DB/HH peer-to-peer interactions in the classroom and in social settings.
- Opportunities for D/DB/HH children/youth from across the state to come together to engage in academic and social activities.
- Support and related services (i.e., language acquisition, counseling, mental health, audiology, speech, occupational and physical therapy) provided by specialists who understand the unique communication and educational needs of children/youth who are D/DB/HH.

Outcome:

- D/DB/HH children and youth will achieve developmental and grade level expectations.

Recommendation 8.1: Create a Data Management System to Monitor Student Performance.

CDHL should coordinate with the Departments of Health and Early Learning, OSPI, and any other relevant agencies to create a data management system to track annual performance data on children and youth who are D/DB/HH from birth through graduation. An annual report detailing early intervention and student performance should be made available to the public.

Critical Mass

Critical mass exists when there are sufficient numbers of D/HH students to result in:

- Communication partners using the same language,
- Peer-to-peer authentic friendships,
- Direction instruction in the child/youth's language modality when needed,
- A representative team of specialists trained to provide expertise, and
- Professionals trained to support individual student learning needs.

SERVICE AND PLACEMENT OPTIONS

Issue 9: Lack of Appropriate Services: It is hard for the existing educational system to provide a continuum of appropriate services and qualified service providers. District level staff members are often not familiar with the various communication options that need to be provided to children/ youth that are D/DB/HH (i.e. ASL, Cued Speech LSL, SEE). The problem is exacerbated by fluctuating enrollments and is often greater in rural, remote, and small population schools. Isolation further limits students' and families' access to information, service providers, and deaf/deaf-blind/hard of hearing role models. [Evidence: Key Issues, Focus Group meetings, Services Surveys]

Needs:

- Comprehensive and unbiased information for families so they may make informed educational and communication decisions.
- Access to child/youth peer and adult models in the communication modality that has been chosen.
- Consistent and on-going language instruction in the child/youth's chosen modality by qualified/trained providers.
- Training for families in the communication modality of their children/youth.
- Understanding of LRE's uniqueness as it relates to D/DB/HH children.
- Decision to mainstream based on individual student need (communication, academic, and social) rather than availability of services.
- Transition programs and services at all levels (i.e., early intervention to pre-school, pre-school to kindergarten, high school to higher education and employment) to address the development of self-advocacy and personal responsibility skills.
- Qualified personnel within community and state agencies with linkages to schools that assist D/DB/HH students as they transition from identification to independence.

Outcomes:

- Children and youth will have access to instruction in their chosen language modality.
- Families will have information to make informed decisions about their D/HH/DB children/youth's education and transition from early intervention through high school.

Recommendation 9.1: Ensure Placement Options.

CDHL, in accordance with recommendation #3, should leverage local, regional, and state resources to assure all children and youth, birth to age 21, have access to the specialized services and programs designed to meet the needs of D/DB/HH to which they are entitled. Placement options that offer appropriate educational services in the child/youth's communication modality include nearby district programs, state-sponsored shared intra-district day programs, attendance at non-public agencies, or attendance at WSD.

Recommendation 9.2: Develop Statewide Service and Program Guidelines.

CDHL should develop and implement statewide service and program guidelines to assist D/DB/HH children and youth in meeting developmental and grade level expectations.

EARLY INTERVENTION

Issue 10: Gaps in Early Intervention Services. Early hearing loss detection and diagnosis and appropriate early intervention for infants who are D/DB/HH can reduce or eliminate gaps in development. Once gaps exist, they are difficult to overcome. Washington's early intervention services lack consistency in assessment, curricula, and qualified providers—all components that are critical to assure that infants and toddlers and their families receive support necessary for healthy development. This problem is further complicated by the lack of comprehensive unbiased information provided to parents/families at the time of diagnosis. [Evidence: Key Issues, Focus Group Meetings, Services Surveys]

Needs:

- Increased knowledge for hospitals, birthing centers, pediatricians and general practitioners about deafness/ deaf blindness/hearing loss; their implications for language, academic and social development; and available resources in the state.
- Unbiased family support to navigate the decision-making process.
- Access to emotional, social, and medical support for children and their families.
- Resources and funding for services.
- More training for Family Resource Coordinators (FRCs) in the variety of service options available to families and the unique needs of D/DB/HH infants and toddlers.
- Appropriate services reflecting the family's chosen communication modality that support goals for the child, emphasize language acquisition, and include frequent assessment of progress toward age-appropriate developmental milestones.

- Adjustments in services when necessary based on family and child needs and objective data in order to maintain typical developmental trajectories.
- A centralized evaluation and data tracking system to monitor the development of infants and toddlers and parent/family satisfaction with services that are used to make service and program adjustments.
- Support for parent choice during transition from early intervention programs to pre-school.
- Consistent funding for all children who are D/DB/HH to receive the technology they need (i.e., hearing aids, FM listening system) to access language and communication.

Outcomes:

- Families will have access to early intervention services that emphasize language acquisition in their chosen communication modality for their child.
- Performance will be frequently monitored to determine progress toward age-appropriate developmental milestones. Adjustments in services will be made to maintain typical developmental trajectories.

Recommendation 10.1: Strengthen Early Intervention Services

CDHL will facilitate a multi-agency work group responsible for ensuring statewide early intervention services are available to all D/DB/HH infants, toddlers and young children (birth to age 3) and their families.

Services will include:

- Unbiased information about language acquisition, communication options and overall development that support the family’s goals for their child.
- Uniform evaluation protocols that identify typical developmental benchmarks and use the data to adjust early intervention programming and services.
- Specialists trained to provide related and support services to this population of children.

“Unbiased” means information about all communication modalities (ASL, Cued Speech, LSL, SEE) and educational options and services that is based on evidence rather than opinion. This information informs parents so that they are able to make reasoned decisions about the developmental and educational needs of their children.

PARENT AND FAMILY INVOLVEMENT

Issue 11: Information and Support for Parents and Families. Parents and family members report they do not consistently receive comprehensive unbiased information about what communication modalities exist and the potential benefits and limitations of each. Information dissemination varies around the state. Access to information is even more complicated for non-English speaking families. [Evidence: Key Issues, Focus Group Meetings, Services Surveys]

Parents and family members lack sufficient support and training to address the language, communication, educational and social needs of their children/youth. They

feel they have to locate and navigate program and service options on their own without adequate information and support. [Evidence: Key Issues, Focus Group meetings, Services Surveys]

Needs:

- A central resource for parents to obtain unbiased information about communication modalities, placement options, services, resources, and D/DB/ HH practices.
- Information about non-educational services that may be appropriate to support a child or family.
- Information regarding parent and child/youth rights, IFSP/IEP, assessment, 504 plans, and progress reports.
- Parents of D/DB/HH children and youth providing support to other parents of D/DB/HH children and youth.
- Parent/family counseling and training to enhance their knowledge and skills to support their children's/youth's language, communication, developmental/educational, and social milestones and address IFSP/IEP goals or 504 Plan accommodations.
- Support for parents/families to locate and navigate services and to make key decisions that impact the development and education of their children/youth.
- Specialized support (counseling, social work, evaluations) to address additional concerns that may be present.

Outcomes:

- Parents and family members will have access to comprehensive unbiased information in their native language.
- Parents and families will facilitate and advocate for their children to reach appropriate developmental milestones and to achieve age-appropriate language, communication, and academic outcomes.

Recommendation 11.1: Provide Information and Assistance to Families.

CDHL should convene a work group to develop a set of unbiased resources for families about options for communication and early learning, as well as self-advocacy. These core materials will be shared with families when their children are identified with hearing loss, regardless of where they live in the state. These materials will enable parents and family members to better understand how to help their children develop language and learning, and to understand their rights and those of their children in early intervention and school settings.

Issue 12: Parent and Professional Relationships. Parents/family members do not feel welcome as members of the educational team in the P-12 school system or may not understand how to best advocate for their children and their needs. They feel their opinions are not valued and they are not encouraged to be involved as an equal team member. [Evidence: Key Issues, Focus Group meetings, Services Surveys]

Needs:

- Schools must be sensitized to the needs of parents and families in order to respect them as equal members of the educational team.
- Schools should encourage on-going parent/family involvement to strengthen the partnership between parents and schools.

Outcome:

- Parents will be equal partners in the education process of their children/youth.

Recommendation 12.1: Strengthen School-Parent Relationships

CDHL should provide training for families and professionals related to effective teaming and dispute resolution techniques. CDHL should provide training for professionals to increase their understanding of the changing and varied needs of children/youth who are D/DB/HH

SECTION 5. IMPLEMENTATION PLAN

Deaf, deaf-blind, and hard of hearing children and youth in Washington State could have the opportunity to leave school achieving the same outcomes as their hearing peers; however, there are significant challenges for schools to overcome in order for that potential to be realized. As directed by Engrossed Second Substitute House Bill 1879, CDHL has identified areas in need of further study, several policy changes and organizational and leadership activities that are necessary to better understand and address how to close gaps in service delivery across the state. These changes are integral to the development of regional education programs that increase the impact of existing services and partnerships currently in place.

CDHL, as the single state authority on D/DB/HH, stands ready to implement the recommendations of this report including the development of policies and programs to address the issues reported herein. CDHL will work in collaboration with OSPI, ESDs, local school districts, other state agencies, non-public agencies and programs, parents, and other pertinent stakeholders when developing these policies and programs. If the legislature does not approve these recommendations and provide the necessary directives and resources to implement them, the education system in Washington State must live with the fact that rather than preparing students who are D/DB/HH to be productive citizens, it has further disabled them, effectually leaving them far behind their peers.

