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Iowa Resource Manual for the Education of Students with Hearing Loss and Educational Audiology

Guidelines for the provision of Support & Instructional Services to Students with Hearing Loss and Educational Audiology Services in the State of Iowa

Pilot Edition

1993

3-1772

Iowa Department of Education
Bureau of Special Education
Grimes State Office Building
Des Moines, Iowa 50319-0146

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Grimes State Office Building
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Iowa Resource Manual for the Education of Students with Hearing Loss and Educational Audiology

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Mission Statement:

To provide leadership for excellence in hearing conservation services and educational services for students who are deaf or hard of hearing.

Chairpersons: Gary Boswell 1990-92, Bob Ownby 1992-93
Chairpersons-Elect: Nick Salmon 1993-94, Bob Williams 1994-95

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Introduction

Audiological and instructional services provided by Iowa's area education agencies, local education agencies, and the Iowa School for the Deaf should provide children with hearing loss the services and programs necessary for them to achieve their potential.

The needs of students with hearing loss are often different from those of students with other disabilities. Additionally, similar degrees of hearing loss, whether the term "deaf" or "hard of hearing" is used, may have widely varying effects on children.
The individual differences and needs of children with hearing loss must be considered in all aspects of programming.

Preventative and early identification procedures are essential to the provision of services. A team effort is necessary for the diagnosis of and educational programming for children with hearing loss.
Parents and family are integral to students' development; informed and involved parents are assets to their children's education. Parental partnership—from initial contact onward—should be sought and encouraged.

The establishment, progression, and monitoring of instructional programs will ensure the provision of appropriate services throughout students' educational careers.

Our purpose is to advocate for, develop, and implement educational programming that will enable each student with hearing loss to seek his or her individual fulfillment.

Purpose of this Resource Manual

The Iowa Department of Education, Bureau of Special Education, in collaboration with Iowa's AEA Hearing Supervisors Group, which includes representatives and contact persons from Iowa's area education agencies, local education agencies, and the Iowa School for the Deaf, have developed this resource manual with the intent of meeting several goals, including the following:

- to provide a description of both minimum and best practice standards for the practice of audiology within Iowa's schools;
- to provide a description of both minimum and best practice standards for support, related, and instructional services provided to Iowa's students with hearing loss;
- to describe the status of current programs and projects in school audiology and in education of the hard of hearing and deaf in Iowa;
- to collect in one volume many of the resource materials used in the practice of school audiology and the provision of services to students with hearing loss in Iowa, such as

  AEA Supervisors' position papers,

  Iowa Department of Education publications relevant to students with hearing loss, and

  Federal publications relevant to students with hearing loss;
- to provide an overview of Iowa's programs in educational audiology and the education of students with hearing loss, as a reference for professionals in special and general education, parents, Iowa's consumers, and other interested parties.

Each area education agency has its own procedures manual for audiology services and providing instructional and support services to students with hearing loss. This resource manual is in no way intended to take the place of those individual AEA documents.

There is no priority or importance implied by the ordering of the manual sections. There is much overlap between sections in content, and cross-referencing is done where possible. An index for the manual is under development. Some sections of the manual have been constructed in such a manner that they can "stand alone" as resource documents. One example is the section on *Educational Interpreting Services.*

Many resource documents have been reproduced in the printing of this manual; some, however, have not. A listing may be found at the end of each chapter's text, as well as in the table of contents, detailing the documents intended for placement there. Those not provided in this packet should be inserted by the consumer. Some documents are in draft form at the time of this pilot edition's printing, and are not for quotation; those that have been included are for reference purposes only. Before quoting any sources marked as draft, please contact the source to obtain the document in its final form.

It is the group's intent that the manual be reviewed on an annual basis, with sections updated as needed. The Chairperson-elect of the AEA Hearing Supervisors' group will oversee the review process.

A few notes about this pilot edition of the manual—

This edition is intended to be used on a pilot basis, with input from professionals using the manual being incorporated into a review process that will begin in the fall of 1993.

Any corrections of typographical errors or omissions are welcome, as well as comments regarding the content of the manual. Please send all corrections and comments to Tammie Adkins, Consultant, Hearing Conservation/Education Services, Bureau of Special Education, Iowa Department of Education, Grimes State Office Building, Des Moines, IA 50319-0146.

Iowa's Area Education Agency System

In 1974, the Iowa Legislature mandated the formation of intermediate service agencies called area education agencies (AEAs), which began operations in the fall of 1975. These 15 agencies (see map and Iowa Code reference in this section) were given three charges— to provide the 400-plus school districts in Iowa with:

- *special education support services,*
- *media services, and*
- *"other" services, which has become "educational services" and typically includes, but is not limited to, staff development, cooperative purchasing, and consultation to general education.*

Each AEA has an Administrator who presides over the three divisions; each division has a Director. A listing of the AEA Directors of Special Education may be found at the back of this section of the manual.

Typically, the AEA provides each LEA within it the special education services of audiologists, speech-language pathologists, psychologists, social workers, early childhood special education consultants, work experience coordinators, itinerant teachers for the hearing impaired, and itinerant teachers for the visually impaired. This model seems to have been successful in providing essentially commensurate levels of service in these areas to all LEAs in the state, regardless of district size.

The model has worked particularly well for school audiology services, since it has provided a cost-effective means of giving each school district basic audiology services as delineated in the American Speech-Language-Hearing Association's guidelines, and in line with federal and state mandates. Those services are described in the manual section titled *Educational Audiology Services*. Iowa has the highest number of audiologists per school child in the nation, and is viewed as the national model for such services. (Please note that the terms "educational audiology" and "school audiology" are used interchangeably in this manual.)

Resource documents located in this section:

Members of Iowa's AEA Hearing Supervisors Group
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Brochure: Iowa School Hearing Services—"There's no better place to work"

Personnel: Roles and Responsibilities

The following personnel may be on the Individualized Education Program (IEP) team for the student with hearing loss, provide direct services to the student with hearing loss, provide consultative or collaborative services to educators involved with students who have hearing loss, or all three. A brief description of each position, as well as required and desired qualifications, is included. If a student relies primarily upon sign language for communication, it is best practice that all personnel in contact with the child have signing skills commensurate with their job assignment. This is more critical for some service providers than for other personnel. A teacher of the hearing impaired or educational interpreter serving such a student, or someone providing counseling to the student, for example, would need a much higher level of sign language competence than a bus driver, who would need minimal sign skills for interaction with the student.

It is important to remember that the training and expertise of professionals with different titles and job descriptions may overlap. For example, the teacher of the hearing impaired, the audiologist, and the speech-language pathologist each receive considerable training in normal speech and language development and how this is affected by hearing loss, plus training in strategies and methods for working with students who have hearing loss to help improve speech and language problems that those students may demonstrate. Each of these professionals has a particular focus of expertise, but there are many services that any of the three could provide with equal competence.

Licensure (previously known as "certification") information is given for the professionals listed below who work in the schools. The Iowa Board of Educational Examiners requirements for special education licensure should also be included at the back of this section. At the time the pilot edition of this manual was printed, special education licensure requirements were under consideration for substantial change. These changes will probably not be implemented prior to 1994.

Audiologist:
applies principles, methods and procedures for analysis of hearing functioning in order to plan, counsel, coordinate, and provide intervention strategies and services for students with hearing impairments. The audiologist provides hearing conservation services related to prevention, identification, and assessment of hearing loss, plus such follow-up services as may be indicated, including counseling regarding amplification (which may include personal hearing aids, FM auditory trainers, other assistive listening devices, and classroom sound field amplification systems) and classroom acoustics. S/he also provides information regarding his/her findings to and consults with parents, students, all members of the educational team, and other appropriate persons, such as school nurses and physicians. The audiologist is also involved, as a member of the multidisciplinary team, in the process of prereferral, problem-solving assessment, referral and evaluation of students for placement in special education programs, and the development of IEPs (Individualized Education Programs), and may also provide aural habilitation services to students, either directly or in consultation/collaboration with the student's parents or educator(s). For additional information regarding audiology services in the schools, see the *Educational Audiology Services* section of this manual. The educational audiologist must have a minimum of a master's degree in audiology and be licensed by the Iowa Board of Educational Examiners, holding either the endorsement or the Statement of Professional Recognition (SPR) as a School Audiologist in order to be employed in the schools. Board of Educational Examiners endorsement is preferred over the SPR, and the American Speech-Language-Hearing Association's Certificate of Clinical Competence is encouraged.

Audiometrist or Audiometric Technician:
is a paraprofessional who acts under the supervision of the audiologist in providing hearing conservation services. His/her duties may include the screening of hearing, threshold testing (audiograms), immittance (tympanometry/impedance) screening, record-keeping, and other related duties as assigned. The audiometrist must meet requirements set by the Department of Education and the Area Education Agency, and must complete a required training course as well as annual inservice training.

Teacher of the Hearing Impaired (THI):
provides services necessary for the evaluation of educational programming for and academic improvement of students with hearing loss in the school setting. The teacher of the hearing impaired (THI) participates in multidisciplinary staffings of students with hearing loss, contributes to the development of the Individualized Education Program (IEP) for each student s/he serves, including the development of goals and objectives, provides appropriate learning experiences for those students especially as delineated in the students' IEPs, and counsels, collaborates, and confers with the student, parents, educators, and other persons involved in meeting the special educational needs of each student s/he serves. The THI must have a minimum of a bachelor's degree and be licensed by the Iowa Board of Educational Examiners as a Teacher of the Hearing Impaired. The Master's degree and Council on Education of the Deaf [CED] certification, appropriate to grade level served, are encouraged.

Speech-Language Pathologist:
applies principles, methods, and procedures for an analysis of speech and language comprehension and production to determine communicative competence, and provides intervention strategies and services related to speech and language development as well as disorders of language, voice, articulation, and fluency. The speech-language pathologist evaluates the student's speech and language abilities, identifying any areas that might need direct service from the speech-language pathologist to accomplish remediation, as well as any areas in which indirect, collaborative, or consultative service may be provided with the help of parents and others in the student's everyday environment. The speech-language pathologist participates in multidisciplinary staffings. The speech and language programs and services provided to a student are part of the student's IEP. The speech-language pathologist confers and consults with parents, educators, the student, and other persons involved in meeting the special educational needs of each student served by the speech-language pathologist. The speech-language pathologist must have a minimum of a master's degree in speech-language pathology and be licensed by the Iowa Board of Educational Examiners, holding either endorsement or a Statement of Professional Recognition as a Speech-Language Pathologist. Board of Educational Examiners endorsement is preferred over the SPR, and the American Speech-Language-Hearing Association's Certificate of Clinical Competence is encouraged.

Educational Interpreter:
interprets and/or transliterates classroom activities into sign language, in those classes specified by the student's Individualized Education Program (IEP). This includes lectures, conversations, films, special projects, assemblies, and so forth. The educational interpreter interprets all discussions, including what other students have said. Oral interpreting (audible to non-audible spoken English) and sign-to-voice interpreting (student's sign interpreted in voice to others) is done as needed. Interpreting/transliterating is done at (or slightly above) the student's language level. The educational interpreter is an important part of the educational team, providing continuity of instruction for students and conferring with teachers and other staff in order to be prepared to provide educational interpreting services. S/he may be asked to be available to interpret during extracurricular activities and/or tutoring sessions during regular school hours. The educational interpreter must have proficiency in sign language, educational interpreting, and English, plus academic content areas, as established by the area education agency or local education agency. (Some interpreters may be hired as educational interpreter/aides, though this is contrary to best practice. The interpreter/aide may perform routine educational aide functions for a portion of the day and perform as an educational interpreter another portion of the day.) For additional information, see the *Educational Interpreting Services* section of this manual.

Teacher Associate or Teacher Aide:
assists in the implementation of student programs, as directed by the teacher of the hearing impaired, general education classroom teacher, principal, and/or Supervisor of AEA Hearing Services, as appropriate; serves as an advocate for students with hearing loss; assists teachers in supervision of students, in preparation of materials for the classroom, and in monitoring hearing aids and auditory trainers. Sign skills are at a level that allows the aide to sign for him- or herself when working with students. The teacher associate or teacher aide

must meet Iowa Department of Education and area education agency or local education agency requirements.

School Psychologist:
assists in the identification of needs regarding behavioral, social, emotional, educational, and vocational functioning of students; analyzes and integrates information about behavior and conditions affecting learning; consults with school personnel and parents regarding planning, implementing, and evaluating individual and group interventions; counsels with parents, students, and families; provides parent and teacher inservice education; and conducts applied research related to psychological and educational variables affecting learning. The psychologist consults with school personnel on request to establish and maintain school policies, practices, and curriculum in keeping with positive mental health. S/he may provide individual and group counseling to students and/or their families, and assist parents and school personnel in establishing effective student behavior management practices when appropriate. The psychologist provides educational and psychological evaluations, as comprehensive as necessary to determine the academic, social, and emotional needs of individual students. S/he participates in the multidisciplinary staffing of students to determine each student's eligibility for special education services, as well as assisting in the planning of and re-evaluation of the students' educational programs. As more problem-solving assessment, progress monitoring, and curriculum-based measurement is being done, the role of the psychologist in the schools is evolving from a strict focus on traditional assessment to include more collaboration with teachers and other members of the multidisciplinary and building-level teams in these areas. The school psychologist must have a minimum of a master's degree in psychology and be licensed by the Iowa Board of Educational Examiners, holding endorsement as a School Psychologist. Best practice would dictate that psychologists who evaluate or provide direct service to students who rely primarily upon sign language for communication have sign language skills commensurate with their job assignment. Council on Education of the Deaf [CED] certification is encouraged.

School Social Worker:
enhances the educational programs of students requiring special education by assisting in identification and assessment of the students' educational needs, including social, emotional, behavioral, and adaptive needs; provides intervention services, including individual, group, parent, and family counseling; provides consultation and planning; and serves as liaison between home, school, and community. As a member of the multidisciplinary staffing team, the school social worker conducts, prepares, and submits a written assessment of a student's social, developmental, emotional, and adaptive functioning within the home, school, and community. The school social worker provides counseling services to identified special education students and/or their families as delineated in each student's IEP, or when administratively approved. If providing direct counseling services to a student who relies upon sign language for communication, best practice would dictate that the social worker have sign language skills at a level that allows him/her to sign for him- or herself. The social worker may also refer the student and/or family to appropriate community resources when needed. S/he consults with educators and other members of the multidisciplinary team, and may provide inservice to educators and community. The school social worker must have a minimum of a master's degree in social work, and be licensed by the Iowa Board of Educational Examiners, holding endorsement as a School Social Worker.

Principal:
provides instructional leadership and supervision in all phases of school operation. As do the other members of the team, the building principal acts as an advocate for all children. S/he also keeps current, accurate school records as required, participates in staffings or appoints a designee to do so, is responsible for the discipline and management of students, and oversees the provision of inservice to his/her staff. The principal must be licensed as a Principal by the Iowa Board of Educational Examiners, appropriate for the grade levels s/he serves.

School Counselor:
provides counseling services to the students, individually or in groups, in response to immediate concerns on the part of student, parent, or educator, and/or as part of a program designed to promote student wellness. If providing direct counseling services to a student who relies upon sign language for communication, best practice would dictate that the counselor have sign language skills at a level that allows him/her to sign for him- or herself. S/he may participate in curriculum planning, and may inservice teachers. The school counselor may also refer students and/or their families for further service when needed, either at the building level or within the community. S/he may also be involved in such administrative functions as scheduling of

classes and keeping of the students' cumulative records. The school counselor must have a minimum of a bachelor's degree and be licensed by the Iowa Board of Educational Examiners, holding endorsement as a Counselor appropriate to the grade levels s/he serves.

Special Education Consultant:
is the special education instructional specialist who provides ongoing support to those special education instructional programs which the consultant is authorized by the Iowa Board of Educational Examiners to serve. The consultant participates in the identification and program planning of students who have disabilities; demonstrates instructional procedures and techniques; assists in the development of curriculum and special instructional materials; assists in attaining the least restrictive environment appropriate for each student with a disability; and assists in providing inservice training to special education and general education staff regarding the education of students with disabilities. The consultant may have special training in the field of hearing impairment, or may be a multidisciplinary consultant. As a member of the staffing team, s/he may be involved in assessment of the student's educational performance, and/or observation of the student's classroom functioning. The consultant often acts as coordinator of the IEP team, scheduling staffing times and ascertaining that all evaluations needed have been completed prior to the staffing. S/he is also a resource to parents and educators, with comprehensive knowledge in the field of special education and materials and techniques to promote learning in specific students. The consultant must have a minimum of a master's degree, and must be licensed by the Iowa Board of Educational Examiners, holding endorsement as a Special Education Consultant. A consultant who is assigned only to programs serving students with hearing loss must have Iowa Board of Educational Examiners licensure specific to that position.

Special Education Nurse:
is a professional registered nurse who assesses, identifies, and evaluates the health needs of students with disabilities; interprets the health needs to the families and educational personnel as those needs relate to the students' strengths and educational limitations; implements specific activities commensurate with the practice of professional nursing; and integrates the health care into an acceptable pattern with the educational program. S/he is part of the multidisciplinary staffing team, and must hold either licensure or a Statement of Professional Recognition from the Iowa Board of Educational Examiners as a Special Education Nurse.

Supervisor:
is the professional discipline specialist who provides for the development, maintenance, supervision, improvement and evaluation of professional practices and personnel within a specialty area. The personnel supervised by the AEA Supervisor for Hearing Conservation/Education Services may include the audiologist, consultant, audiometrist, and teacher of the hearing impaired. The speech-language pathologist is typically supervised by the AEA Supervisor for Speech and Language Services, and so on. The Supervisor must have a minimum of a master's degree in his/her specialty area, and must be licensed by the Iowa Board of Educational Examiners, holding endorsement as a Supervisor of Special Education–Support or as a Director of Special Education. Council on Education of the Deaf [CED] certification is encouraged.

Physical Therapist (PT):
provides services to students with motor problems that are interfering with the student's ability to participate in his/her educational program. These services may include screening and assessment; participation in multidisciplinary staffings and program planning; and participation in IEP development and student-specific interventions using either a direct, integrated, or consultative model; and training of parents, teachers, supportive personnel, and relevant community members. Functional areas of mobility and positioning within the educational setting are the primary focus of a physical therapist's services. S/he also provides general curriculum consultation, staff development experiences, and school and district-wide program consultation in areas such as architectural accessibility, specialized transportation needs, and coordination with medical services. A physical therapist working in the schools must be licensed by the Iowa Board of Public Health and also have a Statement of Professional Recognition from the Iowa Board of Educational Examiners.

Physical Therapist Assistant:
functions under the direction and supervision of a licensed physical therapist, to perform physical therapy procedures. S/he may provide student-specific interventions related to an IEP, as well as routine record-keeping and documentation of student progress. A physical therapist assistant is licensed by the Iowa Department of Public Health.

Occupational Therapist (OTR):
applies principles, methods and procedures for analysis of motor functioning to determine developmental and adaptive fine motor, sensorimotor, positioning, and self-help (feeding, dressing, vocational) competencies in order to plan, counsel, coordinate, and provide intervention strategies and services for pupils. Services are provided to students whose motor functioning is interfering with the student's ability to participate in his/her educational program, in accordance with each student's IEP. The occupational therapist participates in screening and assessment procedures to identify areas of strength and weakness. When the team determines a student is eligible for special education occupational therapy services, student-specific interventions using a direct, integrated, or consultative model are provided as part of the student's IEP. The occupational therapist trains staff and parents in activities to enhance feeding, oral-motor development, dressing, eye-hand coordination, fine-motor dexterity, and sensorimotor development as related to the student's educational program. When appropriate, the occupational therapist collaborates with the education and medical communities. An occupational therapist working in the schools must be licensed by the Iowa Department of Public Health and also have a Statement of Professional Recognition from the Iowa Board of Educational Examiners.

Certified Occupational Therapy Assistant (COTA):
provides occupational therapy services under the direction and supervision of a licensed occupational therapist. As directed and trained by the supervising OTR, s/he may screen and evaluate, provide student-specific interventions related to the IEP, fabricate splints and specially designed equipment, train parents and staff in activities, attend staffings, and document student progress and therapy interventions. A Certified Occupational Therapy Assistant is licensed by the Iowa Department of Public Health.

Resource documents located in this section:

Iowa Requirements for Licensure: Speech-Language Pathology and Audiology

Iowa Board of Educational Examiners: Special Education Licensure Requirements

Knowledge and Skills Necessary for Professionals Providing Services Under Public Law 99-457—Joint Committee: American Speech-Language-Hearing Association and the Council on Education of the Deaf

Iowa's Hearing Conservation/Education Services Directory , 1992-93

Iowa Requirements for Licensure:
Speech-Language Pathology and Audiology

January 1993

Speech-Language Pathologists and Audiologists practicing in Iowa must hold licensure appropriate to their employment or practice setting. Two types of licenses are available, the applicability of and requirements for which are briefly described below. Many qualified individuals hold both types of license simultaneously; in fact, a person employed in both the school setting and private practice is required to hold both types of license. Further information regarding each may be obtained from the respective licensing agency; their addresses and phone numbers are listed on the back of this sheet.

Department of Public Health (DPH) licensure

Licensing Board: Speech Pathology and Audiology Examiners

Applicability: required for all individuals engaged in the practice of speech pathology or audiology as defined in Iowa Code, Chapter 147. The requirement to hold this license does not apply to persons licensed/certificated by the Board of Educational Examiners as Speech-Language Pathologists or School Audiologists while acting within the scope of their school employment. ***Note:*** *Persons holding only the DPH license are not licensed to practice within the school setting. Board of Educational Examiners authorization in the form of licensure or SPR (see below) is required for all individuals practicing speech-language pathology or audiology within the schools.*

Requirements for Department of Public Health licensure:

1. Possess a master's degree or its equivalent from an accredited school, college, or university with a major in speech pathology or audiology.
2. Show evidence of completion of not less than 300 hours of supervised clinical training in speech pathology or audiology as a student in an accredited school, college, or university.
3. Show evidence of completion of not less than nine months of clinical experience under the supervision of a licensed speech pathologist or audiologist following the receipt of the master's degree.

OR

1. Have been granted the Certificate of Clinical Competence from the American Speech-Language and Hearing Association.

An individual may also apply for a temporary clinical license; a non-resident may apply for a temporary permit.

Cost: $105 for application for full licensure, $65 for temporary; $80 for renewal every two years.

Renewal requirements: Completion of 30 clock hours of continuing education during the two-year period preceding license renewal.

Board of Educational Examiners licensure (called "certification" prior to October 1988)

Licensing Board: Educational Examiners

Applicability: required for all individuals engaged in the practice of speech-language pathology or audiology in the schools. ***Note:*** *Persons holding only the Board of Educational Examiners license are not licensed to practice outside the school setting. Department of Public Health licensure is required for all private practice.*

Requirements for Board of Educational Examiners licensure:

1. Possess a master's degree in speech-language pathology or audiology from an accredited college or university.
2. Complete at least 20 semester hours of coursework in the professional education sequence, including student teaching/internship as a school speech-language pathologist or audiologist.

Cost: $15 for initial application; $15 for renewal every 5 years.

Renewal requirements: a minimum of 6 renewal credits (college credit, staff development credit, or other activities meeting Board of Educational Examiners' criteria) in the five years preceding renewal.

Alternative means of authorization (Statement of Professional Recognition, or SPR) to practice as a speech-language pathologist or audiologist in the schools: For those who have completed the master's degree in speech-language pathology or audiology but have not completed the education sequence or choose not to be licensed by the Board of Educational Examiners, a Statement of Professional Recognition (SPR) must be obtained from the Board of Educational Examiners. To obtain the SPR, the Director of Special Education of the area education agency wishing to employ the speech-language pathologist or audiologist must submit a letter requesting that the SPR be issued, and the speech-language pathologist or audiologist must have a current DPH license. For the SPR to continue to be valid, the DPH license must be maintained and the speech-language pathologist or audiologist must complete an approved course in human relations before the start of the next school year.

This information is intended as a summary rather than a comprehensive review of the two types of Iowa licensure in speech pathology and audiology. If a conflict is shown to exist between this document and the relevant Iowa Code or Rules, the Code or Rules would take precedence. For specific questions, additional information, or application materials, contact:

Board of Educational Examiners

Jane Yeager, Consultant
Special Education Licensure
Iowa Board of Educational Examiners
Iowa Department of Education
Grimes State Office Building
Des Moines, IA 50319-0146
515/281-3483

Department of Public Health

Board of Speech Pathology and Audiology Examiners
Iowa Department of Public Health
Lucas State Office Building
Des Moines, Iowa 50319-0075
515/281-4408

Department of Education

Joe Freilinger, Consultant
Speech-Language Services
Bureau of Special Education
Iowa Department of Education
Grimes State Office Building
Des Moines, IA 50319-0146
515/242-6018

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Bureau of Special Education
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Des Moines, IA 50319-0146
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A joint publication
of the Board of Speech Pathology and Audiology Examiners, Iowa Department of Public Health, and the Bureau of Special Education, Iowa Department of Education

Educational Audiology Services

The Regulations for Education of All Handicapped Children (P.L. 94-142, sometimes referred to as "EHA", describe audiology services in the schools as follows:

(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 habilitative activities, such as language habilitation, auditory training, speech reading (lipreading), hearing evaluation, and speech conservation;
- (iv) Creation and administration of programs for prevention of hearing loss;
- (v) Counseling and guidance of pupils, parents, and teachers regarding hearing loss; and
- (vi) Determination of the child's need for group and individual amplification, selecting and fitting an appropriate aid, and evaluating the effectiveness of amplification.

34CFR 300.13(b)

"Proper functioning of hearing aids. each public agency shall insure that the hearing aids worn by deaf and hard of hearing children in school are functioning properly."

34CFR 300.303

Model of Service Delivery

In Iowa, school audiologists are hired by the intermediate service agencies, called area education agencies (AEAs), which also provide additional specific special education support and instructional services, as well as media services and educational services to general education. Each of the approximately 400 local school districts in Iowa is assigned to one of the 15 AEAs, and through the AEA each LEA student has access to audiological services.

This service model, where the education agency directly hires the special education support/related service providers, including audiologists, who provide services to children as required under federal law, appears to be extremely cost-effective. It has the following advantages:

1. **Cost**
   On occasion, personnel shortages have required that an AEA provide certain services to children by contracting with a private provider. The disciplines of occupational and physical therapy are those in which this is most common. The cost is typically higher when services are provided on a contract basis. Private provider salaries are usually higher, and costs such as travel, retirement, equipment, experience, training, and continuing education are also included in the contract cost even when not specifically delineated as such.

2. **Compliance with federal and state regulations**
   Child find and evaluation activities are required by law, as are the audiology services included in a given student's Individualized Education Program (IEP). When regulations are not met, the school district or AEA is liable, whether the services are contracted or the provider is directly employed by

the agency. Contracting for services may easily result in a situation in which the agency has responsibility but no control.

3. **Program quality**
   Concerns that are easily managed through direct employment but which may represent problems when services are contracted include:
   - accessibility of the service provider to parents, teachers, and administrators when consultation is needed;
   - scheduling priorities, especially regarding IEP team meetings and evaluations that must be accomplished in a timely fashion;
   - potential conflict of interest between the private provider's practice outside the school and information acquired in the course of providing school services (e.g., the selling of hearing aids for the use of school children);
   - liability, such as malpractice and physical injury;
   - timelines for the receipt of evaluation and other reports; and
   - general communication.

4. **Consistency of services**
   For the AEAs to provide support services allows for the same standards to be met in small rural districts with restricted resources as in larger urban districts. If services were contracted, the cost could easily be prohibitive for small districts, and there would certainly exist pockets in the state where few or no private providers were available, resulting in less choice and/or higher costs.

Audiology, like some other AEA-provided services, such as psychology and social work, focuses largely on assessment and consultation/collaboration, but also includes direct intervention with students. Language learning and academic achievement depend greatly upon normal hearing or appropriate educational management of hearing loss when it exists. The identification of students with hearing loss is viewed as an important activity, aimed at providing the earliest possible intervention when needed, as well as at preventing or minimizing the impact of disabilities. Additionally, the audiologist is a vital member of the IEP team for each student with hearing impairment.

Training and Licensure Requirements for Educational Audiologists in Iowa

Audiologists practicing in Iowa can receive licensure from either the Iowa Department of Public Health, Board of Speech Pathology and Audiology Examiners, or the Iowa Department of Education, Board of Educational Examiners. Which type of licensure is required depends upon the work setting, whether it is within the schools or in private practice. Copies of the licensure requirements for each agency may be found at the back of the *Personnel* section of this manual. The requirements for audiologists working in the schools were instituted years before those for private practice, and school audiologist were major advocates for requiring a like standard for private providers: the master's degree in audiology. For licensure through the Department of Public Health, one must have the master's degree plus the equivalent of the American Speech-Language-Hearing Association's (ASHA) Clinical Certificate of Competence in audiology (CCC-A). For licensure as a school audiologist, one must have acquired the master's degree, and either as part of or in addition to that program, there must be 20 hours in education. As an alternative, as audiologist may work in the schools with the Statement of Professional Recognition rather than school licensure. This requires up-to-date Department of Public Health licensure plus a course in Human Relations and a letter from an AEA stating the agency's desire to hire the audiologist. Approximately 80% of the audiologists working in the schools currently have either their Public Health license, the ASHA CCC-A, or both, many in addition to their Board of Educational Examiners endorsement.

Hearing Screening Programs in Iowa's Schools: Identification of children with hearing loss

Each area education agency provides hearing screening services to the school districts it encompasses. Audiometrists or audiometric technicians, paraprofessionals who receive both preservice training and annual inservice, are employed by the AEA to perform the actual pure-tone and, in some agencies, immittance screening of students. The audiologist(s) employed by the AEA, in cooperation with the AEA hearing supervisor, manages the screening program and oversees the audiometrist. (For additional information, see the "Audiometrist" entry in the *Personnel* section of this manual.)

All students failing initial screening are rechecked; some are seen by the audiometric technician for a second screening that must also be failed before the student receives an audiological evaluation

Most AEA supervisors feel their screening protocol meets American Speech-Language-Hearing Association guidelines, including those for equipment required and calibration (see the end of this section for those resource documents).

Populations screened

All AEAs screen preschoolers on request; some agencies make a concerted effort to test students in as many preschool centers as can be scheduled during the school year. Hearing screening of HeadStart classes is mandatory in all AEAs. Kindergarten round-ups or pre-kindergarten clinics, when prospective kindergartners come to school for a short visit to a full week of classes, are screened by most AEAs, either at the school's request or to the extent that audiologist time will permit. All AEAs have formalized Child Find activities, in which audiologists participate at some level. Preschoolers may be screened by the audiometric technician, but only under the direct supervision of the AEA audiologist. Regulations relating to the hearing screening of preschool-age children is found in Public Law 99-457, Section 672(2), *Early Intervention,* and in the Iowa Department of Education **Rules of Special Education**, 281-41.16, *Early Identification. Most* of the 15 AEAs screen students in kindergarten through third or fourth grade, then one or two middle school grades (fifth through eighth); essentially, the minimum population screened is kindergarten through third plus three additional grades. Some screen one grade at the high school level.

Special education students are screened within nine calendar months of their 3-year re-evaluations, either during the course of routine screening or specifically for the purpose of the re-evaluation. Many AEAs also screen all students on the speech-language pathologists' caseloads. Students who are undergoing extensive problem-solving assessment by the building assistance team also receive screening in most AEAs.

For more specific information on populations screened as well as frequencies and levels used in the individual AEAs' protocols, see the resource materials at the end of this section.

Best practices for preschool-aged children would include providing hearing screening to all public and private preschool programs, including kindergarten round-ups; screening all children at risk for hearing loss, including those attending at-risk preschools with economic and developmental attendance criteria, and those at developmental clinics in or near the local school district; and all preschoolers being considered for special education services. Children birth through two years of age would be screened or evaluated by the audiologist rather than the audiometric technician. Children three years of age and older could be screened by the audiometric technician only under the direct, on-site supervision of the audiologist. At the discretion of the supervisor, audiometrists who have demonstrated competence could be allowed to do solo screening of preschoolers 3 years of age and above. Maternal and Child Health Clinic populations should also receive hearing screening services from the audiologist.

Best practices for school-age students would be to annually screen grades kindergarten through sixth, plus one grade in middle or junior high school and one high-school grade, and all students receiving special education services, including speech-language services only. Best practice would also include screening the hearing of each student referred to a building assistance team for problem-solving activities.

Frequencies and levels: Screening protocols

Eleven of the fifteen AEAs screen at 500, 1000, 2000, and 4000 Hz; three of those eleven add 6000 Hz, and one adds 8000 Hz. The remaining four screen at 1000, 2000, and 4000 Hz; one of the four adds 6000 Hz. Although most (13) AEAs set 20 dB HL as their screening level, one screens at 15 dB and another at 25 dB. Some vary the protocol slightly for younger grades by screening at 15 dB or 25 dB, or for older grades by adding 6000 or 8000 Hz or both. In noisy situations, audiologists may at their own discretion allow students responding at a level of 25 dB to pass screening, even though the usual cutoff is 20 dB. Or a 25 dB response may be allowed at certain frequencies or with normal tympanograms.

Best practice would suggest screening at the ASHA guideline levels and frequencies or better.

Child Find activities

Iowa Department of Education Rules of Special Education, 281–41.16(1), *Early Identification:* Each AEA "shall employ a screening or other process for early identification of pupils requiring special education."

High Risk Registries and other Child Find activities:

Each AEA evaluates children referred to the agency by the high-risk programs of hospitals in the area, including the University of Iowa Hospitals and Clinics and the Child Health Specialty Clinics.

1. *Newborn Screening Questionnaire High-risk Inventory*
   Northern Trails Area Education Agency 2, Clear Lake
   A questionnaire is completed on each newborn by the mother and hospital staff. The form is returned to the AEA, where Early Childhood Special Education home teachers make contact with the high-risk infants. As a result of the contact, infants for whom there are concerns are scheduled for screenings and/or evaluations. Four area hospitals participate in the program.

2. *Newborn Screening Questionnaire*
   Area Education Agency 6, Marshalltown
   A questionnaire is completed on each newborn by the mother and hospital staff. The forms are picked up by AEA personnel on a monthly basis at the four area hospitals participating in the program. Early Childhood Special Education home intervention teachers review the forms and make contact with families of at-risk infants. As a follow-up to the contact, hearing screenings and/or evaluations are scheduled for those infants for whom concerns have been identified.

3. *CATCH (Childhood Auditory Testing Counseling Habilitation)*
   Mississippi Bend Area Education Agency 9, Bettendorf
   The CATCH program involves collecting birth information on all babies born in the eight hospitals in AEA 9. The high-risk criteria are similar to the 1982 criteria published by the ASHA Joint Committee, but CATCH is in the process of converting their computer programs and printed materials to reflect the 1990 high-risk criteria. To date, the registry has collected birth information on over 48,000 babies. A letter is sent to the parents of each high-risk baby, requesting that they make an appointment for a hearing evaluation. Follow-up continues until they enroll in a school program. CATCH also provides ABR testing in the Intensive Care Nursery at St. Luke's Hospital in Davenport on physician request. In addition, all youngsters referred to the program by physicians, totaling 10,000 since 1975, are evaluated. All youngsters seen at CATCH are provided with whatever audiological and follow-up services are needed, including periodic monitoring until enrolled in a school program. Those who exhibit hearing handicaps are provided with amplification services, early habilitation by the parent/infant teacher, and enrollment in a special program as soon as possible.

4. *REACH (Resources in Education and Audiology for Children)*
   Heartland Area Education Agency 11, Johnston
   REACH is a cooperative effort among hearing specialists, the medical community, and parents. Twelve hospitals participate in the high-risk registry. Each new mother is given information about hearing and hearing loss, and normal developmental milestones in children. A questionnaire, primarily based upon the 1982 ASHA guidelines, is completed and sent to the REACH secretary in the Johnston office of AEA 11. If an infant is considered to be "at risk" for hearing loss, a letter is sent to the child's doctor and parents, requesting them to have the child's hearing tested at one of the Heartland AEA sound booths. These are located in Des Moines, Ames, and Guthrie Center. In general, the initial hearing test is done at 6 months of age. Follow-up testing is done at least annually until the child enters school. In addition to the high-risk registry, information provided to parents and physicians has helped to increase awareness of hearing and hearing loss in general. This has greatly increased referrals of children at much earlier ages.

5. *Project NAP (Newborn Audiology Program)*
   Loess Hills Area Education Agency 13, Council Bluffs
   Project NAP blends the use of a high-risk questionnaire, audiology, and early childhood developmental screening to identify at an earlier age those infants who are at risk for hearing loss or developmental delays. Project NAP is sponsored by Loess Hills AEA 13 and participating hospitals in Southwest Iowa and Omaha, Nebraska.

6. *High-Risk Registry*
   Green Valley AEA 14, Creston
   The Hearing Conservation/Education Department of Green Valley Area Education Agency has contracted with five of the seven county hospitals within the geographic area to provide a high-risk registry to identify infants who are born with greater potential to have a hearing loss. At the hospital, each parent is provided with a letter explaining the program, as well as a developmental sheet so they can monitor the progress of their child. Questionnaires are also provided, and filled out by nursery personnel before the infant leaves the hospital. The questionnaires are returned to the AEA hearing department, where they are reviewed. The AEA notifies the parent of each child at risk, so a hearing evaluation can be arranged.

Interagency programs for hearing screening and evaluation

1. *Maternal and Child Health Clinics; Maternal and Infant Care (MIC)*
   Hearing screening, immittance screening, otoscopy, or all three are provided children attending the Maternal and Child Health Clinics, either by staff nurses or by AEA audiologists that may help test at the clinic. Referrals may then be made to the AREA audiologist, family physician, or both.

2. *Women, Infant & Children (WIC) Clinics*
   The WIC program provides supplemental food packages and nutrition education to low-income parents and expectant mothers. WIC also encourages regular medical care for individuals and families participating in the program. The WIC program is federally funded and is available in all 99 counties of Iowa. Checks are issued monthly for the purchase of iron fortified infant formula, milk, vitamin-C-fortified natural juices, natural cheese, eggs, iron-fortified cereals and dried beans or peanut butter. The checks can be used at local grocery stores. For information on eligibility and who to contact locally for the WIC program, call or write:

   Iowa WIC Program
   Iowa State Department of Health
   Lucas State Office Building
   Des Moines, Iowa 50319
   800/532-1579

3. *Child Health Specialty Clinics, University of Iowa Hospitals and Clinics*
   ENT Clinic Services
   The purpose of Child Health Specialty Clinics (CHSC) ENT services is to provide diagnostic services to children with diseases or deviations of the ear, nose, and throat. CHSC ENT clinics are not intended to provide primary or acute care but secondary level diagnosis and consultation. CHSC

Patient Care Services staff are available at clinic to assist the family to plan or arrange for care recommended by the otolaryngologist, audiologist, and speech-language pathologist.

CHSC has developed two ENT clinic models. One clinic model is initiated by the CHSC central office and staffed by otolaryngologists from the University of Iowa Hospitals and Clinics, audiologists from CHSC, and patient care services personnel from both the central office and the regional office. The second model is regionally-based ENT clinics that are staffed by regional otolaryngologists, area education agency audiologists and Patient Care Services personnel from the regional office. Regionally based clinics allow for more frequent clinics, referral bases for additional testing and closer monitoring by individuals familiar with local resources, and a multi-disciplinary team comprised of regionally based health professionals.

4. *Child Planning and Diagnostic Clinics*
   Green Valley AEA 14, Creston
   The Child Diagnostic and Planning Service, a cooperative multi-agency community organization, coordinates the ENT Clinic for AEA 14 children and their physicians. The Ear, Nose and Throat Clinic is a unique and, judging from the numbers of children seen, a successful endeavor. Its main objective is the prevention of hearing loss and the learning disabilities that can result from it. The second Tuesday of each month, September through June, the Greater Community Hospital of Creston makes available for the Clinic's use its Outpatient lobby area, two exam rooms and an emergency room. The AEA provides two audiologists, a speech-language pathologist, and the ENT coordinator. A Des Moines private practice otolaryngologist does the ENT examinations; his time is provided by the Iowa Child Health Specialty clinics, as is that of the secretary who handles the registration and exit functions of the clinic. Referral from a local physician is required. Children from all eight counties comprising AEA 14 are seen at the clinic. Reports of the clinic findings and recommendations are sent to the referring physician, the school nurse, speech-language pathologist, and preschool teacher when appropriate. When surgery is indicated, it may be scheduled at the Creston hospital and performed by the clinic otolaryngologist, who performs them the day before each Creston CDPS ENT clinic.

5. *Iowa Newborn Audiology Committee (INAC)*
   Formed in June 1992 by audiologists statewide who are interested in promoting hearing screening of all newborns, INAC is comprised of audiologists from area education agencies, University of Iowa, University of Northern Iowa, hospitals, the state education agency, and private practice. The purpose of the committee is "to develop and facilitate implementation of a statewide comprehensive interagency program leading to early identification and habilitation services for infants with hearing impairment and their families." The committee's objective is to begin with neonatal hearing screening of all high-risk (NICU) nursery babies, and move toward an eventual goal of all newborns receiving hearing screening before leaving the hospital.

Hearing evaluations

Diagnostic Audiological Assessment

Defined as determination of the range, nature, and degree of hearing loss, including referral for medical or other professional attention for the habilitation of hearing.

Population served and test protocol

Audiological assessments are done on infants, toddlers, children and youth, aged birth through 21,

- who have a known hearing loss,
- who have failed a hearing screening (as determined by individual AEA criteria), and/or
- who have been referred for hearing evaluation .

Components of the assessment:

Best practice would dictate that an assessment should include pure-tone air conduction audiometry, pure-tone bone conduction, and masking, as appropriate. Frequencies tested should include at least 500, 1000, 2000, and 4000 Hz. When an educationally significant hearing loss is suspected, Speech Reception Threshold (SRT) or Spondee Threshold (ST) tests, as well as word recognition tests, should be administered in quiet and in noise. Otoscopic exams and immittance testing should be conducted to provide information regarding the condition of the outer and middle ear. Other special tests should be done as appropriate, including electroacoustic and sound-field evaluation of the student's personal hearing aid, FM auditory trainer, or both. Real-ear testing systems, if available, may be employed, as may brainstem evoked response testing if the test situation provides all needed safeguards.

Hearing aid evaluations

Determination of the child's need for group and individual amplification, selecting and fitting an appropriate aid, and evaluating the effectiveness of amplification, may be part of the hearing evaluation. If available, a real-ear system may be used for measuring the fit or effectiveness of a student's amplification. In Iowa, audiologists in school settings typically do not prescribe and do not dispense hearing aids. They do, however, fit FM auditory trainer systems and make recommendations to the student's school district regarding the purchase of such a system. The school audiologist is also the professional responsible for troubleshooting the FM auditory trainer and often the student's personal hearing aids, as well as overseeing the hearing aid monitoring plan for each student, and ensuring that the monitoring is taking place.

Central Auditory Processing Evaluations

Central Auditory Processing is an area that has received much attention from a wide range of professionals in the past.

An American Speech-Language Hearing Association Committee on Disorders of Central Auditory Processing developed a definition of central auditory processing for use in professional, legal, governmental and public relations contexts. The ASHA Executive Board, at its August 1984 meeting, approved publication of this definition in proposal form for review and comment by all ASHA members. The proposed definition was for discussion purposes only and did not represent Association policy at that time. It should be emphasized that this PROPOSED definition IS NOT official ASHA policy. It would be good to consider this definition, however, when considering involvement with CAP.

Proposed Definition of Central Auditory Processing

Central auditory processing (CAP) refers to information processing of auditorily presented signals; this involves neurological, perceptual, cognitive, and linguistic functions which, with appropriate interaction, result in comprehension of incoming stimuli. CAP involves:

1. *the ability to detect, identify, and attend to auditory signals.*
2. *the ability to transmit information through the central nervous system for analysis.*
3. *the ability to sort information or portions of messages at the appropriate perceptual and conceptual level(s).*
4. *the ability to retrieve information appropriately.*
5. *the ability to restore information to an understandable state once retrieved.*
6. *the ability to attach meaning to auditory signals through the utilization of linguistic and non-linguistic contexts. Knowledge, experience and motivation also are involved in the comprehension of meaning from sound.*
7. *the ability to decode auditory stimuli by using phonological, syntactic, semantic and pragmatic knowledge.*

The Committee recommends a broad definition of central auditory processing to accommodate divergent uses of the term by professionals. As defined, the term is non-restrictive, and implies a continued flow of events from reception of sound to a meaningful impression.

Each Area Education Agency (AEA) will have to establish priorities based on the number of staff members available, assigned workloads, and needs within their respective areas. This guideline is not meant to establish policy for any particular AEA. These suggestions are offered for consideration. As a minimum, it is suggested that each AEA have the following:

1. All staff should be made aware of the area of Central Auditory Perception. Appropriate current information should be available for inservice and professional growth.
2. Each AEA should designate an audiologist (hopefully someone with an interest in CAP) whose responsibility it is to keep current on this particular subject and alert other staff to new information.
3. Each audiologist should have enough knowledge about CAP to be able to respond appropriately to questions from teachers and parents.
4. An appropriate response might be to refer the parent or teacher to the designated CAP "expert" audiologist on staff. As a minimum, the handout "Auditory Processing Problems: Characteristics and Suggestions for Teachers and Parents" can be given.
5. Each audiologist should know which other professionals on the AEA staff have information about CAP. Examples might include remedial reading teachers, speech-language pathologists, psychologists, learning disability teachers, and teachers of the hearing impaired. Within certain settings, referrals to these people might be appropriate.

The above suggestions are considered appropriate for all AEAs.

Some AEAs may establish priorities in such a way as to make more staff time available for work in the area of CAP. This is a choice to be made by administration and supervisors. The following suggestions are considered good practice in the area of CAP:

1. Establish a multidisciplinary team to deal with CAP. This team can help advise administration and supervisors about directions that the agency might take in dealing with this problem. Team members could be drawn from the areas of psychology, audiology, speech-language pathology, teachers of the hearing impaired, consultants, and special educators.

2. If staff time permits, diagnostic testing and direct intervention may be considered. There remains much confusion about what is appropriate. Each AEA will need to decide what approach they wish to take and who will provide the service. For the present, time factors and staff availability will probably limit the extent to which audiologists are involved in administering long test batteries. Educational audiologists do not ordinarily have the time to spend performing test batteries that might routinely be done in a medical setting. If a test battery is performed, careful consideration should be given to the tests used, since there is much disagreement as to what might be appropriate. Testing should be done with some expectation of applying the results to remediation. There is not always a direct connection between diagnostic tests and intervention strategies. Nor is there always a direct connection between test results and academic performance.

Each AEA's policies and procedures in the realm of CAP will be updated as more generally accepted information becomes available.

Timelines and parent notification

An audiological assessment resulting from a referral, whether for a comprehensive evaluation or for hearing evaluation only, must be completed within a reasonable length of time, usually defined as within 30 days. Audiological evaluations are also provided at least annually to each student with a known hearing loss; depending upon the situation, the parents may be asked to sign a consent form or may only be given notice that the testing will take place. The frequency of the follow-up and tests performed will be determined by the student's individual needs and by the procedures established by each area education agency.

As a result of each audiological assessment, appropriate recommendations and referrals will be made. A summary of the child's test results and recommendations will be provided to the school and parents. An effort will be made to eliminate unnecessary jargon, in order to facilitate the parent's understanding of the test results. If, as a result of the audiological assessment, a referral to a physician, private audiologist, other agency, or person is indicated, the parent's permission will be obtained prior to any exchange or release of information.

If the hearing loss may interfere with the child's classroom listening ability, the classroom teacher will be informed of the child's hearing loss, and its implications, as well as any educational recommendations.

Acoustic environment

The acoustic environment is an important variable in screening audiometry. School environments are usually not too noisy for screening at frequencies of 1000 Hz and above, but sometimes ambient noise will interfere with screening at 500 Hz. The 1000-to-4000 Hz range was selected for the ASHA guidelines because it is less vulnerable to invalidation by ambient noise and because most significant hearing impairment will include failure in this range. All AEAs have sound booth test facilities available for use when test results need to be validated in a quieter setting than available in a particular school. Some of the AEAs have hearing test vans, mobile sound booths, that are used for testing to ensure that a quiet test environment is always available.

