

# **COLORADO QUALITY STANDARDS**

## *Programs and Services for Students Who are Deaf and Hard of Hearing*

*This document contains recommended quality standards for parents, teachers, administrators, governing boards, support personnel, other interagency personnel, and interested community representatives to use in identifying, assessing, planning, and providing appropriate educational services to all children who are deaf or hard of hearing in Colorado. It is also intended to assist in monitoring programs for these students. Because educational services for these students are governed by mandates established in federal and state laws and regulations, the quality standards in this document were developed to be consistent with these mandates and articulate how the mandates should be implemented.*

**cde**

Colorado Department of Education  
Exceptional Student Services  
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## **COLORADO QUALITY STANDARDS:**

*Programs and Services for Children and Youth  
Who are Deaf and Hard of Hearing*

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## **COLORADO QUALITY STANDARDS:**

### *Programs and Services for Children and Youth Who are Deaf and Hard of Hearing*

## **Preface**

This document contains recommended standards for quality education programs serving deaf and hard-of-hearing children and youth and is designed for use by parents, family members, teachers, administrators, governing boards, support staff and other interagency personnel, and community stakeholders. These standards provide guidance for identifying, assessing, planning, providing, and monitoring communication-driven education programs that will result in higher academic achievement while supporting the social and emotional development of learners who are deaf and hard of hearing. In preparing this document, two references were extensively cited: *California Programs for Deaf and Hard-of-Hearing Students: Guidelines for Quality Standards* (California Department of Education, 2000) and *A Blueprint for Closing the Gap: Developing a Statewide System of Service Improvements for Students who are Deaf and Hard of Hearing* (Colorado Department of Education, 2002a).

The standards in this document were developed to be consistent with federal and state laws and regulations that govern educational services for deaf and hard-of-hearing children and youth (ages 0-21) in Colorado.

The following people gave generously of their time, talents, and labor to make this document possible. We would like to particularly recognize the extra effort provided by the section leaders, Heather Abraham, Karen Humphry, Cathy Bowles, and Janet DesGeorges.

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## Introduction

Educators have long been aware that programs for deaf and hard of hearing children have been woefully inadequate, producing graduates who were not achieving their cognitive potential. With the movement toward Standards Based Education in the 90's came increased emphasis on academic achievement and accountability measures. By the year 2000, 75% of deaf and hard-of-hearing students in Colorado were found to be performing at unsatisfactory or partially proficient levels on the Colorado Student Assessment Program (CSAP) and it was determined that because current methods had failed to bring about substantive improvements in student outcomes, dramatic change was imminent and necessary.

The Colorado Department of Education established a statewide Deaf Education Reform Task Force which met regularly from 2000 to 2002 to:

- Analyze the changing demographics and needs of children who are deaf and hard of hearing in the state of Colorado
- Improve educational outcomes for deaf and hard-of-hearing children
- Recommend an effective communication-based service delivery system for deaf and hard-of-hearing children in Colorado.

The Task Force invited Lawrence Siegel, the founder and Director of the National Deaf Education Project (NDEP) to provide guidance. The NDEP was a four-year project funded by the Milken Family Foundation with the central goal of establishing broad standards and quality programs placing communication development and access at the core of deaf education. The Task Force studied NDEP's new vision for deaf education embodied in the "California Report: Communication Access and Quality Education for Deaf and Hard-of-Hearing Children" (California Department of Education, 1999) and collaborated with deaf education consultants from Arizona.

After two years of intensive work, the Colorado Deaf Education Reform Task Force completed Phase I activities and published its report, *"A Blueprint For Closing the Gap: Developing a Statewide System of Service Improvements for Students who are Deaf and Hard of Hearing"* (Colorado Department of Education, 2002a). As a result of the evidence collected, analyzed, and discussed in this document, the Task Force made the following recommendations:

1. Colorado should implement a coordinated statewide regional education system as an educational option that will effectively and efficiently meet the needs of deaf and hard-of-hearing children.
2. Deaf and hard-of-hearing students should have access to quality academic and extracurricular programs that are communication-driven. Criteria for establishing these programs should be implemented.
3. Communication-driven programs serving deaf and hard-of-hearing students should be subject to on-going assessment to assure full access, student achievement, and high standards.
4. On-going training, mentoring, and a full spectrum of professional development activities should be implemented statewide to support and improve proficiency for specialty providers, general educators, administrators, and families.

## Colorado Quality Standards: Programs and Services for Children and Youth Who are Deaf and Hard of Hearing

5. The Colorado Department of Education should collaborate with national and state agencies and higher education programs to recruit, train, and encourage retention of staff providing services to deaf and hard-of-hearing students.
6. A system of community and parent education that leads to meaningful involvement and that will result in full access and collaboration so that each child will have opportunities to maximize potential and achieve high standards should be implemented.
7. Colorado should develop and implement a funding system that will provide sufficient resources for a quality education for deaf and hard-of-hearing children.

In May of 2003, Governor Owens signed Senate Bill 03-53 into law giving the Colorado School for the Deaf and the Blind (CSDB) authority to operate regional programs and thus opened the door for restructuring deaf education in the state of Colorado. During the summer of 2003 the Task Force on Deaf Education Reform began Phase II activities for implementation. This phase set into motion three strategic projects focused on development of:

1. a plan for governance and funding structures for regional service plans
2. an accountability and assessment plan for regional services
3. standards of practice and service guidelines.

The Standards Work Group is pleased to present these *Colorado Quality Standards for Children and Youth who are Deaf and Hard of Hearing*. It is our belief that improved outcomes and systemic program and service change will be possible once these standards are implemented. Furthermore, these standards represent an important commitment to a seamless education system for children and youth birth through age 21.

The Standards Work Group would like to gratefully acknowledge the extensive work of our colleagues in California who, under the direction of Nancy Sager, M.A., at the California Department of Education, developed *California Programs for Deaf and Hard-of-Hearing Students: Guidelines for Quality Standards* (California Department of Education, 2000). This document was adapted by the Colorado Standards Work Group to reflect Colorado's own education system, needs, and resources. The California Quality Standards, and the report of the California Deaf and Hard-of-Hearing Education Advisory Task Force, *California report: Communication Access and Quality Education for Deaf and Hard-of-Hearing Children* (California Department of Education, 1999), together have provided a model and an abundance of information as our reform process has set its course. We are forever indebted. We are also hopeful that, in our states as well as in those that follow in this reform path, real, systematic, deaf education reform can occur and that we can close the learning gap and forever change the outcomes for our deaf and hard-of-hearing children. Until every child/youth can be fully engaged in the learning process and their development and academic performance equals that of their hearing peers, our mission is not accomplished.



## The Standards at a Glance

### *Section One*

#### **Identification and Referral**

**Outcome:** Children with hearing loss are identified and referred for assessment as early as possible to enable the best possible language, communication, and achievement outcomes.

#### **Identification and Referral**

##### **Standard 1**

*Procedures exist for locating and referring deaf and hard-of-hearing infants, children, and youth who may require special education.*

#### **Collaboration**

##### **Standard 2**

*Educational programs for deaf and hard-of-hearing children and youth establish collaborative relationships with local health care providers, local Part C programs, hospitals, audiologists, social service and public health agencies, and child care programs in order to ensure that infants, toddlers, preschoolers, and school-age children with identified hearing loss are promptly referred for appropriate services.*

#### **Hearing Screening**

##### **Standard 3**

*School districts and BOCES conduct legally mandated hearing screenings to identify children and youth who may have hearing loss.*

#### **Audiological Referral**

##### **Standard 4**

*Children and youth who fail hearing screenings receive an audiological assessment within 30 days of the screening referral.*

#### **Vision Screening**

##### **Standard 5**

*Deaf and hard-of-hearing children and youth are screened for visual impairment at legally mandated intervals.*

## *Section Two*

### **Assessment of Unique Needs**

**Outcome:** A unique intervention or education plan is developed based on assessment that yields valid and reliable information about the child.

#### **Persons Conducting the Assessment**

##### **Standard 6**

*The assessment of deaf and hard-of-hearing children and youth, birth-21, is conducted by personnel who understand the unique nature of hearing loss and who are specifically trained to conduct these assessments.*

#### **Domains to be Assessed**

##### **Standard 7**

*Qualified professionals assess all relevant areas of functioning to provide a comprehensive profile of the child/youth with hearing loss. Professionals performing these assessments work collaboratively to determine the effect skills in each domain have on the child/youth as a learner.*

#### **Test Administration**

##### **Standard 8**

*Once a qualified assessment team determines a deaf or hard-of-hearing child/youth's primary language and preferred communication approach, tests are administered using that identified language and communication approach and are conducted by professionals proficient in that approach. This practice assures assessments reflect an accurate measure of abilities regardless of mastery of spoken or written English.*

#### **Specialized Services, Materials, and Equipment**

##### **Standard 9**

*The assessment report identifies the unique learning needs of the child/youth related to and impacted by the hearing loss, including needs for specialized services, materials, equipment, and accommodations for the educational environment.*

#### **Assessment Team**

##### **Standard 10**

*Deaf and hard-of-hearing children and youth are referred to a specialized assessment team for deaf and hard-of-hearing individuals when appropriate.*

#### **Placement Considerations**

##### **Standard 11**

*A continuum of placement options are reviewed and placement is determined by the IFSP/IEP team based on valid and reliable assessment data and other information that identifies individual needs across communication, academic, and social domains.*



## *Section Three*

### **Support for Instruction and Learning**

**Outcome:** Deaf and hard-of-hearing children and youth share the same learning opportunities as their hearing peers and benefit from programs that support and provide equal opportunity for communication access.

#### **Statement of Purpose**

##### **Standard 12**

*The program for deaf and hard-of-hearing children and youth has a clear statement of purpose, including outcomes for expected learning, communication competency, and social/emotional well being. The statement addresses the critical need for equal opportunity in each of these areas.*

#### **Policy on Language and Communication**

##### **Standard 13**

*The program has a written policy on the central role of language and communication as it relates to the cognitive, academic, social, and emotional development of deaf and hard-of-hearing children and youth.*

#### **State Oversight**

##### **Standard 14**

*The Colorado Department of Education and the Colorado School for the Deaf and the Blind adopt policies that are consistent with the guidelines put forth in this document, delegate implementation of these policies to the professional staff of the regional programs, and monitor results. The policies support each student's achievement of the expected learning results.*

#### **Regional/ Cooperative Programs**

##### **Standard 15**

*Programs and services are provided through or coordinated with regional and/or cooperative programs to more effectively serve deaf and hard-of-hearing children and youth.*

#### **Continuum of Options**

##### **Standard 16**

*Each regional program provides access to a full continuum of placement, program, service, and communication options. The program collaborates with local and state education authorities, institutions of higher education, and other agencies to ensure provision of appropriate services for deaf and hard-of-hearing children and youth.*

#### **Students with Multiple Disabilities; Deafblindness**

##### **Standard 17**

*Relevant specialized services are provided for children and youth who are deaf and hard of hearing with multiple disabilities and who are deafblind.*

## **Program Administrator**

### **Standard 18**

*The regional program administrator has knowledge and skills to ensure that deaf and hard-of-hearing children and youth receive appropriate instruction and designated services.*

## **Staff Qualifications**

### **Standard 19**

*Deaf and hard-of-hearing children and youth, birth through age twenty-one, including those with multiple disabilities and blindness, are instructed by early intervention providers and teachers who are specifically trained and/or licensed to teach these individuals.*

## **Other Qualified Personnel**

### **Standard 20**

*Each program has qualified professionals, including support personnel, who have the skills necessary to provide instruction and services that meet the academic, communication, social, emotional, and transition needs of deaf and hard-of-hearing children and youth.*

## **Workload Management**

### **Standard 21**

*Class size and workloads of staff support the provision of specialized instruction and services based on the unique educational needs of deaf and hard-of-hearing children and youth.*

## **Staff Development**

### **Standard 22**

*The program provides ongoing training and mentoring for all staff to enhance achievement of deaf and hard-of-hearing children and youth.*

## **Training for General Education Personnel**

### **Standard 23**

*The program provides training to general education personnel serving its deaf and hard-of-hearing children and youth regarding accommodations, modifications of the curriculum, and understanding of the impact of hearing loss on development and learning.*

## **Facilities**

### **Standard 24**

*Facilities are designed and maintained to enhance the provision of instruction and services to meet the unique communication, education, and safety needs of children and youth who are deaf and hard of hearing.*

## **Program Accountability**

### **Standard 25**

*The school leadership, program administrators, and staff regularly assess each child/youth's progress toward accomplishing the expected state and school-wide learning results and report progress to the rest of the school community, including parents, the deaf and hard-of-hearing community, and related agencies and organizations.*

### **Self-Assessment**

#### **Standard 26**

*The program conducts an annual self-assessment as part of the state monitoring process, using these standards and encompassing all areas of program quality and provides annual written progress reports to parents, staff, and the community.*

## *Section Four*

### **Learning and Instruction**

**Outcome:** Deaf and hard-of-hearing infants, children, and youth thrive in linguistically rich educational environments where language, communication, academics, and social opportunities are fully accessible.