IMPLEMENTATION GOALS AND TIMELINE

In recognition of the current limited financial resources in the State of Washington at this time, this report identifies an initial activity for each recommendation. When given the resources, CDHL will provide the leadership to address the activities. This work will lay the foundation for full implementation of the recommendations in the future.

NEXT STEPS

Recommendation	Activities
1.1 Establish Collaborative Governance	<ul style="list-style-type: none"> Develop a framework for joint governance with all agencies that supports D/DB/HH children/youth and their families.
2.1 State to Assume Financial Responsibility for certain costs.	<ul style="list-style-type: none"> Develop a proposed funding structure to provide collateral and early learning services.
3.1 Increase LEA Responsibility & Capacity	<ul style="list-style-type: none"> Develop a model for regional program support that provides a comprehensive service delivery plan addressing capacity limitations of LEAs and ESDs.
3.2 Increase CDHL Support to Schools	<ul style="list-style-type: none"> Assist schools in identifying personnel needs to meet their service obligations.
4.1 Establish D/DB/HH Teacher Standards	<ul style="list-style-type: none"> Convene a workgroup to begin working on certification requirements for teachers of D/DB/HH students.

4.2 Establish Educational Interpreter Standards	<ul style="list-style-type: none"> • Convene a workgroup to establish recommended minimum standards and certification requirements for educational interpreters.
5.1 Increase Professional Development Opportunities	<ul style="list-style-type: none"> • Develop and disseminate a menu of in-service training that addresses the changing needs of D/DB/HH children/youth and the necessary instruction and support services that are needed.
6.1 Establish a Statewide Tracking System	<ul style="list-style-type: none"> • In conjunction with DOH, develop a tracking system that includes all children with hearing loss and provides seamless transition for families from identification to referral to services.
7.1 Develop an Evaluation Protocol and Training Program for Ages 3-21	<ul style="list-style-type: none"> • Convene a group of specialists to develop guidelines for appropriate evaluation areas and recommended tools.
8.1 Create a Data Management System to Monitor Student Performance	<ul style="list-style-type: none"> • Convene a workgroup of appropriate agencies to create a data management system to track performance of D/DB/HH students from birth until graduation from high school.
9.1 Ensure Placement Options	<ul style="list-style-type: none"> • Work with Governor’s policy office and OSPI to develop a collaborative model to address placement option guidance for local school districts.
9.2 Develop Statewide Service and Program Guidelines	<ul style="list-style-type: none"> • Convene a workgroup of stakeholders to develop statewide service guidelines for D/DB/HH children and youth.
10.1 Improve Early Intervention Services	<ul style="list-style-type: none"> • Convene a multi-agency work group to address issues in early intervention services.
11.1 Provide Information and Assistance for Families	<ul style="list-style-type: none"> • Develop resources for families that provide comprehensive unbiased information. • Develop a menu of trainings for families that will support their children’s/youth’s development and progress towards IFSP/IEP goals.
12.1 Improve School-Parent Relationships	<ul style="list-style-type: none"> • Develop a training module for schools addressing effective parent/professional partnerships and the current needs of D/DB/HH students.

SECTION 6. APPENDICES AND REFERENCES

APPENDICES

- A. National Agenda Goals
- B. Stakeholder Meeting Schedule, Participant Profile and Attendance
- C. Focus Group Comments: Themes Matrix Summary
- D. Stakeholder Surveys (D-1 Teacher/Service Provider, D-2 Parents)
- E. Demographic Profile of Value-Satisfaction Survey Participants
- F. Survey Results: Value-Satisfaction Matrix Summary
- G. Survey Results: Comments for questions that meet high value/low satisfaction criteria.

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APPENDIX A

The National Agenda GOALS

Moving Forward on Achieving Educational Equality for Deaf and Hard of Hearing Students

Early Identification and Intervention: The Development of Communication, Language, Social, and Cognitive Skills at the Earliest Possible Age is Fundamental to Subsequent Educational Growth for Deaf and Hard of Hearing Students.

Language and Communication Access: All children who are deaf and hard of hearing deserve a quality communication-driven program that provides a critical mass of communication, age and cognitive peers; language-proficient teachers and staff who communicate directly in the child's language.

Synchronistic Partnerships: Partnerships that can influence education policies and practices to promote quality education for students who are deaf and hard of hearing must be explored.

Accountability, High Stakes Testing and Standards Based Environments: Instruction for students who are deaf and hard of hearing must be data-driven and must focus on multiple measures of student performance.

Placement, Programs and Services: The continuum of placement options must be made available to all students who are deaf and hard of hearing with recognition that natural and least restrictive environments are intricately tied to communication and language.

Technology: Accommodations, assistive and adaptive technologies and emerging technologies must be maximized to improve learning for students who are deaf and hard of hearing.

Professional Standards and Personnel Preparation: New collaborations and initiatives among practitioners and training programs must address the serious shortage of qualified teachers and administrators.

Research: Federal and state dollars should be spent on effective, research based programs and practices.

APPENDIX B

Stakeholder Meeting Schedule, Participant Profile and Attendance

SITE	DATE	Total # Part.	Number of Comments by Group							Total # Comments
			Admin	TODs & Related Service	Ed Interps	EI/ Fam Res. Coord	Parent/ Family Members	MS/HS Students	Community/ Professionals	
ESD 121 Edmonds	Jan 12	101	16	139	38	15	109	91	95	503
ESD 121 Mt Vernon	Jan 12	68	28	56	8	16	44	50	89	291
ESD 121 Renton	Jan 13	51	32	40	22	32	86	26	147	385
ESD 121 Fife	Jan 13	69	48	80	25	26	38	54	146	417
WSD	Feb 2	74	65	229	79	26	97	58	49	603
ESD 112 Longview	Feb 3	1	0	0	0	0	27	0	0	27
ESD 113 Olympia	Mar 2	21	37	44	20	6	53	4	42	206
ESD 114 Bremerton	Mar 3	13	37	38	54	27	57	15	0	228
ESD 101 Spokane	April 19	46	57	52	0	7	87	0	29	232
ESD 123 Pasco	April 20	15	30	27	17	0	0	0	37	111
ESD 121 Seattle	April 28	21	50	51	0	0	48	0	49	198
Family Retreat	May 1	7					59			59
ESD 105 Yakima	May 4	19	27	56	17	31	0	0	31	162
ESD 171 Wenatchee	May 5	8	0	31	49	35	0	0	0	115
Totals		514	427	843	329	206	705	298	714	3537

SITE	Total # Part.	Number of Participants by Group							
		Admin	TODs & Related Service	Ed Interps	EI/ Fam. Res. Coord.	Parent/ Family Members	MS/HS Students	Comm/ Prof	Other
ESD 121 Edmonds	101	3	10	2	7	20	19	40	0
ESD 121 Mt Vernon	68	3	4	8	1	10	4	38	0
ESD 121 Renton	51	2	3	5	3	23	1	14	0
ESD 121 Fife	69	7	9	8	3	7	16	19	0
WSD	74	5	16	1	0	9	22	5	8
ESD 112 Longview	1	0	0	0	0	1	0	0	0
ESD 113 Olympia	21	3	6	2	0	3	1	6	0
ESD 114 Bremerton	13	3	3	1	1	3	2	0	0
ESD 101 Spokane	46	6	16	1	4	17	0	2	0
ESD 123 Pasco	15	5	6	2	0	0	0	2	0
ESD 121 Seattle	21	2	2	0	0	6	0	11	0
Family Retreat	7	0	0	0	0	7	0	0	0
ESD 105 Yakima	19	1	4	1	5	0	0	8	0
ESD 171 Wenatchee	8	0	2	4	2	0	0	0	0
Totals	514	40	883	35	26	8	65	147	10

APPENDIX C

Focus Group Comments: Themes Matrix Summary

THEME	Theme #	Theme Sub-Area	<i>What works well within your school program for D/DB/HH children?</i> Things that are Working Well	
ADMINISTRATION/ COORDINATION	1	Over-sight	DHH Program Coordinator	
	1	Programs & Services:	Extensive IEP programs – specific to student needs	
			High academic standards	
			Flexibility in designing and providing programs: Opportunity to attend neighborhood school and be accepted by peers to special classes for D/HH/DB when needed	
			Services provided to students regardless of hearing loss or language level.	
			Consistency of program from pre-school through 8 th grade	
			Emphasis on intensive early intervention and preschool services does help prepare children to return to their home school district.	
			Itinerant services provided to child at his/her school; work with kids in class with peers	
			Nurturing, supportive, accepting environment from committed teachers & staff; helps with self esteem.	
			Classroom acoustics are attended to (carpeting, sound absorptive materials are used)	
			Districts are trying to do more and make things better	
	WSD involves hearing kids in their school activities			
	1	Staff	Autonomy in working location and staff/flexibility	
High teacher: student ratios				
Prep time				
Support for enhancing interpreter skills				
Staff understand connection between communication access and social emotional aspects				
SCHOOL COMMUNICATION/COLLABORATION	2	District & School Teams	Collaboration within districts that don't have programs	
			Collaboration between team members	
			Teaming – Gen. Ed. and Sp. Ed. teachers to learn about DHH kids	
	2	District to Private	Communication between school audiologists and private programs	
	2	Part C	FRC non-biased communication about options and programs to parents	
	2	Parents	Communication with the parents	
	2	Prof Network	Educational audiologists have communication system that connects them	
			General	Eliminating communication barriers
				Collaboration among schools & agencies to meet needs
				Support from WSD for contracts with Listen & Talk
Technology making communication easier				
PARENTS	3	Involve-ment	Parent involvement	
			Informed, skilled parents who supplement classroom instruction and therapies	
			Staff encourages parents to learn about deafness and to learn sign & provides sign classes	
			More parents willing to learn sign	
	3	Comm.	Parent choice with a variety of modalities	