Audiometric equipment and calibration

Audiometers used for screening purposes shall meet the ANSI S3.6-1969 requirements for either a "limited-range" or "narrow-range" audiometer. Audiometers used for audiometric evaluation shall meet the ANSI S3.6-1969 requirements for a "wide-range audiometer". Audiometric calibration to ANSI S.3-1969 specifications should occur regularly, at least once every year, following the initial determination that the audiometer meets specifications. All of the ANSI specifications must be checked, including frequency errors, overshoot, and transient clicks; these are just a few of the problems that may invalidate a screening test. The sound pressure output of each audiometer should be checked at least every three months (preferably more often) in a 6 cc coupler. In addition, a daily listening check should be performed to determine that the audiometer is grossly in calibration and that no defects exist in major components.

Counseling and guidance of students, parents, and teachers regarding hearing loss

A large portion of the school audiologist's time is spent sharing and interpreting the information acquired through evaluation of the student with hearing loss. This includes students served exclusively in general education as well as those receiving or being reviewed for consideration of specialized services. Immediately following testing, reports must be sent to the parents as well as to the school for the use of the student's teacher(s), school nurse, and other staff members. Reports should clearly describe evaluation findings and recommendations for parents and school. If possible, the report should be written in such a manner that parents and school are each aware of the recommendations made to the other. Information must often be shared in more than written fashion, however. Teachers, nurses, and parents may have questions regarding the test results, and you may need to do one-to-one inservice to explain the effects of the hearing loss on the student and how to best accommodate the child in order that the least possible auditory information is missed.

The audiologist is also the "second-line" monitor, after the classroom teacher, for academic problems that may be resulting from the hearing loss and may indicate consideration of the child's possible need for special education services, including an FM auditory trainer, assistance from the itinerant teacher of the hearing impaired, resource room or other instructional assistance. The audiologist should be a standard member of the educational team for any child with hearing loss or history of hearing loss.

Students with hearing loss who do not need special education assistance may need accommodations made in order to have full access to educational information presented auditorily. Section 504 assistance falls under general rather than special education, and is the responsibility of the local school district. Their failure to provide accommodations that are needed and requested could result in the filing of an Office of Civil Rights (OCR) complaint against the district, and the possible loss of federal funds if the district is shown to have discriminated against the student by not providing him or her access to a free appropriate public education.

Direct Services

Provision of habilitative activities, such as language habilitation, auditory training, speech reading (lipreading), hearing evaluation, and speech conservation, may be performed by the audiologist. This is usually considered to be a special education support or related service, and the student in need of such services is eligible for consideration for special education services through an individualized education program. The area of habilitative services is one in which the audiologist, speech-language pathologist, and teacher of the hearing impaired have all had some degree of training. Who provides which service to the child is for the IEP team to decide. Such factors as team member interest, expertise, and experience, as well as scheduling logistics and agency policy, are all factors to be considered when planning the student's educational program.

Hearing Conservation Services: Creation and administration of programs for prevention of hearing loss

Student inservice

The most commonly cited probable etiologic factor contributing to the relatively high prevalence of high-frequency hearing loss among this country's school-age population has been overexposure to noise. Although we have been aware of the problem for twenty years, the prevalence of high-frequency hearing loss in this population has remained quite stable. Because noise-induced hearing loss is a preventable problem, the school audiologist can direct this health promotion program toward students whose age places them at high risk for noise-induced hearing loss. A hearing conservation "inservice" program for students could be incorporated into the existing curriculum at an appropriate time during a junior and/or senior high grade level; suggested class options are shop, science, communication, and health.

Program content could include all three of these components: a pre-participation questionnaire, an educational program, and a post-participation questionnaire. Recommended topics:

- anatomy and physiology of the normal auditory system;
- types of hearing loss and their causes;
- noise and its effects on hearing;
- the warning signs of noise-induced hearing loss;
- prevention of noise-induced hearing loss.

Examples of specific program activities:

- lecture, utilizing handouts such as the Department of Education/Plakke publication (at the back of this manual section); Rolling Stone article on hearing loss from music; resource persons, e.g. industrial audiologist, speaking to the group;
- hearing tests at the targeted grade level;
- noise measures of various school and recreational sounds;

- films/videos.

Classroom Acoustics

The school audiologist is likely to be the only employee of the LEA and AEA with the expertise and access to equipment suitable for measuring sound levels in schools, and to make recommendations regarding altering classroom acoustics, sound-treating equipment such as wood and metal shop equipment, and providing recommendations regarding the need for hearing protection in certain environments. Although it is not the first priority of the school audiologist, and should not take precedence over testing and educational considerations for students with hearing loss, the prevention of hearing loss through such efforts is certainly time well spent.

Classroom Sound Field Amplification Systems

The audiologist is again the LEA/AEA staff member whose training has best prepared her or him to make recommendations regarding the use of classroom amplification systems, to oversee their installation, troubleshooting, and follow-up, including evaluation of their effectiveness. See the *Assistive Devices* section of this manual for information on funding policy and current Iowa research on classroom amplification systems.

Currently, research is being conducted in many area education agencies regarding the effects on student performance when classroom amplification systems are used. Research protocols and forms currently in use are included at the end of this section. All audiologists are requested to complete the classroom acoustics worksheets plus the student and teacher questionnaires for each classroom amplification system installed on a permanent or a trial basis.

Inservice activities

The *Iowa Rules of Special Education* (1990), Chapter 41.5 (281)(282) Special Education Programs, specify:

> *41.5(7) Supplemental services. Services provided by special education personnel for pupils requiring special education include:*
>
> *a. Provision of information, consultation and support to classroom teachers, curriculum specialists, special education personnel and administrators.*
>
> *c. Inservice training of personnel providing or being prepared to provide special education.*

Local school personnel and appropriate AEA personnel should receive a minimum of an introductory level inservice, provided by an audiologist if dealing primarily with audiological evaluation, hearing loss, and amplification systems, or by a teacher of the hearing impaired if dealing primarily with educational/instructional information and language development. Peers of the student with hearing loss may also receive inservice. Some topics are listed below; not all would necessarily be appropriate for any given audience.

- degree, type and etiology of hearing loss
- effects of hearing loss on language acquisition
- effects of hearing loss on academic/reading achievement
- effects of hearing loss on receptive and expressive communication
- effects of hearing loss on social interaction
- effects of hearing loss on visual/auditory attention
- role and function of the educational audiologist
- role and function of an educational interpreter
- role and function of the itinerant, resource, classroom, or consultative services of the teacher of the hearing impaired
- function, use and demonstration of an auditory training system
- information about the student's personal amplification system

- appropriate intervention strategies
- appropriate teaching techniques

Best practice for inservice regarding a student with hearing loss would include all of the appropriate topics above presented at the beginning of each school year to all LEA and AEA staff in contact with the student. Frequent contacts and follow-up with LEA and AEA personnel would be another necessary component.

School personnel screening and evaluations

Bus drivers and other school personnel are tested so as not to interfere with services to students; referrals are made to appropriate private service providers when indicated.

> Iowa Code section 321.375 and Iowa Rules of School Administration and Accreditation — *The School Bus Driver* (effective February , 1989)— in appendix
>
> *"Applicants for the school bus driver's permit must submit each year to the school transportation and safety education division, a signed report (Form TR-F-6-497B) of a medical examination by a licensed physician and surgeon, osteopathic physician and surgeon or osteopath, indicating physical fitness as follows: . . . Any applicant experiencing difficulty in hearing or any applicant having a known hearing loss shall submit the results and evaluation of an annual audiometric measurement of hearing* ***administered by a licensed audiologist or school audiologist****. The applicant will be deemed disqualified to drive a school bus if the average hearing level for 500, 1000 and 2000 Hz in the better ear exceeds 40 dB hearing level (ANSI, 1969). If the above requirements are met with the use of a hearing aid, the applicant is restricted to wearing and utilizing an adequately functioning hearing aid while driving a school bus."*

Bus drivers, as well as other LEA and AEA staff members may request to have their hearing screened or evaluated , and such testing may be performed if, in the opinion of the audiologist and his/her supervisor, the staff member's testing does not interfere with the screening and/or evaluation of students.

Resource documents located in this section:

American Speech-Language-Hearing Association (1993): Guidelines for Audiology Services in the Schools

American Speech-Language-Hearing Association (1990): Guidelines for Screening for Hearing Impairment and Middle-Ear Disorders

American Speech-Language-Hearing Association (1985): Guidelines for Identification Audiometry

The Plan for Monitoring Students' Hearing Aids: Guidelines for Best Practice

AEA Hearing Supervisors Position Paper on Classroom Amplification

Noise Exposure Education Materials

American Academy of Audiology (1993): Scope of Practice

Protocols and forms used for 1992-93 Iowa classroom amplification research

AEA Hearing Screening Populations, 1988

AEA Hearing Screening Frequencies and Levels, 1988

Inservice Documentation: Audiometrist

Iowa Department of Education
Bureau of Special Education
Grimes State Office Building
Des Moines, IA 50319-0146

September 3, 1992

The Plan for Monitoring Students' Hearing Aids: Guidelines for Best Practice

According to Federal regulations, school districts and area education agencies "shall insure that the hearing aids worn by deaf and hard of hearing children in school are functioning properly." (34 C.F.R. §300.303 Proper functioning of hearing aids).

> ***Proper functioning of hearing aids.***
> *Each public agency shall insure that the hearing aids worn by deaf and hard of hearing children in school are functioning properly.*
>
> *Comment. The report of the House of Representatives on the 1978 appropriation bill includes the following statement regarding hearing aids:*
>
> > *In its report on the 1976 appropriation bill the Committee expressed concern about the condition of hearing aids worn by children in public schools. A study done at the Committee's direction by the Bureau of Education for the Handicapped reveals that up to one-third of the hearing aids are malfunctioning. Obviously, the Committee expects the Office of Education will ensure that hearing impaired school children are receiving adequate professional assessment, follow-up and services.*
> >
> > *(Authority: House Report No. 95-381, p. 67 [1977])*

It is required by federal law that the AEA ensure that the hearing aids worn by children are functioning properly. It is not required that documentation be kept of the actual activities performed toward that end. As in many areas of rules,, however, it is **STRONGLY** recommended that the agency document the activities directed toward meeting this requirement, by keeping a record of listening checks, hearing aid evaluations, electroacoustic monitoring, and so on.

Current interpretation by OSEP suggests two possible means of providing a plan for monitoring the functioning of students' hearing aids:

1. AEA-, LEA-, or building-wide hearing-aid monitoring plan

This plan is kept on file at the agency or building office. It is generic, describing the monitoring plan which is in place for all students in the agency/building who wear amplification. It is recommended, but not required, that the student with an IEP have a memo or note in the IEP folder that tells where the agency/building plan may be found. Another option might be to keep a copy of the generic plan in the IEP folder of each student with hearing impairment.

Notes: *This is the simplest method of meeting compliance with the federal law. It does not, however, provide accountability that hearing aid monitoring is taking place.*

This method also does not specify within the student's IEP the contact which an individual staff member has with the student; some agencies require that contacts with students be delineated within the IEP.

2. Hearing-aid monitoring plan described within each student's IEP

According to the current Federal interpretation, support and related services that are provided to a student and included in the student's IEP **MUST** be associated with student goals and objectives within that IEP. These goals and objectives must be child-centered, rather than describe the actions of the service provider. There must be at least two objectives associated with each goal statement. When writing these goals and objectives, it may be helpful to adopt the position that **no** student is too young or too old to learn about his/her hearing loss and be actively involved in self-management of his/her amplification

As always, it is necessary that the person responsible for implementing student goals and objectives be identifiable, particularly when the objectives are met through collaboration with the classroom teacher and/or parent rather than another special education service provider. Anyone reviewing the IEP should be able to clearly refer these goals back to the "support/related service" listed in the IEP as being provided to the student.

It would appear that associated services such as electroacoustic evaluation, listening checks, audiometrics, immitance (tympanometry/impedance) testing, and so on, could be included as strategies and techniques for implementing the student goals and objectives, and the audiologist or other professional listed as support/related service provider would be listed as one of the persons responsible for goal implementation, along with the classroom teacher, parent, or other persons who are involved on a daily basis. Again, be certain that the goals and objectives may be easily referred back to the support/related service listed in the IEP as being provided to the student.

The goals and objectives given below are intended AS EXAMPLES ONLY, and are not in any way intended to be representative of a comprehensive self-management program for hearing-impaired students. Goals and objectives must be developed for each child on an individual basis, depending upon the child's current level of functioning and educational need.

A. EXAMPLES of **CORRECTLY WRITTEN** goals and objectives that might be appropriate **for a student who IS actively learning to manage his or her own disability, and is involved in the hearing aid monitoring process:**

GOAL:	The student will use his/her amplification properly, and monitor its need for fresh batteries and/or troubleshooting.
Objectives:	1. The student will use his/her hearing aid 90% or more of the school day, as observed by the classroom teacher.
	2. The student will demonstrate proper checking and care of the hearing aid batteries, using a battery tester, with 100% accuracy, as observed by the audiologist.

3. When the battery does not meet full charge criteria, the student will request a new battery from the teacher, at a 100% criterion level, as observed by the teacher.

4. The student will demonstrate proper checking and care of the hearing aid tubing with 100% accuracy, as observed by the audiologist.

5. When the hearing aid tubing is defective, the student will report this to the teacher (so that troubleshooting and repair may be performed by designated personnel), at a 100% criterion level, as observed by the teacher.

GOAL: The student will develop self-management of his/her amplification.

Objectives:

1. The student will remove his/her hearing aid upon arrival at the classroom first thing in the morning each school day, and place it in his/her desk, 100% of the time, as observed by the classroom teacher.

2. After removing his/her hearing aid, the student will properly put on his/her FM auditory trainer (or will take it to the teacher to be put on), 100% of the time, as observed by the teacher.

3. At t the end of each school day, the student will remove his/her auditory trainer, turn it off and place it in the charging unit.

4. After removing the auditory trainer, the student will take his/her hearing aid out of the desk, remove the hearing aid battery, check the battery using a battery tester, and log the results of this check before returning the battery to the hearing aid and putting on the hearing aid. Criterion for successful completion: 95%, by teacher observation.

Notes: ***These goals and objectives are directly related to student need and accomplishment. Best practices would suggest always writing this type of goal and objective.*** *There are few students for whom there are no appropriate goals related to self-management of his/her disability.*

These goals technically are ongoing until achieved by the student. Once met, it would seem inappropriate to continue to include them in the IEP. However, the agency's responsibility for hearing aid monitoring does not end even when the student has achieved complete self-management of his/her amplification.

B. Examples of **CORRECTLY WRITTEN** goals and objectives that might be appropriate **for a student who <u>IS NOT</u> actively involved in the hearing aid monitoring process:**

GOAL: The student will wear his/her properly functioning hearing aid 90% *[or 100%, or whatever is appropriate for a given student]* of the school day.

Objectives:

1. The student will be wearing his/her hearing aid when s/he enters the classroom in the morning, 100% of the time, as observed by the classroom teacher.

2. The student will be wearing his/her hearing aid 100% of the time during the school day, with the exception of nap time, as observed by the classroom teacher.

3. The student will be wearing his/her hearing aid when s/he exits the classroom at the end of the school day, 100% of the time, as observed by the classroom teacher.

Notes: *Writing goals and objectives in this manner appears to meet the Federal regulations.*

These goals do not necessarily address student behavior change, because they revolve around actions performed ***ON*** *the student, rather than performed* ***BY*** *the student.* ***It is preferable to write the type of goals and objectives shown in "A" above, to be creative in formulating goals that involve the student's learning about his/her hearing loss and hearing aid, and developing skills in self-management.***

C. Examples of POORLY WRITTEN goals and objectives, NOT child-centered:

The following are examples of goals and objectives that should NEVER appear in a student's IEP. Each of these goals addresses *service provider* performance, not that of the student. No student outcome is expected or measured in the following goals and objectives.

GOAL: The audiologist will electroacoustically evaluate the student's hearing aid on an annual basis.

GOAL: The classroom teacher will perform a daily listening check of the student's hearing aid.

Objectives:

1. The teacher will use a stethoscope to listen to the hearing aid.
2. The teacher will check the hearing aid battery daily.
3. The teacher will record the results of the daily listening and battery check on a form provided by the AEA.

CLASSROOM AMPLIFICATION SYSTEMS
Position Paper — AEA Hearing Supervisors
June 3, 1991

A number of AEAs [Area Education Agencies] have already purchased units or acquired them through the use of grants in order to determine the benefit provided to children in the classroom. We feel it would be valuable to coordinate these efforts to test and evaluate the concept on a larger scale across the state. By combining our efforts with one or more of the universities, we could possibly gather some useful data.

At this time, we would still encourage the writing of grants in order to purchase equipment for classroom amplification systems, especially if the students with particular need are those with central auditory processing problems.

The use of a classroom amplification system may be an appropriate IEP recommendation for an individual child, and that equipment could possibly be purchased with special education funds by weighting the student for special adaptations (supplementary assistance). Classroom amplification systems purchased with special education funds must remain with the student for whom it was purchased while that child attends school in the district or until the IEP team decides that the equipment is no longer appropriate for the student. Each year, as the student is promoted to the next grade, the classroom amplification unit must follow the student to the next grade level, and be installed in the classroom where s/he would spend the majority of the school day.

The following examples are given to illustrate the appropriate use of special adaptation weighted funds to provide classroom amplification systems for the purpose of meeting an individual hearing-impaired student's educational needs.

The use of special education weighted funds (special adaptations) might be appropriate for:

Students who have chronic draining ears (otitis media), show an educationally significant hearing loss, and are not showing expected academic progress.

Students who have unilateral hearing loss, show an educationally significant hearing loss, and are not showing expected academic progress.

Students who would benefit from and FM auditory training unit, but will not use it even though they have their own hearing aids.

As can be seen from the examples, all of these students have measurable hearing loss, and would probably be fitted with some form of amplification (personal hearing aids or FM unit) if not for some other factor (e.g., draining ears, difficulty in fitting amplification for unilateral hearing losses, inappropriate behavior and/or care of amplification). At this time, we are not including students with central auditory processing problems in the list of appropriate types of students to be considered eligible for the use of special adaptations weighting to purchase classroom amplification systems. We are not ruling out the possibility, but would prefer to defer judgment on this particular group of students.

To prevent misuse or overuse, careful monitoring of weighted funds to purchase such systems would be necessary. A reasonable comparison to make would be the number of FM units that have been purchased with weighted funds each year.

We unequivocally recommend that an educational audiologist be a part of any IEP team which makes the decision to weight a student "special adaptations" to provide classroom amplification. It is equally important that the educational audiologist play a major role in choosing, setting up, and monitoring the appropriate system. Other team members involved in the provision of the classroom amplification system and the evaluation of its benefit to individual students could include: speech-language pathologist, psychologist, special education and classroom teacher.

Task Force: Classroom Amplification Research

February 1993

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GENERAL INFORMATION
CLASSROOM AMPLIFICATION RESEARCH

Dear Classroom Amplification Host Teacher:

Thank you very much for participating in the research projects on classroom amplification. We are excited about the possibilities that this innovation holds, and we could not evaluate its effectiveness without your help.

As a final step in our research project, we need to collect some general information about the students in your classroom. This survey should take no more than 3 or 4 minutes of your time to complete. Please return it to your audiologist or audiometrist as soon as possible.

Thank you again for your participation.

Date: _____

Teacher Name: _____

Grade Level: _____

Number of Boys: _____

Number of Girls: _____

Number of Students in Chapter 1: _____

Number of Students in Special Education: _____

Number of Students in the Talented and Gifted Program: _____

How many students in your class have been retained? _____
(If you're not sure, don't spend a lot of time finding out; just leave this item blank.)

During which subjects do you use the classroom amplification system? _____

_____

Approximately how many hours per day do you use the classroom amplification system? _____

Describe your natural unamplified voice. (Please circle your response.)

Pitch = low medium high *Loudness*= soft average loud

CLASSROOM ACOUSTICS DOCUMENTATION FORM

Date _____

Audiologist _____ AEA # _____

School District _____ Building _____

Teacher _____ Grade _____

FM SF System Used _____ Number of Speakers _____

I. Classroom Sound Level Measurements

Equipment Required:

- sound level meter (must have A-scale and slow response)
- 20-ft. measuring tape
- standard reading passage

Step 1: Position teacher near one of the sound-field speakers in an unoccupied classroom.

Step 2: Turn on sound level meter; be sure it is set on the A-scale and slow response. If you can set the range of the meter, set it to accommodate 40-60 dB SPL to start.

Step 2: Attach transmitter microphone in the position it will be worn during the study. Do not turn on the FMSF system.

Step 3: Position yourself 8-10 feet away from one of the loudspeakers toward the center of the classroom.

Step 4: Position the sound level meter to approximate ear level for a student sitting at a desk in your position. Point the sound level meter toward the loudspeaker, taking care to keep it away from your body to avoid body baffle effects, which can produce an inaccurate measurement.

Step 5: Have teacher read the standard passage in a normal teaching level voice.

Step 6: Adjust the range of the meter if necessary so that the meter needle is reading in the middle of the scale.

Step 7: At three distinct points in time during the reading of the passage, read the meter and jot down the dBA in the table below. If necessary, the teacher can re-read the passage until you have an adequate sample of the teacher's voice level. It is important to get three representative samples, especially if the teacher's voice level fluctuates more than a few dB. Calculate the average teacher voice level without amplification.

Step 8: Turn on the FMSF system and repeat steps 1-5.

Step 9: Adjust the volume control of the FMSF system to exceed the average teacher voice level by no less than 8-10 dB. This step may require two people.

Step 10: At three distinct points in time during the reading of the passage, read the meter and jot down the dBA in the "TEACHER VOICE LEVEL" chart below. If necessary, the teacher can re-read the passage until you have an adequate sample of the teacher's voice level. It is important to get three representative samples, especially if the teacher's voice level fluctuates more than a few dB. Calculate the average teacher voice level with amplification. If the average is less than 8-10 dB, increase the FMSF volume control setting a tad and repeat steps 9 &10.

Step 11: If the average dBA reading for the amplified condition is 8-10 dBA greater than the unamplified condition....you are done.

DATE: _____

TEACHER VOICE LEVEL

	READING 1	READING 2	READING 3	AVERAGE
amplified				
unamplified				

II. Classroom Reverberation Time Measurements

Equipment Required:
Ultrasonic distance estimator or measuring tape
Calculator

The formula to be used in our estimation of Classroom reverberation time (RT) is

RT = .05 V / A

Where: RT = reverberation time in seconds
.05 = a constant
V = the volume of the room
A = total absorption of the room surfaces in Sabins

Step 1: Calculate the volume of classroom. This is done by measuring the length, the width, and the height of the classroom in feet (use your ultrasonic distance estimator) and multiplying them together (V=length of room x width of room x height of room).

Room volume = _____cubic feet

Step 2: Multiply the volume of the room by .05 to obtain the numerator of the RT= .05V/A equation.

.05 x V = _____

Step 3: In order to obtain the denominator of the equation, the area of the walls, floor, and ceiling of the room in square feet must first be calculated. If the walls, ceiling, or floor is irregularly shaped, each section must be measured separately. Enter the values for the area of each (floor, ceiling, and walls) in the worksheet.

Area of floor and ceiling = length x width

Area of walls= length x height

Worksheet

Area floor	_____	X Abs. Coef.	_____	= A Floor	_____
Area ceiling	_____	X Abs. Coef.	_____	= A Ceiling	_____
Area side wall 1	_____	X Abs. Coef.	_____	= A Wall 1	_____
Area side wall 2	_____	X Abs. Coef.	_____	= A Wall 2	_____
Area end wall 1	_____	X Abs. Coef.	_____	= A End 1	_____
Area end wall 2	_____	X Abs. Coef.	_____	= A End 2	_____
				TOTAL A	_____

Step 4: The absorption coefficient (Abs. Coef.) in Sabins for the material composing the walls, ceiling and floor must be determined. Use the sound absorption coefficient table provided below. If you have a material not listed on the table and you use another absorption coefficient table, average the coefficients given for 500, 1000 and 2000 Hz for our purposes. Enter the average absorption coefficient in the above worksheet. Add all of the individual A values to calculate the total A for the classroom in Sabins.

Step 5: Take the numerator from step 2 (.05 x V)and the denominator from step 4 (A = total absorption in Sabins) and divide them in order to calculate the estimated reverberation time of the room in seconds (RT =.05 V/A). The RT value should be on the order of .3 to 2.5 seconds. If you are getting an RT outside this range, check your calculations for errors.

RT = .05 ____ (V)/ ____ (A)

RT of classroom = _____ seconds

Sound Absorption Coefficients for Common Materials

Material—**Walls**	Average Absorption Coefficient	Material—**Floors**	Average Absorption Coefficient	Material—**Ceilings**	Average Absorption Coefficient
brick	0.04	wood parquet on concrete	0.06	plaster, gypsum, or lime on lath	0.05
painted concrete	0.07	linoleum	0.03	acoustic tiles (5/8"), suspended	0.68
window glass	0.12	carpet on concrete	0.37	acoustic tiles (1/2"), suspended	0.66
plaster on concrete	0.06	carpet on foam padding	0.63	acoustic tiles (1/2"), not suspended	0.67
plywood	0.12			high absorptive panels (1"), suspended	0.91
concrete block	0.33				

Adapted from Acoustics—Architectural theory and practice. Park Ridge, IL: American Board Products Association. Copyright 1975 by American Hardboard Association.

Teachers' Opinions about Classroom Amplification

This survey is designed to measure your opinions regarding the use of Classroom Amplification in your classroom. If you are ready to fill out this form, it is expected that you have had classroom amplification equipment installed in your room for at least 4 weeks.

Part I: Complete the descriptive items A through E.

A. Teacher name: _____

B. School district: _____

C. School building: _____

D. My primary involvement is with the level of education identified below (Check one)

_____ Preschool _____ Elementary _____ Middle/Junior High _____ Senior High

E. Number of years of employment as a professional educator: _____ years.

F. Number of graduate hour semester credits earned after the bachelor degree (Check one)

_____ 0-10 graduate credit hours
_____ 11-30 graduate credit hours
_____ 30-60 graduate credit hours
_____ 61-90 graduate credit hours
_____ Over 90 graduate credit hours

Part II: After reading each statement, circle the number that represents your extent of agreement on the scale provided; marking "1" means you strongly agree, marking "6" means you strongly disagree with the statement. Please read the items carefully before marking your "extent of agreement."

Statement	Extent of Agreement
1. Using classroom amplification equipment decreases how fatigued I feel at the end of the school day.	Strongly Agree 1 2 3 4 5 6 Strongly Disagree
2. Classroom amplification has decreased the need to repeat directions to my class.	Strongly Agree 1 2 3 4 5 6 Strongly Disagree
3. Classroom amplification has decreased the listening skills of children in my class.	Strongly Agree 1 2 3 4 5 6 Strongly Disagree
4. I have better control over my classroom when classroom amplification equipment is used.	Strongly Agree 1 2 3 4 5 6 Strongly Disagree
5. The children in my classroom do not like classroom amplification.	Strongly Agree 1 2 3 4 5 6 Strongly Disagree

Turn the page ↗

Statement	Extent of Agreement
6. Using classroom amplification equipment has decreased classroom participation in my classroom.	Strongly Agree 1 2 3 4 5 6 Strongly Disagree
7. I would like to keep classroom amplification in my classroom permanently.	Strongly Agree 1 2 3 4 5 6 Strongly Disagree
8. Classroom amplification has increased or enhanced my use of other audio-visual equipment in my classroom.	Strongly Agree 1 2 3 4 5 6 Strongly Disagree
9. Using classroom amplification equipment decreases transition times (time needed to switch activities) in my classroom.	Strongly Agree 1 2 3 4 5 6 Strongly Disagree
10. Parents and administrators in my building have made positive comments about my use of classroom amplification equipment.	Strongly Agree 1 2 3 4 5 6 Strongly Disagree
11. Classroom amplification has increased the overall level of childrens' attention in my classroom.	Strongly Agree 1 2 3 4 5 6 Strongly Disagree
12. Classroom amplification was easy to use.	Strongly Agree 1 2 3 4 5 6 Strongly Disagree
13. I am comfortable using classroom amplification in my class.	Strongly Agree 1 2 3 4 5 6 Strongly Disagree
14. Children learn more when classroom amplification is used than when it is not.	Strongly Agree 1 2 3 4 5 6 Strongly Disagree
15. Classroom amplification has improved the learning environment in my classroom.	Strongly Agree 1 2 3 4 5 6 Strongly Disagree

What major concern do you have (if any) about using classroom amplification?

What specific benefits have occurred as a result of your using classroom amplification?

Teacher's last name: _____

Student's first name: _____

Students' Opinions about Classroom Amplification

1. I like it when my teacher turns on the speakers.

agree **disagree**

2. When the speakers are on, the teacher's voice is clearer.

agree **disagree**

3. When the speakers are on, it is easier to hear the teacher talk.

agree **disagree**

4. I like it when the teacher passes around the microphone.

agree **disagree**

5. When the speakers are off, I have trouble hearing.

agree **disagree**

6. I would like to keep the speakers in my classroom.

agree **disagree**

7. Sometimes the speakers are too loud.

agree **disagree**

8. I do better in class when the speakers are on.

agree **disagree**

STANDARDIZED DIRECTIONS FOR ADMINISTERING THE STUDENT SURVEY: *STUDENTS' OPINIONS ABOUT CLASSROOM AMPLIFICATION*

Pass out the survey forms, one to each student.

Read from the script below. These standardized directions are designed to allow even kindergarten-aged students to complete the survey, so you may want to slightly modify the directions as needed for older children, e.g., delete the "Point to it" and "Raise your hand" instructions and the references to the picture accompanying each statement. If the classroom teacher is administering the survey, she or he will of course want to omit the "My name is ...." sentence. You might write the teacher's name on each sheet ahead of time, if you'd prefer, and omit references to the teacher's name in the directions. Please do not substantially deviate from the script otherwise.

Hello, my name is Mr./Mrs. _____, and I am going to have you fill out a worksheet about what it was like when your teacher used the _____ *(speakers, amplification, microphone, or whatever other term the teacher used to refer to the equipment).*

The first thing I want you to do is get out your pencil and put your teacher's name and your name at the top of your paper. *(Monitor while children do so.)* As soon as you have your name and the teacher's name on the page, raise your hand.

OK, great. Now, everybody follow along with me. We are going to fill out the worksheet together.

Find number one on your page and point to it. It has a picture of a pointing hand. *(When students are all pointing to number one, then continue.)* This question says: I like it when my teacher turns on the speakers. *(Hold up a worksheet and demonstrate this next section for students.)* If you liked it when the teacher turned on the speakers, put a circle around the word "agree." If you didn't like it when your teacher turned on the speakers, put a circle around "disagree." When you are done with number one, raise your hand. . . .

(Continue with all the questions, using this format, until you are done.)

Thank you very much for your help. Please pass in your papers. . . .

(Collect papers and return to audiologist or other designated person.)

Thank you for your assistance!!

IOWA CLASSROOM AMPLIFICATION RESEARCH TASK FORCE

SUMMARY: LONG-TERM CURRICULUM-BASED MEASUREMENT RESEARCH PROTOCOL

Purpose:

To determine if a difference exists in students' academic growth, as measured by computerized curriculum-based measurement (CBM) progress monitoring (*Monitoring Basic Skills Progress* from Pro-Ed [MBSP]), in non-amplified vs. amplified classroom conditions.

Benefits:

- Provide training/inservice to staff regarding CBM and innovations regarding classroom amplification
- Give support staff and educators the ability to assess the efficiency of a new classroom intervention.
- Provide data to share with parents and public regarding the district's commitment to innovation in education.
- Both classroom amplification and curriculum-based measurement fit well into an RSDS building plan, if the district/building is participating in RSDS.

Subjects:

Two third-, 2 fourth-, or 1 third- and 1 fourth-grade classroom. Two second-grade classrooms are acceptable but not preferred. (The two classrooms need not be the same grade. Each classroom is its own control group.) *Optimally*, **all** students in the class will be completing the probes; a minimum of 10 randomly selected students in each class will be required to participate. (Random selection of 10 students will be done using a random numbers table or by haphazard sampling.)

Intervention:

Improve the signal-to-noise ratio in the classroom by installing a classroom amplification system.

Outcome measure:

Difference between the slopes of the learning curves in the amplified vs. non-amplified conditions.

Procedure:

1. Curriculum-based measurement probes will be collected in both classrooms during the 26 weeks of the study. A minimum of 3 baseline probes plus 8 probes must be obtained on each student in the study each semester. All data should be submitted, even if not enough probes were obtained on a given student; unusable data will be discarded

2. A minimum of 10 weeks in the amplified condition is required; the amplified condition may be longer if desired.

3. Tool to be used: *Monitoring Basic Skills Progress* from Pro-Ed (MBSP). Optimally, both Reading probe and Math probe will be used. If only one probe is used, Reading is probe of choice. Math probe alone is second choice.

4. General information will be collected for each student in the classroom (e.g., gender, grade level, age, whether receiving Chapter 1 or special education services).

Duration: 26 weeks

Timetable:

September, 1992:	Selection of classrooms and teachers to participate, obtaining classroom acoustics information, and training of teachers and students on the use of classroom amplification systems and the CBM computer program.
September 28 through October 5, 1992	Obtain three "baseline" probes on each student participating and set goal lines. Can be obtained on 3 consecutive days
October 6 through December 16, 1992:	Obtain weekly probes on students in both classrooms. Both classrooms will participate in data collection throughout the study.
December 18 or 21	Best days to do the student and teacher surveys.
January 4 through March 12, 1993:	Obtain weekly probes on students in both classrooms.
March 15-19	Student and teacher surveys.

Completion of these probes should not be time-consuming or labor-intensive for teachers/students. Each probe lasts only 2-1/2 minutes, with some additional time needed for getting started and getting off the computer. Once the students are sufficiently trained on the computer program and a regular time is scheduled each week, it is intended that teacher maintenance time be minimal.

Students should complete their probes at approximately the same time each week for consistency. If a child is absent or unable to participate during his/her scheduled time, the probe is to be completed as soon as possible after that time.

Neither students nor teachers will be shown graphs of student progress; to do so could confound the research. Teachers will get complete disclosure of results at the conclusion of the study, but not until then.

Each classroom should be checked at least monthly to ensure there are no problems with data collection or with amplification system. The school audiologist will be available throughout the time period to answer questions regarding the amplification system and/or CBM maintenance. The audiologist will make a paper copy of all data as well as make a copy of each data disk and send it to:

W. David Tilly III, Ph.D.
Department of Psychology
Iowa State University
W112 Lagomarcino Hall
Ames, IA 50011-3180

IOWA CLASSROOM AMPLIFICATION RESEARCH PROJECT

STEP-BY-STEP PLAN OF OPERATION: LONG-TERM CURRICULUM-BASED MEASUREMENT STUDY

Resources Required:

- two Apple 2e or GS computers
- two comparable FM Sound Field (FMSF) systems (or one system moved between classrooms)
- Pro-Ed Monitoring Basic Skills Progress: Basic Reading software and manual
- two 3rd or 4th grade classes (2nd grade only if necessary)
- copies of teacher opinion survey about classroom amplification
- copies of student survey about classroom amplification
- copies of classroom acoustics documentation form

September 1992

Step 1: This plan assumes that information has been provided to the teachers and principal, etc., and that permission has been granted and volunteer teachers/classrooms have been identified.

Step 2: Set up the FM Sound Field systems in the identified classrooms.
Arrange for computers to be delivered to classrooms if not there already.

Step 3: Document classroom acoustics and FM Sound Field installation using the classroom acoustics documentation form.

Step 4: Train teachers on use of FMSF system and the MBSP: Basic Reading program.

October 1, 1992

Step 5: Obtain "baseline" measures on each student in BOTH classrooms (try to use all students in each class, but at least 10 randomly selected). This will involve obtaining measures on three successive days. Randomly select one classroom to be amplified first.

October 5, 1992

Step 6: Start use of the FMSF system in selected classroom. The other classroom will remain unamplified.

Step 7: Obtain weekly MBSP measures on all students involved in the project in both classrooms. Make a copy of results and send to David Tilly every 2 weeks.

David Tilly, Ph.D.
Department of Psychology
Iowa State University
W112 Lagomarcino Hall
Ames, Iowa 50010-3180

December 16, 1992

Step 8: Discontinue use of FMSF system in the amplified classroom. It is imperative that the unit not be used. Either physically remove the system from the classroom or physically remove the FM microphone so that the teacher cannot under any circumstances use the amplification system.

December 18-21

Step 9: Administer the teacher and student opinion surveys about classroom amplification, to the teacher and students in the classroom that received amplification.

Prior to January 4, 1992

Step 10: Set-up FMSF system in previously unamplified classroom and document classroom acoustics using the classroom acoustics documentation form.

January 4, 1992

Step 11: Start use of FMSF system in previously unamplified classroom.

Step 12: Continue with weekly MBSP measures in both classrooms. Make a copy of results and send to David Tilly every 2 weeks.

March 12, 1993

Step 13: Discontinue use of the FMSF system.

March 14-16, 1993

Step 14: Administer teacher and student opinion surveys about classroom amplification.

IOWA CLASSROOM AMPLIFICATION RESEARCH TASK FORCE

SUMMARY: SHORT-TERM BEHAVIOR MEASUREMENT RESEARCH PROTOCOL

Design: ABAB or BABA Crossover
Conditions: amplified = "on"
non-amplified = "off"

Purpose:

To determine if classroom amplification improves behaviors that are related to positive learning outcomes, e.g., behaviors documented in effective schools literature.

Benefits to the school:

- Students may be expected to benefit; previous research has documented that classroom amplification can improve positive learning outcomes.
- Staff development will be provided: teachers will be trained to use new technology.
- School administrators and staff learn whether this particular innovation works in their school.

Evaluation of the outcomes:

- Measurement of classroom variables that affect learning. (See "outcome measures.")
- The results of the study will be shared with the school administrators and participants at the end of the trial period.
- Teacher skills will **not** be evaluated.

Participation requirements:

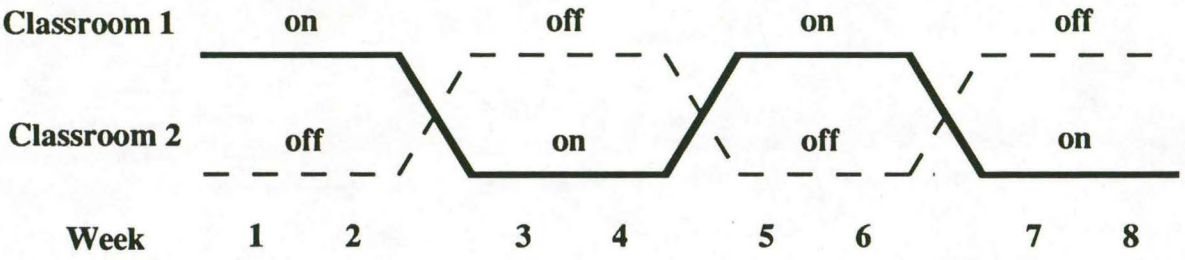
- The grade level of the participating classrooms must be in the range of mid-first through fifth grade.
- The teacher of the participating classroom must volunteer to use classroom amplification for the period of the study.
- The entire classroom must be involved in using the classroom amplification and in the behavior observation.
- Permission must be given by the school for a trained observer to visit the selected class for a 20-minute interval at the same time of day three times each week, during the same type of activity (teacher-led instruction), and if possible in the same content area.
- Students must be in the participating classroom for two-thirds of the school day.
- Classroom amplification must be used during all group instruction.
- The seating chart for the participating classroom must remain essentially unchanged for the duration of the study.

Intervention:

The use of sound-field classroom amplification equipment has been found to be an innovative prevention/intervention strategy for students in almost all settings. The benefits of amplifying a teacher's voice so that it is projected clearly throughout the classroom, regardless of background noise or student location, has been widely recognized. Research has documented a positive correlation between the use of classroom amplification and improved student academic achievement.

- Preferably, two classrooms will be used, with the amplification system moved from one classroom to the other (the amplification will be "off" in one classroom while it is "on" in the other).
- An eight-week trial period will be utilized. If using two classrooms, the classroom amplification will be removed from one classroom and placed in the other classroom for one half (four weeks) of the trial period in each participating classroom. One classroom will be two weeks on, two off, two on, two off, while the other will start with the amplification off for two weeks, then two on, two off, and two on.

Timeline: 2 classrooms



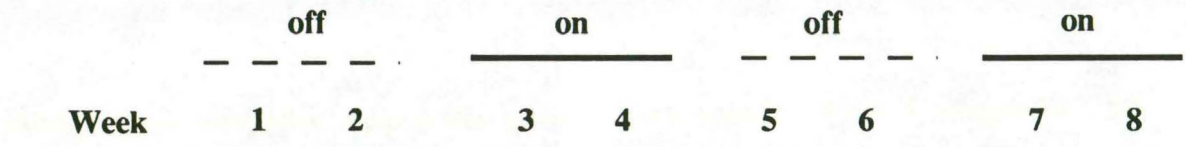
Advantages to using two classrooms:

> more data will be obtained

> equipment will be used more efficiently

(Helpful hint: leave wiring in each classroom when amplification system is removed, to facilitate second set-up in that classroom.)

Timeline: 1 classroom



Advantage to using one classroom only:

> less set-up and tear-down is involved. (To implement the "off" condition, the audiologist will remove one piece of equipment essential to the system's functioning.)

The "baseline" data is that which is collected during the first two weeks of the study, whether the classroom is in the on or the off condition.

Outcome measures:

Structured classroom observation will be used to measure all students' classroom behaviors that are related to positive learning outcomes. Specifically, the following behaviors will be observed:

- Academic engaged time.
  This means that a student is appropriately engaged or is engaging in an academic activity. Examples of engaged time include: looking at the materials or tasks and/or making appropriate motor responses, looking at the teacher during instructions, and talking to the teacher or peers about academics. Non-examples include: looking around the room, not working while raising one's hand, walking around the room, sleeping, or working on reading during math period without permission.
- Opportunity to respond academically.
  This means that a student has an opportunity within the 10-second interval to respond appropriately to a question, verbally or in writing.
- Compliance
  This means that the student initiates compliance to verbal directions within 10 seconds of the verbal command.
- Student raises hand
  This means that a student raises his/her hand above his/her head within the 10-second interval.

Student and teacher surveys will also be conducted, within a week of turning the amplification system off for the last time.

IOWA CLASSROOM AMPLIFICATION RESEARCH PROJECT

STEP-BY-STEP DIRECTIONS: SHORT-TERM BEHAVIOR MEASUREMENT RESEARCH PROTOCOL

1. _____ Decide which study to complete.
2. _____ Meet with your supervisor to secure his or her support for the project and to determine who in the AEA should be made aware of this activity (e.g., Director, Assistant Director, Research Coordinator, etc.).
3. _____ Make appropriate AEA contacts.
4. _____ Meet with the principal(s) in the building(s) where you propose to do the study and share with them the one-page summary of the project. Have participating teachers attend also, at the principal's discretion. Answer questions and secure support. **Important:** Be sure that everyone knows what to expect (e.g., there will be observers in the classroom 3x a week, etc.). Be very detailed in your description of requirements and responsibilities. Do not, however, tell the teachers exactly which behaviors you will be observing (there could be some reactivity). You can tell the principal. Tell the teachers you are observing variables related to classroom learning and that you'll share exact definitions after the study is over.
5. _____ Create a file folder for each class that you'll be measuring.
6. _____ Make a schedule for classroom observations.
7. _____ Conduct inservice training with participating teacher(s). **Important:** Make sure that they agree to conduct teacher-led instruction during the times that you are going to be observing.
8. _____ Conduct physical measurements on the classroom per instructions.
9. _____ Either (a) install the equipment in the classroom if you're doing two classes in the ABAB/BABA design) or (b) begin observations if you're doing one class in the BABA design.
10. _____ Conduct 3 observations per week, following the schedule that you set earlier. Be sure to put the dates on your observation forms.
11. _____ Have an additional observer observe with you on one of the observations per week and calculate an agreement coefficient using the method taught at the last meeting. (If you are unsure about this, call Dave Tilly at 515/294-9662 for an explanation). If your agreement is less than 80% on any behavior, try to figure out why. Go back to the definitions of specific behaviors and make sure you are both coding the same way. Also, be sure to identify the observation sheets that you used during inter-rater agreement sessions. It would be best if you stapled them together.
12. _____ After two weeks of coding, either switch the equipment to room 2 (if you are using 2 rooms) or give the teacher the microphone to use the equipment for 2 weeks (if you are only using 1 room).
13. _____ Continue alternating on and off conditions every 2 weeks and conducting your observations.
14. _____ One week after taking the amplification out for the last time, administer the teacher questionnaire and the child questionnaire using the standardized directions that go with the survey.
15. _____ Give the teacher the "General Information" page and collect it when s/he is done.
16. _____ Thank the teacher and principal for their participation.
17. _____ Send a copy of all your completed materials to:

W. David Tilly III, Ph.D.
Department of Psychology
Iowa State University
W112 Lagomarcino Hall
Ames, IA 50011-3180

Academic Observation System

(Training Manual)

W. David Tilly III

Iowa State University

Questions about these training materials should be directed to Dr. W. David Tilly, Psychology Department, W112 Lagomarcino Hall, Ames, IA 50011-3180

Child: Write the target pupil's name
School: Write in the name of the school where you are observing
Grade: Write in the grade of the child you are observing.
Observer: Write your name, a slash and your position.
Date: Write the month, day, and year.
Start Time: Record the exact time of day the observations session begins.
Stop Time: Record the exact time the observation session ends.
Academic Activity: Write down the name of the academic activity in which the majority of the class is engaged (e.g., arithmetic, reading, social studies etc.).

Academic Structure. This section of the coding sheet asks the observer to indicate the structure of the classroom activity in which the target child is participating (structured or unstructured), and the kind of work (group, individual, or transitional) that is occurring at the time of coding. All activities should be coded as either structured or unstructured and as either group, individual, or transitional. In other words, there would be two checks in this section. When changes occur in either of the two areas while the sheet is being coded, the first letter of the relevant category should be placed at the beginning of the interval box in which the change occurred. For instance, if the teacher is lecturing to the class and then begins to have them work on individual assignments halfway through the first coding sheet, an "I" is placed at the start of that coding interval.

The definitions for describing the classroom structure and the kind of academic work are as follow:

Structured (S): Clear and specific guidelines for the target student's activities have been provided by the teacher. For example, the teacher has given explicit instructions to the child about the work to be done at his/her desk and the acceptable activities that can be engaged in after assigned work is done.

Unstructured (U): The guidelines for the student's activities are vague and nonspecific. For example, the students are engaged in numerous on-supervised activities in the classroom and they determine what they are going to do.

Group (G): The majority of students, including the target student, in the classroom are engaged in a group activity. Examples include children sitting in a small reading

group activity. Example include children sitting in a small reading group, and the entire class listening to the teacher lecturing or an individual student reciting.

Individual (I): Most students in the classroom (and the target student) are engaged in individual activities. Individual includes not only solitary work, but also small group activities (i.e., two or three children working together). Examples of individual include working on assignments alone at a desk and working in pairs on assignments. Nonexamples of individual include teacher lecturing to the class and a large group game.

Transitional (T): Most students in the classroom (and the target) are transitioning between activities within a subject, or between academic and non-academic periods. Examples of transitional include moving from a reading group to seatwork assignments during a reading period, preparing to go to recess at the end of a period, and transitioning from reading to math period.

Coding Procedures

Each set of boxes on the observation form represents 10 seconds. Abbreviations for coded behaviors are contained in each box. The observation process involves two components for each 10-second interval. At the instant that the stopwatch passes the beginning of a 10-second interval, the observer should look at the target (or peer) child and determine if s/he is attending to the task at hand (see definition below). If the child is attending, the "A" in the box with "ATT" in it should be circled for that interval. If the child is not attending, the second "T" in the "ATT" box should be circled. The observer should determine whether or not the student is attending as quickly as possible (i.e., in less than 1 second).

Following this determination, the remainder of the interval should be spent observing the target child and recording the occurrence (if any) of behavioral responses that fall under the other code categories (i.e., Hand raising, Academic Responses, or Compliance). If the child continues to attend to the task and responds appropriately throughout the rest

of the interval, it is possible that none of the other code categories would be marked. Definitions of the code categories are presented below.

Code Definitions and Instructions

Attending (ATT): The observer makes the determination at the instant each 10-second interval begins. To be scored as attending, the target student must be working appropriately on assigned academic material. Examples of attending include looking at the materials or tasks and/or making appropriate motor responses. Other examples include looking at the teacher during instructions and talking to the teacher or peers about academics. Non-examples of attending include looking around the room, not working while raising one's hand, walking around the room, sleeping, and working on reading during math period without permission.

Raised Hand (RH): This category is marked with a slash (/) when the target child raises her/his hand above shoulder level and holds it there for 2 or more seconds. Examples of RH include raising ones hand to answer a question or raising ones hand to ask for help. Nonexamples of RH include giving a "High Five" or Reaching to get something off a shelf.