### **Cohesive Team**

#### **Standard 27**

*All persons identified on the IFSP/IEP who provide services will form a cohesive team that works collaboratively and flexibly to meet the child/youth's needs. Each team member explores and identifies their individual strengths and limitations relative to providing services to the child/youth.*

### **Focus on Communication**

#### **Standard 28**

*Curriculum and instruction are delivered using the communication approach that meets the unique needs of the child/youth as defined in his/her Communication Plan.*

### **Focus on Authentic Peer Interactions**

#### **Standard 29**

*The child/youth has authentic peer interactions and is able to participate in social and academic discussions.*

### **District Core Curriculum and Standards**

#### **Standard 30**

*Deaf and hard-of-hearing children and youth will be instructed using the early intervention and district core curriculum that are aligned with established state standards.*

## **Supplemental Specialized Curricula**

### **Standard 31**

*In addition to district and state core standards, deaf and hard-of-hearing children and youth will be provided with supplemental specialized curricula coordinated among service providers, which contains well-defined and relevant instruction in the areas of need as identified on the IFSP/IEP*

## **Transitions**

### **Standard 32**

*Transitions occur periodically throughout a deaf and hard-of-hearing child/youth's education: Part C to Part B, preschool to elementary school, elementary school to middle school/high school, and high school to vocational and/or post-secondary education. Planning and implementing support services must occur prior to each transition.*

## **Purpose of Assessment**

### **Standard 33**

*Assessment is used to measure the achievement of each child/youth, to communicate the program's effectiveness, and to design effective instruction.*

## *Section Five*

## **Parent, Family, and Community Involvement**

**Outcome:** Family and community members are active, involved participants in the education process of children and youth who are deaf and hard of hearing.

## **Parent Training and Support**

### **Standard 34**

*The program provides continuous opportunities for parents to acquire the necessary skills, especially in communication and language development, to support the implementation of their child/youth's IFSP/IEP.*

## **Parent Leadership and Participation in Program Development**

### **Standard 35**

*The program actively promotes parents as equal partners encouraging strong collaboration between program/school staff and the development of parent leadership. This is reflected in every aspect of the program and includes a plan for involving parents in program development.*

## **Deaf/Hard-of-Hearing Adults & Community Involvement**

### **Standard 36**

*The program involves the deaf and hard-of-hearing communities in program development and encourages strong collaboration between school staff, parents, and deaf and hard-of-hearing community members.*



## Colorado Quality Standards

### *Section One*

#### **Identification and Referral**

**Outcome:** Children with hearing loss are identified and referred for assessment as early as possible to enable the best possible language, communication, and achievement outcomes.

Colorado students are eligible for special education services when hearing loss is present, whether permanent or fluctuating, and when the hearing loss adversely affects educational performance. Specific criteria for hearing loss are described below [Colorado Exceptional Children's Education Act, 2.02(3)].

Audiological criteria for a deficiency in hearing sensitivity which is educationally significant is one of the following:

1. An average pure-tone hearing loss in the speech range (500-2000 Hz) of at least 20dB HL in the better ear that is not reversible within a reasonable period of time.
2. An average high frequency, pure-tone hearing loss of at least 35dB HL in the better ear for two or more of the following frequencies – 2000, 4000, or 6000 Hz.
3. A unilateral average pure-tone hearing loss of 35dB HL (500-2000 Hz) or greater, which is not reversible within a reasonable period of time.

Criteria for a hearing disability that prevents the child from receiving reasonable educational benefit from regular education shall include one or more of the following:

1. Sound field word recognition (unaided) of less than 75% in quiet as measured with standardized open-set audiometric word recognition (speech discrimination) tests presented at the level of typical conversational speech (50-55dB HL); interpretation must be modified for closed-set tests.
2. A receptive and/or expressive language delay as indicated below, determined by standardized tests:
  - Under age 3: less than one-half of expected development for chronological age
  - 3 to 8 years: one year delay or more
  - 9 to 13 years: two years delay or more
  - 14 to 21 years: three years delay or more
3. An impairment of speech articulation, voice, and/or fluency.
4. Significant discrepancy between verbal and non-verbal performance on a standardized intelligence test.
5. Delay in reading comprehension due to language deficit.
6. Poor academic achievement.
7. Inattentive, inconsistent, and/or inappropriate classroom behavior.

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Under the *Individuals with Disabilities Education Act (IDEA)* regulations, deafness is defined as “a hearing impairment that is so severe that a child is impaired in processing linguistic information through hearing, with or without amplification, which adversely affects educational performance.” A child is hard of hearing if he or she has “a hearing impairment, whether permanent or fluctuating, which adversely affects a child’s educational performance, but which is not included under the definition of ‘deaf’” (*Code of Federal Regulations, Title 34, Part 30, § 300.7*). Any hearing loss, which may be mild to profound, bilateral or unilateral, reverse slope, cookie bite, and permanent or fluctuating, may result in delays in the development of speech and language and may restrict achievement of appropriate education. The American Speech-Language-Hearing Association’s (2002) *Guidelines for Audiology Service Provision in and for Schools* states, “A child with hearing loss experiences both auditory and sensory deprivation and its effects on communication, learning, and psychosocial development. Therefore the effective management of hearing loss must address medical, communication, education, and psychosocial considerations”. Therefore, any child with such an audiogram provided by a licensed audiologist should be referred to a Colorado Hearing Resource (CO-Hear) Coordinator if the child is birth to three years, or a teacher of the deaf/hard of hearing if the child is school age for a multi-disciplinary evaluation including language, communication, cognition, social-emotional needs, and educational components.

### **Identification - Child Find**

Identification is the process of seeking out and locating all deaf and hard-of-hearing children and youth from birth through age twenty-one. Research studies have indicated that the earlier a child is identified as having a hearing loss and provided special services and a means of communication, the greater the chances are for that child to succeed later on (Yoshinaga-Itano, Sedey, Coulter, & Mehl, 1998). The Child Find process for children under 36 months of age is described in the regulations of Part C of IDEA, for children 3 to 21 years, the process is defined in Part B of IDEA.

### **Identification and Referral**

#### **Standard 1**

*Procedures exist for locating and referring deaf and hard-of-hearing infants, children, and youth who may require special education.*

School districts and BOCES are responsible for developing and implementing a community wide Child Find system for locating and identifying individuals, birth through age twenty-one, who may have a hearing loss. Available media, special events (e.g., Deaf Awareness Month), and interagency collaboration should be utilized to coordinate the educational agencies’ identification and referral procedures. Child Find activities may include but not be limited to:

- Producing and distributing public service announcements
- Producing pamphlets, brochures, and other written communications
- Making presentations and distributing information regarding hearing loss to local hospitals and other medical care providers and agencies, child care providers, social service agencies, educational agencies, parent organizations and support groups, professional organizations, philanthropic and service organizations, and other organizations established to inform or serve culturally diverse populations
- Providing community wide hearing screening

## **Collaboration**

### **Standard 2**

*Educational programs for deaf and hard-of-hearing children and youth establish collaborative relationships with local health care providers, local Part C programs, hospitals, audiologists, social service and public health agencies, and child care programs in order to ensure that infants, toddlers, preschoolers, and school-age children with identified hearing loss are promptly referred for appropriate services.*

Regional Colorado Hearing Resource (CO-Hear) Coordinators should work with school district and BOCES Child Find programs to establish and maintain collaborative relationships to identify or support:

- Eligibility criteria for special education services
- Types of programs and services available for deaf and hard-of-hearing individuals, birth through age 21
- Contact persons and telephone numbers for regional centers and public school programs and services for deaf and hard-of-hearing students
- The federal requirement that a referral to Part C by the CO-Hear Coordinator be made within two working days of identification of an infant or toddler with a hearing loss

## **Hearing Screening**

### **Standard 3**

*School districts and BOCES conduct legally mandated hearing screenings to identify children and youth who may have hearing loss.*

Hearing screening is a procedure used to identify children who may require additional assessment to determine whether they have any special needs (e.g., special education and related services and/or medical treatment). Screening procedures generally are easily administered, given in a brief period of time, inclusive of parents' observations and interviews, inexpensive, and indicative of the need for further evaluation. The screenings facilitate identification of a suspected hearing loss, but they do not provide an analysis of the type or degree of hearing loss. A screening is not a substitute for a diagnostic assessment. According to Colorado's Exceptional Children's Education Act (ECEA) and the federal IDEA regulations, information from a screening alone may not be used to determine a child's hearing loss, but the results are used as criteria for a referral for more extensive evaluations.

State health regulations (H.B. 97-1095, 1997) required every newborn infant to be screened for hearing loss before leaving the hospital and for the parents to be provided with resources and information for follow up. Every infant who fails a screening must be referred for further audiological assessment and, if found to have a hearing loss, referred to the appropriate early childhood and medical agencies for follow-up services. The Colorado State Department of Colorado Department of Public Health and Environment's (2003) *Colorado Infant Hearing Advisory Committee Guidelines for Infant Hearing Screening, Audiological Assessment, and Intervention* as dictated by ECEA and IDEA requires that infants found to have a hearing loss be referred for service coordination to the Colorado Hearing Resource Coordinator (CO-Hear) within two days of identification.

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### **Infant Screening**

According to the Colorado Infant Hearing Advisory Committee, under the jurisdiction of the Colorado Department of Public Health and Environment, 95% of all births should be screened prior to hospital discharge. Children who do not pass the newborn hearing screening are referred to a diagnostic audiologist for follow-up. The recommended protocol for infant audiologic assessment should be completed by three months of age. Following confirmation of hearing loss, the audiologist notifies the Regional CO-Hear Coordinator. The Regional CO-Hear Coordinator provides support, care, and service coordination to assure families receive appropriate early intervention services by six months of age. If an infant or toddler has not been screened, and there is a suspicion of hearing loss, the child should be referred to the local Child Find program to receive a hearing screening.

### **Early Childhood, Preschool and School-Age Screening**

Children in schools must be given a hearing screening in kindergarten, first, second, third, fifth, seventh, and ninth grades (Colorado Revised Statutes, 22-1-116.1). In addition, all children receiving early childhood special education services must be given annual hearing screenings. Screening should not be used for those students who are already identified with a hearing loss. Specific procedures for early childhood hearing screening are detailed in the *Colorado Early Childhood Hearing Screening Guidelines* (Colorado Department of Education and Colorado Department of Public Health and Environment, 2001).

After confirmation of hearing loss, parents and all relevant persons in the child's environment should be counseled about the implications of hearing loss. These persons include service providers, teachers, and child care providers.

## **Audiological Referral**

### **Standard 4**

*Children and youth who fail hearing screenings receive an audiological assessment within 30 days of the screening referral.*

When hearing screening is provided through school/Child Find based screenings, the schools must provide the parents or guardians of children who fail the hearing screening with written notification of the screening results and recommend that further audiological and/or otological evaluation be obtained, (CRS, 22-1-116.1). Audiological assessment by an audiologist should precede any referral for educational assessment or follow-up.

Upon confirmation of hearing loss, the child should be referred to the school child study team to determine educational implications of hearing loss and the need for evaluation for special education and related services. The child study team must include a specialist in the area of hearing loss.

### **Determination of Etiology**

The etiology of a child's hearing loss provides information regarding potential needs and services based on characteristics of that condition. Due to various etiologies that involve neurological components, such as cytomegalo virus (CMV), students with a hearing loss are at greater risk for secondary disorders, such as learning disabilities and attention deficits. Diseases and accidents that cause hearing loss may often cause physical disabilities as well as neurological and developmental



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disorders. Genetic origins may result in hearing loss or other disabilities long after birth. The etiology for each child’s hearing loss should be identified when possible.