THEME	Theme #	Theme Sub-Area	What works well within your school program for D/DB/HH children? Things that are Working Well
		Mode	Greater access to ASL
	3	Home visits	Home visits helpful—and continue beyond age 3 (for HSDC program). At school, full access to ASL—successful for our child. Exposure for both child and parents.
PERSONNEL	4	Skilled Staff	Skilled teachers and interpreters and involvement of Deaf Community, etc.; staff knows what's needed.
			Knowledgeable, skilled teachers
			Highly trained staff at WSD. All teachers have a masters degree in Deaf Ed.; related service providers and TAs trained in deafness.
			Interpreters are culturally sensitive, friendly
			Bi-Bi program (ASL/English) works well; both teachers are Deaf
			Districts are hiring CODAs/Deaf role models
			Staff understand family backgrounds and perspectives and respect backgrounds of various professionals (audiologist, SLP, teaching, etc)
			Ed audiologists help educate and support district and academic staff around needs of D/HH/DB students
	4	District Support	More teachers signing in classes and willing to participate in activities with students
	SERVICES-ACADEMIC	5	Environment
Language Rich Environment: School environment is rich in language; language fits child's needs			
(WSD) Learning environment is creative—to meet child's other learning needs.			
Tailoring school program to match home program for preschoolers.			
Integrated preschool (D/HH + typical kids)			
Direct communication with staff			
Full inclusion model, with co-teaching, all teachers know all deaf kids, accepted by peers, all the kids used to having interpreters in classroom, teachers accept interpreters and their judgment.			
Small class size			
5		Language	Access to gen ed with high standards; kids competing in mainstream classrooms with hearing peers
		Assessment	Modeling of English along with access to spoken message
		ASL as first language	
		Use all communication strategies with students (i.e. language scaffolding, scripting, etc.)	
SERVICES-SUPPORT	6	School/Classroom	Language, English, academics are assessed
			Critical Mass for social and communication access [x3]
			Exposure to role models/Deaf adults
			Sense of school culture/community and Deaf community
			Access to after school activities/social events
			Multi-age DHH interactions
			Auditory program – good interaction between hearing and hard of hearing/deaf students; peers teaching peers
			Support for CI and auditory learning
			Teacher of the visually impaired teams with audiologist with DB kids.
			Linkage to birth-3 programs, more choices
		Needs of DHH with additional disabilities are being met in a regular spec. ed (self contained)	

THEME	Theme #	Theme Sub-Area	<i>What works well within your school program for D/DB/HH children?</i> Things that are Working Well
			classroom.
			Options for placement
			SLP advocates for DHH students
			Communication and sign happening throughout the entire school day.
			Parents are encouraged to be involved
			Hearing equipment checked daily, FM interference problems addressed
			Audiology suite on campus provides immediate access
			Increased awareness of auditory needs of students including those with CIs
	6	Curriculum	Schools offer sign classes Use of "High Scope" curriculum and "Castle" assessment to monitor their listening and language levels.
	6	Accommodations	<ul style="list-style-type: none"> • Accommodations and support services provided • Test accommodations provided (extended testing time, quiet environment) [x2] • Variety of interpreters • CART , TypeWell • Tutoring • related services • transportation
SERVICES-TECHNOLOGY	7	Technology	Technology for DHH children
			Individual FM systems provide access through listening
			Part C paying for hearing aids when families don't have insurance
			Assistive technology team in district.
TRAINING	8	Training	Training from private programs (e.g., Listen & Talk)
			More colleges students are learning ASL as part of their education programs
			On-line training opportunities
EARLY INTERVENTION	9	Early Intervention	Strong EI program – parent coaching, involvement, local community activities, guidance for decision making, networking with other parents
			Strong collaboration/communication between public and private EI programs, WSD, WSDS to maximize resources
			Trained staff

Theme	Theme Sub-areas	<i>What specific services <u>need to be enhanced</u> or <u>do you need</u> (that do not currently exist)?</i> Needs
ADMINISTRATION/COORDINATION	1 Oversight	Policies that result in consistent teacher and staff qualifications, types of services, availability of technology, equitable programs across the state
		Partnerships with different agencies & CDHL
		Increase knowledge and understanding about educating D/HH/DB students for administrators, teachers, SLPs, etc. in districts that do not have D/HH programs.
		A deaf ed coordinator/supervisor who can address IEP needs and hold district accountable for services.
		To be able to develop IEPs based on what student needs without retribution from administrators
		WSD or regional center in Seattle
		State teacher qualifications – MA, Deaf Ed
		State standards for Ed interpreters
		Source to obtain unbiased information
		Written resource of district services, contacts
		Review of ESY definition as it applies to D/HH/DB students
		Year round services
		A central internet site to educate parents, families on options for D/HH kids
		Programs/procedures to monitor students who are doing well and no longer eligible so that we don't wait to fail
		Focus on early intervention
	Reorganization of services; the current system is inefficient – wastes resources and children don't get the services they need	
	Statewide entity to manage training	
	Statewide or regional coordination of interpreters that are matched to student communication needs	
	Funding to support ALL needed services	
	More consultation from the state level – current resources spread too thin	
	Deaf Children's Bill of Right	
	Vouchers so children can attend school/program of their choice	
	Requirement to use technology as prescribed in IEP and Monitoring to assure that technology and other accommodations are implemented as recommended	
	1 Assessment	Procedures to identify the best option/program for a child
		Comprehensive assessment to pinpoint specific student needs for eligibility (D/HH kids may not look like they qualify for services)
		Consistency in how children are tested/assessed and their hearing losses managed (written guidelines).
		Standardized assessments of academics, speech/ language, social-emotional development to measure progress with validity
1 Programs & Services	Ways to evaluate what students are good at	
	More recognition of needs of HH/CI children; often not readily served since they are not Deaf, especially unilateral HL; level the playing field	
	Better relationship with Gen Ed	
	More deaf identity within the school	
	Basic curriculum for providers/professionals to follow when a child how is D/DB/HH enters a classroom to address impact of HLoss, tech needs, accommodations, strategies presented	
	Ways for students to be full members of the school community (more than just accepted)	
	ASL recognized as official foreign language in WA	
More integration of programs and services from TOD to specialists to general education programs		
Willingness to contract with available programs for services; often the parents can only receive		

Theme	Theme Sub-areas	<i>What specific services <u>need to be enhanced</u> or <u>do you need</u> (that do not currently exist)?</i> Needs
		<p>the services if they pay for them themselves. All options should be available to all families.</p> <p>Teaming between school districts and experts to follow the IEP and the services that are linked to the students' needs</p> <p>Districts to take responsibility to provide services rather than asking parents to do teacher's work</p> <p>Itinerant teachers to train gen ed teachers in working with D/HH kids; shouldn't be up to the audiologist or interpreter</p> <p>Higher expectations and more demanding performance</p> <p>Access to appropriate and equitable services across state/ESD</p> <p>More summer programs for deaf kids—including summer school (extended school year is rarely provided)</p> <p>Understanding of what LRE means</p> <p>Judicious mainstreaming based on student's needs and abilities</p> <p>Consistent access to use of FM systems outside of school (currently varies by school)</p> <p>Research to guide practice (use of evidence-based practices)</p> <p>Limit self-contained classrooms to as few grades as possible</p> <p>Students to learn more than one mode of communication</p> <p>Info about CDHL on deaf child's IEP</p>
	<p>1 Transportation</p> <p>1 Communication Options & Access</p> <p>1 Staff</p>	<p>Funding to transport students to other districts for services</p> <p>Better transportation home to school/school to home</p> <p>Continuum of communication options in educational programs across the state</p> <p>Understanding of various communication methods/approaches and what is needed to support students using them in different levels of school</p> <p>More ASL programs as a local option and for all students</p> <p>More SEE options</p> <p>More auditory-verbal options than L&T</p> <p>Recognition that ASL is a primary language for Deaf students</p> <p>Immediate communication access</p> <p>More visual aids</p> <p>Standardized signs used by staff in each district</p> <p>Better communication access so it is not compromised due to hearing teachers, poor signers, signing and voicing off track, sign style differences</p> <p>Spanish interpreter</p> <p>Establish local oral/aural programs (transportation to other districts too expensive; drive lengthy)</p> <p>Support system, resources and time for TOD/team to collaborate</p> <p>More TOD involvement in decision making</p> <p>Interpreter role clarification</p> <p>'Plug and play' method of assigning interpreters to students???</p>
<p>SCHOOL COMMUNICATION/ COLLABORATION</p>	<p>2 Communication/ Collaboration</p>	<p>Single point of contact for information and navigation help in school districts regarding services (e.g., clearinghouse)</p> <p>Communication between all districts that serve DHH students (also with military bases, other agencies)</p> <p>When children are identified age 3 or later, create a system of notifying schools and connecting children/families to services they are eligible for</p> <p>Educate community providers of the importance of school supports (IEPs, services, assistive technology, accommodations, etc.) available at no cost.</p> <p>Communicate information to special ed. directors at monthly meetings, at least quarterly basis.</p> <p>Effective collaborations (hospital, EI, home schools) and outreach services and supports to improve transitions back to neighborhood schools.</p> <p>Decreased isolation with other IEP team members (TOD, Audiologists, SLPs)</p>