Academic Response (AR): This category is marked with a slash (/) each time that it occurs during an interval. Multiple academic responses can be coded in each interval. Examples of academic responses include being called on by a teacher and responding to a verbal question, writing down the answer to a math problem during the observation interval, or choral reading (all children, including the target student, read out loud). The key to identifying when to code this category lies in whether the child makes a verifiable academic response (e.g., says, writes, circles, draws a line to, points to etc.) to an academic problem, task, or question during the code interval. Nonexamples of academic responding include silent reading and complying with a teacher management command (e.g., sit down...).

Compliance (COM): This category is scored when the teacher delivers a verbal command or request to the class or to the individual student, and the target student begins complying with the request within 10 seconds. For example, the teacher may ask students to "take out their books" or to "pass in their papers". If a command is issued and the student begins to comply within 10 seconds, a plus sign (+) is placed over the COM code. If the student does not begin to comply within 10 seconds, a minus sign (-) is placed over the COM command. The plus or minus sign is always placed in the COM box in the interval where the command was issued. For example, if a command is given at the end of a 10 second interval and the student does not begin to comply until the following interval, the observer would code the ATT for the subsequent interval and then code the COM box for the previous interval as to whether the student complied or not. Compliance should be marked for every command given by an adult, even if the same command is repeated multiple times.

ACADEMIC AND SOCIAL BEHAVIOR OBSERVATION PROTOCOL
IOWA CLASSROOM AMPLIFICATION RESEARCH

hild _____ School _____ Grade _____

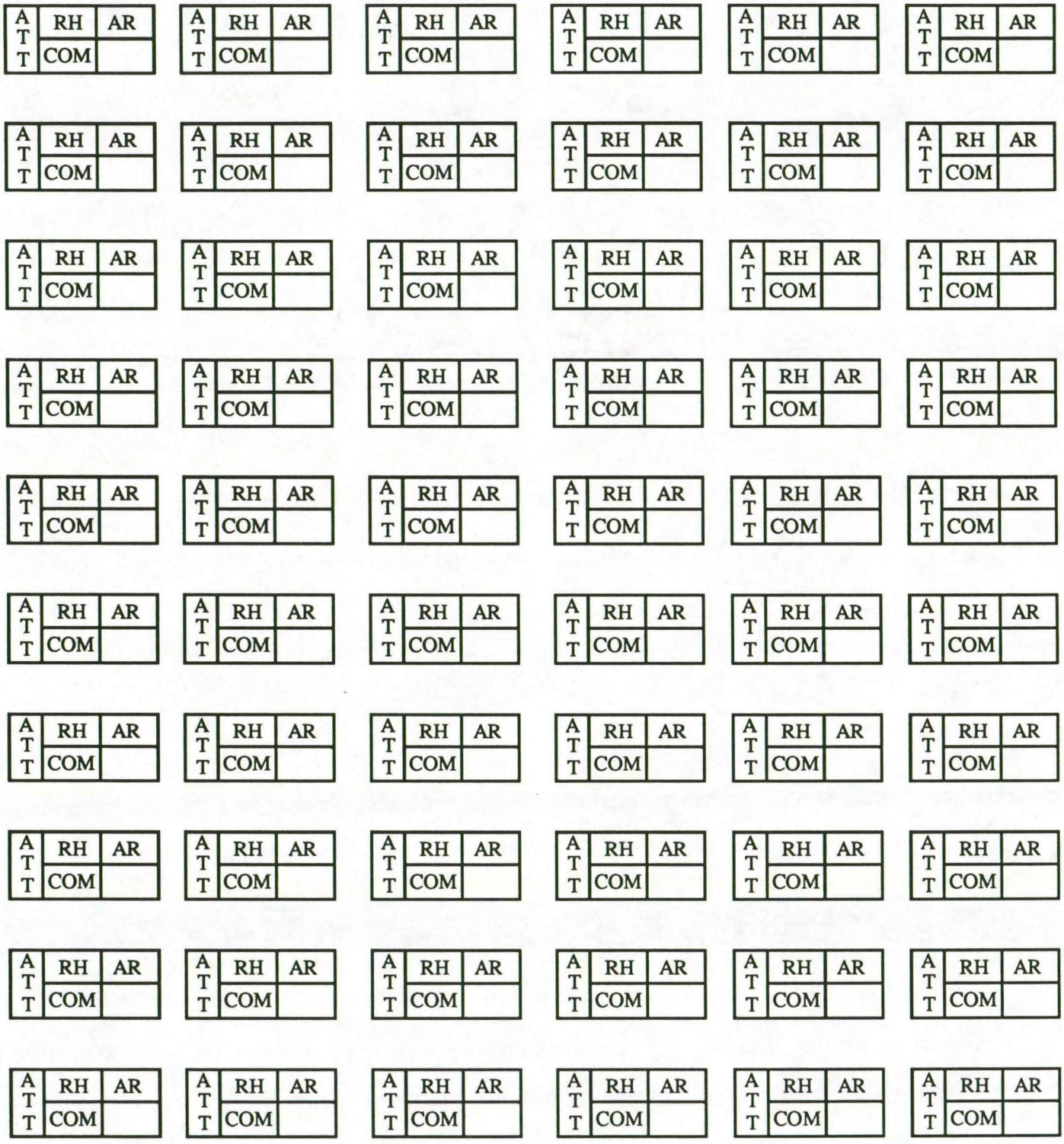
bserver _____

ate _____ Start Time _____ Stop Time _____

cademic Activity _____ Classroom Type _____ T:S Ratio _____

ructured ____ Unstructured ____ | Group ____ Individual ____ Transition ____

ATT	RH	AR
	COM	



ATT	RH	AR
	COM	

Data Summary

ending ____/120____ ervals	Hand Raises____/ 120 Intervals	Academic Responses # _____/Observation
sitive Compliances ____/ 120 Intervals	Negative Compliances____/ 120 Intervals	

Iowa AEA Hearing Screening Frequencies and Levels
1988

AEA	Frequencies screened	Level (dB HL)	Exceptions	Comments
Keystone AEA 1	1K, 2K, 4KHz	20	up to 25 dB at 4KHz	
Northern Trails AEA 2	1K, 2K, 4KHz	15	also 6KHz at 25 dB for grades 5 & 8	uses mobile sound booths
Lakeland AEA 3	.5K, 1K, 2K, 4K, 6KHz	20		
AEA 4	1K, 2K, 4KHz	20	8KHz at 25 dB; tymps on all preschool, Kdgn	
Arrowhead AEA 5	.5K, 1K, 2K, 4K, 8KHz	20	tymps on all screening failures	
AEA 6	.5K, 1K, 2K, 4KHz	25		
AEA 7	.5K, 1K, 2K, 4KHz	20		
Mississippi Bend AEA 9	.5K, 1K, 2K, 4KHz	20	K-1: 15dB at 1K,2K,4KHz. PS: thresholds, tymps	
Grant Wood AEA 10	.5K, 1K, 2K, 4KHz	20	may add 6K &/or 8KHz	uses mobile sound booths
Heartland AEA 11	.5K, 1K, 2K, 4KHz	20	up to 25 dB HL at audiologist's discretion	
Western Hills AEA 12	.5K, 1K, 2K, 4KHz	20	if failure at 4KHz, do 6KHz	
Loess Hills AEA 13	.5K, 1K, 2K, 4KHz	20	if failure at 4KHz, do 6KHz. Tymps on PS, Kdgn	
Green Valley AEA 14	.5K, 1K, 2K, 4K, 6KHz	20	Tymps on preschoolers with history of ear problems	uses mobile sound booths
Southern Prairie AEA 15	.5K, 1K, 2K, 4K, 6KHz	20	PS & Kdgn: 1K,2K,4KHz screened at 25 dB	
Great River AEA 16	1K, 2K, 4K, 6KHz	20		

KEY:

PS = preschoolers
K or Kdgn = Kindergarten
tymps = tympanograms (acoustic immitance testing)

Iowa AEA Hearing Screening Populations
1988

AEA	Grades screened	Special Ed.	PS Centers	Child Finds	Kindergarten Round-ups	Other groups screened
Keystone AEA 1	K-7	all SE	PS on request		KR on request	11th grade screening optional
Northern Trails AEA 2	K-3, 5, 8	most SE	PS on request	Child Find	all poss. KRs	all SLP caseloads
Lakeland AEA 3	K-6, 8	all SE	all poss. PS	Child Find	KR on request	
AEA 4	K-4, 8, 11	all SE	no private PS		all poss. KRs	
Arrowhead AEA 5	K-4, 8	all SE	all poss. PS		all poss. KRs	
AEA 6	K-6, 8	all SE		PS dev. clinics	KR on request	
AEA 7	K-3	elem. SE		Child Find	rural KRs	
Mississippi Bend AEA 9	K-3, last elem. gr.	all SE		CATCH	KR on request	one JHS & one HS grade, SLP caseloads
Grant Wood AEA 10	K-6, new	SE 3-yr evals		Child Find	rural KRs	
Heartland AEA 11	K-last elem. grade	all SE	PS on request	REACH	KR on request	in Des Moines, 9th grade screened
Western Hills AEA 12	K-6, 8, new	all SE	all poss. PS	2&3 y/o C-Fs	all poss. KRs	10th grade screening optional
Loess Hills AEA 13	K-4	SE 3-yr evals	PS on request	Child Find	all poss. KRs	
Green Valley AEA 14	K-6, 8, 11	all SE	all poss. PS	Child Find	all poss. KRs	all SLP caseloads
Southern Prairie AEA 15	K-6	SE 3-yr evals	PS on request	Child Find	KR on request	WIC/MCH clinics
Great River AEA 16	K-5, 8	all SE	all poss. PS		all poss. KRs	11th grade screened on request

KEY:

SE = Special education (includes resource rooms to self-contained)
K or Kdgn = Kindergarten
KR = Kindergarten Round-ups or Clinics
3-yr evals = 3-year re-evaluations of special education students
poss. = possible
SLP = Speech-language pathologist
WIC =
MCH = Maternal and Child Health
tymps = tympanograms (acoustic immitance testing)

Speech-Language Pathology Services
for Students with Hearing Loss

This manual is intended as a resource for those who are providing services to Iowa's infants, toddlers, children, and youth with hearing loss. Since this section of the manual is not intended to prescribe speech-language pathology services provided by the educational agencies in Iowa, information beyond the scope of this section should be obtained from the Iowa Department of Education Consultant for Speech-Language Services or from the Speech-Language Supervisor in the relevant area education agency. A listing of these resource persons may be found at the back of this section of the manual.

Early intervention services

Babies begin processing information from the moment they are born. In normal infant development, parent-child interactions are the foundation of the child's communication skills. Visual and auditory signals from the parent and responses on the part of the infant are the beginning of a communication cycle that builds upon previous interchanges. It is a two-way process; each modifies the other's behavior through his or her responses. Parent-infant interactions are essential to the building of good communication and language skills for any child. A child born with a hearing loss that remains unidentified is at risk of delayed development of communication skills, since he or she does not interact with his or her parent in the fashion of a normal-hearing infant: responses to auditory stimuli are limited or nonexistent, and the parent's behavior is modified by the infant's responses. The parent may, although unaware, react to the infant by increasing those behaviors to which the child with hearing loss does respond: visual stimuli such as gestures, facial expressions, or body movement. However, the parent may instead react by withdrawing from the infant with hearing loss, because the infant does not respond as the parent expects to auditory cues such as speaking, cooing, making noises, and making changes in tone or volume of speech. In this way, the language and communication skills of the infant with hearing loss may be either promoted or depressed by the parent or caretaker's responses to the infant. The greater the degree of hearing loss, and the later its identification, the more likely that the child's language and communication skills will be impaired.

Because communication and language are essential to normal cognitive development, the parents of an infant with hearing loss should receive information as soon as possible after identification of the loss. This information should include:

1) the degree and type of the child's hearing loss,
2) possible medical treatment,
3) amplification that may be recommended, and
4) the possible effects of the child's particular hearing loss on the process of language acquisition.

Parents of children with a hearing loss sufficiently severe to jeopardize the normal language-learning process should receive training in techniques and strategies for communicating with their child. Because parents are their child's first and foremost teachers, the nature of their interactions with their child will have strong impact on his or her language acquisition and subsequent communication competence.

It is important that the involvement of specialists trained in language acquisition and in strategies for assisting infants, children, and youth in developing good communication should be available to the parents and child from the time the hearing loss is identified. Home-based intervention services, provided directly to the child, or parent training, or both, can be obtained from the teacher of the hearing impaired (usually the itinerant teacher), the speech-language pathologist, the audiologist, and/or the early childhood special education teacher. The essential members of the educational team who have the most expertise in hearing impairment are the speech-language pathologist, the teacher of the hearing impaired, and the audiologist. Of the three, the speech-language pathologist usually has the most extensive training in overall speech and language development, although many teachers of the hearing impaired have also received intensive training in speech and language development specific to children with hearing loss, and usually are proficient in sign language. The educational audiologist, too, has received training in hearing loss and its effect on speech and language development, and shares expertise with the others in the area of auditory training, which involves helping children to get maximum benefit from their residual hearing. These educators' areas of expertise may, in fact, have considerable overlap. All three are indispensable members of the child's educational team, and collaboration among the three that makes the most of their individual skills can provide services that ensure the best possible learning environment for the child with hearing loss. Which team member provides which service to a particular child with hearing impairment or to his or her parents is always a team decision, including both parents and educators, and depending not only upon individual team members' skills, but also upon availability, scheduling, and agency policy.

Infants learn about the world through their experiences with it. Children whose hearing loss is so severe that they cannot receive auditory information from the environment cannot learn to act upon it, to function and to adapt through the use of auditory information. A child whose experience is essentially limited to visual input **must** by definition receive his or her communication through a visual mode. The use of sign language should be given serious consideration by the parents and other members of the child's educational team if the infant's hearing loss does not allow adequate perception of conversational-level speech; usually this is when the loss is judged to be severe or profound in degree. Learning of concepts begins at birth; the use of sign language by those interacting with an infant who cannot make satisfactory use of speech sounds can facilitate the learning of concepts, and parallel activities to encourage the child in the use of his or her voice can be provided to the child by both educators and parents. The uncommon child with severe to profound hearing loss who eventually shows a talent for speechreading and oral communication is not likely to be delayed in acquiring oral skills just because sign language is used at an early age. Other children, however, who do not have natural talents for speechreading and oral communication, will lose precious language acquisition time if the use of sign for communication is delayed while the parents or educators decide whether sign language is "right" for the child.

In addition to learning sign language, parents of infants with significant hearing loss may need to learn other new ways to interact with their child. Parent acceptance of the child and his or her hearing loss is critical to the child's self-esteem and normal emotional development. In recent years, the observation of deaf mothers' interactions with their children has provided much information about recognizing the social response behaviors and signaling systems of infants oriented to visual information, structuring the give-and-take of interaction in a visual mode, and communicating with infants who have hearing loss using these mothers' strategies.

The implications of hearing loss on the infant's learning concepts such as time or cause-and-effect are not immediately obvious; strategies for teaching concepts like these, that infants with normal hearing acquire through auditory experiences, can be provided to parents. Toys and activities that are auditorily interesting and stimulating to an infant with normal hearing may not be so to the infant with hearing loss who cannot perceive the sounds generated. Information on these and many other topics important to a child's development can be provided to parents through a one-to-one home-based program, through formal inservice activities, and through parent support groups. Providers of inservice to parents of children with hearing loss should include those educators trained in the effects of hearing loss on child development. Many agencies also use formal parent education programs, such as SKI*HI, that have been developed specifically to instruct parents in how to be their child's best teachers. Topics to be addressed may include language stimulation techniques and activities, auditory stimulation techniques, and so on. Speech-language pathologists have the expertise to make significant contributions to parent education activities of all types; ideally, the child's IFSP/IEP team will include or have as a resource a speech-language pathologist who has interest, training, and experience in working with children who have hearing loss.

Because of individual differences between children with hearing loss, including the ability to hear certain speech sounds (depending upon the configuration of the loss) and therefore to monitor his or her own speech, the production of some specific speech sounds may never be mastered by a particular child. It is therefore important for the child's speech-language services to include training in the prosodic or suprasegmental characteristics of speech, which contribute greatly to its intelligibility. Appropriate pitch control and intonation can often at least partially compensate for less-than-perfect articulation skills. Training in pragmatics is also important for the child with hearing loss. Awareness of the functions of language in everyday life can provide motivation for the child to use language in a meaningful way. Mastering varied recovery or repair strategies for use when the child with hearing loss does not understand the speech of another person, or when the child him- or herself is not understood, can also be very important in increasing the child's level of communicative functioning. Parents can collaborate with educators to provide activities that encourage the development of the prosodics and pragmatics skill areas, as well as the other skill areas discussed above.

School-aged students

The school-aged child or youth with hearing loss will also need access to service providers who can help to maximize his or her communication skills. Student need must determine the type and extent of services provided, and the speech-language pathologist on the student's team, in collaboration with the teacher of the hearing impaired and educational audiologist, is the major source of information regarding speech and oral language skills for students of school age. Students in middle or junior high and high school are likely to be more reluctant than younger students to accept pull-out services from any service provider, since conforming to peers' behavior is of extreme importance for most adolescents and young adults, and receiving services can mark a student as "different." However, consideration must also be given to the need or desire of the individual student to maximize his or her speech and language abilities so that they are (as nearly as possible) equal to those of normal-hearing peers. To this end, various methods of service delivery can be employed that will promote the student's acceptance of speech and language services. These methods include collaboration, consultation, and team teaching between the speech-language pathologist or other special education professional(s) and the classroom teacher. Special education services, including speech-language services, should not be dropped merely because a student has reached a certain age or grade level, just as there should be no minimum age or grade level required for the child to receive speech-language or other services. Under federal and state law, the full continuum of placement options must be available to an individual special needs student, and through the IEP process, a child's needs determine his or her special education placement and related or support services. Agency policies that limit placement and services may be problematical, such as those that might prohibit a placement option such as home intervention services, or one-to-one speech-language services, or other pull-out programs to infants, toddlers, or junior-senior high school students that may have been determined by the IEP team as necessary to meet the student's needs and IEP goals and objectives. Such dictums risk preventing an IEP team from designing a program specifically to meet the child's needs, and therefore may expose the agency to legal challenge.

Speech and Language Evaluations

In addition to the formal assessments listed below, functional assessment, including such activities as focused observation, teacher checklists, student portfolios, and so on, may be helpful in evaluating the speech and language abilities of students with hearing loss in "real-life" situations, including mainstream or integrated settings. For additional information, see the topic headed "Functional Assessment" in the section of this manual titled *Prereferral Activities and Evaluation.*

Assessment of Language

Since very few assessments are normed on students with hearing loss, test results must be interpreted with caution. However, looking at the student's pattern of errors gives the speech-language pathologist information that is important in developing individualized goals and objectives. Test scores may also give valuable insight regarding mainstreaming for individual students.

For early childhood language assessment, instruments such as the following can be used. If sign language is used in giving the test, the examiner must use extreme caution in interpreting the test results as standardized scores, and must be aware of the possible effect of the use of sign language on the test's validity. This or any other modification must be noted in the evaluation report.

Zimmerman Pre-School Language Scale (PLS)
Sequenced Inventory of Communication Development (SICD)
Receptive/Expressive Emergent Language Scale (REEL)
Peabody Picture Vocabulary Test, Revised (PPVT-R)
Expressive One-Word Picture Vocabulary Test (EOWPVT)

For elementary children, instruments such as the following can be used. As noted above, sign language may be used, but the results must be interpreted with extreme caution.

Carrow Test of Auditory Comprehension of Language, Revised (TACL-R)
Structured Photographic Expressive Language Test (SPELT-II)
Peabody Picture Vocabulary Test-Revised (PPVT-R)
Clinical Evaluation of Language Functions, Revised (CELF-R)
Test of Language Development 2 (TOLD-2)
Test of Syntactic Abilities (normed on children with hearing loss)
Rhode Island Test of Linguistic Structure (normed on children with hearing loss)

Language Assessments

Adolescent Communication Screen (ACS)
screens several specific language skill areas.

The Adolescent Word Test
assesses expressive vocabulary and semantics. The test allows the examiner to assess the subject's ability to recognize and express the critical semantic attributes of his lexicon. Categorizing, defining, verbal reasoning, and choosing appropriate words are all indicative of a subject's grasp of semantic attributes. Subtests include: association, synonyms, semantic absurdities, antonyms, definitions, and multiple definitions.

Assessment of Children's Language Comprehension (ACLC)
assesses understanding of increasing combinations of length and complexity of syntactic units or "critical elements." These include nouns, verbs, adjectives and prepositions. A pointing response is required. This test taxes the auditory/visual memory span of the student as well as comprehension skills.

Boehm Test of Basic Concepts (BTBC)
measures mastery of concepts considered necessary for achievement in school. Concepts of space, time quantity and miscellaneous language concepts are assessed. The student chooses the requested picture illustration.

Boehm Test of Basic Concepts: Preschool
measures mastery of concepts considered necessary for achievement in school. Concepts of space, time, quantity and miscellaneous language concepts are assessed. The student chooses the requested picture illustration. This test was designed for children three to five years of age and is also appropriate for older children with special needs.

Carolina Picture Vocabulary Test (CPVT)
measures the receptive sign vocabulary in individuals where manual signing is the primary mode of communication. The examiner presents each test item in sign only with no accompanying speech. The student is required to make a pointing response to one of four stimulus pictures.

Clinical Evaluation of Language Functions Screening Test
screens for significant delays and potential deficits in aspects of language related to the perception, recognition, recall, and interpretation of spoken language.

Detroit Tests of Learning Aptitude-2
determines strengths and weakness among intellectual abilities and identifies children and youths who are significantly below their peers in aptitude. Aptitude refers to the ability to learn new tasks. The test consists of 11 subtests: word opposites, sentence imitation, oral directions, word sequences, story construction, design reproduction, object sequences, conceptual matching, word fragments, sentence fragments and letter sequences. The subtests are grouped to provide nine composite scores. These composite scores are grouped under the following domains: linguistic, cognitive, attentional, and motoric.

Upper-Extension Expressive One Word Picture Vocabulary Test and
Lower-Extension Expressive One Word Picture Vocabulary Test
measure expressive vocabulary. The student is required to write the appropriate word for the picture shown.

Language Assessment Tasks (LAT)
assesses comprehension and expression in areas of syntax, semantics, paralinguistics and conceptualization (temporal concepts, spatial relations, and classifications).

Language Processing Test
consists of two pretests and six subtests arranged in a hierarchical order from easiest to most difficult. The six subtests are: associations, categorization, similarities, differences, multiple meanings, and attributes. Raw scores and age equivalency scores can be derived from each individual subtest as well as a "Total Test" score.

Miller-Yoder Language Comprehension Test
assesses comprehension of the major structural components of English. In response to verbal and signed sentence input by an examiner, the child is required to point to a picture.

Peabody Picture Vocabulary Test—Revised (PPVT)
assesses understanding of vocabulary items. A pointing response is required of the student. The format of the test is oral presentation of the words to be chosen from among four pictures. There are no norms for the hearing impaired.

Preschool Language Scale (PLS)
assesses auditory comprehension and verbal ability at the early stages of language development. The Auditory comprehension section of the test requires the child to identify, manipulate, or conceptualize pictures and objects. The Verbal Ability section measures vocabulary, verbal memory span, stages of concrete and abstract thought, articulation and ability to use grammatical features. The original format of the test is oral presentation of material.

Rhode Island Test of Language Structure
assesses language comprehension. This test focuses on syntactic structure that is basic to language development. From a set of three, the student points to the picture that best represents the sentence.

Sequenced Inventory of Communication Development (SICD)
assesses receptive and expressive communication development. The expressive section of the test requires a motor, vocal or verbal response. The receptive section requires an imitating, initiating, and/or a responding behavior.

*SKI*Hi Language Development Scale*
assesses receptive and expressive language skills. The scale is normed on children with hearing loss from infancy to five years of age.

Structured Photographic Expressive Language Test II (SPELT)
evaluates a sample of the student's expression of various syntactic structures under controlled conditions. Actual photographs of situations are used along with auditory and manual cues to elicit specific language structures.

Test of Auditory comprehension of Language (TACL)
assesses comprehension of vocabulary, morphology, and syntax. A pointing response is required of the student.

Test of Concept Utilization
assesses the ability to differentiate common objects conceptually. Each pictured pair represents one of five concept domains, including color, shape, relational function, homogeneous function, and abstract function, principle or noun class. The student describes how each of the paired pictures are "alike or go together." Detailed scoring procedures analyze strengths and weaknesses within the various concept domains.

Test of Problem Solving (TOPS)
assesses children's thinking and reasoning abilities critical to events of everyday living. It is designed to yield expressive responses which reflect a student's ability to verbalize his/her logical thought processes. The student is required to answer open-ended questions concerning a variety of situations presented in pictures. Subtests are: explaining inferences, determining causes, negative "wh" questions, determining solutions, and avoiding problems.

Test of Problem Solving—Adolescent
includes many of the same subtests as the younger version above, but goes up to age 18. Subtests include making inferences, drawing conclusions, avoiding problems, and determining solutions.

Test of Syntactic Abilities (TSA)
assesses the comprehension level of standard English structure and determines which aspects of syntax are not yet mastered. The student reads groups of sentences and chooses the correct form or interpretation. The results are reported in percentage correct for the 9 syntactic forms: negation, conjunction, determiners, question formation, verb processes, pronominalization, relativization, complementation, and nominalization.

Total Communication Language Sample
assess current expressive language skills exhibited upon demand in a language sample. The language sample can be taken from one or more of the following situations: retelling a story from pictures, telling an original story from pictures, or conversation.

Written Language Sample
assesses a student's ability to express him/herself in writing.

Speech Reception Assessment

Craig Lipreading Inventory
assesses lipreading ability. The Word and Sentence Recognition forms provide four choices with picture cues next to the written word or sentence. A pointing response is required.

Informal Speechreading Assessment
assesses speechreading ability informally through the use of common and emergency phrases. The evaluator produces each phrase with reduced voice and the student is required to repeat the stimulus in Total Communication.

Test of Auditory Comprehension (TAC)
assesses the student's auditory skills in the areas of discrimination, memory-sequencing, and figure-ground in ten subtests. All of the test is presented by voice through a tape recorder. The student is required to make a pointing response to a picture.

Utley Sentence Test of Lipreading
assesses speechreading ability using sentences. A normal or reduced voice is used with a fairly slow though normal rate of speech, normal rhythm and stress, and ample, but not exaggerated, lip and jaw movement. Facial expression appropriate to the context is employed.

Assessment of Articulation

For assessment of developing speech skills along the continuum, the Ling Phonetic Level Evaluation can be used with all ages. The Ling Phonologic Level Evaluation can be used with students who have attained a degree of intelligible speech at a conversational level. Traditional articulation instruments and traditional phonological assessments can also be used as appropriate.

Speech Production Assessments

Arizona Articulation Proficiency Scale (AAPS)
assesses production of consonant/vowel phonemes in a single word or sentence context. Spontaneous performance is elicited through picture identification or reading. Each consonant is tested in the initial and final positions. This test assigns to each phoneme a numeric value that reflects the phoneme's frequency of occurrence in American speech. If a frequently-occurring phoneme is in error, the student's speech will be affected more than with an error on a less frequent phoneme. Interpretations of speech intelligibility are derived from these numeric values.

Fisher-Logemann Test of Articulation Competence
assesses each phoneme in the initial, medial and final positions in both the picture and sentence formats. All phonemes are evaluated using the approach of distinctive features: manner, place, and voicing. Consonant blends and vowel phonemes are also assessed.

Goldman-Fristoe Test of Articulation
assesses production of consonant and consonant blend phonemes in a single word or sentence context. Spontaneous performance is elicited through picture identification or reading. Each consonant is tested in the initial, medial and final positions.

Weiss Comprehensive Articulation Test
assesses articulation of consonants, vowels and dipthongs. Spontaneous performance is elicited through picture identification or reading. The picture and sentence formats provide a numerical value for an equivalent articulation age, intelligibility score, and stimulability score. Each phoneme is assessed in the initial, medial and final positions.

Resource documents located in this section:

Consultant and AEA Supervisors, Speech-Language Services

Iowa Department of Education

Consultant, Speech-Language Services
AEA Supervisors, Speech-Language Services
1992-93

J. Joseph Freilinger, Ph.D.
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Phyllis Nesteby, Secretary

Vacant
Northern Trails AEA 2
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Kathy Crooks, Secretary

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Dawn Schmidt, Secretary

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FAX: 712/722-1643
Vicki Jonker, Secretary

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Judy Suppus, Secretary

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Cheryl Oake, Secretary

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Donna Settle, Secretary

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Tara Fichter, Secretary

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Joyce Williams, Secretary

Joy Bramschreiber
Southern Prairie AEA 15
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515/682-8591 or 800/622-0027
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Deb Berrier, Secretary

Kenneth Barker
Great River AEA 16
1200 University, PO Box 1065
Burlington, IA 52601
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FAX: 319/753-1527

Prereferral Activities and Evaluation

Prereferral Activities

Each area education agency and local education agency has in place procedures for referring students for comprehensive evaluations. Integral to these procedures are those activities that ensure that students referred for possible special education services are in need of specialized services, that their needs cannot be met in the general education setting. These are called "prereferral" activities, and include interventions in the general education classroom, suggested by the classroom teacher or by a building-level team which collaborates to devise such interventions and to decide when and if the student should be referred for comprehensive evaluation and eligibility for special education services.

Each building, district, and AEA has policies and procedures designed to meet the needs of its students using local community, school district, state, and federal resources. Most buildings have a child study team and/or a teacher assistance team that considers student needs and designs interventions, may do extended problem-solving, and determines the need for referral for special education services.

It is vital that problems in hearing be ruled out for students who are experiencing difficulties in school. The audiologist is an important contributor to the building level team, having access to the most recent hearing screening or evaluation results on individual students as well as a hearing history on most students. This includes information obtained through hearing screening and/or evaluation at school, parent interview, and reports from physicians and other agencies. For any student referred to the student assistance team for problem-solving, best practices would suggest a minimum of a review of the student's hearing history; ideally, each student referred to the team would receive a new hearing screening or evaluation. Confirmation of normal hearing, and information regarding a student's current hearing loss or his/her history of hearing loss, is information that is essential to the problem-solving approach. ***An understanding of the implications of the student's hearing loss, and its possible effect on the student, is information the team must have in order to conduct problem-solving activities for a student with hearing loss or a history of hearing loss.***

Recommendations for prereferral activities:

1. The audiologist is always assumed to be a member of the child study or teacher assistance team for any student with current hearing loss or a history of hearing loss.

2. The teacher of the hearing impaired serves as a member of the child study or teacher assistance team for students with hearing loss who may benefit from his/her expertise; the determination of which students those might be is made by the audiologist and the teacher of the hearing impaired.

3. The determination of which activities are of priority for the student must include a consideration of the effects of the student's hearing loss and whether medical or audiological management might be needed before educational interventions are begun.

4. Parent involvement and notification is routine when students with hearing loss or a history of hearing loss are exhibiting school behaviors of concern. Parents are an important source of information, including the student's recent medical history and hearing aid use.

5. Monitoring systems, as discussed below, must be in place for students with known hearing loss who are not currently receiving special education services.

   a. Hearing aid monitoring plan for students without an IEP

      Each agency must have on file a plan for monitoring the amplification of each student wearing amplification. It is strongly recommended that the agency have on file a plan that covers those students who wear amplification but do not have an IEP in place, particularly in light of student or building assistance team activities that may involve providing services to students who have hearing loss but do not have an IEP in place. The Department of Education paper on the monitoring of student hearing aids may be found at the back of the *Educational Audiology* section of this manual.

   b. Educational monitoring should be performed by the audiologist or teacher of the hearing impaired for students with known hearing loss who are not currently receiving special education services. (See the *IEP Components* section of this manual for the Department of Education position paper defining consultative and monitoring services.)

It is strongly recommended that the audiologist and the teacher of the hearing impaired be involved at the very beginning of building assistance team activity for any student with hearing loss. Hearing loss is a disability that entitles the student with special educational needs to appropriate special education services under IDEA or 99-457, accommodations under Section 504 of the Vocational Rehabilitation Act of 1973 or the Americans with Disabilities Act, or both services and accommodations. Services may include audiological or other support services as well as instructional services, both direct and consultative. Whether the individual student receives such services depends upon the student's needs. *Failure to provide access to educational information presented auditorily and to services needed by the student may put the agency in jeopardy of violating Federal law.*

When prereferral activities fail to resolve the student behaviors of concern, the building assistance team will usually make a referral for a comprehensive evaluation of the student. The comprehensive evaluation process is discussed below.

Evaluation

Comprehensive Evaluation Referral — Process

Components of a comprehensive evaluation required by Iowa and Federal rules and regulations:

- Vision
- Hearing
- Health history
- Educational history
- Academic performance

These same components must be addressed by the multidisciplinary team during the process for three-year re-evaluations. Currently, this is interpreted by the Iowa Department of Education to mean that hearing screening or

evaluation (as well as any other assessment) is performed within nine calendar months of the initial evaluation and of the three-year re-evaluation IEP review meeting.

The following additional evaluations may be deemed necessary during the initial evaluation or the three-year re-evaluation by the multidisciplinary evaluation team or the IEP team:

- Intellectual functioning
- Speech and language
- Motor functioning
- Social and emotional functioning
- Adaptive behavior
- Career-vocational

The problem-solving process currently being used in some Iowa agencies is designed to directly or indirectly address all these evaluation areas, often without the use of traditional assessment techniques.

Comprehensive evaluation or re-evaluation of students with hearing loss

Three factors important to consider in dealing with a student who is deaf or hard-of-hearing are etiology, the student's age at onset of the loss, and the degree and type of loss. Since hearing loss is often a result of illness, injury, or part of an identifiable syndrome, etiology is a critical factor in the overall evaluation of a student. Age at onset of the hearing loss is also an important consideration, since children who are born with a hearing loss or those who lose their hearing before they acquire language have different needs than youngsters who are post-lingually deafened. Degree and type of hearing loss should be considered in program planning, (re)habilitation services, and in working with the student's family.

An important factor to keep in mind when dealing with children who are deaf or hard-of-hearing is that this is an extremely heterogeneous group of youngsters. About the only thing children in this group have in common with each other is their hearing loss. However, even the type of hearing loss varies greatly from child to child. Students within this group range from intellectually gifted to profoundly developmentally delayed, may possess minimal academic to above-grade-level skills, and can experience significant mental health concerns or function well on a social-emotional level. This population also experiences all of the other handicapping conditions that are found in the hearing population.

When a student with hearing loss is evaluated as part of the special education process, the multidisciplinary and/or IEP team assigned to the student's school building usually performs evaluations in several domains. Information about the student, his/her strengths, areas of concern, and needs is gathered to help in making decisions about the student's educational program and placement. Which team member performs which evaluation depends upon a number of factors, since the areas of expertise of several team members may overlap. For example, the teacher of the hearing impaired, the audiologist, and the speech-language pathologist on the team all have extensive training in the acquisition of normal speech and language, as well as the effects of hearing loss on that process. Some language evaluations could appropriately be given by any of the three professionals. The choice of which evaluations will be given, and by which team members, will be affected by student factors, including age and degree of hearing loss, as well as by team member factors such as caseload or time available, specific areas of expertise and training, and AEA/LEA policies and procedures.

Assessments may be described as either "criterion referenced" or "norm referenced." Criterion-referenced evaluations assess whether a student has mastered certain skills, by asking the student to demonstrate those skills through the test. When a test is norm-referenced, the student's responses are compared to those of a group of students on whom the test has been standardized or "normed," and the results are stated in a way that describes how the student has performed relative to that group. For example, a student may be described as performing at the 50th %ile for his or her age or grade level on a certain test. For a student with hearing loss, information regarding how the student performed in comparison to a group of students with normal hearing may be important in making educational programming decisions regarding whether the student will be successful if mainstreamed. Evaluation results must be interpreted with caution, however, since language delay is common in students with hearing loss, and "normal" performance on many standardized evaluations requires good English

language skills. This is most obviously the case in the "verbal" portion of an intelligence test. A person with high intelligence but low verbal skills will not score high on the test; therefore the verbal portion of the test alone is not an accurate assessment of intelligence for that person.

Some of the evaluation tools available have been normed on a group of students with hearing loss. Because it is helpful to know how the student performs when compared to such a group, tests normed on students with hearing loss should be used whenever the situation permits. Again, intelligence testing is a good example. Comparing the student's responses on a primarily verbal test to a group of students with hearing loss gives a much more accurate assessment of "intelligence" than does comparing the student to a group of hearing students who will perform better on the test as a result of having a much better base of English skills rather than higher "intelligence."

Audiological Evaluation

See the *Educational Audiology* section of this manual for information on audiological assessment and services.

Speech and Language Evaluations

See the *Speech-Language Pathology* section of this manual for information on speech and language assessment and services.

Psychological Evaluation

In evaluating students who have hearing loss, the examiner must be familiar with normal speech and language development and be knowledgeable about the impact that delays in these areas have on other areas of development. The examiner should be able to communicate directly with the student, whether that be through speech, gestures, pantomime, cued speech, or sign language. If the examiner cannot sign for him- or herself to a student who relies upon sign language for communication, interpreting services will be necessary for the administration of the evaluation; however, this is not ideal as it results in adjustments being made in the standardized language of a test. If interpreter services are required, an educational interpreter should be used; if unavailable, the student's teacher may have to function as an interpreter during the evaluation. When a test is given in sign language, it is important for the examiner to be aware of the effect on the evaluation of the change in modality, and to sit down with the interpreter before the evaluation to discuss these considerations as well as expectations and language needs of the student.

While working with the student, be prepared to frequently check for understanding. Do not be deceived by a pleasant smile and a nod of the head.

To re-emphasize, the selection of standardized tests for the assessment of the student who is deaf or hard-of-hearing must be done with caution. Verbally loaded tests usually do not give an accurate indication of ability for this population. Rather, they generally reflect language delays already known to be present. Verbally loaded tests should be used with caution or as a diagnostic procedure. Tests that are performance-based are highly preferred. However, even these can rely on verbal directions, which can be problematic. ***All evaluation results must be interpreted with caution.***

Psychological assessments

The Wechsler Performance Scales (WISC-R, WAIS-R, and the WIPPSI) are the most widely used measures of mental ability. The WISC-R has norms for hearing-impaired children (Anderson & Sisco, 1977) and suggestions for modifying directions (Sattler, 1988). Other nonverbal assessments used include: Hiskey-Nebraska Test of Learning Aptitude, Raven's Progressive Matrices, Leiter International Performance Scale, and the Abstract/Visual Reasoning subtests of the Stanford-Binet: Fourth Edition.

Suggested resources include:

Anderson, R., & Sisco, F. (1977). *Standardization of the WISC-R performance scale for deaf children.* Washington, DC: Office of Demographic Studies–Gallaudet College.

Grimes, J., & Thomas, A. (1985). *Best practices in school psychology.* Kent, Ohio: The National Association of School Psychologists.

Sattler, J. (1988). *Assessment of Children.* San Diego: Jerome M. Sattler.

Ziezula, F. (1982). *Assessment of hearing-impaired people.* Washington, DC: Gallaudet College Press.

Evaluation of Educational Status

The professional most knowledgeable about the education of students with hearing loss, the teacher of the hearing impaired, is frequently the person with major or even sole responsibility for assessing the hearing-impaired student's academic achievement. This assessment is done in conjunction with, and in support of, other members of the students' multidisciplinary/IEP team. Other members of the team may also assess facets of the academic achievement of students with hearing impairment. The special education consultant, multi-categorical resource room teacher, or the educational psychologist may also perform evaluations that address the academic achievement or educational functioning of the student with hearing loss. As part of the staffing team, the teacher of the hearing impaired helps select academic assessment instruments that are appropriate for the individual student. For example, the itinerant teacher of the hearing impaired may perform the Woodcock-Johnson Test of Achievement, while the multi-categorical resource room teacher may perform the KeyMath Test.

Multidisciplinary team members other than the teacher of the hearing impaired may lack the skills necessary to effectively assess a student with hearing loss who depends primarily upon sign language for communication. Under such circumstances, the teacher of the hearing impaired will almost always be the team member responsible for assessing the academic achievement as well as any other needed testing that s/he has the training to administer. She or he may also assist other team members by interpreting for the student in test situations or consulting with team members regarding the administration, interpretation, or implications of assessments of students with hearing loss, particularly in regard to those instruments that are not designed or normed for students with hearing loss. Interpreting for the student during a test situation must be approached with particular caution. *Best practice would dictate that all persons on the student's team be trained in working with students who have hearing loss.*

Educational assessments

For students at the preschool and kindergarten age, "academic" skills are usually indistinguishable from language skills. For this reason, many language-related tests are used. Two norm-referenced tests often used at this level are the Boehm Test of Basic Concepts and the Bracken Basic Concept Scale. Criterion-referenced tests used at the preschool and kindergarten level are the Brigance Diagnostic Inventory (Preschool) and the Portage Guide to Early Education.

For older students, primary through high school grades, the Woodcock-Johnson Test of Achievement—Revised is frequently used. This norm-referenced assessment, when properly interpreted for students with hearing loss, provides useful information without committing a great amount of time to the assessment process. The Stanford Achievement Test (SAT) normed for hearing-impaired students is often used with students in elementary through high school grades. This norm-referenced test requires that the teacher and student commit several hours to the assessment process. As a result, the SAT is most often administered as a substitute for the Iowa Tests of Educational Development or the Iowa Tests of Basic Skills. The SAT is usually administered at the same time as and in place of whatever group achievement test(s) are being given the general education classmates of the student with hearing loss.

In general, norm-referenced tests are used because they provide a broad assessment of student academic achievement, which may be needed for placement evaluations and three-year re-evaluations. In addition, they may also be used to monitor students' academic progress annually. Examples of tests used are Kaufman Assessment Battery for Children—Achievement Section, Test of Written Language–II (TOWL–II), Test of Auditory Comprehension (TAC) and the Developmental Approach to Successful Listening (DASL).

Criterion-referenced tests are also occasionally used with primary through high-school-age students. Two such tests are the Martinez Test of Basic Skills and the KeyMath Test.

Results of both norm-referenced and criterion-referenced tests may suggest academic subjects, or areas within subjects, in which the student shows below-average performance; this can help to determine the direction and focus of a student's special education instruction. Criterion-referenced tests seem best for identifying specific skill deficits and strengths of students.

Functional Assessment

The use of standardized tests is essential in conducting an educational assessment of the student with hearing loss. However, it is also important for the multidisciplinary team to look at information about the student that is collected through a functional assessment approach. Such activities may include the following:

Review of interventions attempted
The audiologist or teacher of the hearing impaired serving on the child study or teacher assistance team should review the interventions and specific accommodations that were attempted through problem-solving during the prereferral activities and analyze the results of those attempts.

Teacher checklist
Teacher checklists are easy to administer and practical, give a broad evaluation in areas judged important, and address crucial academic or behavior skills upon which a referral is often based. Appropriate checklists to use with the student who has hearing loss include checklists for listening comprehension, oral expression, reading comprehension, and written expression.

Review of school records
A review of school records provides information on the student's performance on group tests, the student's grade history, comments made by past or present teachers, reports from other agencies and significant parent/home information,.

Teacher or parent interview
Input obtained through a parent or teacher interview provides important information about the student with a hearing loss, such as the student's peer and sibling relationships, participation in classroom and family activities, ability to follow directions and assume responsibilities, ability to communicate in a variety of contexts, and so on.

Student interview
A direct interview of an older student with hearing loss by a member of the educational team provides information about the student's level of communication skills; the student's understanding of hearing loss, hearing aids, sign system; the student's interests, skills, hobbies; the student's concerns about him- or herself, school, peers, family, career; and the student's level of social-emotional development.

Review of work and test samples
A review of the student portfolio containing test samples and work samples of written language and worksheets provides information for analyzing the student's areas of regularities and strengths, patterns of language breakdowns, and development of strategies.

Structured observation
Structured observations by a member of the educational team occur on site and are based on reality, permit guided evaluations of communication in context, and can focus on several aspects at once.

Structured observations of the student with a hearing loss may occur in the classroom or the home setting and provide information about the following:

- physical environment of the classroom or home setting
- language model provided by the teacher or family members
- types of materials or instructional aids used
- student's performance in structured vs. unstructured settings
- student's awareness of class, school, or home routines
- student's interaction style with peers and adults
- student's ability to follow directions in a variety of situations
- student's ability to ask for clarification or assistance
- student's general communication level

Data collection

Functional assessment also includes a variety of informal assessment strategies and data-collection procedures used to obtain information about the student with hearing loss. Such procedures include:

- *continuous recording:* a recording of each student response to each stimulus according to the teaching conditions. These data may be collected by a trained teacher or parent or by a team member in the home or classroom setting.
- *probes:* a sampling technique where a team member obtains a limited set of data records on the student on an intermittent basis. This procedure is especially effective in schools that have curriculum-based measurement norms established in academic areas (reading, spelling, math, etc.) at various grade levels.
- *sampling:* a collection and analysis of student skills in the areas of oral language, written language, speechreading, and sign language. Such procedures allow evaluation of the student's understanding and use of communication under a variety of environmental conditions.

Resource documents located in this section:

None

Instructional Programming

Planning for the instructional program for students with hearing loss must be individualized.
No two deaf and hard-of-hearing students are alike. By the nature of hearing loss, each deaf and hard-of-hearing student, regardless of severity of hearing loss, has unique communication, academic and social-emotional needs that must be addressed and met. This is accomplished through the efforts and planning of the Individualized Education Program (IEP) team, in which parents are in partnership with professionals.

Education occurs through communication. Access to all information throughout the school day, including incidental learning in academic and non-academic situations and learning through peer interactions, are critical considerations when determining and planning an appropriate educational program.

Each individual program should enhance the student's development of communication ability, knowledge, self-concept, self-realization, human relationships, and economic independence, and should instill a sense of civic and social responsibility. The educational program should be student-centered and include learning activities and experiences that appropriately and specifically meet the needs of each student. In addition, consideration must also be given to potentially harmful effects of the selected placement on the student and upon the quality of services that the student needs. The least restrictive environment (LRE) for deaf and hard-of-hearing students may be the general education class (with or without an educational interpreter), a collaborative program, the Iowa School for the Deaf, or a combination of these options. "Any setting which does not meet the communication and related needs of a child who is deaf, and therefore does not allow for the provision of FAPE (free, appropriate public education), cannot be considered the LRE for that child." (*Deaf Students Education Services: Policy Guidance,* Federal Register, Vol. 57, No. 211) A student, whether deaf or hard-of-hearing, is to be mainstreamed into the general classroom only in those areas where it is believed he or she can experience success and where the placement is appropriate for the student.
The appropriateness of the selected educational option, not the location, is of primary concern.

Factors that affect the educational performance of students who are deaf or hard-of-hearing can be assessed through the Iowa **Needs Assessment Guideline for Hearing Instruction** (1986), which evaluates criteria for placement. A copy of this document is located at the back of this section of the manual. Each area education agency has developed its own policies and procedures relative to the use of this instrument. The numbers that are obtained through its use are not strictly paired with program placement alternatives, but in most agencies are used as general guidelines as to the severity of student need and intensity of service that might be implied. Some agencies loosely pair the ratings with programs and services; others use the instrument only to gauge an individual student's progress (the student's current ratings are compared with his or her previous ratings). Contact either State Consultant, listed in the front of this resource manual, for further information.