## Vision Screening

### Standard 5

*Deaf and hard-of-hearing children and youth are screened for visual impairment at legally mandated intervals.*

Hearing loss places increased demands on visual functioning. Further, children and youth with hearing loss have a higher incidence of visual problems than children without hearing loss (Dayton, 1970). Visual impairments must be detected and treated to assist children who are deaf or hard of hearing to achieve their maximum potential.

Vision screening procedures for all deaf and hard-of-hearing children must be conducted prior to the child’s first Individualized Family Service Plan (IFSP) or Individualized Education Program (IEP) or when they enroll in school. In addition, annual vision screening is advised for all deaf/hard-of-hearing children receiving special education services.

There are two Colorado Department of Education approved protocols for vision screening: 1) *Vision Screening Guidelines: Children Birth through Five Years* (2003a) and 2) *Guidelines for School Vision Screening Programs* (2003b). The first document was designed for children ages birth through five years. The second document is specifically designed for school-age students between the ages of 3 to 21 years. Either document can be used for preschool-age children. Vision screening tests in these protocols include:

Screening procedure	0-5 screening guidelines	3-21 screening guidelines
History of vision concerns	X	X
External observation of the eye	X	X
Observation of unique visual behaviors	X	X
Pupillary constriction response	X	
Fixation/functional near visual acuity	X	
Tracking	X	
Convergence	X	X
Corneal light reflection test	X	
Alternate cover test	X	X
Distance visual acuity	X	X
Color vision		X
Stereo/depth perception		X
Plus lens		X

All children with a hearing loss should be screened to determine the status of their visual acuity and functional vision skills. In rare circumstances, a child with a congenital hearing loss may have Usher’s Syndrome, which results in deaf blindness due to a retinal condition (retinitis pigmentosa). Visual

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problems associated with this condition include poor night vision and visual field loss. Symptoms may manifest in early childhood but typically present in early to late adolescence. An audiologist can administer a checklist of early visual warning signs on an annual basis and the family should be advised to take their child to an eye care specialist for regular examinations. Information regarding Usher's syndrome or other syndromes affecting hearing and vision may be obtained from the Colorado Services to Children with Combined Vision and Hearing Loss, located at the Colorado Department of Education, Exceptional Student Services Unit.



## *Section Two*

### **Assessment of Unique Needs**

**Outcome:** A unique intervention or education plan is developed based on assessment that yields valid and reliable information about the child.

#### **Purposes and Procedures of the Assessment Plan**

Deaf and hard-of-hearing students are provided an assessment of their unique needs when they are initially identified and ongoing assessment at regular intervals. The first goal of the assessment process is to gather valid information about the child's present level of functioning in the school or home setting, or both, in order to construct an educational plan to meet the special needs of the child. The second goal is to obtain data for program accountability.

In assessing and identifying the unique needs of children with hearing loss, consideration of conditions that may affect individual performance is required. These include:

- Family history
- Health and developmental history
- Age of onset and age of diagnosis
- Type and severity of hearing loss
- Etiology of hearing loss
- Cognitive ability
- Visual ability
- Multiple disabling conditions
- Potential for use of residual hearing
- Type and effectiveness of amplification/cochlear implant
- Primary language used in the home
- Preferred communication approach
- Educational history
- Parent values, goals, and philosophy

Colorado procedures for assessment of children with hearing loss:

- For children birth-3: FAMILY Assessment
- For preschool-age children: Preschool Edition - Colorado Individual Performance Profile (Pre-CIPP)
- For school-age children and youth: Colorado Individual Performance Profile (CIPP) and Colorado Student Assessment Program (CSAP); transition assessment must be added for youth 14 years and older

Assessment data may be collected through:

- Observations
- Parent interviews

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- Medical and audiological history
- Gathering of educational information
- Play assessment
- Developmental scales
- Norm and criterion-referenced tests
- Deaf/hard-of-hearing norms
- Performance-based assessments
- Career/vocational interests/skills inventories
- Gathering of other appropriate information, such as grades, portfolios, etc.
- Parent-completed questionnaires
- Videotape & associated analyses

### **Standardized vs. Non-standardized Assessments**

The nature of hearing loss and the linguistic differences of many deaf and hard-of-hearing students can affect the administration and scoring of assessment tools. Although very few instruments have been standardized for deaf and hard-of-hearing populations, this form of assessment is useful for some children. In addition, it is important to use assessments that are normed on hearing children. These assessments allow professionals to compare the development of deaf/hard-of-hearing children to hearing children. The ultimate goal of education for children with hearing loss is to develop at a commensurate level to their hearing peers. At some point, assessors need to decide whether to use a standardized instrument, to modify standardized instruments developed for hearing populations, or to use instruments that have been standardized for the deaf or hard-of-hearing populations. The use of modifications may affect the validity of the standardized procedures. But the appropriate interpretation of assessment data under these conditions may justify the use of modifications. Modifications may include, but are not limited to, substituting vocabulary, simplifying the question by breaking down the content and asking separate questions, and accepting a response that is different from what the test requires. Accommodations may include, but are not limited to, using a different communication approach (e.g., sign language or cued speech), using a different method to present the test (e.g., written, oral, or demonstration), and/or rephrasing questions.

When a standardized test, even with accommodations or modifications, is determined by the IEP team to be invalid for a specific student, alternative assessments are used, as specified in the IFSP/IEP. The results of the alternative assessments are then included in the assessment report.

### **Persons Conducting the Assessment**

#### **Standard 6**

*The assessment of deaf and hard-of-hearing children and youth, birth-21, is conducted by personnel who understand the unique nature of hearing loss and who are specifically trained to conduct these assessments.*

The assessment of deaf and hard-of-hearing students, including those with multiple disabilities, must be conducted by persons who are knowledgeable about hearing loss, are skilled in administering the assessment tools, are skilled in interpreting the results to ensure non-discriminatory testing, and have the requisite communication skills. In addition, the parents perform a vital role in providing information to the assessment team.

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For the birth-3 population, the Colorado Hearing Resource (CO-Hear) Coordinator, in collaboration with Child Find, is responsible for the assessment process. For preschool and school-age children, the teacher of the deaf/hard of hearing is responsible for the assessment process.

Qualified professionals must administer tests in each domain. These domains include:

- Audiological, to be performed by an audiologist
- Health, to be performed by a nurse
- Vision, to be performed by a vision specialist
- Motor, to be performed by a physical therapist or occupational therapist
- Psychological, to be performed by a psychologist

For other areas, the professional selected to administer the assessment must have the requisite knowledge and skills in the area they are assessing. These areas include:

- Communication
- Language
- Speech
- Auditory skills
- Communication approach
- Educational performance
- Social and emotional development
- Cognitive development (with the exception of an Intelligence Quotient)
- Adaptive/self-help skills
- Family needs
- Career/vocational options

## **Domains to be Assessed**

### **Standard 7**

*Qualified professionals assess all relevant areas of functioning to provide a comprehensive profile of the child/youth with hearing loss. Professionals performing these assessments work collaboratively to determine the effect skills in each domain have on the child/youth as a learner.*

Those conducting the initial and subsequent assessments of a deaf or hard-of-hearing student should consider assessment in the following areas:

### **Audiological**

An audiological assessment should provide necessary information regarding hearing ability for pure tones and speech, auditory function, and amplification. In addition, specific information related to the implications of the hearing loss for learning and recommendations for classroom accommodations must be provided. Audiological assessment should include ideal testing conditions as well as classroom conditions. Specific information regarding assessment procedures are detailed in the *Guidelines for Infant Hearing Screening, Audiological Assessment, and Early Intervention* (Colorado Department of Public Health and Environment, 2003) as well as the Colorado Department of Education's *Standards of Practice for Educational Audiology Services* (2004a).

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Following initial audiological assessment, it is recommended that deaf and hard-of-hearing students receive routine audiological assessments every three to six months for infants and toddlers birth to 6 months of age and annually for children older than three years.

Although re-evaluation every three years is required for IDEA/ECEA, annual hearing evaluations should be written into every IEP for a deaf/hard-of-hearing student to monitor hearing function and amplification (if used). Evidence that hearing is changing, known conditions that affect hearing stability, or other unique situations may dictate more frequent assessment.

### **Auditory Function**

Assessment of functional auditory skills should include information in the following areas:

- **Awareness and Meaning of Sounds:** The child is aware that an auditory stimulus is present. The child further identifies sounds by associating a variety of auditory stimuli with their sound source.
- **Auditory Feedback and Integration:** The child changes, notices, and monitors his/her own vocal productions. Furthermore, the child uses auditory information to produce an oral utterance that approximates or matches a spoken stimulus.
- **Localizing Sound Source:** the child searches for and/or finds the auditory stimulus
- **Auditory Discrimination:** the child distinguishes the characteristics of different sounds including environmental sounds, non-word vocalizations, and true words
- **Auditory Comprehension:** The child demonstrates understanding of linguistic information that is heard by identifying what is said, identifying critical elements in the message, and by following directions.
- **Short-term Auditory Memory:** the child can hear, remember, and repeat a sequence of numbers
- **Linguistic Auditory Processing:** the child can utilize auditory information to process linguistic information (Stredler-Brown & Johnson, 2004)

### **Language**

Assessment of language skills of deaf and hard-of-hearing children/youth, including those with multiple disabilities, must be conducted by a teacher or specialist who is proficient using the child's language and communication approach. The assessor must be skilled in identifying, using, and analyzing the child's language and communication, which may include the use of sign, cues, speech, or a combination.

The assessment of language determines whether or not a child has age-appropriate communication and language skills, identifies deficits, and provides evidence of progress over time. Formal tests should provide norms to compare the student's performance to that of their hearing peers. Other forms of assessment, such as language sampling, can provide useful diagnostic information regarding language competence.

A language assessment (signed, spoken, or written) should provide a comprehensive assessment of language skills in all of the following areas:

*Semantics:* Includes vocabulary mastery, multiple meanings, and basic concepts, both receptively and expressively

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*Syntax:* Includes receptive and expressive abilities in the use of word order and morphemes to create grammatically correct sentences

*Morphology:* Includes receptive and expressive abilities to use affixes and inflections that change the meaning of spoken words or signs (e.g., to pluralize, to show verb tense, to show intensity or duration)

*Pragmatics:* Includes the ability to use language for interpersonal communicative purposes (e.g., turn-taking skills, use of language to express needs, use of language to influence another's behavior, use of language to refer to experiences out of immediate context)

### **Manual Communication**

Forms of manual communication may include but are not limited to:

- *American Sign Language (ASL)*
- *Pidgin Sign English (PSE)*
- *Manually Coded English (MCE)*
- *Simultaneous Communication*

For an individual who uses sign language or a sign system, an assessment of manual communication skills leads to the development of a more effective instructional program. The assessment of manual communication skills includes the testing and gathering of information in the following areas:

- An analysis and description of the sign language or sign system used
- Visual and motor capabilities
- Semantic and grammatical accuracy pertinent to the sign language or sign system used (e.g., ASL or MCE)
- Pragmatics
- If simultaneous communication is used, an analysis of the quality of communication, such as percentage of message signed, percentage spoken, and percentage both signed and spoken.

### **Spoken Communication**

For a deaf or hard-of-hearing individual who uses speech, a spoken communication assessment includes an assessment of the use of speech and speechreading skills for oral communication in English or in combination with signs or with Cued Speech.

An assessment of speech production includes analysis of the following areas:

- Phonologic assessment: Voicing, manner, placement, syllabication, and stimulability
- Prosodic features: Intonation, pitch, rhythm, and stress
- Voice quality
- Intelligibility of connected speech

### **Written Language**

A written language assessment can provide useful diagnostic information regarding the student's English-language proficiency. Formal, standardized assessments of written English are available. Informal assessment and analysis of written language samples can also provide useful information for educational planning.

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### **Pre-Academic**

For educational planning with young deaf and hard-of-hearing children, a thorough assessment of pre-academic skills is important. This assessment should be done by a teacher or other professional who is knowledgeable about early childhood development and education as well as the implications of hearing loss. The individual must also be proficient using the child's language and communication approach. The areas requiring assessment are: expressive and receptive language, auditory skill development, functional listening ability, speech intelligibility, pre-literacy skills, pragmatics, and family participation.