Theme	Theme Sub-areas	What specific services <i>need to be enhanced or do you need (that do not currently exist)?</i> Needs
		<p>Lists of websites/resources</p> <p>More communication between medical and educational professionals.</p> <p>Address bias against programs that include ASL by C.I. medical community</p>
PARENTS	3 Information	<p>Unbiased information for parents that have a D/HH child</p> <ul style="list-style-type: none"> • Unbiased list of options such as communication methods, services, etc. • Resource (unbiased) for parents to obtain information on current research and DHH practices • Parent to parent support groups
		Information about Hands & Voices WA chapter
		Let parents know how they can advocate for their child. Get parents to find out what is happening in the classroom or if the interpreter is appropriate for your child
		Info on OM issues/treatment for Native American Families
	3 Support	Continued family support
		Family counseling for parents and siblings
		Family Resources Coordinators for families beyond age 3
		Supports for families who are new to the U.S. (language barriers, unknowledgeable about deafness, the educational system)
		More assistance for ESL families who have difficulty communicating in child's primary language
	3 Involvement	More translators, interpreters for ESL families.
		More parent involvement at school
	3 Services	Parents given greater role in IEP development – more of a partnership
		Sign language support for families
More support of family choices for preschool		
PERSONNEL	4 Educational Interpreters	Parent services that enhance their knowledge and skills
		Certified (high quality) interpreters for deaf staff
		Insure that interpreters are not placed into teaching roles (e..g. asked to modify lessons that were not set for the child's level, asked to make concept connections
		Better qualified, knowledgeable certified interpreters; more diligence with appropriate services
		Interpreter pay based on skills/training
		Ed interpreters included in IEP meetings as part of the IEP team
		Support for interpreters needs to be expanded
		Ed Interpreters to have evaluations focused on proper skills and given appropriate feedback for professional growth
	More skilled interpreter subs	
	4 Related Services	Related service providers qualified to work with deaf/HH children (and who can sign)
		Need educational audiologists to support HH students
		Behavior Disorder Specialist to work with kids on autism spectrum
	4 TODs	Hire more Deaf teachers (role models)
		More highly qualified teachers (certified in deaf education). Use effective teaching practices (don't spoon-feed)
	4 General	Provide knowledgeable staff to support those kids in the mainstream
		<ul style="list-style-type: none"> • Training for teachers on use of interpreters • Requirements and use of captioned media
Qualified staff to interpret assessment for D/HH kids		
More TOD, Ed. Interpreter training programs in WA		
Need more highly qualified contractors outside of Seattle area (e.g., sign language instruction, 1:1 speech therapy)		
Respect cultures while educating family members to understand student's capabilities		

Theme	Theme Sub-areas	What specific services <i>need to be enhanced</i> or <i>do you need</i> (that do not currently exist)? Needs	
SERVICES-ACADEMIC	5	Deaf +	Deaf + services and supports Services for deaf-blind students who are not cognitively impaired
	5	Critical Mass	Services to HH students (critical mass)
			Maintain critical mass & associated services with dropping numbers
			Students need interaction with peers with whom they can communicate directly
			Consistency of district services
	5	Curricula	ASL & ASL linguistics class
			ASL goals on IEP
			Instructional services for students using spoken language and listening skills that are behind in academics
			Access to resources that are level based, age appropriate reading materials
			More use of Shared Reading Program (SRP) to enhance literacy
	5	Outcomes	Maintain reasonable expectations for students
			Higher expectations, more demanding curricula and educational program
	SERVICES-SUPPORT	6	Resources/ Services
Intervener services for DB students			
More resources for serving emotional needs			
Students need to improve classroom behavior/manners – understand their needs as DHH student			
Services such that students are not defined by their HL			
More mental health services/staff to address mental health needs			
Access to more classroom supports (notetaker, media., etc)			
Access to CART/transcription service			
More speech therapy services through school			
Gen Ed teachers who know the environment needs (acoustic & visual) and can check/ trouble-shoot hearing aids/FM; written guide for teacher to use on how to support D/HH/DB students			
Access to a deaf counselor or counselor who signs fluently			
To have audiology services optional			
To decide for myself when I need speech, when to go to speech, no need to keep going if speech not developing			
Tell me accurate information about my speech (not “good for deaf person’s speech”)			
Interpreters – access			
<ul style="list-style-type: none"> • Access in after school activities - often requires 24 hr advance but don’t always know need that far in advance Problems getting interpreters during PE, driver’s ed • Some classes have no interpreter assigned- need them in all classes • Lack of access to foreign language class – too difficult for interpreters • Match students with appropriate interpreter skill set • Train students on boundaries and roles • Available to provide tutoring before/after classes • Respect students – don’t control them • Interpreter’s role may be inappropriate for students in school (ex: mothering, spoon feeding) • Need interpreters who are motivated, enthusiastic, good mood, hands-on, not complaining, expressive in signing • Updated books, materials & resources that ed interps can use with students 			
Translating services for non-English speaking D-DB-HH students			
6	Activities	After school and extra-curricular activities need to be accessible to children who are deaf/hh (e.g., Deaf Girls’ Club, Deaf Boy Scouts, yearbook, games) <ul style="list-style-type: none"> • More after school programs with transportation for out of district student • More social opportunities for D-DB-HH: events, camps, recreation 	

Theme	Theme Sub-areas	What specific services <u>need to be enhanced</u> or <u>do you need</u> (that do not currently exist)? Needs		
		<ul style="list-style-type: none"> • Reduce isolation • Deaf Academic Bowl 		
		Hearing students need opportunities to learn about other DHH adults, Deaf culture (enhancements) to create better understanding and relationships between the groups (and to decrease bullying from hearing students)		
		More involvement with deaf adults (all ages) (e.g., mentorship and tutoring programs)		
		WSD to connect kids within the state...video pals and successful deaf adults, camps.		
	6	Expanded Core Curricula	More social skills training	
			Emphasis on whole child – not just academics	
			Teach to child’s skills – don’t focus on challenges	
			More emphasis and training in student’s self-advocacy	
			Learn about rights for access	
			Learn about Deaf Culture	
			Transition programming	
	SERVICES-TECHNOLOGY	7	Technology	Technology training for gen ed/ DHH teachers
Video phones, laptops, advanced technology at school; computers in all classrooms (= equal access for deaf kids)				
Captioning: make sure movies are captioned				
Interactive language software				
Accessibility to hearing aids & FM Systems – especially Part C. Equipment could move with the kid to different districts.				
More access to technology				
TRAINING	8	Staff	Teacher training in recent advancements and practices (e.g., CIs, working with D+, DB, ADHD, dev delays, behavior and other special needs)	
			Training for related service providers to work more effectively with DHH	
			Teacher training to manage variety of student needs	
			<ul style="list-style-type: none"> • General Ed teacher training • Mild-mod HL –listening & learning implications, how to support, monitor especially if no IEP • Provide training on appropriate accommodations, modifications for principals, other administrators, and IEP team members to apply to programs for children who are D/HH/DB • Hearing teachers need to face students when talking; need to teach hearing teachers some signs to communicate directly • Training to address accommodations under 504 • Use of FM and other assistive technology devices • Captioning, TypeWell 	
			Training for educational Assistants (highly qualified—AA or higher degree)	
			Professional development for educational interpreters	
	8	Higher Ed	Deaf ed teacher training program in WA	
	EARLY INTERVENTION	9	Information	Unbiased information at time of diagnosis
				Get information to hospital to give to parents
		9	Training	FRCs need to be unbiased, provide information about all service options. Let parents make choice.
More training for FRCs in deafness-specific areas				
9		Services	Services from birth in child’s natural language; consistency across the state	
			Limited access to specially designed programs for DHH	
	Use of vouchers to buy services – more parent choice			
	Referral process faster from ID, confirmation of HL to services			
		Track families after ID to make sure they are getting services		

Theme	Theme Sub-areas	<i>What specific services <u>need to be enhanced</u> or <u>do you need</u> (that do not currently exist)?</i> Needs	
		More staff to help parents work through the information and deal with grief	
		Parent contact at time of identification	
	9	Funding	Funding is limited
			Consistency between counties related to Part C funding so that there is access for all children to receive hearing aids and FM systems, etc.
	9	Transition to Part B	Remove conflicts of interest during transition from B-3 programs to preschool—parents are dissuaded from home district’s preschool options. Children could thrive in more inclusive settings.

Themes		Theme Sub-Areas	What outcomes would you expect in D/DB/HH students as a result of additional services? Outcomes		
ADMINISTRATION/OVERSIGHT	1	Administration/Oversight	Volume purchases of equipment, resources		
			A day school program in one place (i.e., magnet schools, regional programs, cooperative programs)		
			Decision makers should meet children/students and families		
			Students have appropriate placements and have their needs identified and met		
			Students don't have to fail to get services		
			Extended school year/learning opportunities		
			Staff to spend less time traveling and more time teaching		
			Sufficient funding to support needed services		
			Transportation provided to get to appropriate services 0-21		
			Increased support for 3-5 yr old transitions		
			COMMUNICATION	2	Communication
A positive community that works together without struggling against each other.					
Family's communication option honored					
PARENTS	3	Parents	More opportunities for families to increase sign language skills to improve student sign language		
			More reinforcement at home of what is being worked on at school		
			Professionals to listen to parents about what options and program components they want		
			Families more focused on typical child/family activities		
			Better communication between kids and their family members		
STUDENTS	4	Academic	Higher expectations of D/DB/HH students		
			Individual needs of students will be assessed and met appropriately		
			Be able to attend neighborhood school with appropriate supports		
			Higher academic success <ul style="list-style-type: none"> • Function at passing levels at school • Literacy (reading) levels on grade level • graduate at grade level • Age-level performance for students who are deaf/HH (less spoon-feeding) • Function at potential • Fewer drop-outs • Pass state tests because of higher language skills • Performance matched to cognitive ability • Get help earlier • Ability to apply what is learned • Students more aware of strengths (rather than challenges) • Attend Gallaudet 		
			4	Non-academic	Better self-identity
					Age-appropriate English and be able to communicate with their peers
					Better self-advocates, assertiveness
					Better social skills
			Better quality of life, happiness		
			Enhanced self-esteem/confidence		
	Enhanced critical thinking skills				
	More peer groups and activities				
	Integrated into mainstream setting				
	Better life skills				
4	Adult-	Able to find meaningful employment			