On October 30, 1992, the Secretary of the US Department of Education issued a *Notice of Policy Guidance* in reference to students with hearing loss. The policy implements several recommendations from **Toward Equality,** the 1988 report of Commission on the Education of the Deaf. These recommendations relate to Free Appropriate Public Education (FAPE) for students with hearing loss. The policy includes factors to consider when developing an IEP, including LRE and placement decisions. A copy of *Deaf Students*

Education Services: Policy Guidance, from the Federal Register, Volume 57, number 211, is located at the back of this section of the manual. The Policy Guidance states that

> *in developing an IEP for a child who is deaf, take into consideration such factors as:*
>
> 1. *communication needs and the child's and family's preferred mode of communication;*
> 2. *linguistic needs;*
> 3. *severity of hearing loss and potential for using residual hearing;*
> 4. *academic level; and*
> 5. *social, emotional, and cultural needs, including opportunities for peer interactions and communication.*
>
> *In addition, the particular needs of an individual child may require the consideration of additional factors.*

Such additional factors may include:

- age at onset of hearing loss
- degree of hearing loss
- etiology
- presence of additional handicapping conditions
- presence of a consistent communication system
- fluency of communicators
- language acquisition
- ability to use an educational interpreter
- individual student motivation/work habits
- family support

Equally critical factors that must be addressed when determining an educational program for an individual student include whether:

- there exists a critical mass of age- and linguistic-appropriate peers
- certified and trained teachers, support staff and substitute teachers are available
- comprehensive support services are available
- the student has the potential to and is capable of fully participating and interacting in all educational and social programs
- school personnel understand the social and emotional ramifications of hearing loss

Social opportunities and peer interactions in educational programs are critical for the development of interpersonal, citizenship, and leadership skills of deaf and hard-of-hearing students. Special effort must be exhibited to ensure that the educational environment encourages and provides opportunities for students to develop these areas. All students must have full communication access to all classroom discussions and activities. Interactions with peers and school personnel must reflect mutual respect and an acceptance of individual differences. Students must experience personal achievement to enhance their self-esteem. Extra-curricular activities must be available and should be encouraged for deaf and hard-of-hearing students. It may be necessary to provide an educational interpreter in order for some students to participate fully and equally with their hearing peers.

Curriculum Enrichment: Deaf and Hard-of-Hearing Students

Deaf and hard-of-hearing students are entitled to a curriculum equal to that offered their hearing peers. Since deaf and hard-of-hearing students do not have the opportunity to incidentally learn through the auditory channel, some skills need to be specifically introduced and taught. There are also specialized content areas (such as teaching about Deaf culture, history, and literature, and ASL) and instructional strategies that may need to be implemented in the educational program. Examples include:

- use of visuals: concrete items for younger students
- manipulative experiences in the classroom
- use of examples—use more varied examples as well as non-examples
- preteaching of information prior to the student's participation in general education classes
- language development
- development of literacy skills

- social skill development
- pre-vocational, vocational, and career awareness
- independent living skills
- Deaf and hard-of-hearing resources and organizations
- technology, including how to: use TDDs, use and access relay services, and monitor amplification
- skill in using an Educational Interpreter

Communication Systems

Communication involves conveying an idea or message from one person to another. This can be accomplished verbally (oral language, changes in the tone of voice) or non-verbally (by gesture, facial expression, body movements or by written form). Language is a system for communicating and each language is governed by its own unique rules. Communicating with deaf and hard-of-hearing individuals can take many forms, and most often occurs in one of two languages—English or American Sign Language (ASL).

*The philosophy of **Total Communication** states:*

> *...the right of a deaf child to use all forms of communication available to develop language competencies at the earliest possible age. This introduction to a reliable receptive-expressive symbol system in the preschool years between the ages of one and five. Total Communication includes the full spectrum of language modes: child devised gestures, formal sign language, speech, speechreading, fingerspelling, reading and writing. Every deaf child must have the opportunity for the enhancement of speech and speechreading skills through the use of individual and/or high fidelity group amplification system.*

Denton, 1972

Some communication systems used are discussed below.

Manual Communication (Sign Language)

Sign language, in the generic sense, is a visual/manual form of communication. Sign language often includes the use of fingerspelling, in which each letter in the spelling of a word is represented by a handshape. Some types of manual communication systems are described below.

American Sign Language, also referred to as **ASL** or **AMESLAN**, is a naturally occurring visual/manual language, with its own morphology, semantics, and syntax. ASL is not English, nor is it based upon English. It is the fourth most widely used language in the United States today.

Manually Coded English (MCE) is a generic term for English represented by visual/manual signs. It is not a separate language, but a visual/manual coding of the English language. It is often described as signing in English word order. Prefixes, suffixes, and verb tenses are often reflected in the manual coding, and English syntax is emphasized. MCE can be used with or without voice; when used with voice, it is sometimes referred to as Sim-Com (simultaneous communication). Characteristics of ASL may also be incorporated into MCE without losing the representation of English that MCE provides. Commonly used formats of MCE are listed below.

Seeing Essential English (SEE 1) (Anthony) has modified the signs of ASL to resemble English, and created new signs. SEE 1 signs represent word parts, such as roots, prefixes, and suffixes, and are used in combinations to form words. Verb tense is clearly indicated and irregular verb forms have signed representation.

Signed English (Bornstein & Saulnier) has taken most of its signs from ASL, and added 12 "sign markers," representing some prefixes, suffixes, and verb tense.

Signing Exact English (SEE 2) (Gustason, Pfetzing, & Zawolkow) has utilized ASL signs plus some created signs, and added over 50 sign markers, including contractions, prefixes and suffixes.

Natural Sign English, also called **Pidgin Sign Language (Pidgin), Pidgin Sign English (PSE),** or **Conceptually Accurate Sign English (CASE),** is a manual communication which shows characteristics of ASL and English, and is a combination of the two languages. This is considered by many to be a naturally occurring sign language.

Oral Communication:
This method relies on speech and speechreading skills for communication. Sign language is not incorporated.

***Oral/Aural Method*:**
Several components are stressed in this method of communication: the deaf and hard-of-hearing person's speech skills and speechreading ability, plus the intensive use of residual hearing through powerful amplification and auditory training. This method of communication does not incorporate sign language. Students who show strong speech abilities and good use of their residual hearing are usually considered to be the best candidates for success with this method.

Cued Speech (Cornett)
Cued Speech is a method which combines oral speech and speechreading with a system of eight hand shapes and four positions around the mouth and neck area. The listener attends to the cued handshape and position to identify the phonemes being produced.

Regardless of communication mode, consistency in using a communication system is vital to language acquisition for all deaf and hard-of-hearing students.

Some experts theorize that, in general, deaf and hard-of-hearing individuals develop English, but at a slower rate than hearing people. Other scholars have found that deaf and severely hard-of-hearing children exposed to a signed language at an early age reach developmental milestones for language in the same sequence and at the same rate that hearing children acquire a spoken language. With deaf and hard-of-hearing students who are acquiring a signed language, some educators have elected to approach the teaching of English through second language instruction techniques (e.g., English as a Second Language, ESL). In fact, given the reduced access to English that is common across the population, materials designed for ESL purposes may be useful in any program for deaf or hard-of-hearing students. For example, utilizing ESL techniques, the teaching of reading would draw on the student's primary language or communication style.* (Guidelines for Deaf and Hard of Hearing Students, Massachusetts Department of Education, pp. 21-22)

Inservice to General Education, Special Education, and Support Staff

The *Iowa Rules of Special Education* (1990), Chapter 41.5 (281)(282) Special Education Programs, specify:

41.5(7) Supplemental services. Services provided by special education personnel for pupils requiring special education include:

a. Provision of information, consultation and support to classroom teachers, curriculum specialists, special education personnel and administrators.

c. Inservice training of personnel providing or being prepared to provide special education.

Local school personnel and appropriate AEA personnel should receive a minimum of an introductory level inservice, provided by an audiologist if dealing primarily with audiological evaluation, hearing loss, and amplification systems, or by a teacher of the hearing impaired if dealing primarily with educational/instructional information and language development. Peers of the student with hearing loss may also receive inservice. Some topics are listed below; not all would necessarily be appropriate for any given audience.

- degree, type and etiology of hearing loss
- effects of hearing loss on language acquisition
- effects of hearing loss on academic/reading achievement
- effects of hearing loss on receptive and expressive communication
- effects of hearing loss on social interaction
- effects of hearing loss on visual/auditory attention

- role and function of the educational audiologist
- role and function of an educational interpreter
- role and function of the itinerant, resource, classroom, or consultative services of the teacher of the hearing impaired
- function, use and demonstration of an auditory training system
- information about the student's personal amplification system
- appropriate intervention strategies
- appropriate teaching techniques

Best practice for inservice regarding a student with hearing loss would include all of the appropriate topics above presented at the beginning of each school year to all LEA and AEA staff in contact with the student. Frequent contacts and follow-up with LEA and AEA personnel would be another necessary component.

Individual Education Program (IEP) Team Decision-Making

The Individualized Education Program (IEP) describes the educational program, including placement, appropriate for each student with hearing loss, and ensures that the student has the support necessary to provide maximum opportunities for learning. The parents and professionals who are members of the Individualized Education Program (IEP) staffing team must continually monitor the student's educational program so that changes (including proposed changes in placement) can be made as necessary to ensure the best plan for each student's growth and development at any point in time.

Every student with hearing loss has the right to:

- be educated with non-handicapped children to the maximum extent appropriate;
- have his/her programming reviewed if supplementary aids and services have been determined to be unsatisfactory;
- have available a continuum of alternative placements, so that removal from the general education environment can be a viable option;
- have placement in the school s/he would attend if non-handicapped unless the individual education program requires some other arrangement;
- participate with non-disabled children to the maximum extent appropriate.

It is important that all team members (parents, teachers, and support personnel) are involved in the decision regarding appropriate placement for each student with hearing loss. It is also important to recognize that as a child grows and develops, his/her needs change. As a result, placement decisions may also need to change.

Mainstream Placement

In addition to formal test results, factors to be given prime consideration for placing a student with hearing loss in a general education classroom are as follows:

1. Availability of a qualified, skilled educational interpreter (if needed) who can communicate effectively in the student's primary mode of communication.

2. For the general education classes being considered for the student's mainstreaming, whether the student is able to function at or near grade level in academic achievement, communication skills (receptive and expressive, spoken/signed, and written), and social maturity. Unlike students with other disabilities, "full inclusion" in a general education class is usually not appropriate for a student with hearing loss unless she or he can function at or near the other students' academic level, with accommodations and modifications as needed.

3. The student's chronological age should be within two years of the average age of the students with whom s/he will be receiving services in the general education class.

4. The teacher has received sufficient professional inservice training in educating the student with hearing loss, and the students in the general education class have received appropriate inservice to understand the needs of the student with hearing loss.

5. The enrollment in the general education class is appropriate to permit the teacher to provide individual attention to the student with hearing loss as needed.

6. Appropriate educational aids and services are available to assist the student with hearing loss in maximizing the benefits of the general education placement. The following services are included: psychology, audiology, language skill development programming, parent education and support groups, and speech-language pathology, counseling, occupational therapy, and physical therapy as needed.

7. The student with hearing loss and his/her family are willing and interested in the placement. The family is well informed of the benefits and limitations of all placement options.

8. If the student is to be integrated with other students of average intelligence, the ability of the student with hearing loss to learn, as demonstrated by the results of a test standardized for students with hearing loss, is average or above average.

9. The general education placement must offer the student with hearing loss all of the extracurricular activities and services it offers the students without disabilities.

Recommendations

1. The student should be integrated into the general education classroom in subjects where s/he is capable of competing with hearing peers and achieving reasonable success.

2. The student should be exposed to essential vocabulary and concepts for approximately three to five days before encountering them in an integrated situation.

3. The student should receive support work as needed from a teacher of the hearing impaired or other appropriately trained educator in subject matter taught in the general education classroom.

4. Lists of vocabulary for which the student is responsible should be sent home, along with signs, so parents are able to help reinforce the material. The signing skills of the parents can therefore increase along with their child's skills.

5. Frequent meetings should be held between the teacher of the hearing impaired, general education teacher, and educational interpreter to discuss the student's progress, upcoming units, problems, and so on.

6. Recommendations for mainstreaming into the general education classroom will be made by the student's IEP team. Ongoing consultation with the student's parents and teachers should occur to ascertain placement appropriateness in any mainstreamed classes.

Conclusions

Placing emphasis on the provision of appropriate educational programs in a variety of settings is the key to meeting the needs of students with hearing loss. It is critically important that the educational, social-emotional, and communication modality needs of the student dictate placement. No single philosophy should dictate student placement. The appropriateness of the selected educational option is of primary concern, not the location.

Everyone with an interest in and a commitment to the welfare and education of students with hearing loss should work together to ensure that the service delivery systems remain flexible and open to change, so that as the student's needs change, the options will exist to accommodate those changes. Schools need to continue to make available, to parents as well as to students, specialized services in professional centers that provide meaningful access to learning.

For information regarding how specific program components might be described on an Iowa IEP form, and for sample IEPs, refer to the *Components of the IEP* section of this document.

Resource documents located in this section:

Iowa's Needs Assessment Guideline for Hearing Instruction (1986)

Deaf Students Education Services; Policy Guidance; Notices— Federal Register, October 30, 1992

Educational Rights for Children who are Deaf or Hard of Hearing: Council of Organizational Representatives

Iowa's Needs Assessment Guideline for Hearing Instruction

Iowa Department of Education
August 1986

3361-F24069-9/86

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Task Committee Members

The Bureau of special Education, Iowa Department of Education, wishes to acknowledge the expertise of the task committee members and the contributions of many professionals who have assisted in the development and review of this publication. It is our belief that these guidelines will assist in appropriately serving hearing impaired students in Iowa.

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Foreword

The task committee, brought together under the auspices of the Iowa Department of Education, has completed the pilot study phase of the original Needs Assessment Guide for Itinerant Hearing Instruction. Input from potential users of the guide has led to clarifications, modifications, and adaptations.

The use of the guide has become more broadly based than anticipated. Feedback from potential users makes it clear that the guide must be used objectively, without regard to current placement and that the full continuum of services must be considered for each child. The professionals judgment of teachers and other team members is vital to the successful application of the guide. This subjective aspect of decision-making is best applied after the information is viewed in a systematic and orderly fashion. The purpose of the guide is to assist in organizing the relevant information about a student. In many cases, use of the guide will confirm and fine-tune current status; in others, results may suggest need for increasing or decreasing the level of service provided.

It was found that one of the most effective and powerful aspects of the guide is the way it draws information from a variety of sources. Input is obtained from record review, interview, and diagnostic testing. Parents, teachers, the speech clinician, the school audiologist, and other professionals act as a team to study the whole child and the entirety of the child's environment.

Finally, the built in flexibility in the guide allows each agency to determine the actual parameters and criteria for service as appropriate to its delivery system.

The following chart compares the anticipated overall rating which a student might obtain using this guide and the audiological categorization currently used in the annual Iowa state reporting process. Differentiation between potentially educationally significant and educationally significant hearing losses, as classified by the school audiologist, can be determined by application of the Needs Assessment Guide.

Rating		State Reporting Category
0	NES	Not Educationally Significant
1	PES	Potentially Educationally Significant
2	PES or ES	Potentially Educationally Significant or Educationally Significant
3	ES	Educationally Significant
4	ES	Educationally Significant

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Iowa's
Needs Assessment Guideline
for Hearing Instruction

I. Hearing Functioning

Although this is the first section of the guide, the Hearing Functioning items are not meant to define levels of need independent of the other parts of the guide. The characteristics presented are meant to reflect clinical diagnostic testing conducted by the school audiologist. It is recognized that hearing functioning is on a continuum and that individual students may not "fit" perfectly into a single rating category; clinical judgment should be used to determine the appropriate rating.

The classifications of hearing level used below (slight, mild, moderate, severe and profound) were selected for use as they are widely used in the medical and legal communities in the United States. Decibel level determinations within the various classification systems vary greatly in the literature and therefore are not specified in this guide.

Rating	Characteristics
0	Hearing Level: • Normal hearing • slight sensorineural • Resolved conductive • High frequency beginning at 4KHz or above • Unilateral sensorineural Speech Reception Threshold • Commensurate to pure-tone average • Slightly better than pure-tone average Discrimination:" • Excellent discrimination in quiet and/or noise
1	Hearing Level: • Slight to mild bilateral sensorineural • Slight to mild fluctuating conductive • Bilateral high frequency beginning at 2KHz • Unilateral sensorineural Speech Reception Threshold: • Commensurate to pure-tone average • Slightly worse than pure-tone average Discrimination: • Excellent in noise and quiet • Excellent in quiet, good in noise • Discrimination in noise improved with speechreading

Rating	Characteristics
2	Hearing Level: • Mild to moderate bilateral sensorineural • Mild to moderate conductive • Slight to mild sensorineural with fluctuating conductive component • Unilateral profound loss with slight to mild sensorineural in the better ear. Speech Reception Threshold: • Commensurate to pure-tone average • Poorer than expected Discrimination: • Excellent to good in quiet • Good to fair in noise • Excellent to good in noise with speechreading Aided Functioning: • Speech Reception Threshold within range of normal • Discrimination excellent in quiet • Discrimination good to fair in noise • Excellent discrimination in noise with speechreading
3	Hearing Level: • Moderate to severe bilateral sensorineural • Maximum conductive loss • Mild to moderate sensorineural with conductive overlay • Unilateral profound loss with mild to moderate sensorineural in the better ear Speech Reception Threshold: • Within normal limits or significantly better than expected • Commensurate with pure-tone average • Slightly better than expected Discrimination" • Excellent to poor in quiet • Fair to poor in noise • Excellent to poor in noise with speechreading Aided Functioning: • Speech Reception Threshold normal to slight loss range • Discrimination in quiet excellent to fair • Discrimination in noise poor to fair • Discrimination in noise excellent to fair with speechreading
4	Hearing Level: • Severe to profound bilateral sensorineural loss Speech Awareness Threshold: • Commensurate with pure-tone averages Speech Reception Threshold: • Commensurate to pure-tone averages • Better than pure-tone averages • Not testable Discrimination: • Excellent to poor in quiet • Fair to poor in noise • Excellent to poor in noise with visual cueing Aided Functioning: • Speech Reception Threshold within normal to moderate loss range • Speech Awareness Threshold commensurate to pure-tone averages • Discrimination in quiet fair to poor • Discrimination in noise poor with speechreading • Discrimination not testable • Discrimination improves to excellent with speechreading; poor without

II. Communication Skills

The communication skills section of this guide is intended to assist in determining the communication skills of hearing impaired students As a guide it is limited in the scope and number of characteristics surveyed. Values resulting from use of this guide should be interpreted carefully. Professional judgment and special circumstances must be considered along with the information provided by this section.

The ratings are intended to be derived from information gathered from conventional sources including interviews, language samples, assessment instruments, structured and unstructured observations.

A. Communication Mode

Auditory Skills and Speechreading

Rating:		
	0	• No specific concerns in this area
	1	• Relies primarily on auditory for receptive information (i.e., converses without visual contact)
	2	• Relies on a combination of auditory and speechreading (comprehension or speechreading scores are significantly higher when visual input accompanies auditory input)
	3	• Relies primarily on speechreading for receptive information (little significant difference between aided and unaided speechreading scores)
	4	• Relies exclusively on speechreading for receptive information (no significant difference between aided and unaided comprehension, including speechreading scores)

Receptive Signing Skills

Rating:		
	0	• Does not need/does not know sign language
	1	• Functions primarily independent of signed input (if interpreter present, student only occasionally uses the input)
	2	• Relies on a combination of signed input and oral communication (perhaps successful in small groups or one-to-one, but uses signed augmentation in classroom situation)
	3	• Relies predominantly on signed input
	4	• Cannot function adequately without signed input

B. Comprehension (Spoken or Signed)

Response to questions or statements

Rating:		
	0	• No specific concerns in this area
	1	• Often responds appropriately in both academic and social situations
	2	• Sometimes responds appropriately in both academic situations but frequently responds inappropriately in social situations
	3	• Sometimes responds appropriately in either academic or social situations
	4	• Rarely responds appropriately in academic situations; rarely to sometimes in social situations

Response to extended discourse

Rating:
0 • No specific concerns in this area
1 • Often demonstrates comprehension by talk-oriented actions, appropriate verbal response, or summarization
2 • Sometimes demonstrates comprehension by talk-oriented actions, appropriate verbal response, or summarization
3 • Occasionally demonstrates comprehension by talk-oriented actions, appropriate verbal response, or summarization
4 • Rarely demonstrates comprehension by talk-oriented actions, appropriate verbal response, or summarization

Response to age-appropriate directions (spoken or signed)

Rating:
0 • No specific concerns in this area
1 • Often follows multiple directions
2 • Sometimes follows multiple directions
3 • Rarely follows multiple directions, but follows single-step directions
4 • Rarely follows even one-step directions

Semantics

Rating:
0 • Performs within 6 months of age and/or ability levels
1 • Performs 6-12 months below age and/or ability levels on any one of the following: vocabulary, categorization skills, concepts, etc.
2 • Performs 12-18 months below age and/or ability levels on any one of the following: vocabulary, categorization skills, concepts, etc.
3 • Performs 18-24 months below age and/or ability levels on any one of the following: vocabulary, categorization skills, concepts, etc.
4 • Performs more than 24 months below age and/or ability levels on any one of the following: vocabulary, categorization skills, concepts, etc.

C. Functional Communication, Pragmatics (Spoken or Signed)

Social Language Skills (see below*)

Rating:
0 • No specific concerns in this area
1 • Demonstrates proficiency with most conversational skills
2 • Demonstrates proficiency in some areas but has difficulty with some conversational skills
3 • Demonstrates a lack of proficiency with several conversational skills
4 • Demonstrates a lack of proficiency with most conversational skills

*(*i.e., ability to: give appropriate greetings, make appropriate comments, stay on topic, shift or change topics, start and end conversations, take turns, include referent when using pronouns, etc.)*

Figurative language/multiple meanings

Rating:
0 • No specific concerns in this area
1 • Often understands idioms, jokes, clichés, and innuendo
2 • Sometimes understands idioms, jokes, clichés, and innuendo
3 • Can understand idioms, jokes, clichés, and innuendo if explanation is provided
4 • Rarely understands idioms, jokes, clichés, and innuendo even after explanation is provided

D. Usage, Spoken and Written

Morphology

Rating:		
	0	• No specific concerns in this area
	1	• Frequently uses morphology appropriate to age and/or ability levels, but may sometimes have difficulty in generalizing textbook morphological principles
	2	• Has some difficulty with spoken or written morphology and/or may have difficulty in studying morphological principles
	3	• Evidences many morphological errors in speaking or writing and/or may have difficulty in studying morphological principles
	4	• Evidences many morphological errors in speaking or writing and/or has definite difficulty in studying morphological principles

Syntax, or sentence structure

Rating:		
	0	• No specific concerns in this area
	1	• Frequently uses structures appropriate to age and/or ability levels, but may sometimes have difficulty with metalinguistic tasks (i.e., parts of speech, sentence diagramming, etc.)
	2	• Has some difficulty with language structures and may have difficulty with metalinguistic tasks
	3	• Evidences many structural errors in conversation, and may have difficulty with metalinguistic tasks
	4	• Evidences many structural errors in conversation, and has definite difficulty with metalinguistic tasks

E. Speech Production and Sign Production

Intelligibility with an untrained listener

Rating:		
	0	• No specific concerns in this area
	1	• Very frequently understood by untrained listener who is unfamiliar with the student
	2	• Frequently understood by untrained, familiar listener
	3	• Sometimes understood by untrained, familiar listener
	4	• Rarely understood by untrained, familiar listener

Intelligibility with a trained listener

Rating:		
	0	• No specific concerns in this area
	1	• Very frequently understood by trained listener who is unfamiliar with the student
	2	• Frequently understood by trained, familiar listener
	3	• Sometimes understood by trained, familiar listener
	4	• Rarely understood by trained, familiar listener

Suprasegmental aspects of speech

Rating:		
	0	• No specific concerns in this area
	1	• Inconsistent or slight distortion of pitch, loudness, rate, duration, rhythm, or voice quality is perceived by the trained listener
	2	• Mild distortion of pitch, loudness, rate, duration, rhythm, or voice quality is perceived by the trained listener
	3	• Either mild distortion is perceived in several of the following: pitch, loudness, rate, duration, rhythm, or voice quality; or distortion in even one area is significant enough to reduce intelligibility to the untrained listener
	4	• Distortion of pitch, loudness, rate, duration, rhythm, or voice quality is perceived to a degree reducing intelligibility to the trained listener

Signing production

Rating:

0 • No specific concerns in this area

1 • Very frequently understood by trained signer who is unfamiliar with the student

2 • Frequently understood by trained, familiar signer

3 • Sometimes understood by trained, familiar signer

4 • Rarely understood by trained, familiar signer

III Academics

Standardized Score vs. Grade Placement Rating

Standardized testing assessment instruments which have been determined by the agency to be appropriate for the individual student should be used. It is suggested that Iowa norms be used, if available, when comparing Iowa Tests of Basic Skills (ITBS) scores to grade placement.

The rating given at each grade level grouping reflects the concept that small delays in academic achievement at an early age are more detrimental than the expected larger delays at higher grade levels.

To obtain a severity rating in each of the academic areas, refer to the appropriate grade level groupings and enter the rating below.

Grades K - 2.9

Rating:	
0	On grade level
1	***Because of the critical learning period, any delay at these grade levels is significant.; therefore a rating of "1" is not appropriate.*
2	.1 to .5 years below grade placement
3	.6 to 1.0 years below grade placement
4	1.1 or more years below grade placement

Grades 3 - 6.9

Rating:	
0	On grade level
1	.1 to .5 years below grade placement
2	.6 to 1.0 years below grade placement
4	1.1 to 2.0 years below grade placement
4	2 or more years below grade placement

Grades 7 - 10.9

Rating:	
0	On grade level
1	.6 to 1.0 years below grade placement
2	1.1 to 2.0 years below grade placement
3	2.1 to 2.9 years below grade placement
4	3 or more years below grade placement

Grades 11 - 12.9

Rating:	
0	On grade level
1	.1 to 2.0 years below grade placement
2	2.1 to 2.9 years below grade placement
3	3.0 to 3.9 years below grade placement
4	4 or more years below grade placement

Rating		Rating		Rating	
	Reading		Vocabulary		Spelling
	Mathematics		Social Studies		Science
	Other:		Other:		Other:

IV. Classroom Functioning Rating

The purpose of the Classroom Functioning section is to determine the student's functioning within the regular classroom setting, and not in the itinerant teaching model. The information is most appropriately supplied by the classroom teacher or the itinerant teacher and the classroom teacher as a team. In using the instrument, the teacher should use clinical judgment in defining the descriptors: almost always, usually, frequently, occasionally and rarely.

A. Attending to task

Rating:		
	0	• Almost always attends to specific task
	1	• Usually attends to specific task
	2	• Frequently attends to specific task
	3	• Occasionally attends to specific task
	4	• Rarely attends to specific task; is easily distracted; appears to daydream and/or wander

B. Independent work ability

Rating:		
	0	• No concern about independent work ability
	1	• Will often work alone and constructively
	2	• Will sometimes work alone; needs some prompting
	3	Will rarely work alone; needs a lot of prompting
	4	• Will work only when prompted

C. Completion of work

Rating:		
	0	• Almost always completes work on time
	1	• Often done by set time
	2	• Sometimes done by set time
	3	• Rarely done by set time; but eventually finishes
	4	• Almost never completes work

D. Requests help when needed

Rating:		
	0	• Appropriately requests help
	1	• Often requests help from teacher
	2	• Sometimes requests help from teacher
	3	• Rarely requests help from teacher
	4	• Almost never requests help from teacher

E. Use of reference materials

Rating:		
	0	• Selects and uses appropriate reference materials independently
	1	• Selects and uses reference materials with minimal help
	2	• Uses reference materials, but teacher must select them and provide some help
	3	• Uses reference materials, but teacher must select them and provide considerable help
	4	• Unable to use reference materials satisfactorily, even with help

F. Following written directions

Rating:
- 0 • No concerns regarding the following of written directions
- 1 • Usually demonstrates understanding of assignments when given written directions
- 2 • Frequently demonstrates understanding of assignments when given written directions
- 3 • Occasionally demonstrates understanding of assignments when given written directions
- 4 • Rarely follows written directions without teacher help

G. Attentive while teacher is talking

Rating:
- 0 • Consistently attends while teacher is talking
- 1 • Usually attends and watches as the teacher is talking
- 2 • Frequently attends and watches but appears to lose interest and drift off
- 3 • Occasionally attends and watches but appears to have strong tendency to lose interest and drift off
- 4 • Rarely attends and watches the teacher; a majority of the time appears to be in a world of his/her own

H. Following oral directions

Rating:
- 0 • No concerns regarding the following of oral directions
- 1 • Usually demonstrates understanding of task after being given oral directions
- 2 • Frequently demonstrates understanding of task after being given oral directions
- 3 • Occasionally demonstrates understanding of task after being given oral directions, or repeated oral directions
- 4 • Demonstrates a complete lack of understanding of task when given oral directions

I. Attentive while other students are talking

Rating:
- 0 • No problems attending to other student speakers
- 1 • Usually attends and watches as students are speaking
- 2 • Frequently attends and watches but appears to lose interest
- 3 • Occasionally attends and watches, but appears to have strong tendency to lose interest and drift off
- 4 • Rarely attends and watches other students a majority of the time and appears to be in a world of his/her own

J. Asks questions spontaneously

Rating:
- 0 • No concern that student is not asking questions as appropriate
- 1 • Usually asks questions
- 2 • Frequently asks questions
- 3 • Occasionally asks questions
- 4 • Rarely asks questions, even after class privately

K. Answers questions spontaneously

Rating:
- 0 • Usually answers a large variety of questions
- 1 • Frequently answers questions
- 2 • Occasionally answers questions
- 3 • Rarely answers questions
- 4 • Remains silent during discussions and question/answer sessions

L. Looks around to classmates for clues

Rating:

0 • Consistently uses classroom clues positively
1 • Usually uses classroom clues positively
2 • Frequently picks up classroom clues, but misses a few
3 • Occasionally picks up classroom clues, but a lot slides by
4 • Rarely benefits from classroom clues

M. Student's need for one-to-one instruction

Rating:

0 • Requires no more one-to-one instruction than normal-hearing peers
1 • Requires minimal one-to-one instruction; reveals knowledge and how-to with just a little one-to-one encouragement
2 • Requires occasional one-to-one help to follow directions and complete assignments
3 • Requires considerable one-to-one help to follow directions and complete assignments
4 • Must have constant one-to-one instruction to succeed in the classroom

N. Student's response to small groups

Rating:

0 • Small group activities present no problem
1 • Usually responds positively to small group activities; appears to be comfortable and seems to participate well in the group
2 • Attends in small groups; but interacts minimally or inappropriately
3 • Appears uncomfortable and uncertain in small groups, needs coaxing from others
4 • Responds negatively to small group activities; does not participate or interacts inappropriately by disrupting

O. Student's response to whole class

Rating:

0 • Responds well to whole class activities; you would hardly know this pupil is hearing impaired
1 • Usually responds positively to whole class activities; displays a high comfort level
2 Frequently responds to whole class activities; appears to be attentive; may need a little coaxing from time to time
3 • Responds to whole class activities; but appears very uncomfortable and uncertain; needs to be drawn into activities
4 • Rarely responds positively to whole class activities; demonstrates extreme lack of participation

V. Contributing Factors

Included below is a partial list of factors which should be considered in deciding on the type of services and/or degree of involvement required with each child. *Check those items which reflect concerns for this child.* The team should determine the degree of impact of these factors and adjust the Overall Clinical Rating by +1, -1, or 0.

Factors surrounding the child

_____ Does the child interact appropriately with peers, adults and in groups?
_____ Is the child's self-concept of concern?
_____ Are medical problems affecting performance?
_____ Were there delays identifying this child's hearing impairment?
_____ Are there issues or concerns related to the age of onset of the hearing impairment?
_____ Are there issues or concerns related to this child's amplification history?
_____ Does the child currently wear amplification consistently and appropriately?
_____ Is current amplification appropriate and functioning properly?
_____ Does this child use the telephone with ease?
_____ Are there issues or concerns regarding past programming for this child?
_____ Does this child have other disabilities?
_____ Other concerns:

Factors surrounding the child at home

_____ Are there issues or concerns on the part of the family (parents, siblings or others residing in the home) regarding this child's hearing impairment?
_____ Are there issues or concerns on the part of the family regarding this child's educational plan/programming?
_____ Are there issues or concerns regarding appropriate stimulation and support of school-related activities at home?
_____ Are there concerns about the primary language used in the home?
_____ Are there serious medical problems among other family members?
_____ Are there financial constraints which affect this child?
_____ Are there issues/concerns regarding the management of this child's behavior in the home?
_____ Other concerns:

Factors surrounding the child at school

_____ Are there concerns or issues on the part of the teacher in regard to working with this child?
_____ Is the school physical environment appropriate?
_____ Are there concerns or issues on the part of the school in regard to serving the hearing-impaired child?
_____ Are there concerns or issues regarding the hearing-impaired child's interactions with peers?
_____ Are experience-based activities included in the instructional model?
_____ Are there concerns or issues regarding the school's behavior management program?
_____ Is the child excluded from specific coursework or extra-curricular activities?
_____ Is recommended amplification equipment available?
_____ Are recommended assistive devices available?
_____ Are recommended adaptive materials available for instruction?
_____ Is the child's school attendance a concern?
_____ Are there concerns relating to subject matter grades?
_____ Are career exploration opportunities available?
_____ Are recommended support services and supplementary instructional services available (interpreter, notetaker, etc.)?
_____ Other concerns:

Adjustment Factor: _____
(+1, -1, or 0)

Iowa Needs Assessment Guide for Hearing Instruction

SUMMARY

Student Name: _____ Parent Name: _____

THI Name: _____ Classroom Teacher Name: _____

Date of Evaluation: _____ Student Age: _____ Student Grade: _____

Please enter subscore and Clinical Rating obtained for each item. Space is provided for comments regarding this student and the Overall Clinical Rating assigned.

Preponderance Rating (Mode)		Average Rating (Mean)
_____	I. Hearing Functioning	_____
_____	II. Communication Skills	_____

A. Communication Mode
- _____ Speechreading and auditory skills
- _____ Receptive Signing Skills

B. Comprehension
- _____ Response to questions/statements
- _____ Response to extended discourse
- _____ Response to age-appropriate directions
- _____ Semantics

C. Functional Communications, Pragmatics
- _____ Social language skills
- _____ Figurative language/multiple meanings

D. Usage
- _____ Morphology
- _____ Syntax

E. Speech/Sign Production
- _____ Intelligibility (untrained listener)
- _____ Intelligibility (trained listener)
- _____ Suprasegmental aspects of speech
- _____ Signing production

_____ III. Academics _____

Standardized score vs. Grade placement

_____ Reading	_____ Science
_____ Vocabulary	_____ Other
_____ Spelling	_____ Other
_____ Mathematics	_____ Other
_____ Social Studies	

_____ IV. Classroom Functioning _____

_____ Attending to task
_____ Independent work ability
_____ Completion of Work
_____ Requests help when needed
_____ Use of reference materials
_____ Following written directions
_____ Attentive while teacher is talking
_____ Following oral directions
_____ Attentive while students are talking
_____ Asks questions spontaneously
_____ Answers questions spontaneously
_____ Looks around to classmates for clues
_____ Student's need for one-to-one instruction
_____ Student's response to small groups
_____ Student's response to whole class

_____ **Clinical Rating** _____

_____ V. Contributing factors (+1, -1, or 0) _____

Adjusted Overall Clinical Rating (1-4): _____

Using either the preponderance method or the averaging method, a student may obtain a clinical rating of 4. If contributing factors warrant a +1 adjustment, the adjusted overall clinical rating should be recorded as 4+.

CLASSROOM FUNCTIONING

Multiple Teacher Rating

	Teacher 1	Teacher 2	Teacher 3	Teacher 4
Attending to task				
Independent work ability				
Completion of work				
Requests help when needed				
Use of reference materials				
Following written directions				
Attentive while teacher is talking				
Following oral directions				
Attentive while students are talking				
Asks questions spontaneously				
Answers questions spontaneously				
Looks around to classmates for clues				
Student's need for one-to-one instruction				
Student's response to small groups				
Student's response to whole class				
	Mode:	Mode:	Mode:	Mode:
	Mean:	Mean:	Mean:	Mean:

federal register

Friday
October 30, 1992

Part VI

Department of Education

Deaf Students Education Services; Policy Guidance; Notices

DEPARTMENT OF EDUCATION

Deaf Students Education Services; Policy Guidance

AGENCY: Department of Education.

ACTION: Notice of Policy Guidance.

SUMMARY: The Department provides additional guidance about part B of the Individuals with Disabilities Education Act (IDEA) and section 504 of the Rehabilitation Act of 1973 (section 504) as they relate to the provision of appropriate education services to students who are deaf. This guidance is issued in response to concerns regarding Departmental policy on the provision of a free appropriate public education (FAPE) to students who are deaf. Many of these concerns were expressed in the report of the Commission on Education of the Deaf. This guidance is intended to furnish State and local education agency personnel with background information and specific steps that will help to ensure that children and youth who are deaf are provided with a free appropriate public education. It also describes procedural safeguards that ensure parents are knowledgeable about their rights and about placement decisions made by public agencies.

FOR FURTHER INFORMATION CONTACT: Jean Peelen or Parma Yarkin, U.S. Department of Education, 400 Maryland Avenue, SW., rooms 5046 and 3131, Switzer Building, respectively, Washington, DC 20202–2524. Telephone (202) 205–8637 and (202) 205–8723, respectively. Deaf and hearing impaired individuals may call (202) 205–8449 or (202) 205–8723, respectively, for TDD services.

SUPPLEMENTARY INFORMATION:

Background

In the past twenty-five years, two national panels have concluded that the education of deaf students must be improved in order to meet their unique communication and related needs. The most recent of these panels, the Commission on Education of the Deaf (COED), recommended a number of changes in the way the Federal government supports the education of individuals who are deaf from birth through postsecondary schooling and training. With this notice, the Secretary implements several COED recommendations relating to the provision of appropriate education for elementary and secondary students who are deaf.

The COED's report and its primary finding [1] reflect a fundamental concern within much of the deaf community that students who are deaf have significant obstacles to overcome in order to have access to a free appropriate public education that meets their unique educational needs, particularly their communication and related needs.[2]

The disability of deafness often results in significant and unique educational needs for the individual child. The major barriers to learning associated with deafness relate to language and communication, which, in turn, profoundly affect most aspects of the educational process. For example, acquiring basic English language skills is a tremendous challenge for most students who are deaf. While the Department and others are supporting research activities in the area of language acquisition for children who are deaf, effective methods of instruction that can be implemented in a variety of educational settings are still not available. The reading skills of deaf children reflect perhaps the most momentous and dismal effects of the disability and of the education system's struggle to effectively teach deaf children: hearing impaired students "level off" in their reading comprehension achievement at about the third grade level.[3]

Compounding the manifest educational considerations, the communication nature of the disability is inherently isolating, with considerable effect on the interaction with peers and teachers that make up the educational process. This interaction, for the purpose of transmitting knowledge and developing the child's self-esteem and identity, is dependent upon direct communication. Yet, communication is the area most hampered between a deaf child and his or her hearing peers and teachers. Even the availability of interpreter services in the educational setting may not address deaf children's needs for direct and meaningful communication with peers and teachers.

Because deafness is a low incidence disability, there is not widespread understanding of its educational implications, even among special educators. This lack of knowledge and skills in our education system contributes to the already substantial barriers to deaf students in receiving appropriate educational services.

In light of all these factors, the Secretary believes that it is important to provide additional guidance to State and local education agencies to ensure that the needs of students who are deaf are appropriately identified and met, and that placement decisions for students who are deaf meet the standards of the applicable statutes and their implementing regulations. It is the purpose of this document to (1) clarify the free appropriate public education provisions of IDEA for children who are deaf, including important factors in the determination of appropriate education for such children and the requirement that education be provided in the least restrictive environment, and (2) clarify the applicability of the procedural safeguards in placement decisions.

Nothing in this notice alters a public agency's obligation to place a student with a disability in a regular classroom if FAPE can be provided in that setting.

Free Appropriate Public Education

The provision of a free appropriate public education based on the unique needs of the child is at the heart of the IDEA. Similarly, the section 504 regulation at 34 CFR 104.33–104.36 contains free appropriate public education requirements, which are also applicable to local educational agencies serving children who are deaf. A child is receiving an appropriate education when all of the requirements in the statute and the regulations are met. The Secretary believes that full consideration of the unique needs of a child who is deaf will help to ensure the provision of an appropriate education. For children who are eligible under Part B of the IDEA, this is accomplished through the IEP process. For children determined to be handicapped under section 504, implementation of an individualized education program developed in accordance with Part B of the IDEA is one means of meeting the free appropriate public education requirements of the section 504 regulations.

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[1] "The present status of education for persons who are deaf in the United States is unsatisfactory. Unacceptably so. This is the primary and inescapable conclusion of the Commission on Education of the Deaf." Commission on Education of the Deaf: Toward Equality: Education of the Deaf. (February 1988)

[2] As stated in the IDEA, the purpose of the Act is: * * * to assure that all children with disabilities have available to them * * * a free appropriate public education which emphasizes special education and related services designed to meet their unique needs * * *. (20 U.S.C. sec. 1400(c).

In addition, the section 504 regulations state:

A recipient [of federal financial assistance] that operates a public elementary or secondary education program shall provide a free appropriate public education to each qualified handicapped person * * * regardless of the nature of severity of the person's handicap. 34 CFR § 104.33(a)

[3] Thomas E. Allen, "Patterns of Academic Achievement Among Hearing Impaired Students: 1974 and 1983," in Deaf Children in America 162–184 (Arthur N. Schildroth and Michael A. Karchmer, eds. San Diego: College-Hill Press (1986))

rt of the process of developing
idualized education program
a child with disabilities under
A, State and local education
s must comply with the
on and placement regulations at
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use of supplementary aids and
cannot be achieved
satisfactorily." [4] The section 504 regulation at 34 CFR § 104.34 contains a similar provision.

The Secretary is concerned that the least restrictive environment provisions of the IDEA and Section 504 are being interpreted, incorrectly, to require the placement of some children who are deaf in programs that may not meet the individual student's educational needs. Meeting the unique communication and related needs of a student who is deaf is a fundamental part of providing a free appropriate public education (FAPE) to the child. Any setting, including a regular classroom, that prevents a child who is deaf from receiving an appropriate education that meets his or her needs, including communication needs, is not the LRE for that individual child.

Placement decisions must be based on the child's IEP.[5] Thus, the consideration of LRE as part of the placement decision must always be in the context of the LRE in which appropriate services can be provided. Any setting which does not meet the communication and related needs of a child who is deaf, and therefore does not allow for the provision of FAPE, cannot be considered the LRE for that child. The provision of FAPE is paramount, and the individual placement determination about LRE is to be considered within the context of FAPE.

The Secretary is concerned that some public agencies have misapplied the LRE provision by presuming that placements in or closer to the regular classroom are required for children who are deaf, without taking into consideration the range of communication and related needs that must be addressed in order to provide appropriate services. The Secretary recognizes that the regular classroom is an appropriate placement for some children who are deaf, but for others it is not. The decision as to what placement will provide FAPE for an individual deaf child—which includes a determination as to the LRE in which appropriate services can be made available to the child—must be made only after a full and complete IEP has been developed that addresses the full range of the child's needs.

The Secretary believes that consideration of the factors mentioned above will assist placement teams in identifying the needs of children who are deaf and will enable them to place children in the least restrictive environment appropriate to their needs.

The overriding rule regarding placement is that placement decisions must be made on an individual basis.[6] As in previous policy guidance, the Secretary emphasizes that placement decisions may not be based on category of disability, the configuration of the delivery system, the availability of educational or related services, availability of space, or administrative convenience.

States and school districts also are advised that the potential harmful effect of the placement on the deaf child or the quality of services he or she needs must be considered in determining the LRE.

The Secretary recognizes that regular educational settings are appropriate and adaptable to meet the unique needs of particular children who are deaf. For others, a center or special school may be the least restrictive environment in which the child's unique needs can be met. A full range of alternative placements as described at 34 CFR 300.551(a) and (b)(1) of the IDEA regulations must be available to the extent necessary to implement each child's IEP. There are cases when the nature of the disability and the individual child's needs dictate a specialized setting that provides structured curriculum or special methods of teaching. Just as placement in the regular educational setting is required when it is appropriate for the unique needs of a child who is deaf, so is removal from the regular educational setting required when the child's needs cannot be met in that setting with the use of supplementary aids and services.

Procedural Safeguards

One important purpose of the procedural safeguards required under part B and the section 504 regulations is to ensure that parents are knowledgeable about their rights and about important decisions that public agencies make, such as placement decisions. Under the section 504 regulations at 34 CFR 104.36, a public agency must establish a system of procedural safeguards that includes, among other requirements, notice to parents with respect to placement decisions. Compliance with the part B procedural safeguards is one means of meeting the requirements of the section 504 regulations. Under part B, before a child is initially placed in special education the child's parents must be given written notice and must consent to the placement. The part B regulations at 34 CFR 300.500(a) provide that consent

[4] 20 U.S.C. sec. 1412(5)(B).

[5] 20 U.S.C. sec. 1401(18); see also 34 CFR 300.552(a)(2), and 34 CFR 104.33(b)(2).

[6] 34 CFR 300.552 Comment. See also appendix A to 34 CFR 104.24.

means that parents have been fully informed of all information relevant to the placement decision. The obligation to fully inform parents includes informing the parents that the public agency is required to have a full continuum of placement options available to meet the needs of children with disabilities, including instruction in regular classes, special classes, special schools, home instruction, and instruction in hospitals and institutions.

The part B regulations at 34 CFR 300.504–300.505 also require that parents must be given written notice a reasonable time before a public agency proposes to initiate or change the identification, evaluation, educational placement or provision of a free appropriate public education to the child. This notice to parents must include a description of the action proposed or refused by the agency, an explanation of why the agency proposes or refuses to take the action, and a description of any options the agency considered and the reasons why those options were rejected. The requirement to provide a description of any option considered includes a description of the types of placements that were actually considered, e.g., special school or regular class, as well as any specific schools that were actually considered and the reasons why these placement options were rejected. Providing this kind of information to parents will enable them to play a more knowledgeable and informed role in the education of their children.

Authority: 20 U.S.C. 1411–1420; 29 U.S.C. 794.

Dated: October 28, 1992.

Lamar Alexander,

Secretary.

[FR Doc. 92–26319 Filed 10–29–92; 8:45 am]

BILLING CODE 4000–01–M

Educational Rights
for
Children Who are Deaf or Hard of Hearing

There is an urgent and substantial need:

to enhance the development of infants, toddlers and children who are deaf or hard of hearing; and to maximize their potential for language acquisition and academic achievement,

to enhance the independence and employability of individuals who are deaf or hard of hearing and to maximize their potential to be productive citizens, and

to enhance the capacity of families and schools to meet the special needs of infants, toddlers and children who are deaf or hard of hearing.

Based on these needs, the Council of Organizational Representatives (COR) proposes these educational rights and action plan for children who are deaf or hard of hearing.

Educational Rights for Children who are Deaf or Hard of Hearing

1. Children who are deaf or hard of hearing are entitled to appropriate screening and assessment of hearing and vision capabilities and communication and language needs at the earliest possible age, and to the continuation of screening services throughout the educational experience.

2. Children who are deaf or hard of hearing are entitled to early intervention to provide for acquisition of solid language base(s) developed at the earliest possible age.

3. Children who are deaf or hard of hearing are entitled to their parents/guardians' full, informed participation in their educational planning.

4. Children who are deaf or hard of hearing are entitled to adult role models who are deaf or hard of hearing.

5. Children who are deaf or hard of hearing are entitled to meet and associate with their peers.

6. Children who are deaf or hard of hearing are entitled to qualified teachers, interpreters, and resource personnel who communicate effectively with the child in the child's mode of communication.,

7. Children who are deaf or hard of hearing are entitled to placement best suited to the child's individual needs, including but not limited to, social, emotional, cultural needs; age; hearing loss; academic level; mode(s) of communication; styles of learning; motivational level and family support.

8. Children who are deaf or hard of hearing are entitled to individual considerations for free appropriate education across a full spectrum of education programs.

9. Children who are deaf or hard of hearing are entitled to full support services provided by qualified professionals in their educational settings.

10. Children who are deaf or hard of hearing are entitled to full access to all programs in their educational settings.

11. Children who are deaf or hard of hearing are entitled to have the public fully informed concerning medical, cultural, and linguistic issues of deafness and hearing loss.

Action Plan

Based on the Educational Rights for Children Who are Deaf or Hard of Hearing; the Council of Organizational Representatives (COR) (a coalition on public policy issues related to hearing loss), supports:

1. ACTION to ensure that students who are deaf or hard of hearing will meet national state, and individual educational goals and become independent and productive citizens.

2. ACTION to address the significant shortage in this nation of teachers, administrators, other support staff and related services personnel who are appropriately trained in deafness and hearing loss, and who have the necessary communication skills to teach children who are deaf or hard of hearing and assist them in meeting educational goals and developing communication skills.

3. ACTION to address the need for professionals trained in deafness and hearing loss and who also represent the diversities of minority groups, ethnicity and linguistic competencies.

4. ACTION to address the shortage of interpreters qualified in one or more communication modalities to work in educational settings.