### **Academic Skills**

Academic assessment provides information regarding the student's present level of functioning and should minimally include the following areas, as noted in *Deaf and Hard-of-Hearing Students Educational Service Guidelines* (Colorado Department of Education, 1994):

- Math computation and application in all contexts (e.g., measurement, money, time, etc.)
- Reading comprehension including emergent reading abilities as well as words, phrases, sentences, passages, literal/inferential skills
- Style of decoding (i.e., phonetic-acoustic versus visual decoding)
- Reading in real world versus reduced context situations
- Reading preferences, including time spent reading independently
- Written English literacy, including word use, knowledge conveyed, structure, and cohesiveness
- Writing for specific purposes (e.g., messages, discourse, persuasion, narration, etc.)
- Spelling and penmanship.

Standardized assessments of academic achievement may provide information regarding the student's achievement in comparison to that of hearing peers. A few academic tests have been normed on deaf and hard-of-hearing populations. Whether one uses instruments normed on hearing or on deaf and hard-of-hearing students, it is important to consider the assessment results in conjunction with other assessment information (e.g., criterion-referenced assessment, portfolio assessment) when developing the individualized education program.

In addition to taking part in academic achievement testing for initial and triennial assessment, deaf and hard-of-hearing students must participate in all statewide and local assessment programs. In Colorado, the CSAP (reading, writing, math, science) is an integral part of the school assessment process starting in 3<sup>rd</sup> grade. Therefore, CSAP results are part of the child's assessment profile.

### **Psychological**

A psychological evaluation of cognitive abilities provides information about a student's present level of function in areas related to learning, such as verbal comprehension, non-verbal problem solving, spatial and abstract reasoning, memory and processing abilities. Most intelligence tests yield measures on subscales or clusters as well as an overall IQ score. For deaf and hard-of-hearing students, estimates of cognitive ability should be based primarily on subscales or clusters that are comprised of non-verbal tasks so that ability can be determined without the influence of vocabulary and language development that are impacted by hearing loss.



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A qualified school psychologist who is proficient using the student's language and communication approach should conduct the assessment. A student should receive a psychological assessment in the early elementary years once it is determined that reliable results can be obtained and then again in high school. More frequent assessment may be indicated for some children when special conditions are present (e.g., other disabilities, emotional factors, etc).

A psychological assessment may also be used to identify students who may be gifted or talented (e.g., twice exceptional). Other areas of psychological assessment include social/emotional development and adaptive/self-help behavior.

### **Health**

The overall physical health of the child, including nutrition and growth, medical and developmental history provides important information for the care of the child and the potential need for a health care plan as part of the IEP.

### **Vision/Deafblindness**

Children and youth with hearing loss are dependent on their vision as a means to supplement information not received through their hearing. Further, there are a variety of conditions and syndromes (e.g., Usher's Syndrome) that can affect both hearing and vision, thereby impacting communication and language development. This dual involvement must be considered when developing the child/youth's intervention or educational plan. For infants, the *Colorado Guidelines for Infant Hearing Screening, Audiological Assessment, and Early Intervention* (Colorado Department of Public Health and Environment, 2003) recommends a vision assessment for all children diagnosed with hearing loss. After infancy, children and youth with hearing loss must have a thorough evaluation anytime vision problems are suspected or identified through a screening. The evaluation includes assessment of visual acuity, visual tracking, and visual field. In addition, a functional vision assessment should be completed for all children with visual impairment and children with dual sensory loss. The functional vision assessment should be completed by a teacher licensed in the area of vision impairment.

### **Multiple Disabilities**

Children with multiple disabilities may have cognitive, motor, sensory, and/or communication issues in addition to hearing loss. Licensed deaf educators are rarely trained to be proficient in assessing all areas of development. As a result, multidisciplinary assessment is essential in order to ensure that the assessment team is addressing all areas of need. This multidisciplinary assessment should include general background information regarding the child and family, observations of the child, functional assessment, and discipline-specific information.

### **Motor**

The assessment of motor skills may be especially significant for deaf and hard-of-hearing students. Etiologies that are neurologically based may result in vestibular damage affecting an individual's equilibrium, body awareness, and visual-motor functioning. If a student is referred for additional motor assessment, it should be conducted by an occupational or physical therapist experienced with deaf/hard-of-hearing children.

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**Telecommunications**

When appropriate, the communication skills assessment should include an assessment of the student’s ability to use telecommunication technology (e.g., telephone, tty, text-to-text pager). The results of this assessment should be used to develop IEP goals and objectives related to the use of telecommunications in everyday activities.

**Career-Vocational**

Deaf and hard-of-hearing students in secondary schools should be provided with an individual career/vocational assessment. Career/vocational assessments may include but are not limited to interest inventories, college aptitude tests, evaluations of prevocational skills, tests of physical dexterity, work samples, and interviews. Career/vocational education specialists should provide the assessments, interpret the results, provide information in a written report, and provide recommendations for transition services on the child’s IEP. The law requires transition services as a component of the IEP for every student 14 years of age or older and may be deemed appropriate for students younger than 14.

The Department of Vocational Rehabilitation has a statewide network of specially trained Rehabilitation Counselors for the Deaf and Hard of Hearing. Schools may have service agreements with this department for the referral of students 16 years or older to determine their eligibility and to perform vocational assessments.

Many community colleges and adult vocational training centers may also be used as a resource for assessment and to obtain career/vocational information.

**Family Needs**

The ability of the family to understand and resolve issues related to the child’s hearing loss should be discussed as part of the on-going IFSP/IEP process. The knowledge they have about hearing loss, child development issues and their competence communicating with their child should be addressed. The needs of the family can be identified through interviews, surveys, or questionnaires.

For families of infants and toddlers, family needs are an integral part of the IFSP and part of family-centered intervention. For preschool and school-age children/youth, parent support must be provided under the related service of parent counseling and training on the IEP. Parent counseling and training includes providing information to the family about child development, their child’s disability, and resources the family may access for additional support. If specific training for the parents, such as sign language instruction, is required in order for the child to meet his/her IEP goals, it must be provided through the IEP (Colorado Department of Education, 2002b).

**Test Administration**

**Standard 8**

*Once a qualified assessment team determines a deaf or hard-of-hearing child/youth’s primary language and preferred communication approach, tests are administered using that identified language and communication approach and are conducted by professionals proficient in that approach. This practice assures assessments reflect an accurate measure of abilities regardless of mastery of spoken or written English.*

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When an assessment plan is being developed, the special language needs of deaf and hard-of-hearing children/youth should be recognized. When there is a primary and preferred language (including American Sign Language) other than English, assessments should be conducted in that language. The deaf or hard-of-hearing child/youth's preferred communication approach, which may be signed or spoken (with or without the support of signs or cues), should be utilized in the assessment.

## **Specialized Services, Materials, and Equipment**

### **Standard 9**

*The assessment report identifies the unique learning needs of the child/youth related to and impacted by the hearing loss, including needs for specialized services, materials, equipment, and accommodations for the educational environment.*

The assessment report identifies the unique educational needs of the child/youth in order to have access to an appropriate education program. The IFSP/IEP team must identify:

- The specialized instruction required (e.g., language, reading, math, speech, auditory, social, behavior, advocacy, training in assistive technology devices)
- The specialized support services required (e.g., sign language interpreting, oral or Cued Speech transliteration, notetaking, real-time captioning)
- The specialized equipment required (e.g., assistive listening device, closed-captioned television, telecommunication device for the deaf, captioned videos)
- Accommodations to the educational environment (e.g., acoustically appropriate classroom, preferential seating, lighting)

### **Assessment of Classroom Acoustics**

Excessive noise and high reverberation levels interfere with many deaf and hard-of-hearing students' ability to communicate. Classroom noise standards were determined by the American National Standards Institute, Inc (ANSI S12.60-2002: *Acoustical Performance Criteria, Design Requirements and Guidelines for Schools*). The standards dictate an ambient noise level of 35dBA and a .6 second reverberation time for typical classrooms. When evaluating classroom acoustics the audiologist should use a sound level meter with an "A" weighted scale that has a minimum setting of at least 35dBA.

Most noise problems will be caused by:

- Excessively loud heating-ventilation-air conditioning units (HVAC)
- Other noise sources in the classroom including lights, AV and electronic equipment, computers, pencil sharpeners, aquariums, and children moving about the room and talking
- Street and playground noise from outside the building
- Hallway and adjacent classroom noise

High reverberation levels can be a result of insufficient sound absorption materials in the ceiling, floor and wall surfaces causing excessive sound reflections that reduce speech intelligibility. These levels can be evaluated through a formula approach manually or with a software program that calculates reverberation times utilizing known absorption coefficients of the existing classroom floor, ceiling and wall surfaces.

## Assessment Team

### Standard 10

*Deaf and hard-of-hearing children and youth are referred to a specialized assessment team for deaf and hard-of-hearing individuals when appropriate.*

Local educational agencies may refer to an assessment team for deaf and hard-of-hearing children/youth (a multidisciplinary team of professionals with the necessary expertise to assess children with hearing loss). This team was established to assist local educational agencies in the assessment of deaf and hard-of-hearing children/youth using their primary communication approach—sign language, oral communication, cued speech, or a combination. Referrals to the team may be made for a variety of reasons, including program placement concerns, lack of qualified assessment personnel in the local school district/BOCES, concerns over lack of progress, behavioral problems, specific learning problems, or a need for further instructional programming guidance.

In conjunction with the local professionals, the assessment team, knowledgeable in the unique needs of deaf and hard-of-hearing children/youth, conducts an intensive diagnostic study. The team collects information through formal and informal testing, observation, and parent interviews. At the end of the evaluation, the team meets with the parents and appropriate school personnel to discuss the diagnostic findings and to outline an educational program for the child/youth.

## Placement Considerations

### Standard 11

*A continuum of placement options are reviewed and placement is determined by the IFSP/IEP team based on valid and reliable assessment data and other information that identifies individual needs across communication, academic, and social domains.*

A Communication Plan (see Appendix B) is required for all deaf and hard-of-hearing children/youth that are found to be eligible for early intervention or special education services. The Plan should be developed based on the individual communication needs of the child and should be discussed at the beginning of the IFSP/IEP meeting in order to initiate a discussion regarding placement options for the child. In addition to the Communication Plan, the assessment team should use data obtained from the *FAMILY Assessment*, *Pre-CIPP*, or *CIPP* when determining placement options. These options should be discussed with all IFSP/IEP participants and all placement decisions must be made with the parents.

### Placement options may include but are not limited to:

#### *Birth to three:*

The preferred setting for intervention is a “natural environment,” as outlined in Part C of IDEA. However, in addition to providing services that involve the family and people in the child’s everyday environment, consideration should be made to surround the child with deaf/hard-of-hearing peers and adults, especially those who utilize the same communication approach.

#### *Preschool and School age children:*

Regional programs provide a critical mass of age and language peers as well as opportunities for direct instruction and communication with staff. Regional programs also provide services to children/youth

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at a variety of school settings. When considering placement options all of the following options should be part of the regional system.

- General education classroom
  - placements with all necessary instructional, related, and support services including itinerant teachers credentialed in education of deaf and hard-of-hearing children/youth, interpreters, and assistive listening technology
- Center-based or resource program
  - programs are in general education settings and include special classes, co-teaching classes and resource room classes; these options include reverse mainstreaming, partial mainstreaming, and co-teaching opportunities
- State and charter schools for the deaf
  - programs in separate facilities that may include opportunities for mainstreaming in general education settings.
- Nonpublic schools, virtual (on-line) schools, home instruction, hospital instruction, and institutions required by federal and state laws to meet the needs of students with disabilities that cannot be met within the traditional public school setting. (Colorado Department of Education, 2002a)



## *Section Three*

### **Support for Instruction and Learning**

**Outcome:** Deaf and hard-of-hearing children and youth share the same learning opportunities as their hearing peers and benefit from programs that support and provide equal opportunity for communication access.