Themes		Theme Sub-Areas	<i>What outcomes would you expect in D/DB/HH students as a result of additional services?</i> Outcomes
		hood	Contributing members of society Marriage, families Leadership ability-deaf and hearing communities More cohesive deaf community Deafness/hearing loss not a barrier to success Better post-secondary educational training & job opportunities (x4) Strategies for dealing with life as deaf-DB-HH adults Enhanced knowledge of resources & strategies for accessing resources
TECHNOLOGY	5	Technology	More captioning services

Theme Area	<p style="text-align: center;"><i>Given this opportunity to give input to the state regarding services for D/DB/HH children, what advice would you give?</i></p> <p style="text-align: center;">Advice to State</p>
1	<p>Administration</p> <ul style="list-style-type: none"> • Decision makers should meet children/students and families. • We can save money now by streamlining & improving efficiency and later through a reduced need for special education services. • More action rather than talking • Mores support for WSD • Reorganize, rethink and think systematic change. Move away from the silo concept. • New models for services, new system of service delivery, look at other states • Provide adequate funding for all services • Provide more support to WSD and develop regional programs. • Recognize advanced training that is necessary for working with deaf children • Keep all services accessible to all D/HH/DB kids until age 18 • Provide services that do not compete with school districts • Keep a variety of options • Look at how other states are organized – don’t re-invent the wheel • Legislature should seek out the input from deaf adults as represented by the Washington State Association of the Deaf when determining policy • Do not dictate what each service provider/service provision looks like • Districts need to be able to provide services recommended by clinical practitioners (i.e., money, resources) • Increase taxes to fund programs
2	<p>State oversight</p> <ul style="list-style-type: none"> • Leadership /management—especially someone to oversee D/HH/DB programs and services • Put a Deaf professional in charge • Provide consistent information to all districts regarding communication, program resources for students with hearing loss • EI providers/ FRCs/ B-3 system need to present message to families better (more consistently) regarding communication options and resources—as well as where the district is coming from (transition to preschool). • Develop guidelines for appropriate assessments for different configurations of hearing loss and related program recommendations based on results. • Ensure consistency of services across districts/state and that kids get the services they need to reach their potential (not just services that are available) • More specific WAC codes that provide definitions & qualifications/eligibility • Consistent standards for districts regarding ESY for students who are D/HH/DB, e.g., what defines “exceptional circumstance.” • State should be responsible for informing parents of options/resources (services and schools) at time of diagnosis – inform in a non-biased way – tell people “where” to go for information • CDHL as umbrella resource for deaf/hh/DB, to make sure children are successful in the future • State standards, high quality programs detailed in written guidance document • Mandate the state’s EHDDI program (universal newborn screening program) • Consistent EI services across the state • Monitoring of all aspects of programming • Extended school day for student performing behind grade level • District specialization

Theme Area	<p style="text-align: center;"><i>Given this opportunity to give input to the state regarding services for D/DB/HH children, what advice would you give?</i></p> <p style="text-align: center;">Advice to State</p>
	<ul style="list-style-type: none"> • Sharing services across districts • Regional programs or services that are networked together • Programs designed to meet individual needs of students • Statewide system resolving disparity issues • Develop standard requirements, certification for interpreters (certification in different modalities) with equitable pay • Medical community knowledge level improved to decrease gap from suspicion to confirmation of HL • Tracking system to link initial diagnosis to follow-up evaluations • Free hearing tests for babies • Employment opportunities across the state • Improved interface of deaf education and special education • More people aware and knowledgeable about D/HH/DB needs across the state • “Deaf Simulation Day” to help educate school/community on needs of D/HH/DB kids • Assistance to families of non-English speaking families
3	<p>Funding</p> <ul style="list-style-type: none"> • Invest in resources while children are young - increase return on investment • Ensure funds are directly funneled to child/agency that provides services • Need funding for higher education training Interpreter training, para training, teacher of the deaf training. • More funding for local school district programs • Focus on child’s needs rather than the money
4	<p>Communication/Collaboration</p> <ul style="list-style-type: none"> • Stay focused on the child, be team player • Team planning prior to school start so student is matched with the needs and services (interpreter). • Reduce animosity among professionals • Stay connected and use more networking within the field • Acknowledge roles of all IEP team members
5	<p>Parent Involvement</p> <ul style="list-style-type: none"> • More information to parents about educational options • More parent involvement • Listen to what families are saying • Require all students’ parents to learn sign language • Respect parent choice • Parents should not have to fight for services • More programs to help parents STAY involved • More help for parents., especially to learn sign language • More access to deaf adults/mentors • Assist families to meet other D/HH/DB kids and their parents • Classes that are automatically offered to families whose child is diagnosed w/ D/HH/DB to support language/communication development and are supported/funded by the state
6	<p>Personnel: Interpreters</p>

Theme Area	<p style="text-align: center;"><i>Given this opportunity to give input to the state regarding services for D/DB/HH children, what advice would you give?</i></p> <p style="text-align: center;">Advice to State</p>
	<ul style="list-style-type: none"> • Ensure professional, certified interpreters • Provide more supports, mentoring, training and oversight to interpreters • Increase professionalism for and with the interpreters • Support for Educational Interpreters and using several languages at the same time (English, sign language, Spanish). • Role clarification
7	<p>Personnel – Other</p> <ul style="list-style-type: none"> • Certification program for TODs [x2] • More deaf teachers and other staff (x2) • Increase teacher support in all settings...more audiologists to attend to technology such as aids on a daily basis
8	<p>Services-Academic</p> <ul style="list-style-type: none"> • Provide/maintain critical mass • Need clear role clarification for TODs, interpreters, audiologists; don't expect interpreters to be teachers • Remove failure-based model of special/deaf education
9	<p>Services-Support</p> <ul style="list-style-type: none"> • More social opportunities, peer groups [x2] • Students need to be able to make more choices for themselves • Need more socialization opportunities with other deaf children • More services that are sign accessible • More self-contained classrooms • Classrooms that are comparable to gen ed classrooms (e.g., same size, technology, etc) • Teaching children to use an interpreter • TODs have access to resources on learning disabilities and other challenges that deaf kids face, either through consultation or additional training, so they can meet needs of kids who are Deaf Plus • Transition programs for DHH students • CART or captioning
10	<p>Services-Support: Deaf/HH Friendly Schools</p> <ul style="list-style-type: none"> • Issues with cliques, looking down on kids who sign, connotations of deaf and dumb • Provide more options; don't criticize what you don't understand; don't pity deaf people, treat as you would want to be treated. • Classroom teachers need to be in-serviced for DHH needs. More Deaf Education input. • More deaf persons as teachers or in other staff capacity • Mores social opportunities with D/HH/DB • Institute a Deaf Awareness Week
11	<p>Services – Early Intervention</p> <ul style="list-style-type: none"> • Transition to preschool: have accessible website to refer to for children with hearing loss for the transition IFSP

Theme Area	<p style="text-align: center;"><i>Given this opportunity to give input to the state regarding services for D/DB/HH children, what advice would you give?</i></p> <p style="text-align: center;">Advice to State</p>
12	<p>Student Outcomes</p> <ul style="list-style-type: none"> • Conduct research on what happens after high school—post-school outcomes
13	<p>Training</p> <ul style="list-style-type: none"> • Teacher training - apply best practices in general education to deaf education • Develop training programs <u>in the state</u> for educational interpreters, teachers of the deaf, para-educators, mental health professionals, note takers, school counselors—for students who are deaf/hh! [x3] • Training for general education teachers • Better education for FRCs so they can also provide parents w/ all resources/options
14	<p>Technology</p> <ul style="list-style-type: none"> • Use technology for DHH kids and classrooms (TypeWell or others) helping in concept teaching. • Ensure access to appropriate hearing technology regardless of family’s ability to pay [x2] • CIs are not a cure for deafness
15	<p>Other:</p> <ul style="list-style-type: none"> • Make it clear that we are dealing here with access, not disability issues • Need public education programs to increase level of understanding of needs by all groups that impact deaf kids • Better information system about location and educational needs of D&HH kids • Use satellite system for state trainings <hr/> <ul style="list-style-type: none"> • We want to encourage families to become learners of their children’s language. We have been successful doing a “girls night out” or how to go to the movie, etc. Teaching manners, social skills, and using interventions (as cultural mediators) are some of the skills that we have an opportunity to teach our students as a group.. We would like to include hearing children in pre-sch. • I would like to see WSD with satellites so they would oversee all the educational services of deaf children around the state. Kids today have so many opportunities to have a much better life. • Makes more sense to have the WSD oversee programs rather than the ESD (who needs us to tell them what deafness means....) State wide standards, TOD, cert. Interp. are the “par-excellence” for deaf students. • What is the funding source if this new legislation. goes through? Why are the feds protecting our kids without providing the \$\$\$\$ to accomplish the job. All of the participants in this group advocate for more \$\$\$\$ for children (not specifically for interps). We support and advocate certification for interpreters. <hr/> <ul style="list-style-type: none"> • When money isn’t spent from POLR funding because there isn’t a need at the time, there is a budget revision shifting the funds to other categories. • You’re not able to be flexible with how POLR funds are used. Can you apply clinical judgment? • Not all districts bill private insurance. Some bill Medicaid. So, districts tend not to apply for POLR funds. <hr/> <ul style="list-style-type: none"> • Be sure information available to new families is culturally appropriate • Ensure funding supports all modalities (State and Federal) • Make process of IFSP/IEP less intimidating for people and/or provide an advocate <hr/> <ul style="list-style-type: none"> • Just because a teacher signs a reading lesson in SEE, it does not mean I understand any better how to read the lesson, new words, sentence structure. Then I don’t understand the homework because I don’t understand the instructions or lesson because it was in SEE. • It would be really nice if school was longer, but so we can stay together for social and fun things with each other, not