5. ACTION to ensure that children who are deaf or hard of hearing have comprehensive individualized educational programs consistent with their unique needs, communication mode(s) and language. Such programs will include recognition of parent and child program preferences and post-secondary goals, as well as provision for the child's communicative, linguistic, emotional, and cultural needs.

6. ACTION to provide screening of all children and assessment and intervention for children who are deaf or hard of hearing at the earliest possible age; and of infants and toddlers who experience developmental delay or who are at risk for hearing loss.

7. ACTION to provide communication access for children who are deaf or hard of hearing in the educational setting through the use of assistive and adaptive technology.

8. ACTION to establish national guidelines for all educational programs serving students who are deaf or hard of hearing, to implement the recommended curricular guidelines for the training o;f teachers and related services personnel who serve children who are deaf or hard of hearing,.

9. ACTION to ensure the review and implementation, as appropriate, of the Commission on Education of the Deaf (COED) Recommendations, two through fifteen. (as Attached)

The Council of Organizational Representatives is a coalition of organizations interested in national issues that have an impact on the lives of persons with hearing impairment, including the American Speech-Language-Hearing Association, Alexander Graham Bell Association for the Deaf, and the National Association for the Deaf.

Recommendations
Number 2 through 15

Early Identification

2. The Department of Education, in collaboration with the Department of Health and Human Services, should issue federal guidelines to assist states in implementing improved screening procedures for each live birth., The guidelines should include the use of high-risk criteria and should delineate subsequent follow-up procedures for infants and young children considered to be at risk for hearing impairments.

Language Acquisition

3. The Congress and the Department of Education should ensure that facilitating English language acquisition in students who are deaf (including vocal, visual, and written language) is a paramount concern guiding the implementation of exemplary practices; the establishment of program models; the determination of research priorities; the design of curricula, materials, and assessment instruments; and the provision of professional and parent training. Language acquisition should be a top priority in federally funded research.

Appropriate Education

4. The Department of Education should provide guidelines and technical assistance to state and local educational agencies and parents to ensure that an individualized education program for a child who is deaf takes into consideration the following: severity of hearing loss and the potential for using residual hearing; academic level and learning style; communicative needs and the preferred mode of communication; linguistic, cultural, social, and emotional needs; placement preference; individual motivation; and family support.

Least Restrictive Environment

5. The Department of Education should refocus the least restrictive environment concept by emphasizing appropriateness over least restrictive environment.

6. The Department of Education should issue a policy statement to permit consideration in placement decisions of curriculum content and methods of curricular delivery required by the nature or severity of the child's handicapping conditions.

7. The Department of Education should issue guidelines and standards by which school officials and parents can, in selecting the least restrictive environment, consider potential harmful effects on the child or on the quality of services which the child needs.

8. The Department of Education should publish in the Federal Register a policy interpretation that removal from the regular classroom does not require compelling evidence.

9. The Department of Education should monitor states to ensure that they maintain and nurture center schools as placement options as required by law.

10. The Department of Education should monitor states to ensure the availability and appropriateness of integrative programs for students in center schools.

Parents' Rights	11. The Department of Education should The Department of Education should issue a policy statement requiring that school personnel inform parents of all options in the continuum of alternative placements during each individualized education program conference.
Evaluation and Assessment	12. The Department of Education should monitor states to ensure that the evaluation and assessment of children who are deaf be conducted by professionals knowledgeable about their unique needs and able to communicate effectively in the child's primary mode of communication.
Program Standards	13. The Department of Education should encourage states to establish program standards for deaf students requiring special schools or classes.
Quality Education	14. The congress should pass a "Quality in Deaf Education" bill that would provide incentives to the states to enhance the quality of services provided to students who are deaf.
American Sign Language	15. The Department of Education should take positive action to encourage practices under the Bilingual Education Act that seek to enhance the quality of education received by limited-English-proficiency children whose native (primary) language is American Sign Language.

Iowa Resource Manual
for the Education of Students
with Hearing Loss
and Educational Audiology
Section VII

Educational Interpreting Services for Students with Hearing Loss

1993

Iowa Department of Education
Bureau of Special Education
Grimes State Office Building
Des Moines, IA 50319-0146

Educational Interpreting Services
for Students with Hearing Loss

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Educational Interpreting Services for Students with Hearing Loss

Overview

Interpreters are a vital communication link in educational programming for students with hearing loss, in Iowa and nationally. Public Law 94-142, I.D.E.A., Amendments to the Rehabilitation Act of 1973 (Section 504), and the Americans with Disabilities Act (ADA) require that an individual's native language or mode of communication must be used to provide persons with disabilities access to programs and services in a myriad of educational situations, including classroom activities, evaluations, annual reviews, parent conferences, and due process hearings.

Further, the requirement that programming for students with hearing loss be provided in the least restrictive environment appropriate to meet each student's needs is increasing the use of sign language interpreter services in the schools. Many factors must be considered before considering student placement in a mainstreamed classroom, or the utilization of interpreter services. It is the intent of the Iowa Department of Education, through this document, that personnel knowledgeable about the education of students with hearing loss (i.e., teachers of the hearing impaired, consultants for the hearing impaired, and audiologists) assist in determining when educational interpreter services are appropriate for diagnostic evaluations, the integration or mainstreaming of students with hearing loss, annual reviews, and parent conferences. The multidisciplinary educational diagnostic staffing team and the Individualized Education Program (IEP) team must determine whether the appropriate educational program for a given student with hearing loss includes integration or mainstreaming into the general education classroom. If educational interpreting services are determined to be appropriate for a student, the program to be provided must be clearly delineated in the student's written IEP and must be delivered in conjunction with, at a minimum, a consultative level of services from a teacher of the hearing impaired (THI), consultant for the hearing impaired, or an audiologist. It is not intended that this guideline give recommendations regarding which students with hearing loss might profit from the use of educational interpreting services. That determination is, as always, left to the student's IEP team.

Local education agency personnel are usually responsible for the hiring, supervision, and evaluation of the educational interpreter, even though the local administrator seldom has training in the field of hearing impairment or educational interpreting, and may have had no experience in employing educational interpreters. Many complex issues are involved, all of which relate to the student with hearing loss receiving a free appropriate public education. It is essential that the local administrator familiarize him- or herself with the resources available to assist in this process. Each area education agency, as well as some local education agencies, has staff members knowledgeable about the education of students with hearing loss, (such as supervisors, teachers of the hearing impaired, audiologists, consultants for the hearing impaired, and speech-language pathologists) who may provide invaluable assistance to the administrator. This assistance may include locating other sources of expertise, such as interpreter training programs. Also recommended as a comprehensive resource is the recently published ***Educational Interpreting for Deaf Students: Report of the National Task Force on Educational Interpreting.*** (NTID, 1990) Each Area Education Agency has at least one copy of this document.

At the time of this writing, educational interpreting services are being delivered in many school systems across Iowa by personnel with a variety of competencies and qualifications. Because of the rapidly increasing number of students with hearing loss who are being mainstreamed into general education environments, currently the demand for skilled educational interpreters greatly exceeds the supply. When skilled, experienced educational interpreters were unavailable in the past, teachers of the hearing impaired, teacher aides learning to sign on the job, parents, and volunteers have helped to fill the gap. The wide range in competence levels of personnel serving as interpreters in the schools has provided impetus for the development of this section of the Iowa resource manual; it is intended to give direction to Iowa school programs using educational interpreting services and to foster a clearer understanding of these services among school personnel, parents, and other interested individuals.

The Language of Signs

Manual Communication (Sign Language)
Sign language, in the generic sense, is a visual/manual form of communication. Sign language often includes the use of fingerspelling, in which each letter in the spelling of a word is represented by a handshape. Some types of manual communication systems are described below.

American Sign Language, also referred to as **ASL** or **AMESLAN**, is a naturally occurring visual/manual language, with its own morphology, semantics, and syntax. ASL is not English, nor is it based upon English. It is the fourth most widely used language in the United States today.

Manually Coded English (MCE) is a generic term for English represented by visual/manual signs. It is not a separate language, but a visual/manual coding of the English language. It is often described as signing in English word order. Prefixes, suffixes, and verb tenses are often reflected in the manual coding, and English syntax is emphasized. MCE can be used with or without voice; when used with voice, it is sometimes referred to as Sim-Com (simultaneous communication). Characteristics of ASL may also be incorporated into MCE without losing the representation of English that MCE provides. Commonly used formats of MCE are listed below.

Seeing Essential English (SEE 1) (Anthony) has modified the signs of ASL to resemble English, and created new signs. SEE 1 signs represent word parts, such as roots, prefixes, and suffixes, and are used in combinations to form words. Verb tense is clearly indicated and irregular verb forms have signed representation.

Signed English (Bornstein & Saulnier) has taken most of its signs from ASL, and added 12 "sign markers," representing some prefixes, suffixes, and verb tense.

Signing Exact English (SEE 2) (Gustason, Pfetzing, & Zawolkow) has utilized ASL signs plus some created signs, and added over 50 sign markers, including contractions, prefixes and suffixes.

Natural Sign English, also called **Pidgin Sign Language (Pidgin)**, **Pidgin Sign English (PSE)**, or **Conceptually Accurate Sign English (CASE),** is a manual communication which shows characteristics of ASL and English, and is a combination of the two languages. This is considered by many to be a naturally occurring sign language.

Educational Interpreting Services

The art of interpreting involves two separate but equally vital processes: interpreting and transliteration.

Interpreting is a general term which denotes the process of transforming information presented in one language (written, spoken, or signed), into another language. This would include transforming:
- spoken English to ASL
- ASL to spoken English

Transliteration is the process of changing information presented in English (written or oral) into a Manually Coded English. The language is the same, since both represent English, but the mode of delivery is not (one may be oral, the other manual). Transliteration makes English visually accessible. This includes changing:
- spoken English to MCE
- spoken English to Contact Signing
- MCE to spoken English
- Contact Signing to spoken English

For the purpose of this document, the term "Educational interpreting" includes both processes: interpreting and transliterating. Educational interpreters interpret/transliterate at a language level commensurate with the receiver's (student's) English and sign language comprehension. Often, the educational interpreter will interpret/transliterate

verbatim what the speaker has said; however, the educational interpreter must also take into account the student's language and comprehension level in a given situation. A skilled Educational Interpreter is flexible and may also make known the will of the speaker without regard to the original language used, by paraphrasing or defining. The art of interpreting is not a signing-only activity, but also includes lip movements, facial expressions, body language, gestures, and mime.

It must be noted that being able to express oneself in sign language is ***not*** *the same as interpreting or transliterating another person's speech into sign language.* The following quotation is from ***Educational Interpreting for Deaf Students: Report of the National Task Force on Educational Interpreting:***

> *. . . the ability to sign* per se *does not qualify one to be an interpreter. . . .*
>
> *Parenthetically, it should be noted that proficiency in use of a language does not assure proficiency in interpreting that language. To be certified as an educational interpreter, an individual should pass a test of interpreting performance in one or more of the five endorsement areas. [American Sign Language (ASL), Pidgin Sign English (PSE), Manually Coded English (MCE), Oral, Cued Speech] The composition of such a test is beyond the purview of this document except to suggest that it include the following characteristics: simulate interpreting in educational settings, assess interpreting for several age and educational levels, and assess both "expressive" and "voice" interpreting. ("Expressive" means relaying information to deaf person(s); "voice" means relaying information from deaf person(s). . . .*
>
> *It has been suggested that . . . certification also be awarded at three levels, e.g., beginning, intermediate, and advanced.*

The primary role of the educational interpreter is to facilitate communication between the deaf student and others within the student's educational environment (including peers, teachers, other school employees, and service providers) . **It is critical that the educational interpreter be sufficiently skilled in educational interpreting and sufficiently sensitive to the language needs of the student with hearing loss to allow the student to participate fully in the activity of communication.**

The educational interpreter is an important part of the educational team that serves the student with hearing loss. S/he has the responsibility of providing important information to other team members regarding the student's communication and attending behaviors (including the student's ability to utilize sign language interpretation) and the success of communication strategies in the mainstreamed environment. The educational interpreter must be able to distinguish between the student not understanding the signs and not understanding the content of the teacher's instruction.

It is not the intent of this document to ignore the categories of oral interpreters and Cued Speech interpreters. At the time of this publication, however, there is only one Cued Speech interpreter, and there are no oral interpreters employed in Iowa public school programs. Most of the information in this document applies to the above-mentioned categories as well as to sign language interpreters, with the possible exception of expertise in sign language systems as a necessary qualification, depending upon the individual educational interpreter's assignment and job description.

Persons providing educational interpreting services should, at a minimum, have the qualifications and training described below. Persons employed as educational interpreters may provide additional services, such as those of teacher of the hearing impaired or educational aide, and if so must meet local and Iowa Department of Education requirements for those positions as well.

The Hiring and Employment of Educational Interpreters

Once the IEP (Individualized Education Program) team for a student with hearing loss has determined that the student requires an educational interpreter, the employing agency must advertise for and interview qualified applicants. If the person responsible for the hiring of educational interpreters does not have expertise in the areas of deafness, sign language and educational interpreting, it is recommended that a team be formed to assist in the hiring process, including at a minimum the administrator responsible for hiring the educational interpreter and a person knowledgeable about the education of students with hearing loss (e.g., teacher of the hearing impaired, consultant for the hearing impaired, AEA or LEA supervisor of hearing services and programs, or audiologist). The first step in the

hiring process is to prepare a thorough job description. It should include information regarding qualifications and training, and roles and responsibilities. Consideration should also be given to the salary offered the educational interpreter, as discussed below, and to components of the performance evaluation process which will be used.

In order to recruit qualified applicants, it is strongly recommended that the position opening be advertised statewide, and in neighboring states as well. Regional interpreter training programs should be contacted, including those listed below.

Iowa Western Community College
Richard Hagen, Coordinator
Interpreter Training Program
2700 College Road
Council Bluffs, IA 51501
712/325-3203 (within Iowa, 800/432-5852, ext. 203)

Interpreter Training Program,
Johnson County Community College
12345 College at Quivira
Overland Park, KS 66210-1299
913/469-8500, ext. 3332

John A Logan College
Interpreter Training Program
Carterville, IL 62918
618/985-3741

William Rainey Harper College
Interpreter Preparation Program
1200 West Algonquin Road
Palatine, IL 60067
312/397-3000

Kilian Community College
Communication Services for the Deaf
3520 Gateway Lane
Sioux Falls, SD 57106
605/339-6718

University of Wisconsin-Milwaukee
Interpreter Education
208 East Fairy Chasm Road
Milwaukee, WI 53217
414/229-6567

Deaf Communication Studies Program
St. Louis Community College at Florissant Valley
3400 Pershall Road
St. Louis, MO 63135
314/595-2025

Waubonsee Community College
Interpreter Preparation Program
5 East Galena
Aurora, IL 60506
708/892-3334

St. Paul Technical College
Interpreter Preparation Program
235 Marshall Avenue
St. Paul, MN 55102
612/221-1342

Northcentral Technical College
Interpreter Preparation Program
1000 Campus Drive
Wausau, WI 54401
715/675-3331

Components of the Educational Interpreter Job Description

Some components of the job description are described in detail below: Qualifications and Training Requirements, and Sign Language Competence and Interpreting Skills Evaluation. A sample Job Description is also provided.

Educational Interpreter Qualifications and Training Requirements

An *Educational Interpreter* is an individual who, at a minimum, meets qualifications as a paraprofessional under Rule [281]—12.4(9) of ***Iowa's General Accreditation Standards*** (Iowa Administrative Code [IAC]), and under Rule 41.26(281), Iowa ***Rules of Special Education***, which specifies:

a. The individual has completed "appropriate preservice and inservice training specific to the functions to be performed. . . . The agency shall make provisions for or require such completion prior to the beginning of service wherever practicable and within a reasonable time of the beginning of service where the pre-entry completion is not practicable.

   Appropriate preservice and inservice training are described below.

b. The individual works "under the supervision of professional staff who are appropriately authorized to provide direct services in the same area where the paraprofessional provides assistive services"; this professional staff **must** include at least one certificated hearing conservation/education services person (supervisor of hearing conservation and education services, consultant for the hearing impaired, teacher of the hearing impaired, or school audiologist).

An *Educational Interpreter* must have, AT A MINIMUM:

1. ***Sign language competence:***
   Be able to demonstrate appropriate proficiency levels at a normal conversational rate in sign language and educational interpreting, including sign-to-voice. (This may be documented by his/her performance on one or more measures of educational interpreter competence. Some currently available proficiency measures are described later in this section.)

and

2. ***Preservice training program:***
   Through satisfactory completion of a formal interpreter training program (Associate of Arts [AA] or Applied Science [AAS], or Bachelor of Arts [BA] or Science [BS] degree) preferably in educational interpreting or in general interpreting with emphasis on educational interpreting, and/or through an informal course of study, have documented competence in all the following content areas:

   a. principles of child growth and development with emphasis on age-appropriate expectations
   b. language development
   c. general topic areas such as the humanities and sciences
   d. public speaking and acting (mime)
   e. hearing loss
   f. the impact of hearing loss on socio-cultural, linguistic, and educational development
   g. Deaf culture, history, and literature
   h. ways in which amplification and technological advances are useful to students with hearing loss
   i. adaptations of the student's physical environment to meet auditory/visual needs
   j. foundations of sign language and interpreting
   k. an understanding of sign language varieties that include features of English and ASL
   l. education of students with hearing loss, including the role of the educational interpreter as part of the educational team, and roles and responsibilities specific to educational interpreting

and

3. ***English competence:***
   The educational interpreter must have the ability to read and write English, and be proficient in the understanding and use of English, including vocabulary, spelling, grammar, and literature.

and

4. ***Academic competence:***
   The educational interpreter must have an understanding of (or an aptitude for understanding) content of the curriculum areas s/he will be interpreting. For elementary and junior high interpreters, this implies at least high school level classes in the subject area; for high school interpreters, junior/community college level classes in the subjects are recommended. College-level classes in human development, with emphasis on language development, are also recommended for the person providing educational interpreting services (See training program components, listed under "2." above.

and

5. ***Additional areas of competence:***
   (a) assessing the communication competency of students with hearing loss, their ability to acquire information through sign language and speechreading
   (b) ability to modify language and communication modes to meet individual student needs
   (c) tutoring, if part of the job description
   (d) appropriate interpersonal relationships with student, educational team members, other school personnel, and parents
   (e) values and ethics appropriate to the role of Educational Interpreter
   (f) provision of instruction in sign language to students and adults, if part of the job description
   (g) notetaking, if part of the job description

Encouraged but not required are:
Certification from the Registry of Interpreters for the Deaf (CI/CT).
Completion of two years' recent, satisfactory, full-time experience in educational interpreting.
Certification in educational interpreting from another state.

To ensure that the student with hearing loss who is receiving educational interpreting services is provided with access to all educational opportunities that are determined to be part of his/her free appropriate public education, **the educational interpreter's skill levels from time of hire must be commensurate with his/her assignment, determined by the grade level and language skills of the student as well as the content level of the educational material being interpreted.**

This holds true whether the person performing the task of educational interpreter hold the job title "educational interpreter", "educational interpreter/aide", "teacher of the hearing impaired", "substitute interpreter", "consultant", "audiologist", or some other job title. Any person who provides educational interpreting services must be able to demonstrate skill levels commensurate with his/her assignment.

Sign Language Competence and Interpreting Skills Evaluations

The National Task Force has recommended that the Council on Education of the Deaf (CED) and the Registry of Interpreters for the Deaf (RID) form a joint committee to develop model certification standards for educational interpreters, and encourage adoption of these standards at the national and state levels.

Best practices would indicate that an educational interpreter have the ability to interpret/transliterate (expressive and voice) at a normal conversational rate, two of the following three: American Sign Language, Contact signing (PSE), and Manually Coded English.

For more information regarding educational interpreter evaluations, contact the Bureau of Special Education, Iowa Department of Education. All the evaluations listed below measure educational interpreting or sign language competence.

1. **Educational Sign Skills Evaluation (ESSE) series**

   The ESSE consists of four different evaluation tools, described below.

   Educational Interpreter Evaluation — ESSE:I
   A fifteen-minute videotape of the person being evaluated, interpreting in a classroom situation, representative of his/her job assignment, is viewed and evaluated by a panel of trained evaluators, who rate the educational interpreter in several interpreting skill areas, including signs, fingerspelling, expressiveness, and speechreadability. Elementary, Middle, and High School levels of educational interpreting skill may be rated, with resulting overall rating of one of the following: Excellent; Very Good; Good/Fair; A beginning interpreter; or Not ready to interpret.

   This protocol is currently offered to educational interpreters by the Bureau of Special Education on an annual basis, free or at a minimal charge to the employing agency. For more information on the evaluation process, recommendations for videotaping, and the next scheduled evaluation, contact the Iowa Department of Education, Bureau of Special Education.

   If used to evaluate an educational interpreter, the ESSE:I should be given under the following condition:

   > It must be understood by both the employing agency and the person being evaluated that receptive skills have not been measured.

   Teacher sign skills evaluation — ESSE:T
   Evaluates the sign language skills of teachers and others who sign for themselves. A trained evaluator administers and scores the evaluation.

   Sign-to-voice evaluation — ESSE:V
   This sign-to-voice evaluation of interpreting skills is in development and not available at the time of this writing.

   Receptive evaluation — ESSE:R
   This is a videotaped evaluation of an individual's ability to understand three different types of signing, ASL, CONTACT SIGNING, and SEE 2, at three different levels: basic, intermediate, and advanced. The evaluation produces a receptive comprehension skill level for each type of signing.

   The ESSE evaluations are available, at a cost of $200 per person at the time of this writing, directly from Gerilee Gustason at the SEE Center for the Advancement of Deaf Children, PO Box 1181, Los Alamitos, CA 90720 (213/430-1467 V/TDD).

2. **Sign Language Proficiency Interview (SCPI)**

   The Iowa School for the Deaf is using the SCPI, developed at the National Technical Institute of the Deaf in Rochester, New York, to evaluate the sign language communication skills of its staff members. This evaluation protocol is based on a videotaped interview of the person being evaluated by a trained interviewer; the videotape is viewed and evaluated by a panel of three evaluators, who rate the sign language skills of the person being evaluated. This measure is based upon the Language Proficiency Interview developed by the Foreign Service in World War II, a time-tested and honored means of evaluating foreign language skills.

   If used to evaluate an educational interpreter, the SCPI should be given under the following conditions:

   a. To measure an educational interpreter's competency in a GIVEN sign language system, the evaluation panel members and interviewer must be skilled in that system, and the interviewer must not deviate from that system during the interview.

   b. It must be understood by both the employing agency and the person being evaluated, that:

(1) interpreting skills have not been measured; the person's skills in sign language have been assessed, but not his/her ability to interpret someone else's message to the student.

(2) receptive skills are measured in regard to receiving sign from an adult, not from a student.

The SCPI is available on an as-requested basis from the Iowa School for the Deaf in Council Bluffs (712/366-0571 V/TDD), at a nominal charge.

3. Quality Assurance Program (QAP)

Iowa Department of Education's *Quality Assurance Program*, which evaluates interpreter competence in several areas, and provides for pre-and post-testing, so that skill areas in need of inservice may be identified and competence reassessed at a later date.

Both expressive (sign language and interpreting) and receptive skills are measured.

This is available within Iowa at no charge to the person being evaluated or the employing agency. Arrangements for administration may be made through the Bureau of Special Education, Iowa Department of Education.

4. Educational Interpreter Performance Assessment (E-IPA)

Provides for a panel of evaluators to rate a prescribed-format videotape of the educational interpreter, in each of four areas: voice to sign (grammar), sign to voice (grammar), vocabulary, and overall factors. The evaluatee obtains a rating of Level 1 (Beginner), Level 2 (Advanced beginner), Level 3 (Intermediate), Level 4 (Advanced intermediate), or Level 5 (Advanced) in each of the four areas.

The AEA Hearing Supervisors Group plans to begin using this evaluation on a pilot basis in Fall 1993.

5. Informal Measure of Proficiency

If a formal measure of proficiency cannot be accessed in a timely fashion, an informal measure may be obtained by using a panel of three professionals in the field of hearing impairment, each proficient in the sign language system used in the school district(s) in which the educational interpreter will interpret. Each panel member views a videotape of the educational interpreter in a classroom situation. At least one of the 3 judges should be employed by an agency other than that employing the educational interpreter, and the materials interpreted must be commensurate with the grade level(s) of the student(s) to whom the interpreter will be or is assigned.

This is recommended for use only on an interim basis, such as when an educational interpreter is first hired or under consideration of hiring, and when there is no other timely method of scheduling an evaluation. Evaluation by formal means should be accomplished at earliest convenience.

The Area Education Agency Supervisors of Hearing Conservation/Education Services have agreed to provide this service cooperatively among AEAs at no charge to the educational interpreter or employing agency. To access this network, contact your AEA Supervisor of Hearing Conservation/Education Services.

Note: *At the time of this writing, other educational interpreting evaluation protocols are reportedly in development. Please check with the Iowa Department of Education, Bureau of Special Education, for a listing of currently available measures and additional information.*

Sample Job Description

Job Description

Title: Educational Interpreter

Qualifications:

1. Sign language competence:
   Be able to demonstrate appropriate proficiency levels in sign language and educational interpreting (This may be documented by his/her performance on one or more measures of educational interpreter competence. Some currently available proficiency measures are described later in this section),

and

2. Preservice training program.
   Through satisfactory completion of a formal interpreter training program (Associate of Arts [AA] or Applied Science [AAS], or Bachelor of Arts [BA] or Science [BS] degree) preferably in educational interpreting or in general interpreting with emphasis on educational interpreting, and/or through an informal course of study, have documented competence in all the following content areas:

   a. principles of child growth and development with emphasis on age-appropriate expectations
   b. language development
   c. general topic areas such as the humanities and sciences
   d. public speaking and acting (mime)
   e. hearing loss
   f. the impact of hearing loss on socio-cultural, linguistic and educational development
   g. Deaf culture, history, and literature
   h. ways in which amplification and technological advances are useful to students with hearing loss
   i. adaptations of the student's physical environment to meet auditory/visual needs
   j. foundations of sign language and interpreting
   k. an understanding of sign language varieties that include features of English and ASL
   l. education of students with hearing loss, including the role of the educational interpreter as part of the educational team, and roles and responsibilities specific to educational interpreting

and

3. English competence:
   The educational interpreter must have the ability to read and write English, and be proficient in the understanding and use of English, including vocabulary, spelling, grammar, and literature. The educational interpreter must also have an understanding of (or an aptitude for understanding) content of the curriculum areas s/he will be interpreting. For elementary and junior high interpreters, this implies at least high school level classes in the subject area; for high

school interpreters, junior/community college level classes in the subjects are recommended. College-level classes in human development, with emphasis on language development, are also recommended for the person providing educational interpreting services (See training program components, listed under 1.a.(3) above.

and

4. Academic competence:
   The educational interpreter must have an understanding of (or an aptitude for understanding) content of the curriculum areas s/he will be interpreting. For elementary and junior high interpreters, this implies at least high school level classes in the subject area; for high school interpreters, junior/community college level classes in the subjects are recommended. College-level classes in human development, with emphasis on language development, are also recommended for the person providing educational interpreting services (See training program components, listed under "2." above.

and

5. Additional areas of competence:
   (a) assessing the communication competency of students with hearing loss, their ability to acquire information through sign language and speechreading
   (b) ability to modify language and communication modes to meet individual student needs.
   (c) tutoring, if part of the job description
   (d) appropriate interpersonal relationships with student, educational team members, other school personnel, and parents
   (e) values and ethics appropriate to the role of Educational Interpreter
   (f) provision of instruction in sign language to students and adults, if part of the job description
   (g) notetaking, if part of the job description

Encouraged but not required are:
Certification from the Registry of Interpreters for the Deaf (CI/CT).
Completion of two years' recent, satisfactory, full-time experience in educational interpreting.
Certification in educational interpreting from another state.

Accountable to:

Local education agency and/or area education agency administration, as employer.

Responsibilities:

1. Facilitates communication between the student with hearing loss and others, including sign-to-voice interpreting.

2. Participates as a member of the educational team for the student with hearing loss.

3. Follows classroom schedule and interprets for students as dictated by individual student IEPs and as assigned at the beginning of or during the school year.

4. Interprets/transliterates in sign language all activities in the classroom. This includes lectures, conversations, films, special projects, assemblies, and so forth.

5. Is available on an as-needed basis and as scheduling permits to interpret tutoring done by the mainstream classroom teacher during regular school hours.

6. Is available on an as-needed basis for school functions outside of the classroom, during regularly scheduled school hours. Services provided outside of school hours must be negotiated with the educational interpreter, ideally at the beginning of each school year, and adequate compensation provided for those services.

7. Serves as a liaison to promote good public relations between the student(s) with hearing loss, hearing peers, staff, and faculty members. Is viewed as a building staff member, with all accordant privileges and responsibilities (e.g., staff mailbox, desk, teacher lounge clean-up on rotation, etc.).

8. Is not responsible for the class during the absence of the classroom teacher; the educational interpreter's first responsibility is to the student with hearing loss. Classroom management (both instruction and discipline, including discipline of the students with hearing loss), is the responsibility of the teacher.

9. Confers with the student's teacher(s) and support service providers in order to prepare for educational interpreting services. This includes:

   a. providing information to other IEP team members regarding the student's communication behavior in the mainstream, extracurricular, and social settings, and
   b. performing activities in preparation for interpreting, such as previewing lesson plans, texts and other written materials, and audiovisual materials; researching signs for new vocabulary; etc.

10. Adheres to the employing agency's policies, procedures, and Code of Ethics for Educational Interpreters.

11. Exhibits an interest in improving her/his signing ability and interpreting skills, as well as acquiring a better understanding of the educational process.

12. Attends all appropriate inservice programs and staff meetings.

13. Provides tutoring services to the student, but *only* under the following conditions:

    a. The tutoring must be done under the supervision of the mainstream teacher or the teacher of the hearing impaired, as appropriate.
    b. Tutoring may not be performed instead of interpreting the mainstream class activities, unless so specified in the student's IEP.
    c. The educational interpreter must be qualified to provide tutoring services in the relevant curriculum areas.

Personal characteristics

1. Ability to develop appropriate interpersonal relationships with all members of the student's educational team.

2. Sensitivity to the needs of the student with hearing loss, including his/her needs for independence.

3. Values and ethics appropriate in particular to interpreting for students in educational situations.

Code of Ethics

At the time of this writing, the model Registry of Interpreters for the Deaf (RID) Code of Ethics with Guidelines for Educational Interpreters developed by Jack Hoza and Karen Scheibe, appears to be the most applicable code of ethics currently available for educational interpreters. It is strongly recommended that each employing agency draft or adopt a Code of Ethics, which should be disseminated to all persons involved in the educational program of the student with hearing loss.

Educational Interpreter Salary and Funding

Educational interpreters require extensive training and experience in order to obtain the skills necessary for providing appropriate educational interpreting services to students with hearing loss. An educational interpreter is required to have a wide range of content background, because comprehension of the subject matter is necessary for its interpretation through sign language. Another consideration in the hiring process is the language level of the student. Students with hearing loss, aged preschool through high school, are continually developing their language skills; therefore meeting their educational needs requires competent, consistent language models on the part of all staff members working with the student. Nowhere is this more important than in the case of the educational interpreter. **Providing services to deaf students, especially young children who are still acquiring language, requires more skills than does interpreting for adults, who have already acquired language.**

Educational interpreter salaries must reflect the entry-level skills required as well as job responsibilities. An educational interpreter who is qualified to provide interpreting services as delineated in the student's IEP at a skill level appropriate to the content and level of educational material presented will command a higher salary than that paid to an Educational Aide/Associate.

The salary of a trained, skilled, experienced educational interpreter can be expected to be commensurate with that of a beginning bachelor-level teacher. In order to attract and retain qualified applicants, it is essential that educational interpreters be placed on a salary scale above that of persons providing only educational aide/associate services.

It is expected that job benefits, such as extra pay for overtime, and the same health and dental insurance, sick and other paid leave, and so on, as is available to other agency employees, be provided for full-time educational interpreters. As in any other position, increased skills relative to the position and increased responsibilities should result in higher salary.

In the past, the term "Educational Interpreter/Aide" has been used to describe persons providing educational interpreting services part of the day and teacher associate/aide functions part of the day. The use of this term is contrary to best practice. As discussed above in the section on *Educational Interpreter Qualifications and Training Requirements*, any person who provides educational interpreting services for part of the school day must meet educational interpreter qualifications and training requirements, and must fulfill educational interpreter responsibilities In most cases, the job description for educational interpreters would include their spending portions of the school day in what might be described as "process" or "preparation" time, such as when students are doing seat work or perhaps receiving direct services from someone who signs for him- or herself (e.g., the teacher of the hearing impaired). This is not only the normal course of events, but is actually necessary in order to give the educational interpreter physical relief from signing; the occurrence of "overuse syndrome" (see the section on "Repetitive Motion Injury" below) is high among interpreters and, once evident, may require surgery and/or an extensive period of rest. Best practice would, in fact, dictate the use of two interpreters, each relieving the other by alternating interpreting and preparation periods during each class being interpreted.

The following excerpts are from ***Educational Interpreting for Deaf Students: Report of the National Task Force on Educational Interpreting:***

> *. . . a clear distinction should be made between interpreters and aides. Although interpreters, like aides, do have supporting roles in the educational setting, the use of the term "aide" should be avoided in job titles of the interpreter. Interpreters occasionally may perform duties similar to those of aides but it should be remembered that their primary*

responsibilities are interpreting. There is an inherent risk that the use of the term "aide" will lead the teacher or other school personnel to assign the interpreter aide-related tasks at the expense of neglecting the communication needs of the deaf student.

While engaged in interpreting, he or she should not be asked to interrupt this activity in order to perform some other task. Similarly, when the need arises for both interpreting and some other task, interpreting should take priority. . . .

Furthermore, as a matter of administrative convenience, an already existing job title such as "teacher's aide" will sometimes be given to the educational interpreter, who may be locked into title, wage and benefits, role expectations, etc., designed for persons with different kinds of responsibilities.

Educational interpreters are expected to have process or preparation time, non-signing time, during which they prepare for future sign language vocabulary needs in the student's curriculum, review course content, preview audiovisual material which is scheduled to be interpreted during class presentation, share information with the teacher of the hearing impaired or the mainstream teacher, or perform other tasks (such as assisting in the preparation of instructional materials), some of which might traditionally fall under the job description of an "educational aide". The use of the job title "Educational interpreter/aide" implies a status below that of Educational Interpreter, and wrongly suggests that a lower pay scale would be acceptable for personnel who must in fact possess the same skills and have the same job responsibilities as those working under the job title "Educational Interpreter".

For information on sources of funding, refer to the Rules of Special Education, State of Iowa, Department of Education, Bureau of Special Education, 1990.

Substitute Educational Interpreters

It is required that when the regularly employed educational interpreter is not available to work, a qualified substitute educational interpreter who has skills commensurate with his/her assignment must be employed, in order that the student with hearing loss not be denied access to his/her educational program.

At the beginning of each school year, in consultation with the local or area education agency's licensed/certificated professional in the field of hearing impairment, the employing agency should identify qualified substitute educational interpreters and have in place a plan for their utilization when needed.

Supervision, Performance Evaluations and Inservice

Performance Evaluations

The employing agency is responsible for job performance evaluations of the educational interpreter, which should include input from one or more professionals in the field of hearing impairment. Information obtained from evaluations of interpreting skills should also be included in the supervisor's periodic performance evaluation. The frequency of skill evaluations is dependent upon such factors as the educational interpreter's skill level, his/her professional growth needs and objectives, and the evaluation schedule of the educational interpreter's employing agency.

Staff Development and Inservice Education

Each employing agency must provide appropriate inservice to persons employed as educational interpreters. Each year that an educational interpreter is employed, s/he will be provided with a minimum of one day of review and

update relevant to educational interpreter services. This must be provided with the supervision and/or approval of a professional in the field of hearing impairment, such as a teacher of the hearing impaired, consultant for the hearing impaired, audiologist, Area Education Agency (AEA) supervisor for hearing conservation/education services, or local education agency (LEA) supervisor of instructional programs for students with hearing loss. Some AEAs and LEAs offer such inservice on an annual basis, often through collaborative efforts with the Interpreter Training Program at Iowa Western Community College in Council Bluffs. Workshops and summer programs are also offered through IWCC, the Iowa Department of Education, and interpreter training programs in other states.

Recommended inservice topics would include those listed under *Educational Interpreter Qualifications and Training Requirements* above, "1. a.(3) Preservice training program", as well as those listed under "4. Additional areas of competence".

This inservice must be documented on the form included in this section ("Inservice Documentation: Educational Interpreter"), and submitted to the Iowa Department of Education, Bureau of Special Education, on an annual basis for each educational interpreter employed.

Repetitive Motion Injury

Repetitive Motion Injury refers to a variety of inflammations of the hands, arms, neck and shoulders which is caused by repeated hand and arm motions. Repetitive motion injury is also referred to as cumulative trauma disorder or overuse syndrome. Whether it appears as tendinitis, carpal tunnel syndrome, or a number of other ailments that affect the nerves, tendons, and joints of the hands and upper body, repetitive motion injury often results in debilitating pain and can, in extreme cases, lead to permanent nerve damage and disability." (NTID FOCUS, Winter-Spring 1991, p. 12) Educational interpreters are at risk for repetitive motion injury, particularly carpal tunnel syndrome. As a preventative measure, periods of rest from interpreting duties must be available to educational interpreters throughout the school day. As stated in ***Educational Interpreting for Deaf Students: Report of the National Task Force on Educational Interpreting:***

> *. . . interpreters cannot be expected to interpret continuously and without relief throughout a full school day, particularly in lecture-type classes where there is little or no respite. . . .*

For additional information, contact:

The American Carpal Tunnel Association (CTA)
PO Box 6730
Saginaw, MI 48608

The American Physical Therapy Association
PR-14
111 North Fairfax Street
Alexandria, VA 22314

Bibliography

Iowa DE *Rules of Special Education*, 1990.

A Handbook for Educational Interpreters, Interpreter Training Grant Project, Johnson County Community College, Overland Park, Kansas (no publication date).

Suggested Guidelines for Interpreter Services, State of Iowa, Department of Public Instruction, Special Education Division, 1979.

Educational Interpreting for Deaf Students: Report of the National Task Force on Educational Interpreting. National Technical Institute for the Deaf, Rochester Institute of Technology, Rochester, NY, 1989.

Hearing Impaired Manual: Recommended Procedures and Practices. Illinois State Board of Education, Department of Specialized Educational Services, 1980.

Program Guidelines for Hearing Impaired Individuals. California State Department of Education, 1986.

Memorandum re: *Employment of Educational Interpreters.* Kentucky Department of Education, 1987.

PL 94-142 and IDEA

PL 99-457

Section 504

ADA

Iowa Code

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Interpreter Services for Hearing Impaired Students. Division for Exceptional Children, North Carolina Department of Public Instruction, 1987.

Handbook for Hearing Conservation Services and Educational Programming for Hearing Impaired Pupils. Iowa Department of Public Instruction, 1975.

Toward Equality: Education of the Deaf (A Report to the President and the Congress of the United States). The Commission on Education of the Deaf, February 1988.

A Model Set of Guidelines: Educational Interpreter (unpublished). Drafted by the team attending the Educational Interpreters' Workshop, Iowa Department of Education, August 1987.

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Nicolosi, L., Harryman, E., & Kresheck, J. (1989). Terminology of communication disorders: Speech-language-hearing. (3rd ed.). Baltimore: Williams & Wilkins.

Frishberg, N. (1986). Interpreting: An introduction. Silver Spring, MD: RID Publications.

Massachusetts Department of Education (198). Guidelines for the education of deaf and hard of hearing students.

Resources: Organizations and Agencies in Iowa

In addition to the persons listed below, each Area Education Agency has a Parent-Educator Coordinator who may be able to provide additional information and resources.

Tammie Adkins, Consultant
Hearing Conservation/Education Services
515/281-6038 V, 515/281-3176 TDD
Marsha Gunderson, Consultant for
Hearing Impaired Education/Instruction
712/366-3284 V/TDD
Bureau of Special Education
Iowa Department of Education
Grimes State Office Building
Des Moines, IA 50319-0146

Tom Raulerson, Supervisor
Keystone AEA 1
R.R. 2, Box 19
Elkader, IA 52043
319/245-1480 or 800/632-5918

Leigh Trembath, Department Head
Northern Trails AEA 2
P.O. Box M
Clear Lake, IA 50428
515/357-6125 or 800/392-6640

Peg Baehr, Supervisor
Lakeland AEA 3
401 1/2 Grand
Spencer, IA 51301
712/262-4704

Alan Heidecker, Supervisor
Area Education Agency 4
102 South Main Avenue
Sioux Center, IA 51250
712/722-4374 or 800/572-5073

Nick Salmon, Supervisor
Arrowhead AEA 5
1235 Fifth Ave. South
PO Box 1399
Fort Dodge, IA 50501
515/576-7434 or 800/475-2183

Karen Christensen, Supervisor
Chris Hull, Lead
Area Education Agency 6
210 S. 12th Ave.
Marshalltown, IA 50158
515/752-1578

Nancy Neymeyer, Supervisor, Audiology
Becky Budensiek, Contact Person, Itinerant
Teachers of the Hearing Impaired
Area Education Agency 7
3706 Cedar Heights Drive
Cedar Falls, IA 50613
319/273-8269

William P. Johnson, Ph.D., Superintendent
John Balk, Asst Superintendent, 712/366-3241
Marsha Gunderson, Statewide Consultant for
Hearing Impaired Education/Instruction
712/366-3284 V/TDD
Linda Desrosiers, Statewide Consultant for
Deaf-Blind Programs, 712/366-3285 (TDD only)
Iowa School for the Deaf
1600 Highway 275 South
Council Bluffs, IA 51503-7898

Ronald Huddleston, Supervisor
Mississippi Bend AEA 9
729 21st St.
Bettendorf, IA 52722
319/359-1371 or 800/397-1371

Debra Preisser, Supervisor
Grant Wood AEA 10
4401 Sixth St. SW
Cedar Rapids, IA 52404
319/399-6820 or 800/332-8488

James Doyle, Ph.D., Supervisor
Heartland AEA 11
6500 Corporate Drive
Johnston, IA 50131
515/270-9030 or 800/362-2720

Tom Mitchell, Supervisor /Consultant
Des Moines School District
1800 Grand Ave.
Des Moines, IA 50307
515/242-7615

Robert Ownby, Supervisor
Western Hills AEA 12
1520 Morningside Ave.
Sioux City, IA 51106
712/274-6021 or 800/352-9040

Deborah Berger, Discipline Lead
Loess Hills AEA 13
Glenwood Extension Office
508-1 South Locust
Glenwood, IA 51534
712/527-5261

Gary Boswell, Supervisor
Green Valley AEA 14
1405 N. Lincoln
Creston, IA 50801
515/782-8443 or 800/362-1864

James Oilger, Special Education Coordinator
Vocational Center
1002 W. Kimberly Rd.
Davenport, IA 52806
319/391-8012

Jim Hanson, Resource Manager
Division of Vocational Rehabilitation
Iowa Department of Education
Jesse Parker State Office Building
Des Moines, IA 50319
515/281-4139 V/TDD

Diana Leonard
Deaf Services Commission of Iowa
Iowa Department of Human Rights
Lucas State Office Building
Des Moines, IA 50319-0075
515/281-7119

Iowa Association of the Deaf
Shirley Hicks, President
Iowa School for the Deaf
1600 Hwy 275 South
Council Bluffs, IA 51503-7898
712/366-3071 TDD

Iowa Conference for the Hearing Impaired

Robert Williams, Ph.D., Supervisor
Southern Prairie AEA 15
Route 5, Box 55
Ottumwa, IA 52501
515/682-8591 or 800/622-0027

Edwin E. Minard, III, Supervisor
Great River AEA 16
1200 University, PO Box 1065
Burlington, IA 52601
319/753-6561 or 800/382-8970

Richard Hagen, Coordinator
Interpreter Training Program
Iowa Western Community College
2700 College Road
Council Bluffs, IA 51501
712/325-3203 (within Iowa, 800/432-5852, ext. 203)

Iowa State Registry of Interpreters for the Deaf

Resource documents located in this section:

Inservice Documentation: Educational Interpreter

RID Code of Ethics with Guidelines for Educational Interpreters

Report of the National Task Force on Educational Interpreting

Iowa Association of the Deaf Position Paper on Educational Interpreting

ISRID Position Paper on Educational Interpreting

AEA Hearing Supervisors Group: Position Paper on Educational Interpreter Evaluations and Standards

State of Iowa
Department of Education
Bureau of Special Education
Grimes State Office Building
Des Moines, Iowa 50319-0146

Inservice Documentation:

EDUCATIONAL INTERPRETER

Date: _____

Name of Educational Interpreter: _____

Work Address: _____

_____

AEA Number: _____

District(s) served by Educational Interpreter: _____

Employing Agency: _____

Name and license/certificate number of licensed/certificated professional in the field of hearing impairment who is verifying the current inservice provided to the above-named educational interpreter, and who will complete and sign this document:

Name: _____
*(Please **print/type** here & **sign** at bottom of page)*

Number of Iowa DE License(certificate) or SPR: _____

Place your initials in box for each statement that applies, and complete blank spaces as appropriate:

☐ I certify that the above-named person, employed as an educational interpreter, has met minimum qualifications as a paraprofessional, plus the following training requirements:

☐ Formal training: AA, AAS, BA or BS in Interpreting or Educational Interpreting

☐ Two years' satisfactory experience as an educational interpreter

☐ RID Certification: Type: _____

☐ Educational Interpreter certification from another state:
State: _____ Certificate number: _____

☐ Passed proficiency measure in educational interpreting:
Date: _____ Measure used: _____

I certify that the above-named interpreter works under the supervision/direction of this licensed or certificated professional in the field of hearing impairment:

Name:_____ Number of Iowa DE License (certificate) or SPR: _____

I certify that the above-named educational interpreter, returning to her/his position, has been provided the minimum of one day of inservice.

Date of Inservice: _____

Title of Inservice: _____

Location of Inservice: _____

Inservice Provider's Name: _____

Address: _____

_____

Other pertinent information: _____

_____

Inservice verified by: _____

(Signature of licensed/certificated professional in hearing impairment)

A MODEL:

Registry of Interpreters for the Deaf, Inc. (RID)
CODE OF ETHICS
with Guidelines for Educational Interpreters

1. Interpreters/Transliterators shall keep all assignment-related information strictly confidential.

A. The educational interpreter may discuss assignment-related information only with other members of the educational team (e.g., interpreters, teachers, supervisors) who are directly responsible for the educational program of the hearing-impaired student(s) for whom the interpreter interprets.

B. The educational interpreter should report directly to a classroom teacher or a designated supervisor when the interpreter finds it necessary to step out of the interpreter role. The educational interpreter may only step out of the interpreting role to report:

1) serious behavior which any other school personnel would have to report (such as suspected child abuse, or the breaking of laws or school policies), or

2) significant academic problems which may require additional support services.

C. The educational interpreter may provide input for -- or may attend -- educational team meetings (including Individualized Education Program (IEP) staffings) to answer questions and address concerns related to a student's communication abilities and needs. The educational interpreter may answer such questions as the following:

1) Does the hearing-impaired student need interpreting services?
2) Does the hearing-impaired student attend to the educational interpreter?
3) How does the hearing-impaired student sign (American Sign Language, Contact Sign, Manually Coded English)?
4) How does the student communicate with the teacher, other school personnel, and his peers?

In these situations, the educational interpreter shall <u>not</u> discuss the student's progress or behavior in the classroom and shall direct questions about school performance to the appropriate school personnel (e.g., teacher, counselor, principal).

D. If the educational interpreter also works with a student as a tutor, this person may discuss the student's performance in the tutoring session only, but may not discuss the student's performance in which this person is functioning as an educational interpreter.

E. The educational interpreter shall <u>either</u> interpret <u>or</u> participate in IEP meetings, but shall <u>not</u> do both.

2. Interpreters/Transliterators shall render the message faithfully, always conveying the content and spirit of the speaker, using language most readily understood by the person(s) whom they serve.

A. It is recognized that some hearing-impaired students may not fully understand an interpreted message due to differences in culture, language, or experience. It is appropriate for educational interpreters to clarify bits of information which fit into this category (e.g., hearing-culture jokes, certain English vocabulary which does not translate well). However, this is to be done on a limited basis for the benefit of clear communication -- and should not be tutoring *per se*.

B. The educational interpreter is often asked to use a particular system of Manually Coded English. The interpreter shall consider his/her skills in this system before accepting an assignment.