Supports for instruction and learning include all of the components of the education process that represent the foundation necessary to give children and youth the opportunity to access instruction and learn. In order for instructional practices to be sufficiently and consistently articulated throughout the educational program and services, a strong foundation is critical. The standards of Section Three address the following areas to describe the components of this foundation:

- Statement of purpose and policies on the role of language and communication in deaf education programs
- State oversight
- Rationale for regional programs
- Placement options
- Special considerations for children/youth with multiple disabilities and deafblindness
- Administration, primary and support staff responsibilities
- Workload management
- Staff development and training
- Facilities
- Accountability

#### **Statement of Purpose**

##### **Standard 12**

*The program for deaf and hard-of-hearing children and youth has a clear statement of purpose, including outcomes for expected learning, communication competency, and social/emotional well being. The statement addresses the critical need for equal opportunity in each of these areas.*

An essential element of systematic program improvement is a clear statement of purpose. To ensure the statement truly guides the program and services, it must be developed as a result of wide community participation and reflect a consensus of all stakeholders. The statement provides the program's foundation for establishing expected program-wide learning results. The statement identifies the knowledge, skills, and understanding students should possess when they exit from the program. The statement supports the development of content and performance standards. The statement of purpose must refer to the vital role of communication in the development and education of deaf and hard-of-hearing children and youth.

## **Policy on Language and Communication**

### **Standard 13**

*The program has a written policy on the central role of language and communication as it relates to the cognitive, academic, social, and emotional development of deaf and hard-of-hearing children and youth.*

The development of receptive and expressive language is fundamental to any educational experience and is particularly crucial for deaf and hard-of-hearing children. Communication and educational growth depend on inclusion in a language-rich environment; an environment with consistent, direct, and age-appropriate language opportunities.

Deaf and hard-of-hearing children are distinct from other children because of their unique communication needs. Deaf and hard-of-hearing children must have opportunities for direct communication with others.

The policy includes the following elements:

- Recognition of the nature and implications of hearing loss
- Appropriate, early, and ongoing assessment of communication and language skills
- Appropriate, early, and ongoing development of communication with staff proficient in the child's communication mode
- Early, appropriate, and ongoing parent training and support activities that promote the language and communication development of each child/youth
- Recognition of the unique cultural and linguistic needs of deaf and hard-of-hearing children
- Assurance that each child has access to communication-related services
- Assurance that each child has communication access during extra-curricular activities
- Assurance that English-language acquisition is recognized as the paramount factor in the design of programs and the selection of curricula, materials, and assessment instruments
- Assurance that English-language acquisition is recognized as the paramount factor in the design and selection of professional and parent training materials
- Recognition that American Sign Language is a distinct natural language
- Assurance that sign language instruction is provided to deaf and hard-of-hearing students and their families when identified on their IFSP/IEP
- Assurance that the communication and language needs of deaf and hard-of-hearing students who rely on auditory/verbal or auditory/oral language are fully provided for
- Assurance that the IFSP/IEP team, as required by law, determines placement that includes the identified and essential language and communication needs of the child

## State Oversight

### Standard 14

*The Colorado Department of Education and the Colorado School for the Deaf and the Blind adopt policies that are consistent with the guidelines put forth in this document, delegate implementation of these policies to the professional staff of the regional programs, and monitor results. The policies support each student's achievement of the expected school-wide learning results.*

Effective governance calls for policies that require programs to have a clear statement of purpose, a statement of expected developmental outcomes (birth to age 3) and a statement of expected learning results for students (preschool to high school). District and BOCES school boards and school superintendents recognize the central role of communication access for deaf and hard-of-hearing students by adhering to the state-adopted policies that support and are consistent with the recommendations of these guidelines. These policies include a commitment to increased child outcomes and student achievement. Outcomes and achievement are documented through the development of content and performance standards and systems of assessment and accountability. The implementation of these policies is delegated to the professional staff of the regional programs. These policies should be incorporated into the State Improvement Plan for Special Education. Implementation of these guidelines should be a part of the state and local continuous improvement monitoring process (CIMP) as required by the Colorado *Exceptional Children's Education Act (ECEA)*.

## Regional/ Cooperative Programs

### Standard 15

*Programs and services are provided through or coordinated with regional and/or cooperative programs to more effectively serve deaf and hard-of-hearing children and youth.*

Deaf and hard-of-hearing children, like all children, need to be in educational settings in which there is a sufficient number of peers the same age and using the same communication approach. The establishment of regions provides placement options that will bring together a sufficient number of peers to promote communication and social development.

Those deaf and hard-of-hearing students who do not attend regional programs can benefit from them if the regional program coordinator supervises the staff. Provision of regionalized services can help ensure deaf and hard-of-hearing students in placements other than regional programs are served by appropriately qualified staff.

Regionalization represents the kind of comprehensive programming supported by the Colorado Department of Education and recommended by the Conference of Educational Administrators Serving the Deaf (CEASD), the National Association of State Directors of Special Education (NASDSE), and the Commission on Education of the Deaf (COED). The development of regionalized programs and services encourages effective use of personnel, reduces duplication of services, and encourages better use of limited resources in order to ensure:

- Cost-effective and appropriate staff development and training



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- Responsibility for the design, implementation, and management of regionalized programs by individuals who are trained as educators of the deaf and hard of hearing and are knowledgeable about deaf and hard-of-hearing students
- Provision of high quality instruction
- Program administrators who can provide meaningful supervision, evaluation, instructional leadership and mentoring
- Appropriate assessment
- Parental involvement and appropriate training programs for parents
- Formation of peer groups

## Continuum of Options

### Standard 16

*Each regional program provides access to a full continuum of placement, program, service, and communication options. The program collaborates with local and state education authorities, institutions of higher education, and other agencies to ensure provision of appropriate services for deaf and hard-of-hearing children and youth.*

### Placement Options

Deaf and hard-of-hearing children and youth represent a low-incidence disability population with unique and varied needs. To ensure an appropriate education for these children and youth, the program must provide access to a full continuum of placement, program, service, and communication options. Services to families of infants and toddlers must also be provided in accordance with the IFSP. In recognition of the difficulty of providing quality services to a low-incidence population, a regional system of programs and services is recommended. This system enlists Part C and school district and/or BOCES cooperation and collaboration. These agencies and administrative units share resources to expand service options and assure high quality programs while eliminating school district boundaries and others barriers to enrollment. Each region in Colorado should offer family-centered, home-based early intervention services and center-based programs and services.

The placement and service options provide a critical mass of age-appropriate and language-appropriate peers and opportunities for direct instruction and direct communication with staff and peers. These will include but are not limited to:

- Early intervention services through the Colorado Home Intervention Program (CHIP) or other appropriate program of the parent's choosing
- General education placements with the necessary instructional, related, and support services
- Center-based or resource programs, which include co-teaching or inclusion opportunities
- State and charter schools for the deaf

The IEP team may determine that a non-public school or agency is the most appropriate program option when a public agency cannot meet a student's needs. These options include non-public schools, virtual (on-line) schools, home instruction, hospital instruction and other institutions as required by federal and state law.

The selection of a particular program option is determined by the unique communication, social and academic needs of each deaf and hard-of-hearing child/youth. For infants and toddlers, services are

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determined with the family and the IFSP team. The IEP team is responsible for making placement decisions for students (preschool – high school) and for determining the related services necessary to meet the unique, identified needs of the students.

Typical services include but are not limited to:

Birth to age 3	Ages 3-21
<ul style="list-style-type: none"> <li>▪ Communication strategies</li> <li>▪ Language strategies</li> <li>▪ Auditory skill development strategies</li> <li>▪ Speech development strategies</li> <li>▪ Cognitive and play development</li> <li>▪ Parenting strategies</li> <li>▪ Information regarding amplification options</li> <li>▪ Sign language development</li> <li>▪ Literacy development</li> <li>▪ Role model and peer opportunities</li> </ul>	<ul style="list-style-type: none"> <li>▪ Speech-language intervention</li> <li>▪ Educational interpreting</li> <li>▪ Notetaking</li> <li>▪ Counseling</li> <li>▪ Audiological management</li> <li>▪ Assistive technology services</li> <li>▪ Role model and peer opportunities</li> </ul>

The following placement options should be available and considered for each child/youth:

**1. Early Intervention (Birth to Age 3)**

The preferred setting for intervention is a “natural environment,” as outlined in Part C of IDEA. However, in addition to providing services that involve the family and people in the child’s everyday environment, consideration should be made to surround the child with deaf/hard-of-hearing peers and adults, especially those who utilize the same communication approach.

**2. General Education Program for Preschool and School Age Students**

For some deaf or hard-of-hearing students, the general education classroom, with accommodations and/or modifications, may be the most appropriate placement. Some deaf and hard-of-hearing students may be best served at their neighborhood schools. Others may be better served in a general education classroom in a school where a regional or center-based-program for deaf and hard-of-hearing students is housed. Access to special materials, equipment, instruction, and services must be assured.

**Instructional Support Services**

Deaf and hard-of-hearing students who require minimal specialized instruction may benefit from instructional support services from a building special education resource teacher. Ongoing consultation services from an itinerant teacher of the deaf and hard of hearing must be provided to this resource teacher. Direct services by the itinerant teacher of the deaf and hard of hearing or by related service providers (e.g., speech and language), may be provided in conjunction with or in place of the building instructional support services.

**Factors to consider when determining a student’s participation in the general education classroom:**

- Will the student have full communication access in the classroom?

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- Is the student able to receive and express language through auditory, speech, or speechreading sufficiently well to have access to all information presented in the classroom?
- If not, is the student sufficiently able to access information through the use of support services (e.g., sign language interpreting, oral or Cued Speech transliteration, captioning, notetaking)?
- Is a licensed teacher of the deaf and hard of hearing available to provide ongoing direct and/or consultative services?
- Are qualified educational interpreters available for both classroom and extracurricular activities?
- Does the general education class enrollment allow the teacher an opportunity to devote some of his or her time to assist the deaf or hard-of-hearing student to meet the classroom or course requirements?
- Is the student's social and emotional maturity level within the range of the students in the general classroom?
- Is the student able to direct his or her attention to the assigned work and follow the directions given for doing the work?
- Is the student's reading level at the approximate level of the general education class in which he or she is to be enrolled?
- Have environmental factors, such as lighting, ambient noise and reverberation, classroom location, and visual emergency warning devices, been considered?

### 3. Center-Based Programs

Deaf and hard-of-hearing students with needs for specialized services in communication, social, and academic skills should be considered for placement in a center-based program for deaf and hard-of-hearing students for all or part of the school day. A center-based program provided by a school district/BOCES or within a regionalized program can provide deaf and hard-of-hearing students with a sufficient number of peers using a common language approach and with direct access to teachers and other professionals who are proficient using that child's preferred communication mode. In a center-based program, direct instruction that emphasizes communication skills development, language acquisition, concept development, and development of academic skills using core and specialized curriculums is provided by a teacher of the deaf and hard of hearing in coordination with other appropriate specialists. Many deaf and hard-of-hearing students benefit from participation in general education classes in selected academic subject areas, in non-academic areas, or both.

#### Co-Enrollment Model

Some center-based programs for deaf and hard-of-hearing students offer a co-enrollment model. In this model, deaf, hard-of-hearing, and hearing students are co-enrolled in a classroom that utilizes the general education curriculum. The class is co-taught by a general education teacher and a teacher of the deaf and hard of hearing. In a co-enrollment classroom, both the general education teacher and the teacher of the deaf and hard of hearing should be proficient in communicating with deaf and hard-of-hearing students in their primary language and preferred mode of communication.

The size of the geographic area served by a center-based program should be determined by the accessibility of other schools for deaf and hard-of-hearing students. Transportation within a reasonable time and distance should be arranged to accommodate the well-being and safety of the students. In general, students should not spend more than one hour in travel time from home to

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school or from school to home. The bus driver or other responsible adult should be able to communicate with the students on the bus.

### 4. State and Charter Schools for the Deaf

The Colorado School for the Deaf and the Blind (CSDB) is the state-operated school for deaf and hard-of-hearing children and youth. The Colorado Home Intervention Program (CHIP) operates as part of CSDB, so that children receiving family-centered home intervention services are students of CSDB as well. School-age students should be considered for enrollment in CSDB when local school districts or BOCES do not have sufficient students to provide a comprehensive program, or when the needs of the student requires specialized instruction and support services beyond that which can be reasonably provided in the local school program. ASL and written English comprise the primary communication modes used at CSDB.