Theme Area	<p style="text-align: center;"><i>Given this opportunity to give input to the state regarding services for D/DB/HH children, what advice would you give?</i></p> <p style="text-align: center;">Advice to State</p>
	<p>hurry away because the bus is leaving. We need time to hang out and communicate, socialize.</p> <ul style="list-style-type: none"> • Deaf kids need to learn ASL and so do their parents. If kids and parents cannot communicate with each other its really hard. Even if a kid has a cochlear implant, they are still deaf, and communication is important.
	<ul style="list-style-type: none"> • Wish WSD had students stay during weekends too. More focus on social and communication skills, train us how to run meetings – leadership training and general life skills.
	<ul style="list-style-type: none"> • The problems/concerns are not new. • There is some “guarding of territory.” • Preventive measures: invest now to avoid spending much more later.

APPENDIX D-1

CDHL Teacher/Service Provider Survey

We are interested in the options and services that are currently available at your school or school district for deaf, deaf-blind, and hard of hearing students. Please indicate the current status of the listed services by checking whether each one is *available* (Yes) or *not available* (NO). Thank you for completing this survey.

School District Composite Summary – 81 respondents Date _____

YES=Available NO=Not Available

Placement Options	YES	NO
DHH Self-contained classroom: ASL	53.3%	
DHH Self-contained classroom: Auditory-Oral	23.2%	
DHH Self-contained classroom: Simultaneous/TC	60%	
Self-contained classroom: Special Education	48.3%	
DHH Resource Room/Mainstream combination: ASL	50%	
DHH Resource Room/Mainstream combination: Auditory-Oral	33%	
DHH Resource Room/Mainstream combination: Simultaneous/TC	53.4%	
General Education Classroom fulltime (with itinerant/consult support)	50.7%	

sequential manner		
Clearly enunciates speech	85.5%	
Allows extra time for processing information	31.5%	
Frequently checks for understanding	87.7%	
Special seating arrangement	91.8%	

Amplification Accommodations	YES	NO
Personal FM (hearing aid + FM)	85.5%	
FM only (without personal hearing instrument)	55.2%	
Desktop FM system	39%	
Classroom sound distribution system (classroom amplification system)	60%	

Services	YES	NO
Teacher of the D/HH	88.5%	
Consultation (if yes, by whom/purpose):	75%	
Teacher of the Visually Impaired	47.4%	
Interpreting (sign, oral, cued speech, tactile, speech to text transcription)	83.8%	
Speech-language pathology	94.8%	
Educational audiology	64.8%	
Counseling	56.5%	
Family counseling and training	42.6%	
Sign language instruction for family members	52.1%	
Deaf/Hard of Hearing peers	83.8%	
Deaf/Hard of Hearing role models	72.2%	
Recreational/Social opportunities	72.1%	
Transition Services:	63.9%	
Vocational Rehabilitation services		
Linkages to higher education, job training	65.5%	
Self-advocacy & personal responsibility training	57.1%	
Financial resources	40.7%	

Assistive Technology	YES	NO
Videophone or Text Phone	50.7%	
Alerting devices (smoke alarm, fire alarm)	75%	

Instructional Accommodations & Modifications	YES	NO
Visual supplements (overheads, charts, vocabulary lists, lecture outlines)	88.2%	
Large print/Braille	54.7%	
Interactive whiteboard (e.g., Smart Board, Mimio)	66.6%	
Classroom captioning (CART, CPrint, TypeWell)	24.6%	
Captioning and/or scripts for television, videos, movies	76.1%	
Buddy system for notes, extra explanations/directions	70.4%	
Down time/break from listening/watching	72.5%	
Extended time to complete assignments/tests	83.3%	
Speech to text software (speech recognition)	30.6%	
Tutoring	68.6%	
Notetaker	66.6%	

Special Classes-please check (√) which classes are available from a special teacher or therapist outside the general education classroom:		
	In order of availability:	
Speech	1	
Reading	2	
Language	3	
Math	4	
Auditory /listening skill development	5	
Sign language	6	
Transition planning	7	

Communication Accommodations	YES	NO
Teacher accommodations for understanding:		
Obtains attention prior to speaking	89.8%	
Uses lighting, physical location in classroom & rate of speech to enhance speechreading	84.3%	
Reduces auditory distractions (background noise)	80.6%	
Reduces visual distractions	79.4%	
Presents information in simple, structured,	88.6%	

Social Studies	8	
Art	9*	
Self-advocacy	9*	
Science	10	
Deaf Studies	11	
	*=tie	

APPENDIX D-2

CDHL Parent Survey

We are interested in the options and services that are currently used at school by your son or daughter who is deaf, deaf-blind, or hard of hearing. If you have more than one child receiving services it may be necessary to complete more than one form. Thank you for completing this survey.

School District Composite Summary – 67 Respondents Date _____

What is your child's primary communication mode? **41.1%**- ASL **42.9%**- Auditory-Oral **12.5%**- Simultaneous/Total Communication **3.6%** - Other _____

Where does your child receive his/her educational program? **13.1%**- WA School for the Deaf **26.2%**- Public School DHH Self-Contained Classroom **1.6%**- Public School Special Education Self-Contained Classroom **14.6%**- Public School DHH Resource Room/Mainstream Combination **6.6%**- Public School General Education Classroom Full-time (with itinerant/consult support) Other: **3.3%**- Home School **16.4%**- Parent Infant Program **18%** - Private School

Please review the following list of services. **For the services your child needs**, indicate which services are *available* (Yes), *not available* (No), or, if you don't know, indicate *don't know* (DK). **If your child does not need the service, leave it blank.**

YES=Yes, available NO=Not Available DK=Don't Know

Services	YES	NO	DK
Teacher of the D/HH	75.9%		
Consultation (if yes, by whom/purpose):	37.8%		
Teacher of the Visually Impaired	11.4%		
Special education teacher <u>without</u> services or consultation from deaf educator	32.5%		
Interpreting (sign, oral, cued speech, tactile, speech to text transcription)	73.5%		
Speech-language pathology	81.5%		
Educational audiology	47.3%		
Counseling	48.1%		
Family counseling and training	32.6%		
Sign language instruction for family members	47.1%		
Deaf/Hard of Hearing peers	60%		
Deaf/Hard of Hearing role models	50%		
Recreational/Social opportunities	66%		
Transition Services:	33.3%		
Vocational Rehabilitation services			
Linkages to higher education, job training	21.4%		
Self-advocacy & personal responsibility training	31.8%		
Financial resources	29.3%		

Assistive Technology	YES	NO	DK
Videophone or Text Phone	51.1%		
Alerting devices (smoke alarm, fire alarm)	62.2%		
Other:	50%		

Amplification Accommodations	YES	NO	DK
Personal FM (hearing aid + FM)	67.3%		
FM only (without personal hearing instrument)	32.4%		
Portable FM system which sits on desk	28.8%		
Classroom sound distribution system (classroom amplification/speaker system)	33.3%		

Instructional Accommodations & Modifications	YES	NO	DK
Visual supplements (overheads, charts, vocabulary lecture outlines)	73.7%		
Large print/Braille	16.6%		
Interactive whiteboard (e.g., Smart Board, Mimio)	35.7%		
Classroom captioning (CART, CPrint, TypeWell)	29.3%		
Captioning and/or scripts for television, videos, movies	52.5%		
Buddy system for notes, extra explanations/directions	36.6%		
Down time/break from listening/watching	50%		
Extended time to complete assignments/tests	47.5%		
Speech to text software (speech recognition)	19.4%		
Tutoring	47.2%		
Notetaker	28.1%		
Special Classes-please indicate the classes taken from a special teacher or therapist outside the general education classroom.			
Check YES, if taken; NO, if not taken, DK, if you do not know. In order of used:	YES	NO	DK
Speech	1		
Auditory / listening skill development	2		
Language	3		
Sign language	4		
Reading	5*		

Communication Accommodations	YES	NO	DK
Teacher accommodations for understanding:			
Obtains attention prior to speaking	69.4%		
Uses lighting, physical location in classroom & rate of speech to enhance speechreading	61.4%		
Reduces auditory distractions (background noise)	51%		
Reduces visual distractions	53.1%		
Presents information in simple, structured, sequential manner	62.5%		
Clearly enunciates speech	71.7%		
Allows extra time for processing information	66%		
Frequently checks for understanding	69.4%		
Special seating arrangement	72.1%		

Math	5*		
Social Studies	6		
Science	7*		
Transition planning	7*		
Art	8		
Self-advocacy	9*		
Deaf studies	9*		
	*=tie		

APPENDIX E.