C. If the educational interpreter disagrees with the school's policy, requiring the use of a particular system of Manually Coded English, the interpreter should discuss this with his/her immediate supervisor or request an IEP conference.

3. Interpreters/Transliterators shall not counsel, advise, or interject personal opinions.

A. The interpreter shall maintain an impartial role. The interpreter is not responsible for disciplining hearing-impaired students. The student(s) should be allowed freedom to make choices and to learn as independently as possible.

B. For students who are not fully aware of the interpreter's role, the educational interpreter may briefly step out of the interpreter role for the following purposes:

1) The interpreter may give clues needed for successful interaction. For example, when the student mistakenly directs questions to the interpreter, the interpreter may sign, "I will interpret for you, so you may ask the teacher" (or may use subtle body language or eye cues).

2) The interpreter may clarify his/her role in the classroom as situations arise.

C. If the educational interpreter also functions as a tutor, this person may be involved in clarification, review, and reinforcement of concepts presented by a classroom teacher. The interpreter's role during the tutoring session is, therefore, separate and distinct from his/her role during an interpreting situation.

4. Interpreters/Transliterators shall accept assignments using discretion with regard to skill, setting, and the consumers involved.

A. An educational interpreter should consider the following information about an assignment to determine if his/her skills are adequate for the assignment:

1) the age levels of the students,
2) the content of the various classes (e.g. , academic, vocational),
3) special interpreting situations (e.g., assembly programs, field trips, films),
4) the student's English skills, and
5) the student's sign language preference (American Sign Language, Contact Sign, Manually Coded English).

B. The interpreter should also consider his/her flexibility within the sign language continuum in meeting the needs of the hearing-impaired consumers. Also, the interpreter should consider his/her competence in the English language as well as in American Sign Language.

5. Interpreters/Transliterators shall request compensation for services in a professional and judicious manner.

A. It is recommended that educational interpreters be paid according to a salary schedule which includes the following factors:

1) Completion of an interpreter training program; degree in interpretation.
2) Years of interpreting experience (especially in the educational setting).
3) College courses in education; degree in education.
4) Registry of Interpreters for the Deaf (RID) certification.
5) Number of CEU's related to interpreting skills, sign language, deafness, and education.

B. It is recommended that educational interpreters be guaranteed a set number of hours per week, and as a paraprofessional, consultant, or professional, receive the same benefits as other staff members.

C. It is recommended that educational interpreters have a separate category from other staff members so that their unique skills and expertise is rightfully recognized. Educational interpreters should be classified as paraprofessional or professional depending on this person's role/responsibilities. The following job titles are examples that would be appropriate: educational interpreter, communication facilitator, interpreter/tutor, interpreter/tutor/notetaker, and interpreter/aide.

6. Interpreters/Transliterators shall function in a manner appropriate to the situation.

A. The educational interpreter represents an attitude toward deafness and the hearing-impaired students in the mainstream situation, and the interpreter must recognize the importance of himself/herself as a role model.

B. When the educational interpreter has other duties as well (such as being a tutor or teacher's aide), a clear distinction needs to be made as to which role the person is functioning in at any given time. One suggestion is the wearing of a

special smock or jacket during interpreting to help clarify and distinguish roles. Another suggestion is that a separate time be established when the student is scheduled for tutoring services from the interpreter.

7. **Interpreters/Transliterators shall strive to further knowledge and skills through participation in workshops, professional meetings, interaction with professional colleagues and reading of current literature in the field.**

8. **Interpreters/Transliterators, by virtue of membership in or certification by RID, Inc., shall strive to maintain high professional standards in compliance with the Code of Ethics.**

Note: *This text was taken from a paper by Jack Hoza and Karen Scheibe, and is copyrighted by RID. Copies may be obtained from the interpreter training program at Saint Paul Technical Institute, 235 Marshall Ave., St. Paul, MN 55102.*

Hearing Assistance Technology
(Assistive Devices)

A major objective of case management for children with hearing loss is to provide the maximum amount of salient speech acoustic information for as many hours as possible during the day, in the least restrictive mode with which the child can experience maximum success. Due to advances in technology, a wide range of assistance technology for persons with hearing loss has been developed to help meet this goal. Technology for the hearing impaired offers a wide selection of educational tools that may make it possible for the student to succeed in a less restrictive program, often as a general education student. The recommended amplification or other technology should be very prescriptive to the individual student's needs and the classroom environment.

It is unequivocally recommended that an educational (school) audiologist be a part of any IEP team that makes the decision to recommend the provision of any hearing assistance technology (listed below) for a special needs student with or without hearing loss. It is equally important that the educational audiologist play a major role in choosing the appropriate system or device, setting it up, and monitoring it over time. Other team members (e.g., speech-language pathologist, psychologist, special education and/or classroom teacher) may also be involved in the provision of a classroom amplification system or other technology and the evaluation of its benefit to individual students or to the entire class.

The term "Assistive devices" describes products that permit a person with hearing loss or other disability to function as would a person without the disability, products that give the person with a disability access to information or call attention to environmental signals that might otherwise be missed. Examples of such products for persons with hearing loss, described as "hearing assistance technology," include hearing aids, television decoders, telephone amplifiers, and specially modified alarm clocks or doorbells. *Toward Equality: Education of the Deaf*, the 1988 report by the national Commission on Education of the Deaf (COED), describes the types of assistance technology available for persons with hearing loss (as described below) and recommends that assistive device resource centers be established and/or enlarged to remain up to date. These centers would have professionals available to demonstrate devices and provide training and technical assistance on their use. Many area education agencies (AEAs) and the Iowa School for the Deaf also have taken a lead in developing their own hearing assistance technology "Lending Library" centers as a resource to students with hearing loss, their parents, and school districts or local education agencies (LEAs). More information regarding sources of hearing assistance technology may be found at the back of this section of the resource manual. Iowa's federally funded Assistive Devices and Technology Network is headquartered at the University of Iowa.

A state-level Assistive Technology Task Force, composed of liaisons from the area education agencies, has developed model policies and procedures for the provision of assistive devices, including hearing assistance technology, to Iowa students with special education needs. A statewide lending library and resource center called the Iowa Assistive Device Center is being developed as a joint project between the area education agencies, the Iowa Department of Education, and the Iowa Program for Assistive Technology (a University Affiliated Program located at the University of Iowa).

One purpose of a Lending Library is to assist the IEP team in identifying the assistance technology appropriate for a given student, and providing the student with the use of the device for a trial period before it is purchased. It is essential that the educational audiologist and teacher of the hearing impaired be

responsible for providing inservice to educational and support staff as to the use of hearing assistance technology and for assessing the benefit of a device to the student, so as to make appropriate IEP or parent recommendations. This requires that professionals in the field of hearing impairment be knowledgeable about educational technology and receive regular inservice in order to remain up to date in this rapidly changing area.

A Lending Library would ideally include at least one item from each of the following categories, and/or information regarding the item.

Television decoders

A television decoder, or telecaptioner, may be purchased either as a separate electronic device or as a built-in feature of the television. Many televisions now come equipped with caption decoders; at the time of this writing, federal regulations require that decoders be built into television sets with a screen size of 19" or larger. Many television programs and videotapes are currently "closed captioned;" this means that a hidden signal is included that displays at the bottom of the television screen a written account of the program's sound track, resembling the captions used on foreign-language films. In closed captioning, the captions are only revealed through the use of a decoder. Any show which is noted with a "Q" symbol, or described as "closed captioned" in the television guide or at the beginning of the program may be decoded by using one of these devices.

An "open captioned" videotape or program has captions that are always visible on the screen, rather than requiring the use of a decoder.

The use of television decoders both at home and at school is strongly recommended for children with hearing loss, even if the loss is only mild to moderate in degree. Captioning appears to increase the student's awareness of the written word as language, and encourage better English skills. Just as importantly, it allows students with hearing loss complete access to education, contemporary culture, and recreation presented through television, a "visual medium" that is actually quite auditory in nature.

Specialized computers and software

Computer-assisted instruction may be particularly effective for students with hearing loss, since good hearing is not usually necessary for this type of task. Computers may also be used in the classroom to teach students keyboard and word-processing skills. There have been many new developments in recent years in the field of speech and language development software. Speech signals can be made visible in an entertaining format to students, allowing them to see their own speech sounds and match them to correctly produced speech sound models.

Telecommunication devices —TTY or TDD

The terms TTY (teletype), and TDD (Telecommunication Device for the Deaf) are interchangeable, although some people prefer one term over the other. This type of device transmits keyboarded symbols over the telephone system; two persons with TTY/TDDs can converse through typed text over a modem to a printer or screen display. These devices have been significantly improved and miniaturized over the past few years. Most TDD/TTY devices currently marketed use ASC II computer language, allowing them to transmit pictures.

Iowa Relay System

The Iowa Relay System went into effect in August 1992. Relay System operators translate voice-initiated calls into TTY/TDD messages, and TTY/TDD-initiated calls into voice messages. Those calling using voice dial 800/735-2943; those calling using TTY/TDD dial 800/735-2942. Long-distance calls will be billed to the number from which the call was initiated.

Alerting devices and alarms

These special clocks, smoke alarms, doorbells, and telephone ringers have built-in flashers or may be connected to lamps or vibrating devices that will alert a person with hearing loss to environmental signals and activities.

Tactile aids

Also called vibrotactile aids, these devices translate an acoustic signal into a tactile signal, most often displayed across the skin on the wrist, chest, or back. They may be used at the same time as a hearing aid or other amplification, and in some cases may actually be linked to the device, such as an FM auditory training system, to maximize the signal of the teacher's voice. Some students who cannot make use of information that is presented auditorily can make good use of tactile information. Some sources of tactile aids are included in the listing of sources of hearing assistance technology at the back of this section.

Hearing assistance technology:

Personal amplification:

Hearing aid
A device that allows sound to be amplified. While it does not provide the individual with normal hearing, a hearing aid can help some people who are able to benefit from having sounds made louder. Students who use their personal hearing aids at school must receive hearing aid monitoring services, including daily listening checks and troubleshooting, and periodic electroacoustic analysis and evaluation in a sound booth of the student's performance with the hearing aid in various situations (e.g., in quiet and with background noise). Monitoring of the hearing aid to ensure that it is in good working order is required by federal law. For more information, see the *Educational Audiology Services* section of this manual and the position paper on hearing aid monitoring, included at the back of that section.

Cochlear implant
These devices consist of an external receiver, a signal processor that codes the signal, and an electrical gadget (electrode) that is actually implanted in the person's cochlea. The electrical signals transmitted in this manner travel up the neural pathway to the brain, where they are translated as information regarding sound in the environment. A cochlear implant is not the same as an "artificial ear," but many people who have received implants have learned to make good use of the auditory information they receive through them. Not every deaf child or adult is a good candidate for a cochlear implant. In the case of children in particular, a rigorous process involving extensive evaluation, a trial period with a tactile aid, and intensive parent counseling must be completed before the choice is made to implant the device. Cochlear implants are very expensive, and should not be done if the ear has any residual hearing and if any use can be made of a hearing aid. Information regarding cochlear implants should be available in an assistive device lending library: what a cochlear implant is and how it works, cost, eligibility considerations, issues regarding the decision to implant (in children and adults), and resources. The University of Iowa continues to be a forerunner in the field of cochlear implants for children; within Iowa, they provide the most comprehensive resource available for persons considering a cochlear implant for themselves or for their child.

Telephone amplifier
This is a device that attaches to the phone receiver or is built into the handset, and amplifies the sound. Some amplifiers make the actual sound louder, and are ordinarily used without a hearing aid. Others may amplify the electrical signal instead, this signal is then picked up by the telecoil of the listener's hearing aid.

FM auditory training system
These are similar to hearing aids inasmuch as they make sound louder; they are, however, more effective than hearing aids because they optimize the teacher's voice relative to background noise. They operate much like a radio, as they consist of a transmitter (microphone) worn by the person speaking (teacher) and a receiver (like a hearing aid) worn by the student with hearing loss. The signal is transmitted to the receiver from the transmitter by an FM signal. The advantage to using such a unit is that, because of the teacher's placement of the microphone within a few inches of his/her mouth, the teacher's voice is much louder than the background noise, which is not amplified as much. This may be called improving the signal-to-noise ratio (S/N). When only hearing aids are worn, the teacher's voice is not necessarily louder than the background noise. Whatever arrives at the ear-level hearing aid microphone is amplified equally; speech and background noise may easily be at the same level, or noise at a higher level than speech, depending upon the situation. The use of an

FM system creates the same effect as if the person speaking were standing about three inches away from the hearing aid; their voice is therefore louder than background noise.

By improving the signal-to-noise ratio, an FM system helps to overcome listening difficulties that occur with increased noise, distance, and/or reverberation time. They can provide excellent accessibility to classroom instruction for many students with hearing loss. If an FM system is being considered for a student who wears a hearing aid, good communication between the school audiologist fitting the FM system and the private audiologist fitting the hearing aid is essential, in order that good decisions may be made regarding the possible linkage of the two. FM systems may be fitted so they are used separately from the student's hearing aids, or may provide their signal through a hookup with the student's hearing aid. This is commonly done through use of an induction loop, direct audio input to the hearing aid, or a "silhouette". Which hookup is best depends upon many factors, including the student, the hearing aids, and the FM system chosen. Parents of a student using an FM system at school should involve the school audiologist when hearing aids are replaced, since hearing aid set-up (whether direct audio input is built in, orientation of the telephone induction loop, etc.) is critical to FM system use if the two are to be linked. A newer FM system on the market places the FM receiver completely within a behind-the-ear hearing aid casing, along with a powerful, adjustable hearing aid, so the student wears only what appear to be hearing aids, each with a tiny antenna.

There are different types of auditory training systems, described below by means of transmission:

1) FM system (discussed above): uses radio waves. This type of system is most appropriate for student use at school, since it provides for the greatest flexibility and student mobility.
2) Induction loop system: uses electromagnetic waves. Not as effective for use in a school situation, since transmission fidelity is usually poorer, and student mobility reduced.
3) Infra-red system: uses light wave transmission — most costly. Sometimes used in public meeting places.

On occasion, an FM system may be recommended for a student with a learning disability, central auditory processing disorder, attention deficit disorder, or hyperactivity; this is a matter for each student's IEP team, including the educational audiologist, to decide on an individual basis. When an FM system is being considered, a trial period with the student using the device is strongly recommended before a system is purchased.

The FM system specified on a student's IEP is purchased by the LEA. Students using FM auditory training systems at school should receive school audiology services that include fitting of the FM system, evaluation in a sound booth of the student's auditory performance with the FM system, listening checks and troubleshooting, maintenance and repair of the system by a qualified technician, and so on. Monitoring of the FM performance is not directly addressed in federal law, as is hearing aid monitoring, but the provision of an appropriate educational program that includes an FM system would be presumed to include one that is functioning properly.

Group hearing assistance technology:

Classroom sound-field amplification system

A sound-field FM system works much like a public address system. The teacher wears a wireless microphone that transmits an FM signal to a receiver. The sound is amplified and then sent through sound-field speakers located at three or more points throughout the classroom. Though not addressed in the *Toward Equality* report, it appears to improve performance for many general and special education students, both with and without hearing loss. Sound-field amplification systems are often placed in general education classrooms with the intent of improving the acoustic environment of all students in the classroom, as well as facilitating classroom management and alleviating teacher fatigue.

Like the FM auditory systems, on occasion a classroom amplification system may be recommended for a specific student with learning disability, central auditory processing disorder, attention deficit disorder, or hyperactivity. Again, this is a matter for each student's IEP team, including the educational audiologist, to decide on an individual basis. When use of a system is

being considered, a trial period with the student using the device is strongly recommended before a system is purchased. Classroom sound-field amplification equipment could possibly be purchased with special education funds, by weighting the student for special adaptations (supplemental assistance). However, careful monitoring of the use of weighted special education funds to purchase such systems is necessary, in order to prevent misuse or overuse. For additional information regarding the use of special education funds to purchase a classroom amplification system specified in a student's IEP, see the AEA Hearing Supervisors' position paper, included at the back of the *Educational Audiology* section of this manual. A system designated for use by an individual special needs student must remain with the student for whom it was purchased while that child attends school in the district or until the IEP team decides that the equipment is no longer appropriate for the student. Each year, as the student is promoted to the next grade, the classroom amplification unit must follow the student to the next grade level, and be installed in the classroom where s/he will spend the majority of the school day.

The use of Special Education weighted funds (special adaptations) might be appropriate for students with educationally significant hearing loss, not showing expected academic progress, and who:

- have chronic draining ears (otitis media),
- have unilateral hearing loss,
- are candidates for the use of hearing aids but cannot or will not wear personal amplification (For example, a student with behavior disorder who intentionally breaks FM auditory training units), or
- would benefit from an FM auditory training unit or hearing aids but who cannot or will not use it, even though they may have their own hearing aids.

All the students in the above examples would probably be wearing some form of amplification (personal hearing aids or FM unit) if not for some other factor (e.g., draining ears, difficulty in fitting amplification for unilateral hearing losses, inappropriate behavior and/or care of amplification). At this time, students with central auditory processing problems are not included in the list of appropriate types of students to be considered eligible for the use of special education funding to purchase classroom amplification systems.

In addition to student factors, classroom acoustics should also be considered when making recommendations regarding sound field amplification. Target classrooms where amplification has been shown to be effective have some of the following characteristics: 1) unusual physical configuration, 2) large room size, 3) location in an older-two story building, 4) large class size, 5) high environmental noise level in the school (a high-noise area or a noisy heating system, for example).

Care should be taken by the school audiologist in monitoring the signal-to-noise (S/N) ratio when setting the volume level of the classroom amplification system. In a noisy environment, a S/N ratio of +15 dB might exceed OSHA limits of 90 dBA/8 hours. Also, care should be taken in placing classroom amplification systems in highly reverberant rooms. The additional sound waves may simply add to the confusion of the speech signals. As there has been little research to date on this specific problem, a more appropriate first recommendation for a highly reverberant classroom would probably be acoustic treatment of the room and/or a personal FM auditory trainer unit for the student(s) of concern.

Much additional information on classroom amplification systems may be found in the *Educational Audiology* section of this manual.

Research: Classroom Amplification Systems

See the *Educational Audiology* section of this manual for current information regarding statewide research in the effect on students of the use of classroom amplification systems.

Resource documents located in this section:

Assistive Technology: Policies and Procedures; Iowa Department of Education, 1992
Hearing Assistance Technology Sources and Resources
NAD Position Paper: Cochlear Implants in Children
Iowa Relay System Flyer

Hearing Assistance Technology: Sources and Resources

For information on assistance technology, contact:

Assistive Devices Information Network
Elayne O. Sexsmith
University Hospital School
University of Iowa
Iowa City, IA 52242

James C. Hardy, Ph.D.
Project Director, Iowa Program for Assistive Technology
University Affiliated Programs
University of Iowa
Iowa City, IA 52242

For demonstration of assistance technology, contact:

Charles Anderson, Ph.D.
Wendell Johnson Speech and Hearing Center
University of Iowa
Iowa City, IA 52242
319/335-8736

Teletypewriter [TTY] Devices

Acuatec Limited
142 Forestwood Drive
Kitchener, Ontario, Canada

Telebrailler (Braille TTY)

Phone-TTY, Inc.
14-25 Plaza Road, Room 316
Fair Lawn, New Jersey 07410

Telephone Devices for the hard of hearing

Contact your local telephone representative for details.

Alarm clocks

National Association of the Deaf
814 Thayer Avenue
Silver Spring, MD 20910

Vibralite Products, Inc.
1 Belleview Avenue
Ossining, NY 10562

The Time Center
1820 Farnam
Omaha, NE

Your local clock or jewelry store may have them. Westclox, for example, manufactures at least three different models for the deaf.

Bed Vibrators

Vibralite Products, Inc.
1 Belleview Avenue
Ossining, NY 10562

Household timers are needed with these instruments and are obtainable from many department stores.

Television Decoders

National Captioning Institute, Inc.
5203 Leesburg Pike
Falls Church, VA 22041

Other Merchandise

The Sign Language Store
8613 Yolanda
P.O. Box 4440
Northridge, CA 91328

Charlie's
5884 Johnson St.
Hollywood, FL 33021

Nationwide Flashing Signals System
P.O. Box 3146
Silver Spring, MD 20906

KE Notifier
2801 Berry St.
Sioux City, IA 51103

Mid Audio, Inc.
120 East Ogden
Hinsdale, IL 60521
800/323-6556, Ext. R59

Deaf Factory Store
6100 Westchester Park Dr., Suite T-2
College Park, MD 20740

National Association of the Deaf
814 Thayer Ave.
Silver Spring, MD 20910

The I Love You Gift Co.
805 Royal St.
Alexandria, VA 22314
Door bells, fire alarms, baby crying signals for the deaf

Sonic Alert
209 Vorheis Rd.
Pontiac, MI 48503
313/858-8957

Vibralite Products, Inc.
1 Belleview Ave.
Ossining, NY 10562

Nationwide Flashing Signal Systems, Inc.
8120 Fenton St.
Silver Spring, MD 20910
301/589-6671 voice
301/589-6670 TDD

Businesses with general information, assistance, or products

US West
Special Services
800/223-3131

Sears, Roebuck & Co.
Home Health Care Catalog
925 Homan Ave.
Chicago, IL 60607

HARC Mercantile, Ltd.
3130 Portage Rd.
Kalamazoo, MI 49003-3055
800/445-9968 voice
616/382-2219 TDD

Sound Resources, Inc.
201 East Ogden
Hinsdale, IL 60521
312/323-7970

AT&T
Consumer Service
800/233-1222

Dale Van Hemert [sells TDDs]
3316 Bel Aire Rd.
Des Moines, IA 50310
515/277-7236 TDD only

Medical Technology
7360 Bush Lake Rd.
Minneapolis, MN 55435
or 416 6th Ave.
Des Moines, IA 50309

Edwards Specialties
2130 W. 45th St.
Davenport, IA 52806

This list is not intended to be exhaustive. Additions are welcome. Please send to: Hearing Consultant, Bureau of Special Education, Iowa Department of Education, Grimes State Office Building, Des Moines, IA 50319-0146.

Components of the Individualized Education Program (IEP)
for Students with Hearing Loss

In January 1992, the Iowa Department of Education, Bureau of Special Education, introduced its new form for the IEP (Individualized Education Program) and training manual for its use. A copy of that form is included at the back of this section of the manual.

When a student has a hearing loss, that student is assumed to have a disability that may or may not result in special educational needs that can be met through an Individualized Education Program. The IEP team determines the student's present level of functioning, strengths, weak areas, and needs, and from those develops goals that the student can reasonably be expected to achieve over the course of a calendar year. Within that year, the student's progress will be assessed, and new goals and objectives written if it is determined that the student is still in need of special education.

IEP components that are standard for all students in need of special education will not be addressed here. Extensive training has been done both at the state level and through the area and local education agencies regarding IEP development. The new Iowa IEP Resource Manual: Field Edition, published in January 1992 by the Bureau of Special Education, Iowa Department of Education, in cooperation with Mountain Plains Regional Resource Center, is a comprehensive resource regarding the entire IEP process.

This section of the manual will address only those IEP components for which special consideration must be given to the needs of the student with hearing loss. Please consult the IEP manual for additional information not covered here, or contact one of the state Hearing Consultants.

IFSP

The IFSP, or Individual Family Service Plan, is used for infants and toddlers, birth through 36 months of age. It may include activities, goals, and objectives that will be carried out by other agencies, but otherwise is substantially not different than an IEP.

Disability label

On the new recommended Iowa IEP form, there is no space allotted for the student's disability label. Currently there is a national and state initiative to stop the practice of assigning disability labels to students in need of special education. There is a general concern that labels are bad for students because they cause teachers to have low expectations and students to have low self-esteem. Teachers of students with mild learning, mental, and behavior disabilities believe that the strategies used do not vary significantly depending upon the student's label. There is concern that when a student is assigned a particular label, that the label, rather than

the student's needs, dictates the program the student will receive. Proponents of this type of "noncategorical" system believe that students could be more effectively served if not labeled.

This may very well be the case for students with learning, mental and behavior disabilities. It does not appear to be the case for students with sensory or physical disabilities. No research has yet shown benefit for dropping the disability label for such students. On the contrary, there is feeling among those who work with students who have hearing and vision disabilities that perhaps the disability is an important part of the student's identify. Incorporating the good and bad aspects of the disability into one's perception of oneself, and learning how to accommodate oneself to one's environment or to advocate that accommodations be made, seems to be an important part of acquiring a good self-concept. This is particularly true among adult people who are deaf. They believe that deafness is a culture, a family, a way of thinking about the world. They resist any suggestion that the word "deaf" is a negative thing. It is, after all, what they **are**, and to reject it is to reject them.

It is for these reasons that the authors of this manual believe it reflects best practice to continue to assign a disability label to students with hearing loss.

The IEP Team

The IEP team for the student with hearing loss must include a teacher of the hearing impaired or an educational audiologist, at minimum. ***Placement decisions in particular must not be made without the participation at the IEP meeting of one of these professionals in the field of hearing impairment.***

Present Levels of Educational Performance

This section addresses the student's strengths and weaknesses. It should detail the effects of the hearing loss on educational functioning. To simply relate that the student has a hearing loss and to list standardized test scores is not, however, acceptable. Please consult the IEP manual for further information.

Consultative and Monitoring Services

At the back of this section of the manual is a copy of the Bureau of Special Education paper on consultative versus monitoring services, when they should appear on the IEP, and how to describe them.

The Plan for Monitoring of Student Hearing Aids

At the back of this section of the manual is a copy of the Bureau of Special Education's Guidelines for Best Practice in the Monitoring of the Function of Student Hearing Aids. This is in response to CFR 300:303, which requires that the educational agency shall ensure that the hearing aids worn by students are functioning properly. The best practice guidelines include suggestions for writing goals and objectives regarding hearing aid monitoring, if the agency or IEP team chooses to include it in the IEP. It is, of course, required that such monitoring be performed whether it is included in the IEP or not.

Goals and objectives that might appropriately be associated with the service of hearing aid monitoring would include those related to the student's self-management of his or her hearing loss, such as learning about hearing, learning about hearing loss, learning about his or her own hearing loss, wearing his or her hearing aids consistently, monitoring battery needs, learning about the rights provided persons with disabilities through legislation such as IDEA, Section 504 of the Vocational Rehabilitation Act of 1973, and the Americans with Disabilities Act, and so on. The curriculum developed in Mississippi Bend Area Education Agency 9 called **KIP—Knowledge Is Power**, is an excellent resource in this area. The program may be ordered through the agency, at a cost of approximately $14.00.

Special Adaptations

Such services as educational interpreting services and FM auditory trainers are funded under the category of "special adaptations." On the IEP, however, they are listed as modifications that allow the student to function in the general education classroom.

Modifications

Other classroom modifications might include notetaking services, computer programs, or changes in the classroom such as acoustical modifications that would allow the student to receive benefit from instruction in general education. Inservice to the general education teachers serving the student is very important in making them aware of possible modifications for the student and the reason for the need to make them. More information on inservice of classroom teachers and of other students may be found in both the *Educational Audiology* and the *Instructional Programming* sections of this manual.

Communication systems for students with hearing loss

Students who communicate primarily through the visual mode often depend upon sign language as their primary means of communication. The choice of sign language systems (described in both the *Instructional Programming* and the *Educational Interpreting* sections of this manual) is ordinarily considered to be an educational methodology and therefore within the purview of the school to choose. It is recommended that the school do so with due consideration to parents' wishes.

Students whose parents prefer for them to use oral means of communication rather than a sign language system are believed to be served within a Total Communication system. Because of the low incidence of hearing loss, it is very unusual for a critical mass of students to be located within a geographical area small enough to reasonably accommodate all family preferences.

It is, however, stressed that Total Communication or Sim-Com systems are believed to provide both the oral and sign options within them. Additionally, it is recommended that if a Manually Coded English sign system is used by a school district, that ASL characteristics be added in to the MCE. This should have the effects of:

1) adding more visual meaning to the MCE,
2) familiarizing the student with ASL, which will make it easier to learn as an adult if the student decides to make that choice, and
3) making the different sign systems used in the state more alike, therefore easing students' transition between school districts and sign systems.

Programs

Itinerant Teacher of the Hearing Impaired

Services from an itinerant teacher are considered to be an instructional service, even though in Iowa these services are provided by the area education agency and are funded by what are described as support dollars.

Educational Interpreting Services

As discussed above, educational interpreting services are provided funding through "special adaptations" except when falling under the special provision of providing service in the general education classroom to the student who would be in a special education environment during the school day without the modification.

Other Instructional Programs

All other placement options must be available for the student with hearing loss, as for students with any other type of disability. This includes pull-out programs such as resource room, special class with integration, self-contained special class, residential placement, and collaborative services. For additional information, see the *Instructional Programming* section of this manual.

Least Restrictive Environment for Students with Hearing Loss

Nationally, there is concern that the federal provision of least restrictive environment is being interpreted in a way that may be disadvantageous to students who are deaf in particular. It is believed that students who are deaf are being kept in their neighborhood school, isolated from other students and teachers, unable to communicate in sign language with anyone other than his/her teacher or interpreter. This is indeed a much more "restrictive," segregated, or isolated placement than would be residential placement at a school for the deaf, where the student could communicate with all staff and students, and would actually not be segregated at all.

Although some states have insisted on neighborhood school placement for students with deafness, in Iowa it has been the "unwritten rule" that if the IEP team agrees that there is an appropriate placement available at the Iowa School for the Deaf for a given student, and the student's parents prefer that the student be placed at the School for the Deaf the student is placed at ISD. If the parent chooses neighborhood school placement, the school district typically provides the necessary services there or tuitions the student into a neighboring district where there is the critical mass of students necessary to allow for the provision of such a program.

Extent of participation in regular or general education

Page 4 of the Iowa IEP form addresses the student's participation in "regular" education. The intent of this section of the IEP is to determine the restrictiveness of the student's placement. However, questions arise when a student is placed in a residential facility, such as the Iowa School for the Deaf, and s/he attends classes there with other students who also have hearing loss, and receive instruction from a teacher of the hearing impaired but using the facility's "regular" curriculum. In terms of describing whether this represents specially designed instruction, it does not. Federal court decisions have stated that no IEP goals or objectives need be written if the student is receiving instruction that is the "regular education", a non-modified curriculum, for that facility.

However, in terms of describing the extent of the student's placement with non-disabled peers, in the school s/he would attend if not disabled, the student is not in "general" education when receiving the facility's "regular education" program.

Therefore, for a student at the Iowa School for the Deaf or other special facility, the extent of participation in "regular education" on this part of the form should be completed as the amount of time the student is in general education, not the amount of time the student spends in the facility's regular education.

Justification for placement

The team must discuss the placement chosen, and why it rather than a less restrictive or more restrictive placement was the program of choice.

For students who are deaf, the IEP team that has chosen placement at ISD must justify the residential placement. A statement of "deafness" or that the program "could not" be provided locally is not sufficient. The team must address the student's needs, and why those needs could be better met at the School for the Deaf. Such justification might include communication needs or parent preference, but they must be described. within the IEP.

Transition for the student with hearing loss

Students making a transition from one program or setting to another should be prepared for the transition to the fullest extent possible before the change is made. This includes such transitions as from early childhood classes to kindergarten, from special class or residential placement to general education (with or without an interpreter), from neighborhood school to residential placement, from middle school or junior high to high school, and from high school to post-secondary education or to the world of work. In some cases, the transition is essentially no different than for a student in the same circumstance but with normal hearing, but it must be remembered that the child with hearing loss has usually not had the same opportunity for incidental learning as have those children with normal hearing. Their experiences have been supplemented by overhearing conversations about planned events, and when the time of transition arrives, the student with normal hearing may have incidentally learned a lot about the event. The student with hearing loss is more likely to receive direct instruction, since he or she will probably have missed some or all conversations about the event unless specifically included.

Adult service providers such as Vocational Rehabilitation counselors should be involved with the student who is hard of hearing or deaf from the age of 14. As with all students, career awareness for students with hearing loss should begin early in elementary school and should be an important part of the student's school experience. This will help facilitate the transition to post-secondary activities.

If there is a transition coming up for the student, a plan for how the transition will be addressed must be included in the IEP. Iowa law requires that for students graduating from high school, this plan for the post-secondary transition must be in place by 18 months before the student's anticipated date of graduation.

Students with multiple disabilities, including dual sensory disabilities (deaf-blindness)

Programs are in place to specifically serve students with deaf-blindness as well as their families and educators. For more information, contact the state Consultant for Deaf-Blind Students, whose name and address may be found in the first section of this manual, or contact Steve Maurer at the Bureau of Special Education, Iowa Department of Education.

Students with multiple disabilities may also be eligible for this program, if they have both hearing and visual disabilities. Contact the state Consultant for Deaf-Blind Students, or either of the state Hearing Consultants.

Resource documents located in this section:

Iowa Department of Education Standardized IEP Form
Bureau of Special Education Opinion: Consultative services on the IEP
Toward Equality: COED Recommendations
Federal Deaf Child's Educational Bill of Rights

Bureau of Special Education
Iowa Department of Education

Opinion:

Question: When do consultative support services appear on a student's IEP?

Answer: Consultative support services appear on a student's IEP when there is an intended outcome, stated as a goal and objectives, which would not occur in the absence of that consultative service. Consultative support services of this type are designed to assist an intermediate person in developing, implementing, monitoring, and evaluating interventions directed at specific behavior changes of the student. The type and amount of the specific consultative support service is identified. At least one annual goal with measurable short term objectives shall be identified, and shall directly relate to the student's needs as stated in the present level of educational performance section of the IEP. The title of the appropriate support personnel is clearly identified for providing these objectives.

Parent Information

Rearing a child can be a tremendously rewarding effort, while at the same time the biggest challenge ever faced by parents.

For the parent(s) of a child with hearing loss, the job is no less rewarding but can be extremely more challenging. In addition to dealing with daily child-rearing issues, the parents of a deaf or hard-of-hearing child are forced to deal with many additional hurdles. Parents of exceptional children may encounter many frustrations in their attempts to find individuals who can assist in identifying their children's needs and the services that are available.

Parents of a child with hearing loss are forced to seek out and interact with a variety of professionals: otologists, audiologists, psychologists, social workers, speech-language pathologists, numerous educators, etc., etc. . . . If the search is not difficult enough, trying to understand the information being conveyed by these professionals, each with his or her own specific set of professional jargon, certainly is.

Another issue faced by parents is discovering the resources that are available to them and their child and how to access these resources. Once my pediatrician has identified my child as having a hearing loss, where do I go to find someone to test his or her hearing? If my child has a hearing loss, where can I go to purchase a hearing aid and how do I get it repaired if I have problems with it? What can I do for my preschooler with hearing loss? Are there educational services available? Is there a support group or anyone I can turn to who understands how I am feeling? Of what other resources and agencies, local, statewide, and national, should I be aware?

Rearing a child with hearing loss can frequently be a very expensive proposition: visiting all of the professionals with whom you will have to deal, purchasing hearing aids, hearing aid batteries, hearing aid repairs, television decoders, special education programs. . . . Some parents are in need of financial assistance but lack knowledge of the financial resources that may be available to them.

Because for most children with hearing loss the primary cognitive problems experienced relate to reduced communication and delays in speech and language acquisition, the partnership between parents and educators is critical to maximizing the child's progress. Early identification is an important first step in minimizing the language delays that can result in poorer-than-normal educational progress. Parents spend much more time with the child than do educators; they are their child's primary teachers, and their continuous, consistent language input is critical to the child's good language development, whether in spoken English, sign language, or both. Good communication is also necessary between parents and professional educators, in order for them to work together to provide the best possible learning environment for children with hearing loss. From the moment a child is discovered to have a hearing loss, medical and audiological management should begin, to provide treatment if the loss may be partially or completely treatable (for example, as in the case of chronic middle-ear fluid or infection that may add to non-treatable hearing loss) and to provide amplification in the form of hearing aids and auditory trainer as needed. Parents are essential to this part of the learning process as well, that of ensuring that the child has the best possible access to language through both the child's residual hearing and through visual signals such as sign language if the child can benefit from its use.

It cannot be stressed too often: ***the most important factor in the success of a child with hearing loss***, both educationally and in his or her social and emotional development, ***is that the child have good communication with his or her parents.*** If your child needs sign language to communicate, it is vital that you learn sign language and use it consistently with your child. Your communicative input will immeasurably increase your child's exposure to language, and learning, and will give your child the message that s/he is an important part of your family. This will help him/her to develop a good self-concept. If your child does not use sign language, constant communicative input is no less important. *Children with normal hearing learn many things from overhearing others' conversations; those who are hard of hearing will miss much in comparison, unless a conscious effort is made to provide language and information input that other children pick up incidentally. You will find yourself explaining many more things to your child with hearing loss than to a child with normal hearing.*

There are a multitude of publications, printed materials, books, audio-visual materials, agencies, and public and non-profit organizations that can provide support and information to parents of children with hearing loss if parents are aware of their existence. The Parent-Educator Connection, in particular, is an excellent local resource for parents of children with hearing loss or any other type of disability. Each area education agency has a parent employed as parent-educator coordinator; the names and addresses of each can be found at the back of this section, under "Local parent support groups in Iowa". Each AEA parent-educator coordinator will have information regarding local parent groups. It can be a marvelous realization for parents of children with hearing loss to discover what can be gained from interaction with other parents, even parents whose child's disability is not hearing loss. To discuss problems and concerns with people you don't have to first educate about what it's like to rear a child with a disability can substantially enrich a family's experience, and make it much easier to navigate the unique pathway toward your goal of seeing your child eventually become an independent, self-actualized adult.

This section of the manual is an attempt to condense a great deal of information into a format that will be helpful to parents. Each professional educator using this manual may share any or all of the information contained herein with parents. It is suggested that a given area education agency (AEA) or local education agency (LEA) may want to individualize this section so that it is specific to the agency. Copies of this section on computer disc are available from the Hearing Consultant, Bureau of Special Education, Grimes State Office Building, Des Moines, IA 50319-0146.

Suggestions for parent involvement in the special education program

Sometimes parents feel that the education system takes over their child's life and that there is little room left for them, or they may simply become overwhelmed with the system itself. Do not fall into this trap. Your child's education is also your responsibility. It is up to the parents to know their child's rights and to see that they are carried out. No, you are not expected to be an expert in the field of education, but you are expected to play an active part in your child's education. The degree to which you are active will depend upon your own unique circumstances.

The following is a partial list of ways you can play an active role in your child's education.

- Attend all meetings and conferences involving your child. If you are unable to attend at the scheduled time, ask for an alternative time. Come with questions about your child and ask them. Be prepared to share information about your child.

- Maintain records of your child. These should include:
  - evaluation and test results
  - contacts made with school and support staff personnel— jot down who you talked with, the date and a summary of what was said
  - medical records— such as a copy of the immunization card; dates of illness and accidents; medications your child is receiving, including the dosage and the reason for taking the medication; copies of reports from specialists and clinics; etc.

- Follow through with any suggestions that are given for home. Be honest if you are unable to do so, and let others know so that an alternative can be arranged. Sometimes, due to your own unique

circumstances, you will be unable to fit more home involvement into your schedule. This does not make you any less a good parent, just an honest one who tries your best.

- Give feedback on suggestions used at home. Is it working? Does it need to be modified or dropped? Are you ready to go on to something else?

- Update school personnel when any of the following changes occur. They may have a direct bearing on your child's education.
  - Medication: either the start, discontinuation, or change in any medications. Many of them have side effects that can affect your child at school.
  - Changes in family make-up such as the birth of a brother or sister, serious illness of a family member, death in the family (or a close friend of your child's), divorce or separation, marriage, etc.
  - Use of community agencies. If your child is being seen by a mental health agency or other service agency, it can be to your child's advantage to let school personnel know. It may explain any changes in your child's behavior and may also influence the way the school would handle certain situations with your child.
  - COMMUNICATE. Communication is a two-way street. People can not read what is on your mind nor can you read others'. Do not make assumptions about what is going on at school. Go and find out for yourself. Talk to those who are directly involved. This does not mean you have to agree, but listen to others and calmly give your impression of what is happening. If you have a concern about what is happening at school, go talk to the individuals involved. Do not wait for a small concern to grow into a big problem.

- Join a parents' group at the school. This may be a PTA, PTO or some other organization. Usually these organizations work with the school to provide a unified effort to secure the best physical, social, and academic education for every child. They may also provide some needed extras in the building (such as providing fans for hot weather, providing playground or other recreational equipment, etc.), and sponsor special events for the students. There are usually monthly meetings with planned programs to provide information to those in attendance about a variety of topics.

- Volunteer your services or special talents to the school where needed. This may be in your child's classroom or in another classroom. You may want to be a chaperone on a field trip or provide help at school on a regular basis. This may also mean being a room parent. If you have a special talent, you could give a demonstration to the students or even teach a group of students some of your skills. Talk with your child's teacher to see how you can volunteer.

Options for parent involvement

Advisory Committee

An advisory committee can be an effective way for programs that serve students with hearing loss to communicate with parents, students, the general public, and the deaf community. The goal of such a committee would be to improve and maintain the quality of programming received by students with hearing loss. Some school districts may have a district or school building advisory committee that addresses the problems, needs, plans, and activities of the general school population. A special committee to deal with the same aspects of the program for students with hearing loss could be a subcommittee of the general committee.

Each district should decide how to select members of such an advisory committee. One idea would be to have the local support group for hearing impaired select parents to be committee members. In order to receive input from all of the above-identified interest groups, the following individuals should be considered when forming an advisory committee:

- Parents of students with hearing loss
- Deaf adults
- Students with hearing loss
- Professionals in the field of deaf education
- School administrators

- Citizens experienced in serving on an advisory committee

The members of such a committee would be given a first-hand opportunity to learn more about the program for students with hearing loss in their community and to help in the formation of its future.

Parent Groups

The establishment of a parent group is one way to support the education of children who have hearing loss. The following is a list of suggestions for setting up and maintaining such a group.

1. Contact other people (parents, professionals, deaf adults, etc.) who are interested in helping the students with hearing loss.
   a. Set up a planning meeting.
      1) Define the purpose of the group.
      2) Choose a name that reflects the purpose of the group. (Keep it short and/or use an acronym to make it easy to remember.)
      3) Identify potential members; discuss ways to attract new members.
      4) Prepare an agenda for an organizational meeting to familiarize the community with the group and its purpose.
      5) Arrange for facilities, refreshments, and child care.
      6) Prepare a questionnaire to determine the needs of the community.
   b. Invite potential members to an organizational meeting to acquaint them with the group.
      1) Invitations, letters sent through the mail.
      2) Phone calls.
      3) Posters or notices on community bulletin boards.
      4) Notes sent home with students.
      5) Announcements via television, radio, and newspaper.

2. Organizational meeting
   a. Set up a registration table and provide nametags.
   b. Introduce those in charge and discuss the purpose of the group.
   c. Determine the expectations of the group. (A questionnaire is helpful.)
   d. Discuss a framework for the group.
      1) Define how leaders will be chosen and what their terms of office will be.
      2) Decide how frequently to meet, where, and when.
      3) Discuss how funds are to be raised.
      4) Discuss possible activities and projects.
   e. Announce details (date, time, and location) of the next meeting.
   f. Allow time for refreshments and socializing.

3. Have a framework for future meetings.
   a. Review the minutes of the last meeting.
   b. Give a financial report.
   c. Discuss old business.
   d. Discuss new business.
   e. Provide an attraction to encourage attendance, such as a film, guest speaker, book review, etc.
   f. Social time and refreshments.

4. Have the members evaluate the group's achievement of its goals after a period of time has passed.
   a. Identify the purpose of the group as perceived by each individual.
   b. List changes/additions to the purpose.
   c. Identify changes in the arrangements of the group (time, place, date of meetings, and so on) that may be desired.
   d. List ways in which the group has helped individuals.
   e. List ways in which certain individuals have helped the group.
   f. List activities/projects that the group could undertake in the future.

5. Additional steps that are recommended for parent groups include:
   a. Filing for a state charter which verifies the existence of the group. To obtain one, write to:

Secretary of State
State Capitol Building
Des Moines, IA 50319

b. Register as a non-profit organization if the group will be soliciting funds. (Be aware, however, that non-profit organizations may not engage in political lobbying activities.) Write to:

Attorney General's Office
Department of Justice
Hoover Building
Des Moines, IA 50319

c. File for tax-exempt status from the federal Internal Revenue Service. This is necessary if the group will be soliciting business and raising funds. It is recommended that the group obtain several copies of Form 1023 from the IRS office, and have them filled out by a lawyer.

6. The following is a list of suggestions for goals and activities.
   a. Provide opportunities for the families of children with hearing loss to interact on a social basis and to share experiences and ideas.
   b. Work with local schools to improve educational opportunities for students with hearing loss.
   c. Learn about available services and help secure services that are not offered.
   d. Make the public aware of the special needs of individuals with hearing loss.
   e. Raise funds and solicit contributions to use in furthering other goals.
   f. Purchase special equipment for individuals or for educational programs.
   g. Provide films, lectures, and discussions on subjects relating to hearing impairment and/or relating to the needs of the group's members.
   h. Provide opportunities for parents and students to interact with adults who have hearing loss.
   i. Inform members of legislative changes that affect the education of their children with hearing loss. Organize efforts to express opinions to legislators.
   j. Make presentations to other service organizations, civic groups, legislators, college or public school classes, or the school board.
   k. Inform parents of agencies that offer services for their children with hearing loss.
   l. Review books and journals for timely information on hearing impairment.
   m. Share information about meetings and conferences that relate to hearing impairment.

Alphabet Soup!

Abbreviations often used in Iowa Special Education

ADA	Americans with Disabilities Act
AEA	Area Education Agency
BD	Behavior Disorder
CFR	Code of Federal Regulations
DE	Department of Education (Iowa)
EHA	Education of the Handicapped Act (PL 94-152—see IDEA)
MDT	Multidisciplinary Team
EYSE	Extended Year Special Education
IAC	Iowa Administrative Code
IDEA	Individuals with Disabilities Education Act
IEP	Individualized Education Program
IFSP	Individualized Family Service Plan
LD	Learning Disabled
LEA	Local Education Agency (School District)
LRE	Least Restrictive Environment
MD	Mentally Disabled
MPRRC	Mountain Plains Regional Resource Center
OSEP	Office of Special Education Programs
OSERS	Office of Special Education and Rehabilitation Services
PL	Public Law
RRC	Regional Resource Center
RSDS	Renewed Service Delivery System
SEA	State Education Agency
USC	United States Code
USDOE	United States Department of Education

Resource documents located in this section:

AEA Parent-Educator Coordinator listing
Local Parent Support Groups in Iowa
Parental Rights in Special Education
TIPs for Parents and Educators of Children and Youth with Hearing Loss

Parent and Educator Coordinators for Iowa's Parent-Educator Connection

AEA 1

Jerry Carspecken (Educator)
Theresa McCabe (Parent)
Keystone AEA 1
RR 2, Box 19
Elkader, IA 52043
319/245-1480 or
800/632-5918

Gloria Klinefelter (Parent)
Keystone AEA 1
1473 Central Avenue
Dubuque, IA 52001
319/556-3310 or
800/942-4668

AEA 2

Roberta Kraft-Abrahamson
(Educator)
Paula Linnevold (Parent)
Northern Trails AEA 2
P.O. Box M
Clear Lake, IA 50428
515/357-6125 or
800/392-6640

AEA 3

Peg Baehr (Educator)
Marcia Vrankin (Parent)\
Lakeland AEA 3
401 I/2 Grand
Spencer, IA 51301
712/262-4704

AEA 4

Marge Beernink (Parent)
Larry Biehl (Educator)
Meg Otto (Educator)
Area Education Agency 4
102 South Main Avenue
Sioux City, IA 51250
712/722-4374 or
800/572-5073

AEA 5

Kathy Lenz
(Main Parent Contact)
Arrowhead AEA 5
1235 5th Avenue South
P.O. Box 1399
Fort Dodge, IA 50501
515/576-7434 or
800/475-2183

Steve Volkert (Parent)
Gary Petersen (Educator)
Arrowhead AEA 5
628 Geneseo Street
Storm Lake, IA 50588
712/732-2257

AEA 6

Nita Fagerlund (Parent)
Teri Mayer (Educator)
Area Education Agency 6
909 South 12th Street
Marshalltown, IA 50158
515/753-3564

AEA 7

Donna Hansen (Parent)
Catherine Hill-King (Educator)
Area Education Agency 7
Special Education Building
3706 Cedar Heights Drive
Cedar Falls, IA 50613
319/273-8250

AEA 9

Mardi Deluhery (Parent)
Jim Kay (Educator)
Mississippi Bend AEA 9
729 21st Street
Bettendorf, IA 52722
319/355-4644

AEA 10

Geri Pettitt (Parent)
Marsha LaFollette (Educator)
Grant Wood AEA 10
4401 Sixth Street S.W.
Cedar Rapids, IA 52404
319/399-6700 or
800/332-8488

AEA 11

Deb Thomas (Educator)
Heartland AEA 11
6500 Corporate Drive
Johnston, IA 50131
515/270-9030 or
800/362-2720

Jane Guy
(Main Parent Contact)
RR 5
Newton, IA 50208
515/792-6614 home
515/792-4870 office

Tamra Cooke (Parent)
1568 Johnson
Indianola, IA 50125
515/961-7936

Barbara Crawford (Parent)
4506 88th St.
Urbandale, IA 50322
515/278-0747

Carol Kelley (Parent)
1008 Cedar Street
Adair, IA 50002
515/742-3444 home
515/747-2212 office

Marla Lenocker (Parent)
4155 1st Ave.
Audubon, IA 50025
712/563-2345 home
712/563-2336 Audubon
712/792-3102 Carroll

AEA 11 (cont.)