In addition to CSDB, the Rocky Mountain Deaf School operates as a charter school in the Jefferson County School District. Utilizing ASL as the language of instruction, RMDS is another option for students benefiting from an ASL educational environment.

#### **Factors to consider when a state or charter school placement as an option include the following:**

- Is the local district/BOCES unable to provide a reasonable education program?
- Is the incidence of deaf and hard-of-hearing students in the local district/BOCES too small to provide a comprehensive program?
- Is the incidence of deaf and hard-of-hearing students in the local district/BOCES too small to provide a sufficient number of age-appropriate language mode peers?
- Would travel time or distance to the nearest center-based or regional program be excessive?
- What communication approach provides the best opportunity for the student's language and academic development?
- Does the student have the opportunity to interact directly with staff and/or peers on an on-going basis?

### **Communication Options**

When a child is identified as deaf or hard of hearing, professionals are responsible for providing the parents with unbiased, research-based information regarding the communication approaches that may be used with deaf and hard-of-hearing children. Because parental commitment and involvement are key factors in the success of deaf and hard-of-hearing children, regardless of the communication mode, parents must be actively involved in selecting the most appropriate communication option for their child. The early intervention providers or school staff are responsible for providing parents with information that will empower them to participate as equal members of the IFSP/IEP team in determining the communication option that is most appropriate to meet the needs of their child and their family. The early intervention providers or school staff are also responsible for providing parent education so that parents can develop the knowledge and skills they need to be able to provide their child with a rich linguistic environment in the home.

Communication modes and strategy options include:

- American Sign Language (ASL)
- Auditory-Oral

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- Auditory-Verbal
- Cued Speech
- Simultaneous communication (Sim Comm)
- Tactile communication

*American Sign Language.* American Sign Language (ASL) is the natural sign language most commonly used by the North American Deaf community. ASL is a rich and complex visual-gestural language, with a grammatical structure independent of English. ASL is most often used in a bilingual (ASL-English) program.

*Auditory-Oral.* The auditory-oral approach encourages the use of the child's residual hearing, augmented by appropriate amplification, to develop spoken language skills. Children are encouraged to use speechreading, gestures, and facial expression to understand and use connected speech.

*Auditory-Verbal.* The auditory-verbal approach stresses the use of appropriate amplification to teach children to listen, process spoken language, and speak without the use of signs, cues, speechreading, or other visual cues.

*Cued Speech.* Cued Speech is a visual communication system that uses eight handshapes in four locations ("cues") in combination with the natural mouth movements of speech to make all the sounds of spoken language visible. Cued Speech is generally considered an oral option, but may also be used in total communication programs to promote speech development.

*Simultaneous Communication (Sim Comm).* Simultaneous communication is the use of spoken English and sign language at the same time. The sign language system may be Pidgin Sign English (PSE), Manually Coded English (MCE), or conceptually accurate Signed English (CASE)

*Tactile Communication.* Tactile communication is used to help a student access language through touch. Some examples of tactile communications are fingerspelling into the hand and Braille.

## **Students with Multiple Disabilities; Deafblindness**

### **Standard 17**

***Relevant specialized services are provided for children and youth who are deaf and hard of hearing with multiple disabilities and who are deafblind.***

The unique needs resulting from multiple disabilities and deafblindness are so varied and complex that they should be dealt with on an individual basis through a collaborative effort among parents, educators, support personnel and other professionals in direct contact with the child.

If a child has been diagnosed with any syndrome that puts hearing and vision at risk, support services, such as orientation and mobility, instruction, the use of Braille, adaptive devices, and/or training in prescribed low vision devices by a teacher certified in the area of visual impairment, may be required to meet the child's educational needs.

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The program provides appropriate services to children and youth with hearing loss and multiple disabilities and children and youth with deafblindness to ensure:

- Access to quality programs and services
- Functional age-appropriate curricula
- Services from professionals with expertise in the development and education of deaf and hard-of-hearing children and youth and also in the other areas of the suspected or identified disabilities
- The required level of expertise and experience for professionals that are commensurate with the significance of the level of disability(s) present in the child/youth
- Regional services where local programs cannot provide appropriate services

### **Program Administrator**

#### **Standard 18**

*The regional program administrator has knowledge and skills to ensure that deaf and hard-of-hearing children and youth receive appropriate instruction and designated services.*

The regional program coordinator/administrator has the skills necessary to provide instructional leadership, staff supervision and evaluation, and for facilitating participation of staff, parents, and the deaf and hard-of-hearing community in program development.

The regional program serving deaf and hard-of-hearing students should have the services of a program administrator who is a trained educator of deaf and hard-of-hearing students as well as a credentialed school administrator. This person is responsible for implementing the program's guidelines and for coordinating and supervising all educational services for deaf and hard-of-hearing students receiving services from the regional program. The administrator must also be responsible for ensuring that programs are coordinated with other public and private agencies, including Part C, preschools, child development programs, non-public and nonsectarian schools, regional occupational centers and programs, post secondary programs, adult programs for individuals with exceptional needs, and other community resources.

Of paramount importance is the program's ability to provide quality instruction and services to deaf and hard-of-hearing children and youth. The regional program administrator or a site coordinator must be able to provide continuous feedback and mentoring support to the deaf and hard-of-hearing program staff.

Consideration for employing and assigning a program administrator should include the following: number of licensed early intervention providers, teachers of the deaf and hard of hearing, travel distance, number of sites, number of classes, amount of time for evaluation of teachers and other staff, and composition of the program.

The program administrator has a number of responsibilities that may include:

- Coordinating with Child Find for the purpose of identifying students who may have hearing loss
- Ensuring that appropriate assessment procedures and personnel trained to use these procedures are used in the evaluation of deaf and hard-of-hearing children and youth

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- Coordinating appropriate personnel (e.g., teachers of deaf and hard of hearing, educational audiologists, speech and language pathologists, psychologists, educational interpreters) to provide direct and indirect services to deaf and hard-of-hearing infants, toddlers, and students
- Evaluating staff employed in the deaf and hard-of-hearing program
- Providing specialized training and staff development to parents, administrators, teachers, support staff, and instructional assistants regarding the unique needs of deaf and hard-of-hearing children and youth
- Ensuring that a full continuum of services, program options, and specialized equipment and material is available to deaf and hard-of-hearing children and youth
- Establishing and coordinating a regional advisory committee composed of parents, deaf and hard-of-hearing consumers, and professionals
- Advocating for programs serving deaf and hard-of-hearing children and youth
- Ensuring that resources are effectively allocated and utilized within the deaf and hard-of-hearing program

## Staff Qualifications

### Standard 19

*Deaf and hard-of-hearing children and youth, birth through age twenty-one, including those with multiple disabilities and blindness, are instructed by early intervention providers and teachers who are specifically trained and/or licensed to teach these individuals.*

The early intervention provider or teacher of the deaf and hard of hearing should demonstrate competency in all of the state-identified knowledge and skill areas to provide instruction and services, birth to 21, that meet the developmental, linguistic, communication, academic, social-emotional and transition needs of deaf and hard-of-hearing children and youth and their families. Each early intervention provider must have the appropriate credential and each teacher must be licensed by the Colorado Department of Education in deaf education or other appropriate endorsement area.

Deaf and hard-of-hearing students for whom the IFSP/IEP team has determined that a generic early intervention program or the general education classroom is the most appropriate placement should receive sufficient consultative support, direct instruction, or both, from an early intervention provider or itinerant teacher of deaf and hard of hearing.

### Early Education Provider

The development of positive family-child relationships during a child's early years is critical to the child's later cognitive, linguistic, and social-emotional growth. The child's full access to communication is integral to the development of a positive family-child relationship. Therefore, it is critical that teachers in early education deaf and hard-of-hearing programs focus their service delivery on the family as well as on the child. These teachers must be licensed teachers of the deaf and hard of hearing, speech-language pathologists, audiologists, or early childhood providers and must also have the competencies related to the provision of services to infants, toddlers, preschoolers, and their families.

Typical duties may include but are not limited to:

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- Working as a part of a multidisciplinary team in the assessment of the child's needs and the development of the individualized family service plan (IFSP) or individualized education program (IEP)
- Providing direct and consultative services to the child and the family, as determined by the IFSP/IEP, to facilitate the development of communication and cognitive skills
- Providing ongoing access to informational programs that help the family learn about hearing loss, assessment, amplification options, communication options, education options, legal rights under state and federal special education laws, and resources and community services available for deaf and hard-of-hearing children.

#### **Center-Based Program Teacher of the Deaf and Hard of Hearing**

The center-based program teacher of the deaf and hard of hearing is primarily responsible for the specialized direct instruction of assigned students. In addition to providing instruction, the center-based program teacher should assume responsibility for the basic coordination of the students' programs. This teacher also assists the general education teacher, the principal, and the parents of the students in the program. Furthermore, the center-based program teacher of the deaf and hard of hearing must respect and be proficient in the language mode(s) of the students s/he is responsible for.

Typical duties should include but not be limited to:

- Assessing students in pre-academic/academic achievement, making recommendations for academic goals and objectives for the IEP, and providing academic instruction to the students
- Assessing students in the area of language and communication skills, recommending goals and objectives for language/communication skills for the IEP, and providing instruction for language and communication skills to the students (may work in conjunction with the speech/language pathologist and/or educational audiologist)
- Teaching a deaf studies curriculum
- Assisting in the appropriate placement of students
- Collaborating with general education teachers and educational interpreters regarding the needs of deaf and hard-of-hearing students in the mainstream
- Monitoring students' progress
- Coordinating required services for students
- Providing daily monitoring of individual hearing aids, cochlear implants, assistive listening devices and classroom amplification devices, as appropriate
- Providing information to teachers and parents regarding the education of deaf and hard-of-hearing students
- Providing Deaf awareness and Deaf culture in-service training to general education staff and students
- Teaching daily living skills and independent living skills, as appropriate
- Coordinating transition activities for students 14 years and older.

#### **Itinerant Teacher of the Deaf and Hard of Hearing**

The itinerant teacher must ensure that deaf and hard-of-hearing students, like all students, have programs in which they have direct and appropriate access to all components of the education program, including but not limited to recess, lunch, and extracurricular social and athletic activities. Itinerant teachers of the deaf and hard of hearing may provide direct instruction and/or consultative



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services to deaf and hard-of-hearing students enrolled in general education classes, center based programs, state or charter school programs, or home or hospital programs.

When appropriate caseloads for itinerant teachers are considered, factors such as mileage, direct service versus a consultation model, age of students, number of students with additional disabilities, and dynamics of the school climate must also be considered. A ratio of 1:10 to 1:24 is an appropriate caseload.