Demographic Profile of Value-Satisfaction Survey Participants

	Teachers/Related Service Providers		Administrators		Parents		Early Intervention Providers	
District Size	<1000	14.6%	<1000	39%				
	1000-5000	6.3%	1000-5000	33.8%				
	5001-10,000	9.4%	5001-10,000	11.8%				
	10,001-25,000	15.6%	10,001-25,000	11.8%				
	25,001-50,000	10.4%	25,001-50,000	2.2%				
	>50,000	6.3%	>50,000	.7%				
	Private School	37.5%	Not applicable	.7%				
Community Description	Rural	10%	Rural	70.6%	Rural	18%	Rural	34.7%
	Urban	43.3%	Urban	11.8%	Urban	36.1%	Urban	28.6%
	Suburban	46.7%	Suburban	17.6%	Suburban	45.9%	Suburban	36.7%
Caseload/ Population Served	Deaf	49.3%	Deaf	28.6%	Deaf	52%	Deaf	23.7%
	Hard of Hearing	25.9%	Hard of Hearing	16.3%	Hard of Hearing	44.7%	Hard of Hearing	28.9%
	Deaf-Blind	3.8%	Deaf-Blind	55.1%	Deaf-Blind	3.3%	Deaf-Blind	7.9%
							Other	54.2%
Children by Level	Preschool	34.1%	Preschool	30.4%	Birth-3 yrs	16.1%		
	Elementary	40.7%	Elementary	47.8%	Preschool	27.4%		
	Middle School	16.5%	Middle School	39.1%	Elementary	33.9%		
	High school	19.8%	High school	34.8%	Middle School	10.5%		
	All levels	26.4%	All levels	56.5%	High School	12.1%		
ESD Representation	101-Spokane	11.4%	101-Spokane	18.8%	101-Spokane	8.35%		
	105-Yakima	2.3%	105-Yakima	5.3%	105-Yakima	.8%		
	112-SW WA	9.1%	112-SW WA	11.3%	112-SW WA	10%		
	113-Olympia area	4.5%	113-Olympia area	10.5%	113-Olympia area	4.2%		
	114-Bremerton area	3.4%	114-Bremerton area	6%	114-Bremerton area	4.2%		
	121-Seattle area	47.7%	121-Seattle area	15.8%	121-Seattle area	61.7%		
	123-Tri Cities	4.5%	123-Tri Cities	12%	123-Tri Cities	4.2%		
	171-Wenatchee	1.1%	171-Wenatchee	9%	171-Wenatchee	0%		
	189-Anacortes area	3.4%	189-Anacortes area	10.5%	189-Anacortes area	6.7%		
	WSD	12.5%	WSD	.8%				
Years Experience with D/DB/HH	1-3 years	14%	1-3 years	0%			1-3 yrs	26.8%
	4-6 years	16.1%	4-6 years	4.6%			4-6 yrs	14.6%
	7-9 years	9.7%	7-9 years	4.6%			7-9 yrs	12.2%
	10-13 years	16.1%	10-13 years	9.2%			10-13 yrs	14.6%
	>13 years	44.1%	>13 years	81.7%			>13 yrs	31.7%
Position			Sped Director	66.2%				
			Sped Assistant, Coordinator, or other	6.6%				
			General Ed Admin	11%				
			Building Admin	10.3%				
			Program Admin for D/HH or DB program	.7%				
			Other	5.1%				

Training Background					Teacher of the Deaf 33.3% SLP 27.5% Family Resource Coord 17.6% EC Sped Educator 15.7% Ed Aud 5.9%
In District Services		D/DB/HH students sent to another district? Educate only one D/DB/HH student?	Yes- 28% Yes- 46.2%		
Child attends Special School or Program for Deaf			Yes 46.3% No 53.7% If yes, WSD 31% If yes, other 69%		
Technology and Access Services Used			Hearing Aids 55.1% Cochlear Implants 39.8% Baha .8% Personal FM system 41.5% Sound Field system 13.6% Interpreter 31.4% Captioning 28% Videophone 21.2% Phone relay 9.3% Other 13.6%		
Communication Mode			Listening & speaking only 40.2% Listening, speaking, and sign 30.3% Listening, speaking, and cued speech 0% ASL or tactile sign other 21.3% 8.2%		
Primary Language used at Home			English 88.5% ASL 6.6% Spanish 2.5% Native American 0% Other 2.5%		

APPENDIX F

Survey Results: Value-Satisfaction Matrix Summary

TOPIC	TODs/ Related Service Providers			Early Intervention			Admin			Parents		
	Q #	Val	Sat	Q #	Val	Sat	Q #	Val	Sat	Q #	Val	Sat
Identification and Referral	1	3.87	2.06	1	3.94	2.52	X			X		
Collaboration	2	3.77	2.04	2	3.73	2.67	X			X		
Hearing Screening	3	3.62	3.02	3	3.66	2.40	X			X		
Audiological Referral	4	3.71	2.36	4	3.85	2.25	X			X		
Vision Screening	5	3.53	3.26	5	3.79	2.10	X			X		
Persons Conducting Evaluation	6	3.79	2.26	6	3.72	2.79	X			1	3.88	2.68
Domains to be Evaluated	7	3.76	2.43	7	3.78	3.19	X			1	3.88	2.68
Test Administration	8	3.85	2.47	8	3.59	3.00	X			1	3.88	2.68
Specialized Services, Materials, Equipment	9	3.78	2.83	9	3.74	3.36	X			X		
Evaluation Team	10	3.73	2.28	10	3.73	3.30	X			X		
Placement Considerations	11	3.79	2.43	11	3.79	2.78	X			2	3.85	2.63
Statement of Purpose	12	3.60	2.29	12	3.72	3.22	1	2.75	3.25	3	3.63	2.56
Policy on Language and Communication	13	3.47	2.13	13	3.45	2.75	2	3.23	2.70	4	3.59	2.37
State Oversight	14	3.52	2.03	14	3.39	2.95	3	3.00	2.30	5	3.62	2.23
Continuum of Options	15	3.56	2.34	15	3.64	3.00	4	3.23	2.64	6	3.83	2.25
Children/Youth with Multiple Disabilities	16	3.71	2.41	16	3.75	3.00	5	3.64	2.70	7	3.67	2.51
Program Administrator	17	3.88	2.55	17	3.69	3.00	6	3.64	3.18	8	3.81	2.31
Staff Qualifications	18	3.80	3.00	18	3.89	3.40	7	3.64	3.40	9	3.78	2.72
Other Qualified Personnel	19	3.73	2.88	X			8	3.60	3.30	X		
Other Personnel-Educational Interpreters	19a	3.75	2.30	X			8a	3.64	3.13	X		
Workload Management	20	3.64	2.75	19	3.81	2.64	9	3.45	3.30	X		
Staff Development	21	3.57	2.37	20	3.69	2.85	10	3.64	3.09	X		
Training for General Education Personnel	22	3.51	2.36	X			11	3.27	2.36	X		
Facilities	23	3.51	2.45	X			12	3.36	2.73	10	3.66	2.57
Program Accountability	24	3.53	2.75	21	3.28	3.22	13	3.30	3.10	11	3.64	2.66
Self-Assessment	25	3.20	2.26	22	3.04	2.70	14	2.73	2.20	X		
Cohesive Team	26	3.65	2.69	23	3.68	3.04	15	3.45	3.11	X		
Focus on Communication	27	3.85	3.10	24	3.88	3.30	16	3.64	3.30	12	3.83	2.78
Focus on Authentic Peer Interactions	28	3.74	3.00	25	3.70	2.80	17	3.36	3.20	13	3.83	2.73
District Core Curriculum and State Standards	29	3.30	2.55	26	3.31	3.28	18	3.27	2.82	X		
Supplemental Specialized Curricula	30	3.51	2.83	27	3.36	3.53	19	3.45	3.30	X		
Transitions	31	3.64	3.09	28	3.73	3.57	20	3.64	2.89	14	3.70	2.35
Purpose of Assessments	32	3.64	2.88	29	3.58	3.46	21	3.64	3.20	15	3.65	2.67
Parent Training and Support	33	3.67	2.29	30	3.80	3.12	X			16	3.73	2.28
Parent Leadership and Participation in Program Development	34	3.47	2.26	31	3.80	3.00	X			17	3.59	2.23
Deaf/Hard of Hearing/Deaf-Blind Adults & Community involvement	35	3.34	2.03	32	3.24	2.45	X			18	3.22	2.08

Q# = Question Number; Val = value rating, Sat = satisfaction rating

APPENDIX G

Survey Results: Comments for questions that meet high value (≥3.5) /low satisfaction(<2.5) criteria

Note: Topics that meet criteria by more than one group are highlighted. [Groups: Teachers/Related Service Providers, Administrators, Parents, Early Intervention Providers]

Topic	Groups				Comments
	Tchrs /RS	ADM ¹	PAR	EI	
Identification & Referral	X			X	<ul style="list-style-type: none"> • Not enough information available in the community about hearing loss, Deaf culture • Physicians not knowledgeable about deafness, speech and language development • Some referring is biased • Parents not aware of the potential in a deaf child • Loss to follow-up after a child fails a newborn hearing screening (reoccurring theme) • Limited number of local audiologists (not a pediatric audiologist) • Hearing screening is not always covered under health insurance plans – some families choose not to receive the screening • wait time from initial diagnosis to BAER and referral to services is frustrating
Collaboration	X				<ul style="list-style-type: none"> • Need more collaboration between private programs and services and public schools • Hospital workers, audiologists and doctors are not training in ASL, deaf education in the importance of early intervention • Need an unbiased 3rd party for referrals • Districts have different interpretations of WACs re: establishing eligibility • TODs often not included in eligibility determinations • Isolated pockets of good collaboration exist
Hearing Screening				X	<ul style="list-style-type: none"> • Hearing screenings provided via Child Find is often of limited value • Greater attention is paid to hearing status by the medical community (ie: physicians requesting hearing screening/evals following ear infections, standard referral for medical conditions such as Down Syndrome or high risk babies) • WA needs mandate for hearing screenings

¹ Administrator Survey had no items that met the criteria; items checked meet low satisfaction (<2.5) only.