Jan Mackey (Parent)
8217 Sutton Drive
Urbandale, IA 50322
515/276-2544

Becky Meade (Parent)
4121 Ovid
Des Moines, IA 50310
515/255-2317

Terry Mendell (Parent)
120 E. Ninth St.
Pella, IA 50219
515/628-1737 home
515/842-2719 office

Elizabeth Nygaard (Parent)
RR 4
Ames, IA 50010
515/292-1350 home
232-7583 office

Brenda Rieken (Parent)
1408 Garst Ave.
Boone, IA 50036
515/432-5282
515/432-6345 office

Jo Ann Struve (Parent)
1317 NW Pebble
Ankeny, IA 50021

AEA 12

Linda Appleby (Parent)
Mark Monson (Educator)
Western Hills AEA 12
1520 Morningside Avenue
Sioux City, IA 51106
712/274-6020 or
800/352-9040

AEA 13

Cindy Miller (Parent)
Jens Simonsen (Educator
AEA Atlantic Extension
Office
510 Poplar
Atlantic, IA 50022
712/243-1480 or
712/755-3896

AEA 14

Harold Connolly (Educator)
Green Valley AEA 14
1405 N. Lincoln
Creston, IA 50801
515/782-8443 or
800/362-1864

Susie Strait (Parent)
Box 11
Corning, IA 50841
515/322-4489

AEA 15

Donald R. Bramschreiber
(Educator)
Cindy Baker
(Main Parent Contact)
Judy Schiros (Parent)
Southern Prairie AEA 15
Route 5, Box 55
Ottumwa, IA 52501
515/682-8591 or
800/622-0027

Lisa Evans (Parent)
Southern Prairie AEA 15
410 S. 11th St.
Oskaloosa, IA 52577
515/672-2546
515/672-2547

Carol Followwill (Parent)
Southern Prairie AEA 15
105 E. Locust, Box 53
Bloomfield, IA 52537
515/664-3488

Joann McDonald (Parent)
Southern Prairie AEA 15
519 Drake Ave.
Centerville, IA 52544
515/856-6102

AEA 16

Ronald Dente (Educator)
Cory Menke (Parent)
Great River AEA 16
1200 University
P.O. Box 1065
Burlington, IA 52601
319/753-6561 or
800/382-8970

State Parent Contact:
Deb Samson
State Educator Contact:
Dena Goplerud

Mountain Plains Regional
Resource Center
Drake University
Des Moines, IA 50311
515/271-3936

Iowa Exceptional Parent Center

Kris Christiansen
Box 1151
Fort Dodge, IA 50501
515/576-5870

Parent Partnership Project

Darrell L. Bolender
Parent Coordinator
Parent Partnership Program
Iowa Child Health Specialty
Clinics
239 Hospital School
Iowa City, IA 52242
319/356-8391

Reviewed and updated 9/92

Local Support Groups in Iowa for Parents of Children and Youth with Hearing Loss

Listed below are the various parent support groups that exist in Iowa at the time of this writing. Many area education agencies [AEAs] do not currently have a parent group, or have a parent group without a name. Where this is the case, feel free to contact the individual[s] listed at the AEA address.

If you have information to add, please send it to the Hearing Consultant, Bureau of Special Education, Iowa Department of Education, Grimes State Office Building, Des Moines, IA 50319-0146

AEA 1

Western Dubuque Parents of Hearing Impaired
Contact Person:
Zondra Foster
Keystone AEA
Conlin Building
1473 Central Ave.
Dubuque, IA 52001
319/588-0538

Tom Raulerson, Supervisor
Hearing Conservation/Education Services
or
Parent-Educator Coordinator
Keystone AEA 1
R.R. 2, Box 19
Elkader, IA 52043
800/632-5918 or 319/245-1480

AEA 2

Contact Person:

Washington Elementary
314 S. 7th St.
Osage, IA 50461
515/732-5492

Leigh Trembath, Department Head
Hearing Department
or
Parent-Educator Coordinator
Northern Trails AEA 2
P.O. Box M
Clear Lake, IA 50428
800/392-6640 or 515/357-6125

AEA 3

Contact Person:
Judy Mischke
Lakeland AEA 3
Box 38
Cylinder, IA 50528
712/424-3720 or 800/242-5100

Peg Baehr, Supervisor
Audiology Department
or
Parent-Educator Coordinator
Lakeland AEA 3
400 1/2 Grand
Spencer, IA 51301
712/262-4704

AEA 4

Contact Person:
Sharon Kemp
Rock Valley Elementary
1910 15th St.
Rock Valley, IA 51247
712/476-2769

Alan Heidecker, Supervisor
Hearing Division
or
Parent-Educator Coordinator
Area Education Agency 4
102 S. Main Ave.
Sioux Center, IA 51250
800/572-5073 or 712/722-4374

AEA 5

Nick Salmon, Supervisor
Hearing Conservation/Education Services
or
Parent-Educator Coordinator
Arrowhead AEA 5
1235 Fifth Ave. South
PO Box 1399
Fort Dodge, IA 50501
515/576-7434 or 800/234-2183

AEA 6

Karen Christensen, Supervisor
Chris Hull, Lead Audiologist
Hearing Conservation/Education Services
or
Parent-Educator Coordinator
Area Education Agency 6
210 S. 12th Ave.
Marshalltown, IA 50158
515/752-1578

AEA 7

Nancy Neymeyer, Audiology Supervisor
Becky Budensiek, Hearing Impaired Consultant
Hearing Conservation/Education Services
or
Parent-Educator Coordinator
Area Education Agency 7
3706 Cedar Heights Drive
Cedar Falls, IA 50613
319/273-8269

AEA 9

Mississippi Bend Assn for the Hearing Impaired
Contact Person:
Jim Oliger
319/326-5005

Clinton Area Association for the Hearing Impaired
Contact Person:
Sherry Carter
319/242-6454

Muscatine County Parents' Association for the Hearing Impaired
Contact Person:
Mary Mills
319/263-8476

Ron Huddleston Supervisor
Audiological and Education, Hearing-Impaired Services
or
Parent-Educator Coordinator
Mississippi Bend AEA 9
729 21st St.
Bettendorf, IA 52722

Jim Oliger
Special Education Coordinator
Davenport Community Schools
Vocational Center
1002 W. Kimberly Road
Davenport, IA 52803
319/391-8012

AEA 10

Contact Person:
Kathy Juba Wilson
4545 Wenig Road NE
Cedar Rapids, IA 52402
319/398-2452

Deb Preisser, Ph.D., Supervisor
Speech and Hearing Department
or
Geri Pettitt, Parent-Educator Coordinator
Grant Wood AEA 10
4401 Sixth St. SW
Cedar Rapids, IA 52404
800/332-8488 or 319/399-6820

AEA 11

Parent Partnership
Contact Person:
Sue Simons
515/225-1356

James Doyle, Ph.D., Supervisor
Hearing Services
or
Parent-Educator Coordinator
Heartland AEA 11
6500 Corporate Dr.
Johnston, IA 50131
800/362-2720 or 515/270-9030

Tom Mitchell, Supervisor
Programs for Hearing-Impaired Students
Des Moines Independent Community School District
1800 Grand Ave.
Des Moines, IA 50307
515/242-7615

AEA 12

Robert Ownby, Supervisor
Hearing Conservation/Education Services
or
Parent-Educator Coordinator
Western Hills AEA 12
1520 Morningside Avenue
Sioux City, IA 51106

AEA 13

Debra Berger, Lead Teacher
Audiology/Education Services for the Hearing Impaired
or
Cindy Miller, Parent-Educator Coordinator
Loess Hills AEA 13
Halverson Center for Education
Box 1109
Council Bluffs, IA 51502
712/366-0503 or 800/432-5804

AEA 14

Gary Boswell, Supervisor
Audiology Department
or
Susie Strait, Parent-Educator Coordinator
Green Valley AEA 14
1405 N. Lincoln
Creston, IA 50801
800/362-1864 or 515/782-8443

AEA 15

Robert Williams, Ph.D., Supervisor
Audiology Department
or
Parent-Educator Coordinator
Southern Prairie AEA 15
Route 5, Box 55
Ottumwa, IA 52501
800/622-0027 or 515/682-8591

AEA 16

Southeast Iowa Assn for Hearing Impaired Children
P.O. Box 704
Burlington, IA

Edwin Minard, Supervisor
Hearing Conservation/Education Services
or
Cory Menke, Parent-Educator Coordinator
Great River AEA 16
1200 University, P.O. Box 1065
Burlington, IA 52601
800/582-2381 or 319/753-6561

Statewide organizations:

Iowa Parents of the Deaf

Contact Person:
Tom Froehle

Iowa Association of the Deaf

Contact Person:
Ken Derby
712/366-3225

Iowa Coalition for Deaf and Hard of Hearing Persons

Contact Person:
Greg Desrosiers
712/366-0571 voice/TDD or
712/366-1123 TDD only

Iowa Conference for the Hearing Impaired

Contact Person:
David Persinger
West Des Moines

Self-Help for Hard of Hearing Persons

Contact Person:

Pilot Parents of Iowa

Contact Person:
Carla Lawson
33 N. 12th St.
Fort Dodge, Iowa 50501
515/576-5870

Parental Rights In Special Education

As parents of infants, toddlers, children or young adults who are receiving or who might receive special education you have certain rights which are guaranteed by state and federal law. By regulation, we are required to notify you of all of your rights whether or not you use all of them [§300.505(a)(1)]. {Note: Legal citations refer to Title 34, Code of Federal Regulations, Part 300, Assistance to States for Education of Children with Disabilities} These rights are listed in this brochure. If you would like a further explanation of them, contact your local school district Superintendent; Area Education Agency (AEA) Director of Special Education; or the Bureau of Special Education, Iowa Department of Education, Grimes State Office Building, Des Moines, IA 50319-0146 (telephone 515/281-3176).

Both you and the school district share in the education of your child. If you or the school have concerns about the education of your child, you and your child's teacher should hold early and open discussions about the issues. If your child has a disability, you are urged to become actively involved in the development of your child's Individualized Education Program (IEP).

Definitions

In special education, two words and one phrase have specific meanings.

Consent means:

1. that you have been fully informed of all information relevant to the activity for which consent is sought, in your native language, or other mode of communication;
2. that you understand and agree in writing to the carrying out of the activity for which your consent is sought, and the consent describes that activity and lists the records (if any) which will be released and to whom; and
3. that you understand that the granting of consent is voluntary on your part and may be revoked at any time.

Evaluation means procedures used in accordance with protection in evaluation procedures to determine whether a child is disabled and the nature and extent of the special education and related services that the child needs. The term means procedures used selectively with an individual child and does not include basic tests administered to or procedures used with all children in a school, grade, or class.

Personally Identifiable means that information which includes:

1. the name of your child, your name, or the name of other family members;
2. the address of your child;
3. a personal identifier, such as your child's social security number or student number; or,
4. a list of personal characteristics or other information which would make it possible to identify your child with reasonable certainty. [§300.500]

Notice

YOU HAVE THE RIGHT TO:

1. receive notice of all meetings conducted for the purpose of developing, reviewing and revising your child's individualized education program (IEP). This notice should be received by you early enough to insure that you will have an opportunity to attend, and the meeting scheduled at a mutually agreed on time and place. In addition, the notice must indicate the purpose, time and location of the meeting, and who will be in attendance. [§300.343, §300.345]

2. receive a written notice a reasonable time before the agency PROPOSES or REFUSES to initiate or change the identification, evaluation or educational placement of your child or the provision of a free appropriate public education for your child. The notice shall include:

   a. a full explanation of all of the procedural safeguards available to you under the Individuals with Disabilities Education Act, Part B (IDEA-B) and discussed in this brochure; and,
   b. a description of the action proposed or refused by the school district, including:
      (1) an explanation of why the school district proposes or refuses to take the action;
      (2) a description of any options the school district considered and the reasons why those options were rejected;
      (3) a description of each evaluation procedure, test, record or report the school district uses as a basis for the action proposed or refused; and,
      (4) a description of any other factors which are relevant to the school district's proposal or refusal [§300.504-505].

3. receive this notice written in language understandable to the general public and provided in your native language or other mode of communication you use. If your method of communication is not a written language, you have the right to have the notice translated orally or by other means. The intent is to insure that you understand the content of the notice. [§300.505]

The school district must maintain written evidence that it has made every attempt to provide the notice in language that is understandable to you. [§300.505]

Consent

YOU HAVE THE RIGHT TO:

give written consent before a school district conducts a preplacement evaluation of your child or before the initial placement of your child in a program providing special education and related services.

Except for preplacement evaluation and initial placement, consent may not be required as a condition of any benefit to you or your child. However, the school district must give notice as indicated above.

If you refuse consent for preplacement evaluation or initial placement of your child, the school district or AEA must take appropriate action, which may include the initiation of a due process hearing, to determine if your child may be evaluated or provided special education without your consent. If the administrative law judge upholds the school district or AEA, an initial evaluation or initial special education program may be provided subject to your right to appeal the decision. [§300.504]

Records

YOU HAVE THE RIGHT TO:

1. an opportunity in accordance with the procedures in §§300.562-300.569 to inspect and review all education records with respect to the identification, evaluation and educational placement of your child and the provision of a free appropriate public education to your child.

2. have your request to review records met:
   a. without unnecessary delay;
   b. before any meeting regarding an individualized education program or hearing relating to the identification, evaluation, or placement of your child; and,
   c. no more than 45 days after your request. [§300.560, §300.562]

Your rights to review records include:

1. your right to a response from the school district to reasonable requests for explanations and interpretations of the records. [§300.562]

2. your right to request that the school district provide you with copies of the records if failure to provide those copies would effectively prevent you from exercising the right to inspect and review the records. [§300.562] The school district may charge a fee for copies of records which are made available if the fee does not effectively prevent you from exercising your right to inspect and review those records. Fees for searching for or retrieving information are not allowed. [§300.566]

3. your right to have a representative of your choice inspect and review the records. [§300.562]

4. your right to inspect and review only the information relating to your child even if the record contains information about another child. [§300.564]

5. your right to be provided upon your request a list of the types and locations of education records collected, maintained, or used by the school district. [§300.565]

6. your right to be informed by the school district when personally identifiable information collected, maintained, or used is no longer needed to provide educational services to your child.

7. your right to have information destroyed at your request. However, a permanent record of a student's name, address, and phone number, his or her grades, attendance record, classes attended, grade level completed, and year completed may be maintained without time limitation. (Records may be needed for other purposes. You are reminded that you or your child may need those records for social security benefits or other purposes.) [§300.573] For Federal audit, some records must be retained for five years after the end of Federal funding of a grant. [Title 34 CFR §§76.731, 76.734]

Under the regulations for the Family Educational Rights and Privacy Act, the rights of parents regarding education records are transferred to the student at age 18. [Title 34 Code of Federal Regulations §99.5(a)]

Your right to amend records includes:

1. the right to request that the school district which maintains the records to amend information in the record if you believe it to be inaccurate, misleading or violates the privacy or other rights of your child. [§300.567]

2. the right to receive a decision regarding your request within a reasonable period of time. [§300.567]

3. if the school district decides to refuse to amend the information in accordance with the request it shall inform you of the refusal, and advise you of the right to a hearing under §300.568. If, as the result of the hearing, the school district decides that the information:
   a. is inaccurate, misleading or otherwise in violation of the privacy or other rights of your child, the school district shall amend the record accordingly and inform you in writing of the amendment.
   b. is not inaccurate, misleading or otherwise in violation of privacy or other rights of your child, the school district must inform you of your right to place in the records a statement commenting on the information or setting forth any reasons for disagreeing with the school district's decision. This statement must be maintained in the records of your child as long as the record or contested portion is maintained by the school district. If the records of your child or the contested portion is disclosed by the school district to any party, the explanation must also be disclosed to the party. [§§300.568-569]

Your right to consent regarding records includes:

your consent must be obtained before personally identifiable information is:

1. disclosed to anyone other than officials of participating agencies collecting or using the information unless authorized to do so under Title 34 Part 99, Family Educational Rights and Privacy.

2. used for any purpose other than meeting a requirement under Title 34 Part 300. [§300.571]

A school district may presume that a parent has authority to inspect and review records relating to a child unless the school district has other information that denies the authority under state law (guardian, divorce). [§300.562]

The school district is required to keep a record of persons obtaining access to your child's records, including the name of the party, the date access was given and the purpose for which the party used the records. [§300.563] You have a right to review this record.

Protection In Evaluation Procedures

YOU HAVE A RIGHT TO:

1. give consent (discussed elsewhere in this brochure) for a preplacement evaluation. [§300.504]

2. have testing and evaluation materials and procedures used for the purpose of evaluation and placement of your child selected and administered so as not to be racially or culturally discriminatory. [§300.530]

3. a full and individual evaluation of your child's educational needs prior to initial placement in special education and conducted in accord with Federal and State requirements listed below. [§300.531]

4. at a minimum, have tests and other evaluation materials:
   a. that are provided and administered in your child's native language or other mode of communication, unless it is clearly not feasible to do so;
   b. that have been validated for the specific purpose for which they are used; and,
   c. that are administered by trained personnel in conformance with the instructions provided by their producer. [§300.532]
5. at a minimum, have tests and other evaluation materials include those tailored to assess specific areas of educational need and not merely those which are designed to provide a single general intelligence quotient. [§300.532]

6. at a minimum, have tests selected and administered so as best to ensure that when a test is administered to a child with impaired sensory, manual, or speaking skills, the test results accurately reflect the child's aptitude or achievement level or whatever other factors the test purports to measure, rather than reflecting the child's impaired sensory, manual, or speaking skills (except where those skills are the factors which the test purports to measure). [§300.532]

7. at a minimum, have no single procedure used as the sole criterion for determining an appropriate educational program for your child. [§300.532]

8. at a minimum, the evaluation made by a multidisciplinary team or group of persons, including at least one teacher or other specialist with knowledge in the area of suspected disability. [§300.532]

9. at a minimum, have your child assessed in all areas related to the suspected disability, including, where appropriate, health, vision, hearing, social and emotional status, general intelligence, academic performance, communicative status and motor abilities. (Children who have a speech-language impairment as their primary disability may not need a complete battery of assessments. However, a

qualified speech-language pathologist would evaluate the child and make referrals when appropriate.) [§300,532]

In interpreting evaluation data and in making placement decisions, **you have a right to:**

1. have the multidisciplinary team:
   a. draw upon information from a variety of sources, including aptitude and achievement tests, teacher recommendations, physical condition, social or cultural background, and adaptive behavior;
   b. insure that information obtained from all of these sources is documented and carefully considered;
   c. insure that the placement decision is made by a group of persons, including persons knowledgeable about the child, the meaning of the evaluation data, and the placement options; and,
   d. insure that the placement decision is made in conformity with the least restrictive environment rules.[§300.533]
2. develop an individualized education program (IEP) in accord with Federal and State requirements if your child is determined to have a disability and needs special education and related services. [§300.533]

YOU HAVE THE RIGHT TO:

have your child reevaluated according to procedures indicated above every three years or more frequently if conditions warrant or if you or your child's teacher requests an evaluation. [§300.534]

Independent Educational Evaluation

An ***Independent educational evaluation*** means an evaluation conducted by a qualified examiner who is not employed by the school district or AEA responsible for the education of the child in question.

YOU HAVE THE RIGHT TO:

1. obtain an independent educational evaluation of your child, subject to conditions noted in items 3 through Note below. [§300.503]

2. receive on your request, information about where an independent evaluation may be obtained.

3. an independent educational evaluation at public expense if you disagree with an evaluation obtained by the school district. However, the school district may initiate a hearing to show that its evaluation is appropriate. If the final decision is that the evaluation is appropriate, you still have the right to an independent educational evaluation, but not at public expense.

Public expense means that the school district either pays for the full cost of the evaluation or insures that the evaluation is otherwise provided at no cost to the parent. This does not relieve an insurer or similar third party from an otherwise valid obligation to provide or to pay for services provided to a child with a disability.

4. obtain an independent educational evaluation at private expense. The results of this evaluation:
   a. must be considered by the school district in any decision made with respect to the provision of a free appropriate public education for your child: and,
   b. may be presented as evidence at a hearing regarding your child.
5. obtain an independent educational evaluation at public expense if an administrative law judge requests one as a part of a hearing.

NOTE: Whenever an independent educational evaluation is at public expense, the criteria under which the evaluation is obtained, including the location of the evaluation and the qualifications of the examiner, must be the same as the criteria which the school district uses when it initiates an evaluation.

Surrogate Parents

1. To insure that the rights of a child are protected, the school district must ask the AEA Director of Special Education to appoint a surrogate parent when:
   a. no parent (guardian) can be identified;
   b. no parent can be discovered after reasonable efforts; or,
   c. the child is a ward of the state. [§300.514]

   A surrogate parent must be appointed in the above circumstances.

2. The surrogate parent protects the rights of the child and may represent the child in all matters relating to a free appropriate public education including identification, evaluation and educational placement. [§300.514]

3. Criteria for selection of surrogate parents:

   a surrogate parent shall have no interest that conflicts with the interest of the child he or she represents, shall have knowledge and skills that ensure adequate representation and shall not be an employee of any agency involved in the care or education of the child.

Requesting A Special Education Due Process Hearing

Your child with disabilities has a right to a free appropriate public education. At times, you may disagree when the school district proposes or refuses to initiate or change the identification, evaluation, or educational placement of your child or, the provision of a free appropriate public education for your child. Every attempt should be made to resolve these differences with your school district or AEA as soon as they arise. If they cannot be resolved, you may request an impartial due process hearing. To request a due process hearing, write to the Director of Education, Iowa Department of Education, Grimes State Office Building, Des Moines, Iowa 50319-0146. The letter shall include a clear and concise statement of the exact nature of the disagreement. The letter must be signed, notarized and dated. The school district may initiate a due process hearing when you refuse to accept the school district's proposal or refusal to initiate or change the identification, evaluation, or educational placement or the provision of a free appropriate education for your child. [§300.506]

The Department of Education maintains a list of the persons who serve as administrative law judges. The list includes a statement of the qualifications of each of those persons.

Impartial Due Process Hearing

YOU HAVE A RIGHT TO:

1. initiate a due process hearing on any matter relating to the proposal or refusal of a school district to initiate or change the identification, evaluation, educational placement or the provision of a free appropriate public education for your child. [§300.506]

2. have the hearing conducted by the Iowa Department of Education through an impartial administrative law judge who is not employed by a public agency involved in the education or care of your child or who may have a personal or professional interest which would conflict with his or her objectivity in the hearing. A person who otherwise qualifies to conduct a hearing is not to be considered an employee of the agency solely because he or she is paid by the agency to serve as an administrative law judge.[§300.507]

3. be informed by the Department of Education of any free, low-cost legal and other relevant services available in the area, if you request the information, or if you or the school district initiates a due process hearing. [§300.506]

4. have the hearing conducted at a time and place which is reasonably convenient to you and your child. Each hearing involving oral arguments must be conducted at a time and place which is reasonably convenient to the parents and child involved. [§300.512]

5. open the hearing to the public if you desire. [§300.508]

6. have your child present during the hearing. [§300.508]

7. have your child remain in the present educational placement while the hearing or judicial proceedings are pending, unless you agree in writing to other arrangements. If the dispute involves initial admission to public school, you have the right to have your school-aged child placed in a public school program with your consent until the completion of all proceedings. [§300.513]

ANY PARTY TO AN IMPARTIAL DUE PROCESS HEARING HAS A RIGHT TO:

1. be accompanied and advised by counsel and by individuals with special knowledge or training with respect to the problems of children with disabilities.

2. present evidence and confront, cross-examine and compel the attendance of witnesses.

3. prohibit the introduction of any evidence at the hearing that has not been disclosed at least five days prior to the hearing.

4. obtain a written or electronic verbatim record of the hearing (Oral proceedings in whole or in part may be transcribed at the request of any party with the expense of the transcription charged to the requesting party. Copies of recorded tapes of oral proceedings will be provided at no cost to parties.);

5. obtain written findings of fact and decisions no later than 45 days after request for the hearing unless waiver of timelines is granted by the administrative law judge at the request of either party. The Department shall transmit those findings and decisions, after deleting personally identifiable information, to the State special education advisory panel and made available to the public. After deleting personally identifiable information, findings of fact and decisions are direct mailed to all school districts in the State. A copy of the decision is mailed to each of the parties.[§300.508]

6. bring civil action in state or federal court if you are aggrieved by the decision of the administrative law judge. If parents prevail in any action or proceeding brought, the court, in its discretion, may award reasonable attorney's fees. [§300.511]

Approved June 4, 1992, by Office of Special Education Programs, Office of Special Education and Rehabilitation Services, U. S. Department of Education

TIPs Program for Parents and Educators of Children and Youth with Hearing Loss

Bureau of Special Education, Iowa Department of Education

Iowa Parent-Educator Connection Conference

February, Des Moines

A strand of sessions relating specifically to children and youth with hearing loss or deafness is being offered at this conference. These special sessions will focus on issues relative to students of preschool or school age. Participants are not restricted to the sessions oriented toward hearing loss, but may choose from the smorgasbord of offerings in all areas of special education. Kathy Buckley, deaf comedian, was the keynote speaker at the 1993 conference. There is a $10 registration fee, which partially covers conference costs such as the Thursday and Friday lunches. Contact your AEA Parent Educator if you would like to register for this conference; the registration deadline is typically in January.

TIPs for Families of Children with Hearing Loss—Seminar Weekends

Dates and locations to be announced

Two to three TIPs weekends are being planned for the 1993-94 school year. During 1992-93, a weekend retreat for parents and children was held February 12-14 in Spirit Lake. Workshop topics will be essentially the same at each meeting, although presenters will be different, so actual content will vary and will be appropriate for families and educators of all children with hearing loss. Parents of infants, preschoolers, and other children with recently identified hearing loss are particularly encouraged to attend one of the TIPs meetings, especially if they have not participated in one of the previously offered Parent-Infant Institutes. By having two to three meetings yearly in different parts of the state, we hope to make the workshop content and networking more accessible to all families and educators of children and youth with hearing loss. More detailed information regarding the TIPs weekends will be disseminated throughout the year.

Iowa Conference for the Hearing Impaired (ICHI) and TIPs for Families and Educators of Students with Hearing Loss

March/April, Des Moines

Concurrently with ICHI, we are planning to offer sessions relative to children and youth with hearing impairment, with a focus on adolescent and young adult issues. This will not be a joint conference, but two separate conferences, TIPs and ICHI, held at the same location and time. Participants will be free to choose to attend either conference's sessions as they please, but must register for TIPs to attend any TIPs sessions and for ICHI to attend any ICHI sessions. There will be no registration fee for the TIPs sessions, but those wishing to attend ICHI sessions must pay its registration fee.

For more information, contact:

Tammie Adkins, Consultant
Hearing Conservation/Education Services
Bureau of Special Education
Iowa Department of Education
Grimes State Office Building
Des Moines, IA 50319-0146
515/281-6038

Marsha Gunderson, Consultant
Hearing Impaired Educational/Instructional Services
Bureau of Special Education and
Iowa School for the Deaf
1600 Hwy 275 South
Council Bluffs, IA 51501-7898
712/366-3284

4/93

Public Awareness

Public relations, awareness, and liaison activities are all necessary components of any school-related program for education of students with hearing loss, hearing conservation, and audiology programs. Each agency must promote understanding, inform potential users of services available, obtain and reinforce support for its functions, and involve the consumer public to gain advocates of the program. Area education agencies (AEAs), in cooperation with school districts or local education agencies (LEAs), have the responsibility of coordinating and conducting public awareness and public relations activities. A sharing of pertinent information received from a multitude of sources throughout the state and country may be accomplished through support networks such as community members and resources, AEA/LEA and other special and general education staff members, and parents of children with hearing loss.

Community

One of the most effective ways to deliver information to the public is through community media that announce an event or report it after it occurs. News releases, as well as appearances on radio and television public affairs programs and "talk" segments of noon news shows, are effective. Special programming, such as the broadcasting of sign language classes on the local educational television station, may also be possible. In some instances media services are provided free of charge to charitable and non-profit organizations if the information is judged to be of interest to the general public and includes an offer of a free service or requests non-financial public assistance. An area education agency communication coordinator may be available to assist in contacting local newspapers, television and radio stations, and other media.

Other community-oriented activities may include:

- Becoming active in writing or prompting others to write editorials and articles related to hearing impairment. Articles or features giving recognition to agencies or persons that have contributed time and money to causes related to hearing impairment are an excellent way to promote awareness.
- Placing displays, posters, information on bulletin boards, or volunteers at local malls, libraries, and other areas, or participating in events such as health fairs, Deaf Awareness Week activities, Human Relations Week activities, and Better Hearing and Speech Month activities. Have available buttons with logos related to hearing impairment, for distribution at different meetings and presentations.
- Encouraging hearing-impaired persons to request services that will facilitate accessibility to community functions and vital public information. This may include amplified classroom demonstration projects, using sign language interpreters on local television newscasts, FM loop systems in local theaters (used with a hearing aid telecoil or special earphones), interpreters for community theater and school productions, visual storm warnings on television, and the placement of "deaf child playing in area" signs on streets where deaf children live.
- Increasing public awareness via maintaining a speakers' bureau of professionals available to give presentations to fraternal and other community organizations, production of a brochure of titles and subjects (not presenter names) on which presentations may be given, and wide distribution of the brochure throughout the community.
- Serving on a variety of committees, both intra- and inter-district, will allow you a voice and an opportunity to represent the hearing impaired.

- Hearing screenings at health fairs or other gatherings of similar nature.
- Better Hearing and Speech Month activities during May of each year.

Local education agencies

School activities can be very effective in promoting public awareness of hearing impairment. A large segment of our population, including parents, relatives, friends of school children, and especially the children themselves, attend school or school-related functions that provide a forum for increasing their knowledge and awareness of hearing impairment and its effects.

Activities at the local school building and district levels might include:

- In libraries, setting up learning center displays that include materials written at both child and adult levels, including sign language books; handouts, books and other literature on deafness; and biographies of persons with hearing loss.
- Sponsoring sign language classes that are open to parents of students with hearing loss as well as other interested persons.
- Providing sign language classes in the school building for students and teachers.
- Using reverse integration (bringing normal-hearing peers into the classroom for students with hearing loss) to encourage more social interactions between students with and without disabilities.
- Establishing a buddy system, which may include peer tutoring, between students with and without hearing loss.
- Forming a small group of students, including both those with and those without hearing loss, for social purposes.
- Notices and articles in newsletters, newspapers, and other local publications of upcoming hearing screening activities.

Other school-oriented activities for AEA and LEA staff might include:

- Meeting with school nurses, general education teachers, counselors, and principals to offer suggestions to promote awareness.
- Offering inservice in classrooms where students with hearing loss are integrated. Include activities like the "Unfair Hearing Test," putting earplugs in the ears for an hour, and having a presenter who signs to the class.
- Contributing articles about hearing and hearing loss to the school-district newsletter, school newspapers, and other publications.
- Forming a speakers' bureau comprised of audiologists and teachers of the hearing impaired, available to provide inservice to school-oriented groups, service associations, and other organizations.

Activities at the State and National levels

- Forming Better Hearing and Speech Month coalitions among audiologists, hearing aid dealers, ear-nose-throat specialists, and persons with speech-language or hearing disabilities.
- Creating a speakers' bureau at the state level, comprised of audiologists and teachers of the hearing impaired available to present to groups on a variety of topics in the area of hearing impairment.
- Cooperation with state organizations, such as Iowa Speech-Language-Hearing Association (ISHA), Iowa Teachers of the Hearing Impaired (ITHI), Iowa Parents of the Deaf. (IPOD), and Iowa Conference for the Hearing Impaired (ICHI).
- Membership and/or participation in the American Speech-Language-Hearing Association (ASHA) Public Information Exchange (PIE).
- Participation in the ASHA Audiology public relations campaign participation. Marketing kits may be obtained from ASHA Publications.

Involving parents of children with hearing loss in public awareness activities

Active parents can be a moving force in helping to make the public aware of hearing loss and its effects. One way to strengthen them as a group is to provide leadership in educational, social, and fund-raising activities, as well as other support functions. Support may be provided in the following activities:

- Development and maintenance of parent organizations. A non-profit parent organization is an excellent liaison between local support organizations and those in need of help. The group may solicit funds from local organizations and/or sponsor fund-raising activities of their own. These funds can be used to provide hearing aids, hearing aid batteries, summer camp scholarships, summer educational programs, and social activities for children and adolescents with hearing loss.
- Sponsoring and/or participating in inservice activities to give parents information regarding hearing impairment.
- Facilitating weekend retreats for social and educational purposes.
- Guiding the development of parent support groups.
- Encouraging social coffees where parents can meet on an informal basis to discuss mutual concerns and have a respite from the day-to-day pressures of parenting a child with a disability.
- Participating and encouraging others, including deaf adults, to participate in LEA support groups for parents of children with hearing loss, Parent-Teacher Organizations, and other school/parent organizations.
- Supporting programs that inform and involve members of the extended family.
- Coordinating sign language classes for parents, members of the extended family, potential educational interpreters, and other interested persons.
- Providing assistance in planning social events for teenagers who are deaf or hard of hearing.
- Making newsletters, brochures, literature, and other informational materials available to parents. Placing a bibliography of literature about hearing impairment in the public library, is one example of what can be done.

Resource documents located in this section:

None

Program Management and Evaluation

Hearing Conservation/Education Services Program Evaluation System

The **Hearing Conservation/Education Services Program Evaluation System** was developed by the Iowa Department of Education in cooperation with the Area Education Agency Supervisors of Hearing Conservation/Education Services. Structured in a self-evaluation format to be used by staff members of the area education agencies, it assists in providing program direction for Iowa's AEA and LEA programs in audiology and services to students with hearing loss. The evaluation system has two major components: an evaluation checklist and a series of questionnaires.

The evaluation checklist is divided into four divisions, which address several aspects of hearing conservation services and instructional services: goals, organizational structure, service models, record-keeping processes, facilities, equipment and maintenance, curriculum, staff and consumer development, and the staff evaluation process.

Attachment I (the LEA questionnaire) provides a procedure for sampling the perceptions of local district personnel concerning the hearing program. Attachment II (the parent questionnaire) provides a procedure for gathering input through a parent survey. Attachment III (the student questionnaire) provides a procedure for getting input from a hearing-impaired student's viewpoint. The student survey (Attachment III) is recommended for only junior and senior high levels.

The edition of this instrument current at the time of this writing is included at the back of this section of the manual. For detailed information on any updates of the program evaluation system, contact either Iowa Department of Education Hearing Consultant (listed in the front and in the *Resources* section of this manual).

The Area Education Agency Annual Report to the Bureau of Special Education, Iowa Department of Education

The version of the state report format in use at the time of this writing is included later in this section of the manual.

Resource documents located in this section:

Hearing Conservation and Educational Services for Hearing Impaired Pupils: Program Evaluation System

AEA Year-End Report Form

Accreditation Standards: American Speech-Language-Hearing Association Professional Standards Board

State of Iowa
Department of Education
Bureau of Special Education
Grimes State Office Building
Des Moines, IA 50319-0146

Hearing Conservation and Educational Services for Hearing-Impaired Pupils

Program Evaluation System
1983

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Rationale

This document was developed to be a self-study evaluation system which would be used by hearing conservation and educational services programs of the Area Education Agencies in Iowa. The checklist format should be useful in evaluating and providing program direction for Iowa's AEA and LEA hearing programs.

Organization

The evaluation system has two major components: an evaluation checklist and a series of questionnaires. The evaluation checklist i divided into four divisions. Division I includes Goals (1.0) and the Organizational Structure (2.0) for hearing conservation and educational services programs. Division II deals strictly with hearing conservation services as provided by the Area Education Agency and includes Service Models (3.0); the Record Process (4.0); Facilities (5.0); and Equipment and Maintenance (6.0). Division III applies to instructional programming as provided by either the Area Education Agency or a local school district (LEA). This division includes Service Models (3.0); the Record Process (4.0); Facilities (5.0); Equipment and Maintenance (6.0) and Curriculum (7.0). Note that the numbering system in this Division coincides with Division II. This is so that Division II and Division III can be used to evaluate the total AEA program or to evaluate a local district program. A local district evaluation might, for example, include only Division I, Division III, and Division IV. Division IV includes Staff and Consumer Development (8.0), and Staff Evaluation Process (9.0) for both hearing conservation programs and instructional programs.

Attachment I (the LEA Questionnaire) provides a procedure for sampling the perceptions of local district personnel concerning the hearing program. Attachment II (the Parent Questionnaire) provides a procedure for gathering input through a parent survey. Attachment III (the Student Questionnaire) provides a procedure for getting input from a hearing-impaired pupil's viewpoint. The student survey (Attachment III) is recommended for only junior and senior high levels.

Instructions

This evaluation instrument is organized in checklist format. Each item should be checked (4) as appropriate on the rating scale:

Almost always	above 95% of the time
Frequently	51-95% of the time
Occasionally	36-50% of the time
Seldom	6-35% of the time
Almost never	less than 5% of the time
na	not applicable

The comment section provides space for clarifying statements, notes on location of documentation, examples, etc.

Program/Standard Activity	RATING SCALE AA = Almost Always (above 95%) FR = Frequently (51-95%) OC = Occasionally (36-50%) SE = Seldom (6-35%) AN = Almost Never (below 5%) na = not applicable						COMMENTS
Division I ***Hearing Conservation and Educational Services***	AA 95%+	FR 51-95%	OC 36-50%	SE 6-35%	AN <5%	na	
1.0 Goals							
1.1 General Considerations.							
1.1.1 The hearing conservation and educational services staff and supervisor have established yearly departmental goals and objectives, on file with the Division of Special Education.							
1.1.2 These goals and objectives reflect or complement the Division of Special Education and overall AEA philosophy.							
1.1.3 Goals and objectives are expressed in measurable terms.							
1.1.4 The supervisor uses a method to determine success or achievement of stated goals and objectives.							
1.2 Hearing Conservation and Educational Service Departmental Program Goals.							
1.2.1 Provide preschool through school age screening programs to identify pupils with hearing impairments.							
1.2.2 Provide direct and individualized audiological diagnostic services.							

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	AA 95%+	FR 51-95%	OC 36-50%	SE 6-35%	AN <5%	na	
1.2.3 Provide an ongoing parent program to assist families in meeting the needs of their hearing-impaired children.							
1.2.4 Provide an ongoing educational awareness program about hearing impairment and its prevention.							
1.2.5 Provide referral services to promote medical and educational remediation.							
1.2.6 Provide and document annual electroacoustic monitoring of all amplification systems assigned to children.							
1.2.7 Provide educational/linguistic diagnostic services to hearing-impaired children referred for evaluation.							
a. A multidisciplinary team evaluation is completed.							
b. Evaluations deemed appropriate for hearing-impaired pupils are administered.							
c. When hearing impairment is determined to be the primary disability, a hearing staff member assumes major responsibility for the appropriateness of diagnostic services and placement.							
1.2.8 Provide instructional services to hearing-impaired children.							
a. Instructional services are provided in the "least restrictive environment".							
b. Instructional services are provided to each child in the most appropriate communication mode.							
1.2.9 Provide appropriate support services to hearing-impaired children.							
a. Support services recommended by the staffing team are provided.							
b. Supplementary support assistance (.7 weighting) for amplification, tutorial assistance, etc., is explored and recommended as appropriate.							

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1.2.10 Establish short- and long-term program plans of educational intervention for children with hearing impairments.							
a. Input is sought from appropriate groups and individuals.							
1. Parents							
2. LEA personnel							
3. AEA support staff							
b. Plan is documented in writing.							
c. Plan is approved by Director of Special Education.							
d. Plan is reviewed on an annual basis.							
2.0 Organizational Structure							
2.1 Administration and Responsibility Levels							
2.1.1 The agency has a designated Board of Directors and an administrative structure which describes the responsibility levels of the following:							
AEA Structure a. Director of Special Education.							
b. Supervisor of Hearing Services.							
c. School Audiologist.							
d. Consultant, Hearing Impaired.							
e. Itinerant Teacher of the Hearing Impaired.							
f. Audiometrist.							

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LEA Structure							
a. Building Principal.							
b. Teacher of the Hearing Impaired.							
c. Educational Interpreter.							
d. Education Aides.							
2.1.2 The agency has clearly stated established lines of communication.							
2.2 Departmental Personnel							
2.2.1 Supervisor							
a. The supervisor holds appropriate certification from the Board of Educational Examiners, Iowa Department of Education.							
b. A designated supervisor clearly has responsibility and authority for the departmental program(s).							
c. The supervisor has a formally documented job description indicating qualifications, duties, and lines of responsibility.							
d. Duties of the supervisor include the development and periodic revision/updating of hearing conservation procedures to reflect existing needs, laws, and current regulations.							
e. The supervisor has authority to recommend candidates for employment in accordance with local, state, and federal personnel employment practices.							
f. A formal evaluation process exists for this position. (Describe or attach.)							
2.2.2 School Audiologist							
a. The school audiologist holds appropriate certification from the Board of Educational Examiners, Iowa Department of Education.							

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b. The school audiologist has a formally documented job description designating qualifications, duties, and lines of responsibility.							
c. A formal evaluation process exists for this position. (Describe or attach a copy.)							
2.2.3 Consultant, Hearing Impaired a. The consultant holds appropriate certification from the Board of Educational Examiners, Iowa Department of Education.							
b. The consultant for the hearing impaired/special class ratio meets state guidelines.							
c. The consultant has a formally documented job description designating qualifications, duties, and lines of responsibility.							
d. A formal evaluation process exists for this position. (Describe or attach a copy.)							
2.2.4 Teacher, Hearing Impaired a. The teacher of the hearing impaired holds appropriate certification from the Board of Educational Examiners, Iowa Department of Education.							
b. The teacher has a formally documented job description designating qualifications, duties, and lines of responsibility.							
c. The teacher/student ratio meets state guidelines.							
d. A formal evaluation process exists for this position. (Describe or attach a copy.)							
2.2.5 Audiometrist Technician a. The technician is employed under direct supervision of the school audiologist with direction from the supervisor in accordance with the rules/regulations of the Iowa Department of Education, Bureau of Special Education.							

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b. The technician has a formally documented job description designating qualifications, duties, and lines of responsibility.							
c. A formal evaluation process exists for this position. (Describe or attach a copy.)							
2.2.6 Educational Interpreter a. The interpreter has met state guidelines for this position.							
b. The interpreter has a formally documented job description designating qualifications, duties, and lines of responsibility.							
c. A formal evaluation process exists for this position. (Describe or attach a copy.)							
2.2.7 Educational Aides a. Each educational aide has met state guidelines for this position.							
b. Each educational aide has a formally documented job description designating qualifications, duties, and liens of responsibility.							
c. A formal evaluation process exists for this position. (Describe or attach a copy.)							
2.2.8 Secretarial Personnel a. Secretary/professional staff ratio is appropriate to meet departmental clerical needs.							
b. The secretary is specifically trained on the job and assigned departmental responsibilities specific to the needs of the hearing conservation and education services program.							

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Division II ***Hearing Conservation Services***							
3.0 Service Models							
3.1 Child Find/Public Awareness and Prevention							
3.1.1 The hearing department is carrying out its responsibilities under state and federal guidelines.							
3.1.2 The hearing department conducts an active program for public awareness.							
a. Media are used to disseminate information to the public concerning the prevention, discovery, and effects of hearing impairment as well as information on where and how to obtain hearing services.							
b. Brochures are made available to the public.							
c. A speakers' bureau is available for service clubs and other groups requesting information on hearing impairment and programs for hearing-impaired children.							
3.2 Identification/Screening Process							

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3.2.1 Established written guidelines are on file and are used by the hearing program for early identification of hearing loss in preschool and school-age children through the screening process.							
a. A minimum of six grades are screened annually, four at the elementary level and two at the secondary level; preferably one at the junior and senior high level.							
b. Kindergarten and first-grade children are screened individually.							
c. A minimum of four test frequencies at a maximum intensity level of 20 dB (ANSI) are used in the screening process.							
d. Screen-out rate is below 12% for group screening and below 8% for individual screening.							
e. Screening is done by a qualified audiometrist technician under supervision of the school audiologist.							
f. Preschool screening is done by the school audiologist.							
g. Impedance screening as specified in interim guidelines is being utilized.							
h. Special education classroom pupils are screened annually.							
i. Pupils referred for hearing assessments are screened or evaluated within 14 days subsequent to receipt of the referral.							
j. clinical speech caseloads are screened annually.							
3.2.2 The hearing conservation program complies with procedural safeguards at the state and federal levels for:							
a. The screening program.							
b. The referral process.							
c. The follow-up testing program.							
d. The placement process.							

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3.3 Audiological Evaluation Process							
3.31 Written guidelines are on file and used by school audiologists to complete audiological assessments of preschool and school-age children who are screened out, who have known losses, or who are referred for hearing services.							
a. Children failing screening procedures are assessed as appropriate.							
b. Children with known hearing losses receive audiological evaluation at least annually.							
c. Pupils referred for hearing assessments are evaluated as appropriate.							
3.3.2 Hearing screening or diagnostic hearing test results are available for all pupils prior to placement in a special education instructional program.							
3.4 Referral Process							
3.4.1 School audiologists use an established written referral procedure.							
3.4.2 The referral process does not cause excessive delays in providing audiological assessment services.							
3.5 Hearing/Amplification Monitoring Process							
3.5.1 School audiologists use written procedures to select and maintain appropriate hearing aids and/or amplifier systems for preschool and school-age children.							
3.5.2 Written medical clearance is acquired before initial recommendations for amplification of preschool or school-aged children.							
3.5.3 Adequate written records are maintained on all amplification systems belonging to the child or school according to established procedures and policies.							
3.5.4 Annual specification checks are made on all amplification systems in use.							

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3.5.5 Children using personal amplification receive an annual aided speech audiometry assessment.							
3.5.6 Teachers receive annual orientation and/or inservice in hearing aid "troubleshooting" if they have hearing-impaired children who wear amplification.							
3.5.7 School audiologists evaluate hearing aids in appropriately equipped sound suite locations.							
3.5.8 The department uses established guidelines for hearing aid selection and referral for purchase of hearing aids.							
3.6 Staffing and placement Process							
3.6.1 Written procedures complement division of special education staffing and placement guidelines and consistently include the school audiologist consultant, and/or supervisor in the staffing and placement process.							
3.6.2 When the primary disability is hearing impairment, the hearing department staff team or Director's designee assumes primary responsibility for staffing and placement.							
3.6.3 The department meets procedural safeguards at state and federal levels, which require medical confirmation of hearing loss before staffing and placement occur.							
3.6.4 The agreement among the Board of Regents, Department of Education, and AEAs regarding placement of hearing-impaired pupils is implemented.							
4.0 Record Process							
4.1 Internal							
4.1.1 Audiological records are kept for at least three years for screening and follow-up assessments.							

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4.1.2 Audiological records are kept for all pupils with known hearing losses preschool through school-age for the duration of the hearing loss or until the pupil reaches 21 years of age.							
4.1.3 Recapitulation and statistical data is kept on all screening, follow-up testing, and referrals, and is available for review up to five years.							
4.1.4 The agency has a written policy on destruction of records, and the department complies with the policy.							
4.1.5 A signed and dated authorization from the parent, guardian, or legal authority to release information to specific individuals or agencies is filed in each child's record whenever reports are disseminated.							
4.2 External							
4.2.1 Screening test results are prepared and disseminated to appropriate LEA, AEA special education personnel, and parents within five working days of the assessment.							
4.2.2 Audiological diagnostic reports are prepared and disseminated to authorized individuals within ten working days of the completion of the diagnostic evaluation.							
4.2.3 Diagnostic reports contain the following elements:							
a. Date of evaluation.							
b. Pertinent case history.							
c. Description of child's problem.							
d. Assessments administered.							
e. Test results and clinical observations.							
f. Conclusions and recommendations.							
g. Signature/title of the audiologist.							