Typical responsibilities of the itinerant teacher may include but are not limited to:

- Providing in-service training for general education staff and students regarding the specific communication and educational needs of deaf and hard-of-hearing students and ways to include deaf and hard-of-hearing students in various situations and group settings
- Obtaining specialized services, materials, or equipment for deaf and hard-of-hearing students to use in the general education classroom and providing specialized resources and visual aids
- Ensuring the inclusion of deaf and hard-of-hearing students in activities
- Providing instruction to deaf and hard-of-hearing students regarding their hearing loss, Deaf culture, assistive devices, and various communication methods used by deaf and hard-of-hearing individuals
- Facilitating opportunities for deaf and hard-of-hearing students to interact socially with other deaf and hard-of-hearing students and with deaf and hard-of-hearing role models
- Adapting curriculum to make subject matter accessible to deaf and hard-of-hearing students
- Keeping parents informed of the school curriculum and methods and techniques to reinforce language and academic development
- Evaluating and recommending appropriate environmental conditions, such as lighting and acoustics, to meet the unique communication needs of deaf and hard-of-hearing students
- Assessing students in the areas of academic achievement, language, and communication
- Making recommendations for IEP goals and objectives for academic achievement, language, and communication and providing direct, specialized instruction in specific areas of need
- Assisting in the appropriate placement of students
- Coordinating required services for students
- Monitoring individual hearing aids, cochlear implants, and assistive listening devices
- Meeting regularly with program coordinators or program specialists to discuss problems or concerns regarding programs for integrated students
- Meeting regularly with general education teachers and educational interpreters to discuss areas of concern and to ensure communication is effective

### Other Qualified Personnel

**Standard 20**

*Each program has qualified professionals, including support personnel, who have the skills necessary to provide instruction and services that meet the academic, communication, social, emotional, and transition needs of deaf and hard-of-hearing children and youth.*

All deaf and hard-of-hearing children and youth receive developmentally appropriate instruction and services from qualified professional and other support personnel who have the skills and abilities to meet their needs as identified in the IFSP/IEP. Skills include proficiency in the student's primary

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mode of communication, knowledge of accommodations necessary to meet the child/youth's needs, knowledge of national, state, and local resources, and knowledge of selection, use, and maintenance of assistive devices. According to the National Association of State Directors of Special Education's *Deaf and Hard-of-Hearing Students: Educational Service Guidelines* (1994):

All individuals, whether teachers, administrators, educational interpreters, or other support personnel, should demonstrate competency in all areas of knowledge and skills listed below:

- Ability to communicate proficiently with individuals who are deaf and hard of hearing
- Knowledge of principles of child growth and development with emphasis on age/developmentally appropriate practice
- Knowledge of the impact of hearing loss on socio-cultural, linguistic, and educational development
- Knowledge of the interrelationships of family, environment, culture, community, and language
- Knowledge of Deaf culture, history, literature, and folklore
- Knowledge of language development and use
- Knowledge of multicultural interactions and learning characteristics
- Ability and commitment to utilize adults who are deaf and hard of hearing as a resource for students, families, and professional staff
- Ability and commitment to promote high expectations and positive self-esteem
- Knowledge of learning styles and characteristics of learners
- Ability to use educational interpreters, and electronic notetakers
- Ability to work effectively as a member of an interdisciplinary team
- Ability to develop and implement an individualized education plan (IEP) in a given area of expertise
- Ability to provide consultation, education, and support to parents/caregivers and school personnel
- Ability to utilize resources essential for implementation of the educational program for students
- Knowledge of assessment procedures for providing appropriate services
- Knowledge of adaptations of physical environments to meet auditory/visual needs
- Knowledge of amplification, assistive listening, and augmentative communication devices
- Knowledge of assistive technology (telecommunication devices for the deaf, decoders, vibrotactile devices)
- Ability to implement techniques for facilitating the development of speech and spoken language including but not limited to speechreading and auditory training
- Knowledge of signing varieties that include features of both English and ASL
- Knowledge of the Cued Speech system
- Ability to provide for one's own professional growth
- Knowledge of federal and state laws and regulations pertaining to the education and provision of services for individuals who are deaf and hard of hearing
- Knowledge of post-secondary educational and vocational options for students who are deaf and hard of hearing
- Knowledge of resources (local, state, national) for individuals who are deaf and hard of hearing and their families.

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The roles and responsibilities of those who provide services to deaf and hard-of-hearing students are described below:

### **Site Regional Coordinator**

The site coordinator should, whenever possible, be a credentialed, experienced educator of deaf and hard-of-hearing students. If, however, the site coordinator has little background or expertise in the area of deafness, he or she should follow these standards for deaf and hard-of-hearing children and youth. S/he should also seek input from the regional program administrator to facilitate the application of these standards to their program. The site regional coordinator should make classroom observations and perform teacher evaluations, including the assessment of teachers' sign language proficiency and the teachers' knowledge and expertise in the delivery of specialized instruction. The site coordinator should also make suggestions for staff development, recommendations for appropriate modifications to facilities, and recommendations for delivery of instruction. The site regional coordinator ensures deaf and hard-of-hearing students have full and equal access to the curriculum, as well as to all school-related activities, including extracurricular athletic and social activities.

The responsibilities of the site coordinator, in collaboration with the regional program administrator, include:

- Providing community awareness/education
- Consulting with teachers, parents, administrators, and support staff
- Facilitating involvement of parents and members of the deaf community in program development
- Supervising deaf and hard-of-hearing program staff members to ensure that appropriate curriculum and instruction are being provided
- Providing instructional leadership
- Mentoring and classroom observations
- Monitoring efficacy of instruction and access to curriculum
- Designing and monitoring assessment procedures
- Monitoring program compliance
- Coordinating staff development
- Coordinating specialized equipment and materials
- Assessing program needs
- Providing technical assistance to programs

### **Educational Audiologist**

The audiologist must hold a CDE Provisional or Professional Special Services License in Audiology. In addition to assessment (See Section 2 for a description of audiological assessment), the educational audiologist is an integral member of the IFSP/IEP team contributing to the planning and delivery of (re)habilitation services. "Unique to educational audiology are skills such as analyzing communication and instructional listening dynamics, recommending assistive amplification technology, recommending modifications for home and school environments or programs, and educating parents and school personnel to make instruction accessible to children/youth with hearing loss for their learning and social success" (adapted from the Educational Audiology Association, 1997). IDEA further specifies the audiologist's role in services as the "provision of habilitative activities, such as language habilitation, auditory training, speechreading (lip-reading), hearing evaluation and speech conservation; counseling and guidance of children, parents, and teachers regarding hearing loss, and

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determination of children's needs for group and individual amplification, selecting and fitting an appropriate aid, and evaluating the effectiveness of amplification" (34CFR 300.24(b)(1)(iii,v,vi). Further, audiologists support the school's responsibility of "ensuring that the hearing aids worn in school by children with hearing impairment, including deafness, are functioning properly" (34CFR300.303).

In working with deaf and hard-of-hearing students, the educational audiologist should utilize the preferred language and communication mode of the child/youth as specified on the Communication Plan on the student's IFSP/IEP.

The audiologist is uniquely qualified to perform the following activities with children: (American Speech-Language-Hearing Association, 1993; Colorado Department of Education, 2004a).

- Provide community leadership to ensure that all infants, toddlers, and youth with impaired hearing are promptly identified, evaluated, and provided with appropriate intervention services.
- Collaborate with community resources to develop a high risk registry and follow-up.
- Develop and supervise a hearing screening program for preschool and school-aged children.
- Train audiometric technicians or other appropriate personnel to screen for hearing loss.
- Perform comprehensive follow-up audiological evaluations.
- Assess central auditory function.
- Make appropriate referrals for further audiological, communication, educational, psychosocial, or medical assessment.
- Interpret audiological assessment results to other school personnel.
- Serve as a member of the educational team in the evaluation, planning, and placement process, to make recommendations regarding placement, related service needs, and modification of classroom environments for students with hearing loss or other auditory problems.
- Provide in-service training on hearing and hearing loss and their implication to school personnel about hearing loss prevention.
- Make recommendations about the use of hearing aids, cochlear implants, group and classroom amplification, and assistive listening devices.
- Ensure the proper fit and functioning of hearing aids, cochlear implants, group and classroom amplification, and assistive devices.
- Analyze classroom noise and acoustics and make recommendations for improving the listening environment.
- Manage the use and calibration of audiometric equipment.
- Collaborate with the school, parents, teachers, special support personnel, and relevant community agencies and professionals to ensure delivery of appropriate services.
- Make recommendations for assistive devices (radio/television, telephone, alerting, convenience) for students with hearing loss
- Provide services, including home programming if appropriate, in the areas of speechreading, listening, communication strategies, use and care of amplification, including cochlear implants, and self-management of hearing needs.

Some of these responsibilities may be shared with the teacher of the deaf and hard of hearing and the speech language pathologist. Because of the overlap in the training and skills of these professionals, it is imperative that the professionals work collaboratively to provide team-based services to deaf and hard-of-hearing children and their families.

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**Educational Interpreter**

Deaf and hard-of-hearing children may require the services of an oral or sign language interpreter or Cued Speech transliterator to have access to and understand the educational material presented by the teacher, other support personnel, and class discussions involving other students.

In accordance with the *Individuals with Disabilities Education Act (IDEA)*, local school districts and BOCES in Colorado must employ educational interpreters for students who are deaf and hard of hearing. *CRS Title 22 Section 11*, implemented July 2000, sets the minimum standards of skills and knowledge for educational interpreters in Colorado's public schools, grades K--12.

The Colorado Department of Education along with the Educational Interpreter Standards Task Force has developed the *Educational Interpreter Handbook (2004b)*. These guidelines provide direction to administrative units throughout Colorado to provide quality educational interpreting services for students who are deaf and hard of hearing.

Typical duties of educational interpreters include the following roles and responsibilities:

**As an Interpreter**

- Facilitate all communication in the classroom
- Interpret at school functions as needed (may be additional contract time for events outside of school day)
- Adapt signing level to communication needs of the students
- Assist the student and other professionals in understanding the role of the interpreter
- Ensure an appropriate environment (e.g., lighting, seating)
- Prepare for content and message delivery to include securing resources for vocabulary development
- Provide clear and appropriate information for substitute interpreters
- Maintain requirements to satisfy the Colorado Educational Interpreter Authorization
- Be familiar with and adhere to the *Guidelines of Professional Conduct for Educational Interpreters* (Schick & Williams, 2003), for procedures and ethics regarding professional conduct within the educational setting.

**As a Team Member**

Collaborate with the teacher of the deaf/hard of hearing and other team members to:

- Promote student independence
- Encourage direct communication access in various interactions
- Interpret content and non-content areas
- Address concerns related to a student's needs
- Promote student participation in classroom discussions and activities
- Educate others regarding the implications of hearing loss

**As a Tutor**

Provide tutoring services under the direction of a licensed teacher including:

- Prepare content knowledge to effectively tutor
- Implement instructional strategies identified by the IEP team
- Assist students and other professionals to understand the role of the tutor
- Provide clear and appropriate information for substitute tutors.

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### **Computer-Assisted Notetaker**

For some deaf and hard-of-hearing students, real-time captioning or electronic notetaking can provide the most appropriate access to communication in the general education classroom. Real-time captioning and electronic notetaking utilize specialized technology and equipment to provide deaf and hard-of-hearing students with immediate electronic printouts of spoken communication in the classroom.

### **Classroom Notetaker**

When deaf and hard-of-hearing students participate in general education classes, they must attend to the teacher, or educational interpreter, to understand the instructional material presented. Thus, they are unable to take notes, like their hearing peers. However, with the aid of classroom notetakers, information can be recorded accurately and in a form conducive for study. Selection of notetakers should be based on criteria such as interest, ability to organize thoughts, and clarity of handwriting. Electronic notetaking should be provided whenever possible. The teacher of the deaf and hard of hearing should have the responsibility of providing the necessary training and materials for classroom notetakers. Notetaking may also be provided by the educational interpreter.

### **Speech Language Pathologist**

A speech language-pathologist must hold a CDE Provisional or Professional Special Services License as a Speech Language Pathologist (SLP). The SLP must demonstrate appropriate competencies to work with deaf and hard-of-hearing children and youth to provide diagnostic, instructional, and consultative services as determined by the IEP team. The SLP should respect and be able to communicate proficiently in the student's primary and preferred language mode.

Typical duties include but are not limited to:

- Provide assessment of spoken language, speechreading, auditory, and listening skills
- Collaborate with the early intervention provider or teacher of the deaf and hard of hearing, ASL specialist, and other support personnel in the assessment of receptive and expressive language skills
- Provide direct instruction in speech, language, speechreading, auditory, and listening skills
- Work in cooperation with the early intervention provider or teacher of the deaf and hard of hearing, ASL specialist, and/or educational interpreter to identify and implement strategies that develop communication, language, and related academic skills
- Assist the early intervention provider, school personnel and parents to enhance the child/youth's overall communication skills
- Recommend and use technological devices to enhance speech and language instruction

Oral language instruction and auditory skill development may be provided by an SLP or by an appropriately trained early intervention provider or teacher of the deaf and hard of hearing. When a deaf or hard-of-hearing child/youth has speech production issues not typically related to hearing loss (e.g., cleft palate), speech therapy must involve an SLP.

### **School Psychologist**

The licensed school psychologist working with deaf and hard-of-hearing children and youth must use effective communication techniques. School psychologists may have the following responsibilities as outlined in *Deaf and Hard-of-Hearing Students: Educational Service Guidelines* (Colorado Department of Education, 1994):

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- Possess training/background in the psychological and sociological aspects of deafness
- Possess training and knowledge to assess cultural and linguistic factors related to deafness and their implications on performance
- Possess knowledge of issues related to non-discriminatory assessment, particularly as it pertains to children and youth who are deaf and hard of hearing and who are from racial, ethnic, and cultural minorities
- Select, administer, and interpret verbal and nonverbal assessment instruments appropriate for children and youth who are deaf and hard of hearing
- Assess areas of cognitive/intellectual, psychosocial, and independent living skills of students who are deaf and hard of hearing
- Assess social and emotional aspects of behavior and their implications for educational placement and achievement
- Provide group and individual counseling when needed
- Provide family training and counseling when identified on the IFSP/IEP
- Consult with school personnel.