Topic	Groups				Comments
	Tchrs /RS	ADM ¹	PAR	EI	
					<ul style="list-style-type: none"> • Late identification continues to happen, resulting in delayed language (due to lack of follow up) • Physicians may not refer families to audiologist for formal hearing evaluation • Audiologist may not know where to send family for early intervention services • Lack of follow through by families for further testing/evaluation • Some clinics have long waiting lists for appointments (follow up testing) • Lack of services provided to Native American Reservations – families don't understand importance of follow up appointments • Not all clinics comply with best practices procedures/protocols
Audiological Referral	X			X	<ul style="list-style-type: none"> • Referrals seem to be made appropriately for the most part, but follow-up with families that don't keep the appointments or for appropriate...are a challenge • Loss to follow-up after family is referred for further evaluation • Parents need reminders to attend follow up appointment, parents may be in denial and not notice their child has hearing loss (can't see it) • Need for tracking system of families who are referred – for follow up appointments • Families need to make it through to the diagnosis
Vision Screening				X	<ul style="list-style-type: none"> • Challenges with vision screening technology • More information and documentation needs to be given to families about vision screening • No system in place for vision screenings, rely on pediatric vision screenings • No vision screenings are conducted, not mandated • Children with hearing loss should also have vision screening
Persons Conducting Evaluation	X				<ul style="list-style-type: none"> • In rural areas, no professionals with expertise in hearing loss; assessments completed and interpreted by people without an understand of the impact of hearing loss on language and academic development • Need a standardized battery of tests for determining eligibility • TOD or specialist in deaf education often not part of the evaluation team • Parent input often not part of the assessment • For deaf-blind, bring in a D/HH and a B/VI specialist, but don't have an understanding of the ramifications of both sensory losses
Domains to be Evaluated	X				<ul style="list-style-type: none"> • Evaluation/assessment services lacking or inadequate • Need a standardized battery of required or recommended assessments, and training for personnel who will administer assessments

Topic	Groups				Comments
	Tchrs /RS	ADM ¹	PAR	EI	
Test Administration	X				<ul style="list-style-type: none"> • Need more staff that can administer assessments in ASL • Results are biased depending on who does the testing • Some personnel administering the tests use interpreters—they need to be trained to avoid influencing student performance • Tools are often inadequate, especially for children that have communication but not a language • Issues with the language or communication mode used to administer the tests (i.e. child is primarily ASL but test administered in SEE)
Evaluation Team	X				<ul style="list-style-type: none"> • Districts need to understand the expertise required of the evaluation team and know where to find qualified evaluators
Placement Considerations	X				<ul style="list-style-type: none"> • Transition from preschool to kindergarten is difficult • Decision made based on services available rather than child’s needs; “This is what we have to offer.” • Families not given all the options available • TODs often not involved in the placement discussion/decision • No process for determining who is placed in a DHH program vs. having itinerant or consultation services; based on a standardized score rather than consideration of all the needs of the student
Statement of Purpose	X				<ul style="list-style-type: none"> • Some programs have a clearly defined mission, others do not; some need to be revisited. • Programs may have a clear mission but services may not support the mission
Policy on Language & Communication			X		<ul style="list-style-type: none"> • Policy is too vague or doesn’t exist • Districts don’t fully understand modern approaches to language acquisition • Little-to-nothing in place for auditory/verbal or auditory/oral students • Districts are uneducated regarding for a deaf child learns language and what is appropriate instruction given modality of child • Nothing written re: parent training
State Oversight	X	X	X		<ul style="list-style-type: none"> • Don’t believe there are state-adopted policies for DHH students • OSPI and DOH do not have individuals with expertise in DHH to be able to provide oversight • Districts’ adherence to state-wide policies varies dramatically from district to district implying that the oversight role is not strong enough • Appears to be a distinct difference between the OSPI and WA Dept. of Health policies and the actual deaf classroom and parents. Neither the state nor Health Department has ever asked me what my child needs. • Identification/qualification criteria unclear

Topic	Groups				Comments
	Tchrs /RS	ADM ¹	PAR	EI	
					<ul style="list-style-type: none"> • Not enough deaf role models • No clear guidance on service expectations • School districts think they can handle all problems for all children. They can't! These children need special education that the average school district is not capable of providing, but won't admit it. The problem is that there is no oversight / uniformity and the children suffer for it. • Not even close to meeting this for deaf kids who are oral; no consistency or agreed upon best practices for meeting their needs.
Continuum of Options	X		X		<ul style="list-style-type: none"> • No support of auditory/oral in the state • Training usually not pertinent to DHH specialists/TODs pay out-of-pocket for relevant workshops • One program can't be all things to all children; focus on what they do BEST and allow other programs to be different • Need specialists that understand the impact of dual sensory impairments • Programs and services students receive are based on where they live, not on communication mode • Funding does not support full spectrum of choice
Children/Youth with Multiple Disabilities	X				<ul style="list-style-type: none"> • Students are either in classes for children with multiple disabilities and not getting needed support for deaf or vision issues, or are in DHH of VI classes and not getting the appropriate curriculum for their multiple disabilities • Need more training and better curriculum
Program Administrator			X		<ul style="list-style-type: none"> • Somewhat satisfied as a number of district personnel appear well qualified but constrained by district policy, ideology, and general dysfunction • District doesn't have the trained administrators in deaf education • Administrators were very negative in attitude about teaching a hard of hearing child sign language. Been hard in the district to get our child help even on an IEP, so she just goes without and the family has more of a burden of learning and then trying to teaching her. • District could not and had no desire to provide appropriate services to our child. They had no one on staff with any training / experience / knowledge to deal with our son and his disability. • No interaction with anyone in our school district who has any background in deaf education
Other Personnel: Educational Interpreters	X				<ul style="list-style-type: none"> • Encourage interpreters to take EIPA but no state requirement/standards • No local, formal, standardized program to train and assess SEE interpreters • No training re: tactile interpreting • Pay is not high enough to attract qualified interpreters
Staff	X				<ul style="list-style-type: none"> • Professional development activities limited due to time and financial constraints

Topic	Groups				Comments
	Tchrs /RS	ADM ¹	PAR	EI	
Development					<ul style="list-style-type: none"> • Almost nothing offered specific to deafness is offered • Need to support staff to attend summer trainings
Training for General Education Personnel	X	X			<ul style="list-style-type: none"> • Training is inconsistent, often done by interpreters • Not enough time • Infrequent and no funding to complete activities
Facilities	X				<ul style="list-style-type: none"> • DHH classrooms are often “left over” spaces • Classrooms and SLP offices don’t meet ANSI acoustical standards • Often barriers for deaf-blind students
Self-Assessment		X			<ul style="list-style-type: none"> • Need a formalized method
Transitions			X		<ul style="list-style-type: none"> • Transition from early intervention to elementary not only unsatisfactory but actively rife with misinformation and hostility • Yes, you have to plan for this all and that is important. But I fear that we are spending so much time on paper work and assessments that we're not leaving enough time for actually working with the child. If I had to choose between paper work and instruction, I would choose instruction • Lack of communication between providers, lack of available assessments to teachers/therapist prior to meetings-no prior planning being done. Therapists/teachers not being available during summer months to meet with the team to do transitions for summer birthday children. Parents not being given information ahead of time about what will be discussed during the transition meetings. Not being apart of the conversation of which goals should be set for their IEP. • From birth to three transition none of the federally mandated or state mandated timelines were met for my child - and no one cared except me and my husband • We had to organize my son's transition from elementary deaf program to mainstream program. It would be nice to have a policy that insures both schools meet together to help transition and that staff is informed of how the student will use the interpreters and communicate.
Parent Support & Training	X		X		<ul style="list-style-type: none"> • Parent training is often left up to the individual teacher • Need to use distance learning options for parents that live far from the school • Support communication skills development • Need training on bilingual education • Other than early intervention service (state provided), district provides no training to parents other than very basic technology- based training (i.e. how to use a FM system). No sign training available for parents or even children (except in contained classrooms). IEP meetings have neither all relevant

Topic	Groups				Comments
	Tchrs /RS	ADM ¹	PAR	EI	
					<p>district personnel nor do advance planning, nor are parents treated as equals, nor are there timely responses (in fact timeliness blamed on parents when district staff have delayed and ignored parent communications).</p> <ul style="list-style-type: none"> • Parents here are left to find out this information on their own. • There is no program yet for kids who are oral. We are making it up as we go... no workshops, no peer groups, no parent education classes specific to our needs. • We have not found many resources or support for Signing Exact English. It's been very difficult to access classes there are only two being taught and difficult to find available and certified interpreters. • You're kidding right? I was not allowed to bring a friend to meetings; not a single one of my requests was addressed; timelines have never been met; no training for parents was given; parent counseling or training was not even mentioned in the IEP
Parent Leadership & Participation in Program Development			X		<ul style="list-style-type: none"> • On specific deaf/HH issues I have seen no solicitation of parent involvement - in special ed or in general ed. • Our school does not want parent involvement. We are just supposed to come to an IEP and sign. There is no parent support, board or input requested. • They don't want me to even come in the classroom more less have a say regarding anything • Our parent community in using SEE sign is very small and disjointed. Parents need more access to online social networking groups, list serves and activities to promote community and support networks. The parent groups are strapped for volunteers and finances to create opportunities for parents to be more involved in learning and supporting their schools and children. We need a lot more support in this area!! • Did not feel as a parent that I was part of a "team" for "my" son's education. I did however feel "strong-armed" and "bullied" into accepting what they were TELLING me they were going to do.