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5.0 Facilities							
5.1 Office facilities suitable for conducting activities required to meet program goals include:							
5.1.1 Telephone							
5.1.2 Privacy							
5.1.3 Lighting/ventilation							
5.1.4 Conference area							
5.2 Direct testing service environments are suitably constructed, arranged, and maintained so that professional audiological services are provided under conditions of maximum efficiency; environments include:							
5.2.1 Mobile testing vans or sound suites.							
5.2.2 Acoustically treated rooms within school buildings.							
5.2.3 Sound reduction areas within schools.							
5.2.4 Portable sound suite.							
6.0 Equipment and maintenance							
6.1 Each school audiologist has the following equipment available:							
6.1.1 One sound-treated double room with dimensions sufficiently large to permit pediatric and hearing aid evaluations in the sound field.							
6.1.2 One two-channel clinical audiometer for each sound-treated double room, including the associated sound-field speakers and amplifiers.							

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6.1.3 A stock of hearing aids in good working condition, along with cords, batteries, and receivers.							
6.1.4 Equipment for analyzing the electroacoustic characteristics of hearing aids and auditory training systems.							
6.1.5 Instrumentation for impedance audiometry.							
6.1.6 Sound level meter(s) and equipment for calibration of pure-tone and speech audiometers.							
6.1.7 Ear impression material kit, instamold kit, stock earmolds, hand grinder, earmold cleaners, and other miscellaneous earmold equipment.							
6.1.8 Otoscope, cleansing swabs.							
6.1.9 Portable single-channel screening and diagnostic audiometers.							
6.1.10 Hearing-aid stethoscope and battery tester is provided for each teacher of the hearing impaired and school audiologist on staff.							
6.2 Maintenance of equipment includes the following:							
6.2.1 Daily psycho-physical checks of all equipment assigned.							
6.2.2 Quarterly calibration of all equipment assigned and in use.							
6.2.3 Records are maintained on all equipment indicating maintenance and calibration schedules/results, including the following: a. Type of calibration—biological, electroacoustic.							
b. Date performed.							
c. All measurements obtained.							
d. Name of person performing service.							
e. Equipment calibrated (make, model, serial number).							

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f. Calibration equipment used (make, model, serial number).							
6.2.4 Service Contracts are on file.							

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Division III ***Instructional Services*** In completing this section, the following code can be used to record various components/levels of instructional services; P=Preschool; E=Elementary; J=Junior High; S=Secondary; and I=Itinerant.							
3.0 Service Models							
3.1 Educational services are provided in the least restrictive environment.							
3.1.1 Regular program with hearing conservation services.							
a. Audiological testing. 1. Audiological testing is available to all hearing-impaired children in the regular classroom.							
2. Information from testing of these students is made available to appropriate regular school personnel.							
b. Amplification monitoring 1. The school audiologist monitors amplification electroacoustically on an annual basis.							
2. Teacher inservice relative to student's amplification is conducted on an annual basis.							

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3.2 Regular Program/Support Services							
3.2.1 The following support services are available to hearing-impaired children in regular classrooms as needed:							
a. Speechreading 1. An accepted program is utilized.							
2. The individual providing the speechreading program is appropriately trained in this area.							
b. Auditory training 1. Appropriate audiological information is available before service begins.							
2. An accepted program is utilized.							
3. The individual providing the service is appropriately trained in this area.							
c. Counseling 1. The individual providing counseling has had training in working with the hearing-impaired.							
2. The individual providing the service has had training in counseling.							
3. The counseling is provided in the child's primary communication mode.							
d. Notetaking 1. Notetaker has had appropriate training.							
2. Notetaker is provided with appropriate materials.							
3. Notetaker is supervised by teacher.							
e. Academic tutoring 1. The person providing the service is appropriately trained in the academic area being tutored.							

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2. Clear communication channels exist between tutor and classroom teacher.							
f. Educational interpreting services 1. The educational interpreter has appropriate skills.							
2. Clear communication channels exist between child and educational interpreter.							
g. Speech and language therapy 1. Speech clinician uses sign language when appropriate.							
2. Clear communication channels exist between the speech clinician and hearing staff.							
h. Educational monitoring Clear communication channels exist between the classroom teacher and the hearing staff providing the monitoring.							
3.3 Regular Program/Supplementary Assistance							
3.3.1 Supplementary assistance (.7 weighting) is considered in staffings for all hearing-impaired children in regular classrooms.							
3.3.2 Supplementary assistance (.7 weighting) is considered for:							
a. Amplification.							
b. Tutoring.							
c. Educational aide.							
d. Other (specify in "comments").							

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3.4 Instructional Programs							
3.4.1 A continuum of instructional program options is available to pupils with a hearing impairment. Each school district, individually or through agreement with neighboring districts of the Area Education Agency, provides the following instructional program options:							
a. Self-contained special class.							
b. Self-contained special class with little integration.							
c. Special class with integration.							
d. Resource teaching program.							
e. Itinerant teacher services.							
f. General education program with support services from appropriate specialists.							
3.4.2 Instructional program enrollments do not exceed the maximum class size described in the *Rules of Special Education*.							
a. Resource teaching program enrollment does not exceed 15.							
b. Special class with integration program enrollment does not exceed 10 for elementary or secondary level programming.							
c. Self-contained special class with little integration program enrollment does not exceed 8 for elementary or 10/15 for secondary level programming.							
d. Self-contained special class (4.0) program enrollment does not exceed 5.							
e., Itinerant teacher caseload does not exceed 10.							

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f. If program enrollment exceeds maximum class size, a "Report of Rule Exception" has been filed with and approved by the Area Education Agency Director of Special Education.							
g. Instructional programs are provided instructional aides when the nature of the pupils' disabilities warrant such assistance.							
h. Instructional programs serve only pupils identified as handicapped.							
3.4.3 The length (time) of the instructional day for pupils with hearing impairments is the same (at least as long) as that for all other pupils.							
3.4.4 The amount of time a pupil with a hearing impairment spends in one of the instructional program options is consistent with the time limitations of the *Rules of Special Education.*							
3.4.5 Support services are available to instructional programs for pupils with hearing impairments. Services are available from the following support personnel: a. Consultant (Generalist) 1. Consultant services are available to hearing impaired instructional programs.							
2 Consultant is trained to work with hearing-impaired pupils.							
3. Consultant can use the communication mode of hearing-impaired pupils.							
b. Speech and language clinician 1. Speech and language services are available to instructional programs for hearing-impaired students.							
2. Clinician has some training with hearing-impaired children.							
3. Clinician can use the communication mode of the hearing-impaired child.							

AA = Almost Always (above 95%); FR = Frequently (51-95%); OC = Occasionally (36-50%); SE = Seldom (6-35%); AN = Almost Never (below 5%); na = not applicable	AA 95%+	FR 51-95%	OC 36-50%	SE 6-35%	AN <5%	na	COMMENTS
c. School psychologist 1. Psychological services are available to instructional programs for hearing-impaired students.							
2. Psychologist has had some training with hearing-impaired children.							
3. Psychologist can use the communication mode of the hearing-impaired child.							
d. School social worker 1. Social worker services are available to instructional programs for hearing-impaired students.							
2. Social worker has had some training with hearing-impaired children.							
3. Social worker can use communication mode of the hearing-impaired child.							
3.4.6 Integration a. Integration opportunities are available for all hearing-impaired children in instructional programs.							
b. Children with hearing impairments are integrated into the regular classroom in accordance with the provisions of the IEP.							
c. Educational interpreters are available, if needed, for integration purposes.							
d. Effectiveness of integration programs is continuously evaluated.							
e. Annual inservice is provided to regular classroom teachers who have hearing-impaired students in their classrooms.							

AA = Almost Always (above 95%); FR = Frequently (51-95%); OC = Occasionally (36-50%); SE = Seldom (6-35%); AN = Almost Never (below 5%); na = not applicable

	AA	FR	OC	SE	AN	na	
	95%+	51-95%	36-50%	6-35%	<5%		COMMENTS
4.0 Record Process							
4.1 Individualized Education Program							
4.1.1 Each pupil identified as handicapped on the basis of a hearing impairment has a written Individualized Education Program (IEP) that includes:							
a. A statement of the pupil's current levels of educational performance, describing the pupil's achievement levels, general school behavior, social functioning, and career/vocational development in objective, behavioral terms.							
b. A statement of annual program goals addressing the pupil's needs as identified in the current levels of performance statement.							
c. A statement of instructional objectives for each annual program goal in objective, measurable terms, and representing intermediate steps of goal achievement.							
d. A statement of provisions for physical education and career/vocational education.							
e. A statement of annual program goals and objectives for the support services to be provided the pupil.							
f. A statement of specific special education placement and support services necessary to accomplish the stated annual program goals.							
g. A statement of the date of placement in the special education program and dates of initiating support services as well as anticipated duration of placement and support services.							
h. A statement of the amount of time (per day or week) the pupil will participate in the general education program or special education program, the amount of time for each support service, and the required modifications of any area of the general education program.							

AA = Almost Always (above 95%); FR = Frequently (51-95%); OC = Occasionally (36-50%); SE = Seldom (6-35%); AN = Almost Never (below 5%); na = not applicable	AA 95%+	FR 51-95%	OC 36-50%	SE 6-35%	AN <5%	na	COMMENTS
i. A statement of the criteria to be applied in determining the achievement of annual program goals and the methods for evaluating goal accomplishment.							
j. Identification of the individuals who developed the Individualized Education Program (IEP).							
k. An assurance that the individualized education program (IEP) was developed by a multidisciplinary team that includes:							
1. A representative of the diagnostic-educational team.							
2. The pupil's classroom teacher.							
3. An individual trained in the area of hearing impairment.							
4. A representative of the local district, such as the building principal, who is qualified to supervise special education programs.							
5. A representative of the Area Education Agency's Director of Special Education (if not one of the above).							
6. The pupil's parents.							
7. The pupil, if applicable.							
4.2 Annual reviews are completed and documented							
4.2.1 Students in AEA/LEA programs are reviewed on the basis of AEA/LEA procedures and/or DE/AEA/Regents agreements when appropriate.							
4.2.2 Residential placements are made on the basis of DE/AEA/Regents agreement.							
4.3 Three-year re-evaluations are completed and documented							
4.3.1 Students are reviewed in AEA/LEA programs on the basis of AEA/LEA procedures and/or DE/AEA/Regents agreement when appropriate.							

Program/Standard Activity AA = Almost Always (above 95%); FR = Frequently (51-95%); OC = Occasionally (36-50%); SE = Seldom (6-35%); AN = Almost Never (below 5%); na = not applicable	RATING SCALE AA 95%+	FR 51-95%	OC 36-50%	SE 6-35%	AN <5%	na	COMMENTS
4.3.2 Residential placements are made on the basis of DE/AEA/Regents agreement.							
4.4 Child change data							
4.4.1 Individual child change data is gathered on all hearing-impaired students receiving support/instructional services.							
4.4.2 Child change data is maintained in each child's file.							
4.4.3 Child change data is shared with:							
a. Parents.							
b. Appropriate AEA personnel.							
c. Appropriate LEA personnel.							
d. The child (when appropriate).							
5.0 Facilities							
5.1 Office facilities are suitable for conducting instructional goals of the program:							
5.1.1 Staff members have use of telephone when needed.							
5.1.2 Staff members have adequate office space.							
5.2 Direct service facilities are available with the following considerations:							
5.2.1 Classrooms are comparable to others in the environment.							
5.2.2 Acoustical assessments have been made of the classrooms being used for hearing-impaired children.							
5.2.3 Modifications are completed when recommended.							

AA = Almost Always (above 95%); FR = Frequently (51-95%); OC = Occasionally (36-50%); SE = Seldom (6-35%); AN = Almost Never (below 5%); na = not applicable	AA 95%+	FR 51-95%	OC 36-50%	SE 6-35%	AN <5%	na	COMMENTS
5.2.4 Classrooms are set up to enhance educational interpreting services.							
5.2.5 Classrooms are located in close proximity to rooms for non-handicapped children.							
5.2.6 Facilities for doing individual evaluations are deemed appropriate by support personnel.							
6.0 Equipment and Maintenance							
6.1 Audio-visual equipment includes:							
6.1.1 Filmstrip projectors are available in the building when needed.							
6.1.2 16 mm projectors are available for use in the classroom when needed.							
6.1.3 The hearing department has access to Captioned Films materials when needed.							
6.1.4 The hearing department has access to a curriculum resource center of the public school district.							
6.1.5 Overhead projectors are available when needed.							
6.1.6 A film budget exists for rental of films not available through Captioned Films.							
6.1.7 A budget exists for special supplies such as camera, film and processing, chart papers, etc.							
6.1.8 A library with listings of high-interest/low-reading-level books is available.							
6.1.9 Tape recorders and/or cassette units are available when needed.							
6.1.10 Duplicator and thermo-fax copier are available when needed.							
6.1.11 8 mm camera and projector are available when needed.							

AA = Almost Always (above 95%); FR = Frequently (51-95%); OC = Occasionally (36-50%); SE = Seldom (6-35%); AN = Almost Never (below 5%); na = not applicable

	AA 95%+	FR 51-95%	OC 36-50%	SE 6-35%	AN <5%	na	COMMENTS
6.2 Amplification equipment							
6.2.1 Group amplification equipment is available to the classroom.							
6.2.2 Individual FM units are provided when recommended.							
6.2.3 All classroom amplification and individual FM equipment is monitored daily.							
a. Itinerant teachers monitor amplification systems during regularly scheduled direct services.							
b. A plan is in place for monitoring amplification systems (by parents, regular classroom teachers, speech clinicians, students as appropriate, etc.) on non-contact days for pupils served by itinerant teachers.							
6.2.4 Teachers of hearing-impaired children are provided with appropriate monitoring equipment (hearing aid stethoscope and battery tester) and inservice training.							
6.3 Instructional supplies							
6.3.1 Instructional supplies are available to meet IEP goals and objectives.							
6.3.2 Instructional supplies are at appropriate levels to meet needs of children at:							
a. Preschool level							
b. Elementary level							
c. Secondary level							
7.0 Curriculum							
7.1 For resource and itinerant services, regular school curriculum is followed.							

Program/Standard Activity AA = Almost Always (above 95%); FR = Frequently (51-95%); OC = Occasionally (36-50%); SE = Seldom (6-35%); AN = Almost Never (below 5%); na = not applicable	RATING SCALE						
	AA 95%+	FR 51-95%	OC 36-50%	SE 6-35%	AN <5%	na	COMMENTS
7.2 For special class with integration and self-contained programs, the curriculum includes:							
7.2.1 A formalized outline of observable behaviors.							
7.2.2 Provisions for:							
a. The development of basic academic skills.							
b. A language curriculum based upon accepted theories of language acquisition and development.							
c. A reading curriculum that addresses language deficits of hearing-impaired children.							
d. The development of communication skills.							
e. The development of social skills.							
f. The development of career and vocational training opportunities.							
7.3 A formal process is used for ongoing curriculum evaluation.							
7.4 The curriculum is coordinated with the regular school curriculum.							

Program/Standard Activity AA = Almost Always (above 95%); FR = Frequently (51-95%); OC = Occasionally (36-50%); SE = Seldom (6-35%); AN = Almost Never (below 5%); na = not applicable	RATING SCALE						COMMENTS
	AA 95%+	FR 51-95%	OC 36-50%	SE 6-35%	AN <5%	na	
Division IV ***Hearing Conservation and Education Services***							
8.0 Staff and Consumer Development							
8.1 Staff development							
8.1.1 The hearing department promotes and encourages staff growth and development.							
8.1.2 The hearing department provides for continuing paraprofessional and professional education.							
8.1.3 Professional staff members are provided the opportunity to attend intra-professional meetings, workshops, and conferences.							
8.1.4 The hearing staff has input in planning appropriate inservice programming.							
8.2 Consumer development							
8.2.1 The staff provides continuing education, workshops, and inservice to consumers of their services such as other AEA disciplines, LEA personnel, parents, pupils, and others.							
8.2.3 Inservice is provided to meet expressed consumer needs.							
8.2.3 Input in planning is sought from consumer groups.							

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	RATING SCALE						
	AA 95%+	FR 51-95%	OC 36-50%	SE 6-35%	AN <5%	na	COMMENTS
9.0 Staff Evaluation Process							
9.1 A formally documented procedure for evaluation of staff members includes procedures for personnel selection, promotion, and dismissal.							
9.1.1 Support staff							
a. Evaluations are based on job description.							
b. A process to assist in correcting deficient areas is used.							
c. The evaluation process provides for input from:							
1. LEA personnel.							
2. Parents.							
9.1.2 Instructional staff							
a. Evaluations are based on job description.							
b. A process to assist in correcting deficient areas is used.							
c. The evaluation process provides for input from:							
1. LEA personnel.							
2. Parents.							

Attachment I

Hearing Conservation/Education Services:
LEA Questionnaire

Building _____ School District _____ Year _____

Instructions: *This questionnaire is being used to evaluate hearing services provided to your school. Please respond to all questions. If you were not involved with a particular service area, circle NA/NO (not applicable and/or not observed). Thank you for your help.*

Identification services *(Circle One)*

1.	Is hearing screening effectively scheduled?	Yes	No	NA/NO
2.	Were screening results effectively communicated to you?	Yes	No	NA/NO
3.	Are all hearing referrals responded to within a reasonable time period?	Yes	No	NA/NO
4.	Was hearing screening program(s) effectively carried out?	Yes	No	NA/NO

Comments: (Use back if needed)

Diagnostic/Consultative Services *(Circle One)*

1.	Are diagnostic services effectively scheduled?	Yes	No	NA/NO
2.	Are services completed as scheduled?	Yes	No	NA/NO
3.	Are results of evaluations effectively communicated to you?	Yes	No	NA/NO
4.	Are written reports of evaluations provided?	Yes	No	NA/NO
5.	If classroom/curriculum modifications are needed, do hearing staff work cooperatively with the classroom teacher?	Yes	No	NA/NO
6.	Do hearing staff participate effectively in the staffing process in your school?	Yes	No	NA/NO
7.	Are inservice sessions provided when requested?	Yes	No	NA/NO
8.	Are inservice sessions effectively presented and informative?	Yes	No	NA/NO

Comments: (Use back if needed)

Itinerant Services/Instructional Programs for Hearing Impaired *(Circle One)*

1.	Are LEA staff appropriately involved in IEP staffings for all hearing-impaired children?	Yes	No	NA/NO
2.	Do hearing staff offer suggestions/recommendations for regular classroom management?	Yes	No	NA/NO
3.	Do appropriate LEA personnel receive adequate oral and written reports regarding special education services/'programs for hearing-impaired children?	Yes	No	NA/NO
4.	Are regular education and special education services effectively coordinated for hearing-impaired children?	Yes	No	NA/NO

Comments: (Use back if needed)

Name (optional) _____ **Return to:**

Position _____

Attachment II

Hearing Conservation/Education Services:
Parent Questionnaire

School District _____ Age of child _____ Year _____

Instructions: *As the parent of a child who has, or has had, a hearing problem, we believe your views of hearing services are important. Please complete this questionnaire, and return it to the address below. If you have no opinion, or have not been involved in a specific area, circle NA/NO (not applicable and/or not observed). Thank you for your help.*

Hearing testing services *(Circle One)*

1.	Have hearing tests been completed when scheduled?	Yes	No	NA/NO
2.	Has the hearing staff communicated to you in understandable terms?	Yes	No	NA/NO
3.	Has the hearing staff been responsible to your questions and concerns?	Yes	No	NA/NO
4.	Has the hearing staff been cooperative and courteous to you?	Yes	No	NA/NO
5.	Has the hearing staff worked cooperatively with your physician in providing written reports and follow-up hearing testing, when needed?	Yes	No	NA/NO

Comments: (Use back if needed)

Your child's hearing loss *(Circle One)*

1.	Do you understand your child's hearing problems?	Yes	No	NA/NO
2.	Do you think your child's hearing loss is affecting his/her classroom work?	Yes	No	NA/NO
3.	Is the hearing program providing adequate services for your child and his/her hearing loss?	Yes	No	NA/NO
4.	Were you aware of your AEA's hearing services before your child received services from the AEA?	Yes	No	NA/NO

Comments: (Use back if needed)

The teacher of the hearing impaired
(Circle NA/NO if your child does not receive any services from a teacher of the hearing impaired.) *(Circle One)*

1.	Were you involved in the IEP for your child?	Yes	No	NA/NO
2.	Do you think your child is receiving appropriate services?	Yes	No	NA/NO
3.	Were you offered suggestions/recommendations for managing your child at home?	Yes	No	NA/NO
4.	Did you receive adequate verbal and written reports informing you of your child's needs and progress?	Yes	No	NA/NO
5.	Do you think your child is receiving appropriate education?	Yes	No	NA/NO
6.	Have you received information about parents' and child's rights?	Yes	No	NA/NO

Comments: (Use back if needed)

Name (optional) _____ **Return to:**

Attachment III

Hearing Conservation/Education Services:
Student Questionnaire

School District _____ Age _____ Year _____

Instructions: *We are interested in knowing how well we are serving you. Please answer the following questions. If you did not receive a certain service, circle NA/NO (not applicable and/or not observed). Thank you for your help.*

Your hearing loss *(Circle One)*

1.	After a hearing test, does the audiologist explain your hearing loss to you?	Yes	No	NA/NO
2.	Do you understand your hearing loss?	Yes	No	NA/NO
3.	Has the hearing staff answered your questions and concerns?	Yes	No	NA/NO
4.	Has the hearing staff explained how your hearing aid works and why you should wear it?	Yes	No	NA/NO
5.	Do you think your hearing loss has affected your classroom work?	Yes	No	NA/NO
6.	Do you think the hearing staff has helped you in your school work?	Yes	No	NA/NO
7.	Were you involved in the development of your IEP?	Yes	No	NA/NO
8.	Do you know the goals and objectives of your program?	Yes	No	NA/NO
9.	Have you received information about your rights as a hearing-impaired person?	Yes	No	NA/NO
10.	Do you think you are making progress in school?	Yes	No	NA/NO
11.	Has the hearing staff talked about career/vocational training with you?	Yes	No	NA/NO
12.	Do you think you are receiving an appropriate education?	Yes	No	NA/NO

Comments: *Please write what you like and dislike about your special program.*

Name (optional) _____ **Return to:**

State of Iowa
Department of Education
Bureau of Special Education
Grimes State Office Building
Des Moines, IA 50319-0146

Educational Audiology and Hearing Impaired Instructional Services Report:

Instructions and Definition of Terms

Introduction

This report is to be completed by the supervisor or person who is responsible for the educational audiology and hearing instructional program in the Area Education Agency (AEA) or Iowa School for the Deaf (ISD). In the past, it has been suggested that data be collected and maintained for each school district within the AEA. This report then represents a summary of that data. If this procedure does not meet your agency's needs, you may collect and maintain the data in any manner deemed appropriate. You are to submit only one consolidated report depicting the services provided within your AEA or at ISD.

Definitions of Terms

So that the Bureau will be ensured of getting similar data from each AEA and from ISD, please use the following definitions as you construct your report.

Preschool level:
Children aged from birth to 7 years, and not yet enrolled in kindergarten.

School age:
Children enrolled in kindergarten through twelfth grade or to age 21 for ungraded programs.

Student monitoring provided by the teacher of the hearing impaired and/or the educational audiologist:
Periodic contact with the student, school personnel and/or parents to determine effects of the student's hearing loss on his or her performance. Does not require an IEP or goals and objectives. Does not include direct service to the student. May include classroom observations.

Interpreting services
The number of students receiving educational interpreting services as described in their IEPs.

Administrative review
Those students whose programs are reviewed pursuant to the provisions of the Department of Education — Board of Regents Agreement, regardless of current placement.

Hearing screenings.
An individually administered screening to determine normal hearing sensitivity as defined in each AEA's Hearing Conservation/Education Services Procedures Manual.

Diagnostic evaluations
Evaluations of hearing sensitivity and middle ear function as conducted by an audiologist and described in each AEA's Hearing Conservation/Education Procedures Manual.

Medical referrals
Medical referrals made based on the criteria described in each AEA's Hearing Conservation/Education Procedures Manual.

FM systems
Auditory training unit in which the speaker wears a microphone containing a transmitter; the speaker's voice is then broadcast by radio frequency to FM receiver worn by the listener

Cochlear implant
A device which uses implanted electrodes to deliver electrical impulses to stimulate the hearing nerve, where the ear's usual stimulation mechanisms in the inner ear (cochlea) are damaged.

Hearing aids.
An electronic amplifying device whose function is to bring sound more effectively to the listener's ear.

Incidence of hearing loss
Permanent bilateral haring loss based on the pure tone average at 500, 1000, and 2000 Hz, or Speech Reception Threshold. This category is not restricted to a sensorineural hearing loss, but is to include conductive and mixed categories.

Moderate:	41 to 60 dB (ANSI)
Severe:	61 to 90 dB (ANSI)
Profound:	more than 91 dB (ANSI)

Classroom Amplification Systems
A system which uses a wireless FM system for sound-field amplification of the classroom teacher's voice. The cordless microphone allows freedom of movement and permits oral instruction from any area of the classroom while maintaining a consistent voice level (approximately 10 dB above the ambient noise level).

State of Iowa
Department of Education
Bureau of Special Education
Grimes State Office Building
Des Moines, IA 50319-0146

Educational Audiology and Hearing Impaired Instructional Services Report

School year: 19__-19__ **AEA: _____**

I. Educational Services

Indicate how many children identified as haring impaired receive the following educational services.

Preschool	School Age	
		Student Monitoring provided by the teacher of the hearing impaired and/or educational audiologist
		Educational interpreting services
		Administrative review

II. Audiological Services

A. Indicate the number of screenings, evaluations, and medical referrals provided by your agency.

Preschool	School Age	
		Hearing screenings
		Diagnostic evaluations
		Medical referrals

B. Indicate the number of children in your area using amplification.

Preschool	School Age	
		FM system
		Cochlear implant
		Hearing aid

C. Indicate the number of classroom amplification systems in your area.

Preschool	School Age	
		Classroom amplification systems

D. Indicate your area's incidence of children with permanent bilateral hearing loss.

Preschool	School Age	
		Moderate
		Severe
		Profound

Resources

See the back of each section of this manual for additional resource materials relevant to each topic area.

Periodicals and Publications

Volta Review
Volta Review
3417 Volta Place, NW
Washington, DC 20007

Magazine put out by the Alexander Graham Bell Association which focuses on aural/oral issues in deaf education. It includes review articles, case studies, research reports, and book reviews.

Annals of the Deaf
American Annals of the Deaf
P.O. Box 6796
Syracuse, NY 13217
$40 per year

This is the official magazine for the Convention of the American Instructors of the Deaf. This periodical is published five times per year and deals with issues surrounding hearing impairment. Many of its articles relay current trends in deaf education and research findings. Each year, the April issue lists by state the names and addresses of education, rehabilitation, community, and research programs. This Reference Issue sells for $14.00

Perspectives for Teachers of the Hearing Impaired
Pre-College Programs
Gallaudet University
800 Florida Ave. NE
Washington, DC 20002
202/651-5342
$15/year for five issues

Sign of the Times
Deaf Services of Iowa
Iowa State Department of Human Rights
Lucas State Office Building
Des Moines, IA
No charge

This is the quarterly newsletter of the Deaf Services Commission of Iowa, telling of upcoming events and services for the hearing impaired around the state.

Shhh
Self Help for Hard of Hearing People, Inc.
7800 Wisconsin Ave.
Bethesda, MD 20814
Voice: 301/657-2248
TDD: 301/657-2249
$20 per year

A bi-monthly publication emphasizing the needs of the hard of hearing.

IPOD c/o Tom Froehle 530 NE 9th St. Ankeny, IA 50021	*Newsletter of the Iowa Parents of the Deaf IPOD Meets annually, at the Iowa Conference for the Hearing Impaired.*
The Iowa Hawkeye	*The official journal of the Iowa School for the Deaf*
The Endeavor American Society for Deaf Children 814 Thayer Ave. Silver Spring, MD 20910 301/585-5400	*Newsletter of the national parent group, the American Society for Deaf Children [ASDC], formerly known as the International Association for Parents of the Deaf [IAPD].*
Exceptional Children Council for Exceptional Children 1920 Association Dr. Reston, VA 22091 $30 per year for non-members	*A professional magazine published by the Council for Exceptional Children [CEC], containing articles and research on children with special needs. Six issues per year.*
Exceptional Parent 605 Commonwealth Ave. Boston, MA 02215 617/536-8961 $3.50 per issue	*A bi-monthly magazine containing articles of interest for parents of exceptional children*
NAD Broadcaster 814 Thayer Avenue Silver Spring, MD 20091	*A newspaper published by the National Association for the Deaf [NAD], which contains national and international information relating to the deaf.*
Newsounds 3417 Volta Avenue, NW Washington, DC 20002	*Newsletter published by the Alexander Graham Bell Association which reports on the Association's activities and also includes legislative updates, feature articles and feedback from the membership on a wide variety of subjects.*
Our Kids Magazine 3417 Volta Place NW Washington, DC 20002	*A newsletter for parents who belong to the Alexander Graham Bell Association.*
PIP	

In addition, many local organizations and parent groups have their own newsletters.

National Organizations for the Hearing Impaired

Alexander Graham Bell Association for the Deaf
3417 Volta Place NW
Washington, DC 20007
202/337-5220

A private, non-profit organization supporting the philosophy that every hearing-impaired child deserves the opportunity to learn to speak and to use her or his residual hearing. This organization is committed to broadening educational, vocational, and personal opportunities for all hearing-impaired persons. Their publications include:

Volta Review [journal]
Newsounds [newsletter]
Our Kids Magazine

American Hearing Research Foundation
55 E. Washington Street, Suite 2022
Chicago, Illinois 60602
312/726-9670

An organization which keeps physicians and laymen informed of the latest developments in hearing research and education. Their publication is Newsletter.

American Society for Deaf Children
814 Thayer Ave.
Silver Spring, MD 20910

ASCD is the only national, independent, non-profit organization that has as its sole purpose providing parent-to-parent support and state of the art information about deafness to families with deaf and hard-of-hearing children throughout the country. The goal of the organization is to provide services which will ease the loneliness and fear that most parents feel when they experience the communication problems that accompany deafness. The group publishes The Endeavor newsletter.

American Speech-Language-Hearing Association [ASHA]
10801 Rockville Pike
Rockville, MD 20852
301/897-5700 V/TDD

A non-profit organization for speech-language pathologists and audiologists concerned with communication behaviors and disorders. Encourages public concern for the communicatively handicapped and recognizes 46 state speech-language-hearing associations. Its publications include:

ASHA
Journal of Speech and Hearing Research [JSHR]
Language, Speech and Hearing Services in Schools [LSHSS]
American Journal of Audiology
American Journal of Speech-Language Pathology

Better Hearing Institute
P.O. Box 1840
Washington, DC 20013
703/642-0580 or 800/EAR-WELL

A non-profit organization dedicated to informing the hearing impaired, their friends and relatives and the general public about hearing loss and available hearing help. "Hearing Helpline" is a toll-free telephone information service for callers anywhere in the United States. The group publishes the Communicator.

Deafpride, Inc.
1350 Potomac Ave. SE
Washington, DC 20003
202/675-6700 V/TDD

This is a non-profit advocacy agency working for human rights of deaf people and their families. They have a publication entitled The Deafpride Advocate.

Gallaudet University
800 Florida Ave. NE
Washington, DC 20002
202/651-5373 V/TDD

Gallaudet University Bookstore
Gallaudet University Press
National Information Center on Deafness [NICD]
(listed below)
Kendall Demonstration School
Model Secondary School for the Deaf
National Center for Law and the Deaf
(listed below)

House Ear Institute
256 South Lake
Los Angeles, CA 90057
213/483-4431 voice
213/484-2642 TDD

A non-profit organization which conducts research and provides information on hearing and balance disorders. Center for Deaf Children does evaluation and therapy. The OTO Review is published by them.

John Tracy Clinic
806 West Adams Boulevard
Los Angeles, CA 90007
213/748-5481

This organization provides counseling to guide parents of hearing-impaired and deaf-blind children in understanding their feelings and concerns through on-site services and worldwide correspondence courses, and a clinic for hearing-impaired preschool children and their families.

March of Dimes Birth Defects Foundation
1275 Mamaroneck Ave.
White Plains, NY 10605
914/428-7100

An organization which provides information on childhood disorders and provides support to parents having children with birth defects.

National Association for Hearing and Speech Action
10801 Rockville Pike
Rockville, MD 20852

This organization is designated as the consumer arm of the American Speech-Language-Hearing Association. It is committed to actively pursuing the rights of persons with hearing, speech and language problems. It has developed a Consumer Bill of Rights and designed programs to ensure these rights.

National Captioning Institute
5203 Leesburg Pike
Falls Church, VA 22041
703/998-2400

This agency provides closed-captioning services for television networks, program producers, cable-casters, producers of home entertainment videocassettes, advertisers, and other organizations in the federal and private sectors. Additionally, it distributes TeleCaption decoders to retailers around the country.

National Center for Law and the Deaf
Gallaudet University
800 Florida Ave. NE
Washington, DC 20002
202/651-5373 V/TDD

This association provides a variety of legal services and programs to the deaf community. It periodically publishes a special legal issue of Gallaudet Today.

National Cued Speech Association
P.O. Box 31345
Raleigh, NC 27622
919/828-1218 V/TDD

An organization which provides advocacy and support regarding the use of Cued Speech. Information and services are provided for hearing-impaired people of all ages, their families and friends and professionals who work with them. They publish On Cue and Cued Speech Annual.

National Hearing Aid Society
20361 Middlebelt Rd.
Livonia, MI 48152
313/478-2610 V/TDD
800/521-5247 Hearing Aid Hotline

This is a professional association of specialists who test hearing and select, fit and dispense hearing instruments. This group sets training and ethical standards for hearing aid dispensers and provides consumer information through a toll-free Hearing Aid Helpline.

National Information Center on Deafness
Gallaudet University
800 Florida Ave. NE
Washington, DC 20002
202/651-5051 V/TDD

Works as a resource center providing information on all aspects of deafness. The center collects, develops, and disseminates vital information on deafness, hearing loss, and organizations and services related to hearing-impaired people.

National Technical Institute for the Deaf
Rochester Institute of Technology
One Lomb Memorial Drive
P.O. Box 9887
Rochester, NY 14623
716/475-6400 voice
716/475-2181 TDD

This school provides technological postsecondary education to hearing-impaired students. It disseminates informational materials and instructional videotapes on deafness and related areas. It publishes the NTID Focus.

Registry of Interpreters of the Deaf [RID]
51 Monroe Street, Suite 1107
Rockville, MD 20850
301/279-0555 V/TDD

This professional organization provides information on interpreting, evaluation, and certification of interpreters nationwide. It is affiliated with many state Registry of Interpreters of the Deaf organizations, including Iowa.

Self Help for the Hard of Hearing
7800 Wisconsin Ave.
Bethesda, MD 20814
301/657-2248 voice
301/657-2249 TDD

This organization promotes awareness about and provides information on hearing loss, communication, assistive devices, and alternative communication skills through publications, exhibits, and presentations. They publish a bi-monthly journal, Shhh.

Tri-Pod Services for the Hearing Impaired
955 N. Alfred St.
Los Angeles, CA 90069
800/352-8888 [800/346-8888 in California]
213/656-4904 V/TDD

A non-profit organization committed to helping families interact with their deaf children in an informed and positive way. The group often refers parents to resources and other parents in their local communities. The organization provides a national toll-free hotline for parents and individuals wanting information about rearing and educating deaf children. It also has a parent/infant/toddler program, preschool and an elementary mainstream program for hearing-impaired children.

State Government Agencies and Organizations Serving the Hearing Impaired

Psychological, Hearing and Achievement Evaluations

Area Education Agencies (see the previous page) can provide evaluative services in most cases. They can also provide information regarding other agencies, including the Iowa School for the Deaf, that might be available to provide assessments.

Wendell Johnson Speech and Hearing Center
The University of Iowa
Iowa City, IA 52242

University of Iowa Hospitals and Clinics
Dept. of Otolaryngology
The University of Iowa
Iowa City, IA 52242

Genetic Counseling

Iowa Child Health Specialty Services
University of Iowa Hospitals
Iowa City, IA 52242
800/331-3027 or 319/356-0768

Birth Defects Institute
Iowa State Department of Health
Lucas State Office Building
Des Moines, IA 50319

Interpreter Services

Deaf Services Commission of Iowa
Department of Human Rights
Lucas State Office Building
Des Moines, IA 50319
515/281-3164 v/TDD

Coordinator
Interpreter Training Program
Iowa Western Community College
2700 College Road
Council Bluffs, IA 51501
712/325-3250

Sign Language Classes

For sign language classes nearest you contact your local AEA, Deaf Services Commission of Iowa, the Iowa School for the Deaf, Iowa Western Community College, or your local school district's Adult Education Program coordinator. Since ASL has become recognized as a foreign language for educational purposes, some universities are developing programs to train ASL instructors.

Vocational Rehabilitation

Resource Manager
Division of Vocational Rehabilitation
507 E. Tenth St.
Des Moines, IA 50319

Resource materials included in this section:

Phase III Projects
Iowa Rules of Special Education

Phase III Projects
Hearing Conservation/Education Services
Area Education Agencies of Iowa
September 1991

AEA	Title/Description	Contact Person(s) Project Participant(s)
1	Reference list for parents on hearing impairment	*Laurie Allen*
1	"Goals Bank" of IEP goals and objectives	*Melanie Raulerson & Zondra Foster*
1	Hearing Inservice Kit	*Colleen Moore*
1	Standardization of classroom observations	*Melanie Raulerson & Zondra Foster*
2	Central Auditory Processing Guidelines	
2	"Minimally" Hearing-Impaired Student — Is it really minimal?	
2	Compilation of Inservice Materials	
3	Central Auditory Processing Screening *This was a performance project to research the validity of a new screening test for central auditory processing problems*	*Peg Baehr* *Deb Rowland*
3	Aural Rehabilitation *This was a performance project using direct student therapy for central auditory processing problems secondary to brain trauma*	*Deb Rowland*
3	Sign Language Class (not yet approved) *This would be a performance project to learn basic sign language in order to communicate with everyone we meet in the course of our jobs.*	*Peg Baehr*
3	Educational Audiology Class (not yet approved) *This would be a class taken through the University of Utah to introduce new skills now necessary to fulfill the ever-enlarging job description of an educational audiologist.*	*Peg Baehr* *Deb Rowland*
3	Desensitization of specific sounds in an autistic child (not yet approved) *This would be extended testing of a child with autistic tendencies and rehabilitation to desensitize him to certain environmental sounds that are interfering with his education.*	*Deb Rowland*
4	Updating SEE1 Dictionary for High School-Level Signs	*Wilmina Dekkers*
4	SHAPE Program *AEA 4's loaner hearing aids were entered into the SHAPE NAL IBM computerized program for hearing aid selection*	*Dennis Hansen*
4	Booklet — *A Guide to Hearing Testing at AEA 4* *Definitions and terms, sample audiograms.*	*Dennis Hansen* *Alan Heidecker* *Dick Miske*

5 A curriculum for a 3-day class for general education teachers serving hearing-impaired students was developed, and the class was presented to teachers

5 A "Fun Day" group meeting was held for hearing-impaired students from a 9-county area.

Social activities, games and a picnic lunch were coordinated throughout the day with the teachers of the hearing impaired, interpreters and audiologists participating.

5 Attendance at workshops and conferences.

5 A teacher of the hearing impaired and a speech-language pathologist collaborated to provide information about deafness to those involved with hearing-impaired children.

In addition, a booklet was prepared which included pertinent signed phrases and specific signs for activities such as reading a picture book to a child.

5 A half-year mentorship for a teacher of the hearing impaired.

5 Using writing as a process approach to teaching written expression to a hearing-impaired student.

Three students participated in the project. To make a process writing approach work, the student needs peers as an audience and also as collaborators in the writing process. The focus of the program was to get the students to put their thoughts into print and to reflect on those thoughts. Skills taught were topic selection, rehearsal, composing and revision.

5 Thinking skills were taught to a hearing-impaired student, using a curriculum called Instrumental Enrichment,

developed by Reuben Feuerstein. This curriculum consists of a series of pencil and paper tasks (instruments) designed to teach thinking skills to students. The teacher also designed instruction to include the application of the thinking skills learned.

5 Three local school district teams received inservice regarding the mainstream amplified resource room study,

to provide local school interest in being a demonstration site or project site for research with a classroom amplification system.

5 A teacher of the hearing impaired interpreted for a student with hearing impairment in band lessons after school.

The student's self-confidence improved and the band instructor also learned to communicate with sign language.

5 A teacher of the hearing impaired met with the family of each of her students once a month.

At the visits, she covered auditory training, speech, language, and sign language skills. The home visits improved the total program of the students.

6 Classroom Amplification *Chris Hull*

We are looking at the effects of classroom amplification on students' on-task behavior and looking at the students' CBM scores.

7	Handbook for parents *of newly identified HI infants/toddlers, to explain AEA services and information re: HI*	
7	Study of use of SCAN with preschool-age children	
7	Poster of speech-language development and hearing loss, *given to doctors for display in offices: AEA information provided*	
7	Development and organization of HI inservice materials	
7	Parent questionnaire *to determine type of information received from professionals and whether useful/needed or not*	
9	Rational-Emotive Education (REE) for Hearing-Impaired Students and their Families *Activities to assist students in identifying the thoughts or beliefs they have regarding their hearing loss and/or use of hearing aids and how these thoughts or beliefs could lead to dysfunctional feelings or behaviors.*	*Mary Mills* *Dale Simonson*
9	Classroom Amplification Inservice Materials *Inservice package—handouts/overheads*	*Martha Tabor*
9	Hearing Impaired Language Stimulation Group *Model for a group designed to teach parents how to communicate more effectively with their hearing-impaired child.*	*Barbara Schneider* *Deb Hollensbe* *Anne Murray*
9	Comprehensive Manual *Combines currently existing 9 sources of SEE (SEE I) as used in the hearing impaired program within the Davenport School District.*	*Barbara Schneider* *Laurie Noll* *Verne Qualls* *Deb Hollensbe*
9	Coloring Books for Classroom Inservicing *To distribute to K-3 grade students when they receive classroom inservicing on hearing and hearing loss by AEA Audiologists and Teachers of the Hearing Impaired.*	*Sherry Carter Meiners*
9	Illustrations for Craig Lipreading Inventory *Creation of illustrations to be used with the Craig Lipreading Inventory.*	*Sherry Carter Meiners*
9	Reading Resource Manual *A compilation of notes, articles and information gained from reading coursework taken at a Master's level. The manual contains information, handouts and articles on various aspects of reading instruction.*	*Roberta Kelley*
9	Information Booklet and Pre/Post-Tests *Information booklet for hearing-impaired students on hearing loss, hearing aids, peer/family relationships, assistive listening devices and community resources. Pre- and post-tests were developed to measure retention of materials.*	*Joan Marttila* *Mary Mills*
9	Informational Brochures for Parents of Hearing-Impaired Children *Developed to educate parents as well as hearing-impaired students concerning hearing loss.*	*Mary Mills*

10	no HC/ES Phase III projects	
11	Hearing Conservation in Industrial Arts	*Doug Olson*
11	Cochlear Implants in the Classroom	*Bill Helms*
11	Unilateral Hearing Loss: Academic Difficulties and Education Impact	*Julie Rupnow*
11	Computer Systems in Educational Audiology; An Evaluation Report	*Bill Helms* *Cindy Moses*
11	Mainstreamed Hearing-Impaired Children: A Handbook for Regular Classroom Teachers	*Wendy McLaughlin* *Shari Larks* *Jane Johannesen*
11	What's Wrong with my auditory Trainer: A Troubleshooting Guide	*Bill Helms* *Liz Alexander*
11	Don't Put Anything in Your Ear Smaller than Your Elbow: An Inservice Packet on Hearing Impairment	*Doug Olson* *Bill Helms* *Cindy Moses*
11	Auditory Comprehension Activities for Preschool	*Carol Miller*
11	Computer Systems in Audiology: A Pilot Program	*Bill Helms* *Cindy Moses*
11	Nurse's Inservice	*Liz Alexander* *Cathie Law*
11	Job Shadowing	*Julie Rupnow*
11	Computer Systems in Educational Audiology	*Bill Helms* *Cindy Moses*
11	Measured Feedback	*Jane Johannesen*
11	Research Project	*Cathie Law*
11	Peer Coaching	*Laura Martin*
11	Peer Coaching	*Carol Miller*
11	Peer Coaching	*Cindy Moses*
11	Measured Feedback	*Deb Mountsier*
11	Measured Feedback	*Doug Olson*
11	Peer Coaching	*Janice Singletary*
12	Development of a videotape *to assist parents of newly identified hearing-impaired children better understand the world of hearing impairment from birth to adult.*	
12	Provide diagnostic audiological services during the summer months.	

12	Develop computer-related learning units *to include awareness of resources in specific areas of interest.*	
12	Plan and conduct regional conferences *regarding the use of computers with special needs students*	
13	Newborn Audiology Program *Joint effort between Hearing Department and Preschool Department*	*Dave Pedersen*
13	Sign Language Courses *In AEA 13 and without*	
13	Otitis Media *Small group inservice*	*Phyllis Newell*
13	Mastery Teaching *through Instructional Services*	
13	Computer Classes	
13	College Courses	
14	High-Risk Registry for area hospitals	*Gary Boswell*
14	Preschool Parent Home Study *To determine AEA needs and programming for preschool hearing-impaired students*	*Gary Boswell*
14	Central Auditory Processing *Teacher-Parent Suggestions*	*Gary Boswell*
14	Teaching HI Students and their Parents about Hearing Impairment and Adaptive Devices *Purchased adaptive equipment, demonstrated it in students' homes and loaned it out to families. This helped to foster independence in HI students.*	*Valerie K. Caputo*
15	School personnel questionnaire and follow-up study *regarding HC/ES services and subsequent development of HC/ES handbook for schools.*	*Michelle Caudill*
15	Development of computer program *to emphasize spelling and vocabulary usage from the* Milestones Reading Series	*Lynnette Green*
15	CASE Team Member *Participated in diagnostic evaluations and developed recommendations for augmentative communication devices.*	*Lynnette Green*
15	Informational videotapes for parents of hearing-impaired children *Developed a series of eight tapes containing basic information on hearing loss, audiograms, hearing aids, hearing aid care, etc.*	*Lynnette Green* *Ken McLeland*
15	Beginning sign language classes provided to AEA support staff *Classes were limited to twelve participants and were designed to provide participants with a basic working knowledge of Signed English.*	*Lynnette Green*

15	Intermediate sign language classes provided to AEA support service staff *Same as the beginning class above, except the class was designed to introduce advanced vocabulary and develop conversational skills.*	*Lynnette Green*
15	Beginning sign language class for LEA personnel *Same as the beginning sign class for AEA staff.*	*Lynnette Green*
15	Development of computer-generated audiogram and "automated" data base entry	*Ken McLeland*
15	Cognitive Teaching strategies *Developed cognitive teaching strategies to utilize in instructional programming with hearing-impaired children*	*Toni Welch*
15	Sign language group *Developed a sign language instruction group(s) within mainstream classroom(s) of signing hearing-impaired students.*	*Toni Welch*
16	Instructional Program for Parents of Newly Identified Hearing-Impaired Children (#3)	*Gaye Anderson* *Olivia Stanbary* *Chris Tee* *Elizabeth Fields* *Sandy Phillips* *Rebecca Wade*
16	Brochures for the Audiology Department (#30)	*Sandy Phillips* *Chris Tee* *Althea Weems* *Gaye Anderson*
16	Certified Evaluation Criteria (#41)	*Sandy Phillips*
16	Kindergarten Round-Up Brochure (#52)	*Sandy Phillips*
16	"All About Hearing" — A Classroom Inservice Model (#44)	*Chris Tee* *Olivia Stanbary* *Gaye Anderson* *Sandy Phillips* *Vicki Bell*
16	Manual for Screening 3 and 4 Year Olds (#61)	*Ed Minard*
16	Infant/Toddler Screening (#113)	*Vicki Bell*
16	Parent Education Program Workshop (#95)	*Gaye Anderson* *Sandra Lee*
16	Protocol for Preschool Pre-referral (#143)	*Vicki Bell*
16	Beginning Sign Language Curriculum	*Chris Tee*