### **Career/Vocational Specialist**

The career/vocational specialist should develop and enhance programs that will provide preparatory experiences for deaf and hard-of-hearing students. This individual must demonstrate effective communication techniques with the deaf and hard-of-hearing students with whom they are working.

Typical responsibilities of the career/vocational specialist may include:

- Design and implement programs for career education within the structure of the existing curriculum for preschool through 12th grade
- Provide training in the student's specific occupational interests
- Conduct individual career assessments
- Interpret and utilize career assessment results in the development of the individualized transition plan (ITP)
- Assist classroom teachers with the assessment of career awareness, interests, and aptitudes
- Assist classroom teachers to make use of results from career assessments at various levels
- Identify and obtain materials for staff in-service training
- Establish a career education resource center
- Coordinate job training facilities for classroom training and on-the-job training
- Identify job sites for students' observation and on-the-job training
- Provide outreach service to the community
- Provide students information regarding safety requirements and occupational safety concerns of various employment situations.

### **Instructional Assistants/Para-educators**

The special education instructional assistant/para-educator, working under the supervision of a teacher for the deaf and hard of hearing, can play a vital role in the educational program for children and youth who are deaf and hard of hearing. These individuals must be skilled and demonstrate proficiency in communicating with deaf and hard-of-hearing children and youth in their preferred language and communication mode. Under the supervision of a credentialed teacher, the instructional assistant/para-educator may provide tutoring, reinforcement of instruction, and other duties as outlined in each individualized education program (IEP).

### **Other Support Specialists**

Some programs for deaf and hard-of-hearing students may employ specialists to address unique individual student characteristics. Specialty areas might include American Sign Language, auditory-verbal therapy, behavior management, bilingualism, therapy for cochlear implants, educational interpreting, or mental health. The support specialists should provide diagnostic evaluations and assist in writing educational goals and objectives that focus on the child or youth's individual needs. They should be available to provide individual or small group instruction. The support specialist should have the appropriate credentials and competencies to educate children and youth who are deaf and hard of hearing, including proficiency in their primary language and communication mode. When these specialists are not teachers for the deaf and hard of hearing, they should have on-going monitoring and support from an appropriately licensed teacher of deaf and hard-of-hearing students.

### **Workload Management**

#### **Standard 21**

*Class size and workloads of staff support the provision of specialized instruction and services based on the unique educational needs of deaf and hard-of-hearing children and youth.*

When programs for deaf and hard-of-hearing children and youth are provided, class size and workload will need to be flexible to accommodate various service delivery models.

Workload includes support of para-educators, on-going staff training and in-services, travel time, assistive technology management, and data collection. Factors such as age/grade of students, the range of ages of the students, use of para-educators, number of intervention or school sites, types of services, and severity of the child/youths' disabilities all contribute to workload considerations.

A non-prescriptive caseload provision ensures that the deaf and hard-of-hearing students receive all of the education and support services identified on their IFSP/IEPs as well as allowing time for their teachers to conduct testing, make observations, conduct teacher consultations, and attend IFSP/IEP meetings.

### **Staff Development**

#### **Standard 22**

*The program provides ongoing training and mentoring for all staff to enhance achievement of deaf and hard-of-hearing children and youth.*

Instructional quality is paramount to improve outcomes for all children and youth who are deaf and hard of hearing. Therefore, staff development must be relevant, focused on techniques and strategies that are research-based and known to improve outcomes for deaf and hard-of-hearing children and youth. Staff development also should include mentoring activities to ensure appropriate follow-through and implementation of appropriate strategies into the instructional process.

The report of the Colorado Deaf Education Reform Task Force *A Blueprint For Closing The Gap: Developing A Statewide System of Service Improvements for Students Who Are Deaf and Hard of Hearing* (Colorado Department of Education, 2002a) states: "The quality of educational programs



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serving deaf and hard-of-hearing students depends upon the specialized knowledge, skills, and attributes of all administrators, teachers, educational interpreters, certificated personnel, support service personnel (e.g., psychologists, audiologists, speech language pathologists), and other staff (e.g., notetakers, real-time captionists, computer-assisted notetakers). We are currently experiencing a shortage of qualified providers to work with deaf and hard-of-hearing children. Activities to support this goal of staff development include recruitment, pre-service training, ongoing in-service training, and mentoring activities.” (p. 21).

An annual needs assessment should be developed and used to plan staff development activities. Depending on the needs of the program and the staff, program planners should provide opportunities for a variety of training activities.

Examples of staff development topics include:

- The use of technology to enhance student learning
- The use of technology to enhance networking among deaf and hard-of-hearing students throughout the state
- Behavior intervention skills
- Services for deaf and hard-of-hearing students with special needs
- Communication skills (e.g., sign language, auditory-verbal)
- Differentiated instruction
- Curricular adaptations and teaching strategies known to benefit deaf and hard-of-hearing children and youth

Administrators should support and facilitate networking through regionalized staff development activities, video conferencing, and computer networking. Networking is important to provide staff with disability-specific resources and to allow for the exchange of ideas and experiences. Networking may alleviate anxiety for isolated providers and provide motivation for innovative practices and high standards.

### **Training for General Education Personnel**

#### **Standard 23**

*The program provides training to general education personnel serving its deaf and hard-of-hearing children and youth regarding accommodations, modifications of the curriculum, and understanding of the impact of hearing loss on development and learning.*

General early intervention providers, preschool and K-12 teachers, and special education teachers (other than providers and teachers for the deaf and hard of hearing) who provide instruction to deaf and hard-of-hearing children and youth should be given in-service training by qualified personnel. Training should occur prior to the placement of any deaf or hard-of-hearing individuals in those situations. In-service training should include but not be limited to:

- Understanding hearing loss and specifically, the implications of hearing loss relative to the deaf and hard-of-hearing children and youth they serve
- Modifying communication teaching techniques to accommodate the needs of deaf and hard-of-hearing children and youth (specific accommodations need to meet each child’s unique communication mode - spoken, signed, or spoken in combination with signs or cues.)

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- Understanding and monitoring the use of hearing aids, cochlear implants, and assistive listening devices
- Creating a visual environment through the use of visual aids and equipment
- Creating an acoustically appropriate environment through the use of acoustical modifications and amplification devices
- Collaborating and/or team teaching with support personnel (e.g., early intervention provider, itinerant teacher for the deaf, speech language pathologist, audiologist)
- Working with an educational interpreter
- Establishing a notetaking program
- Ensuring that deaf and hard-of-hearing children and youth will have access to and will be included in community activities and in all classroom and school-related activities

All general early intervention providers, classroom teachers, and special education providers should receive ongoing support and services from the deaf/hard-of-hearing specialists.

## Facilities

### Standard 24

*Facilities are designed and maintained to enhance the provision of instruction and services to meet the unique communication, education, and safety needs of children and youth who are deaf and hard of hearing.*

The facilities in programs for deaf and hard-of-hearing students should include:

- Specialized materials, equipment, and services that provide communication access to the core curriculum
- Clean, well lit, and acoustically appropriate classrooms including reduced background noise and reverberation, which is distracting to all learners and detrimental for students with hearing loss. Criterion for maximum ambient noise levels of typical unoccupied classrooms is 35dBA; reverberation levels should not exceed .6 seconds. (ANSI S12.60-2002)
- Visual emergency warning signals
- Technological tools and curriculum materials for learning
- Sufficient space to accommodate individual, small-group, or whole-class instruction as well as the use and storage of necessary special equipment and teaching materials
- Space for itinerant teachers of the deaf and hard of hearing, speech language pathologists, and other support personnel that is clean, well-lit, acoustically appropriate, and of adequate size for instruction and for storage of instructional materials
- Private space where parent conferences and IFSP/IEP meetings can be held

The facilities should permit changes that are dictated by the students' needs. Special attention should be given to the following aspects of the environment for deaf and hard-of-hearing individuals:

*Color.* Because of the importance of sensory clues, the visual environment should be warm, varied, cheerful, and restful to the eyes. Color that will provide contrasting background for ease in speechreading and reception of sign language is essential.

*Acoustics.* When hearing aids or assistive listening devices are used by deaf and hard-of-hearing children/youth or when a child/youth with a cochlear implant is in a classroom, special consideration

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should be given to the control and reduction of *ambient noise* (background noise that competes with the main speech signal) and *reverberation* (the prolongation of a sound after the sound source has ceased). Sources of ambient noise in classrooms may include but are not limited to heating and air conditioning units, fluorescent light ballasts, mechanical equipment, and outside noise. Reverberation is caused when sounds reflect off of non-absorptive surfaces, such as walls, ceilings, and doors. Excessive reverberation causes a speaker's words to become distorted and difficult to understand.

In order to achieve these acoustic criteria, classrooms where deaf and hard-of-hearing children are educated should be located as far as possible from noise sources, such as street noise, playground noise, and cafeteria noise. Air conditioning vents should be fitted with baffles or split to reduce noise caused by the air. Air conditioner compressors should be mounted on rubber pads and separated from the main building. Classrooms should have carpeted floors, acoustic ceiling tiles, rubber seals around doors, remote starter ballasts, drapes where necessary, and angled room corners. Walls should not be hard surfaced. The use of FM systems can also minimize distracting background noise and improve the clarity of the teacher's voice. An audiologist should be involved in the modification of a classroom to meet these criteria.

*Antistatic precautions.* Reduction of electrostatic discharge should be attempted in any setting where children with cochlear implants are educated. Precautions include antistatic guards, glare guards, or both, for computer monitors as well as antistatic computer mats. Plastic playground equipment, plastic furniture, and nylon carpet should be avoided because of the added likelihood of damage to the speech processor from electrostatic discharge.

*Lighting.* Deaf and hard-of-hearing children and youth must use their eyes extensively in the educational setting. Therefore, non-glare lighting is important. Lighting should be easily modified and controlled. Easy access to control switches is an important time saver.

*Emergency warning and signaling devices.* Deaf and hard-of-hearing children and youth often are unable to hear fire alarms, bells, or verbal commands. The Americans with Disabilities Act (ADA) requires that all classrooms, bathrooms, hallways, offices, and play areas be equipped with visual emergency warning devices, such as strobe lights or other electrical flashing devices, as an accommodation for deaf and hard-of-hearing individuals.

*Technology and teaching equipment.* Teachers frequently use multimedia equipment in their instructional activities for deaf and hard-of-hearing children and youth. Because teachers usually face students to communicate, efficient and accessible audiovisual equipment, along with other equipment, is necessary. Specialized equipment may be kept in a centralized media facility within a school or program. The center should be located so that equipment, films, and materials can be obtained quickly. The following equipment may be useful when teaching deaf and hard-of-hearing children and youth:

- Computers with CD-ROM, multimedia, and high-speed internet access
- Computer software
- Televisions with closed captioning
- Videocassette recorders (VCRs)
- Tape recorders or compact disc players that can be connected to group amplification devices
- Slide and filmstrip projectors
- Overhead projectors
- DVD players
- Telecommunications devices for the deaf or telephone amplifiers

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- Text-to-text pagers
- Video cameras
- Real-time captioning equipment
- Cameras (Polaroid™/35mm/digital)
- Copy stands
- Large-print typewriters
- Photocopy equipment for the production of both black-and-white and color transparencies and paper copies
- Laminators
- Tachistoscopes
- Video-conferencing equipment
- Computers with high-speed internet access
- Smartboards/interwrite boards

*Audiological equipment.* A program for deaf and hard-of-hearing students should have access to the following equipment for audiological services, including assessment and rehabilitation:

- Oscope
- Electroacoustic immittance meter to conduct tests of static immittance, physical volume, tympanometry, and acoustic reflexes
- Clinical audiometer with pure tone, bone conduction, masking, and speech assessment capabilities
- Electroacoustic hearing aid analyzer with real ear measurements
- Sound level meter
- Specialized lighting and reinforcement equipment for testing young or difficult-to-test children
- Stock of loaner hearing aids
- Individual FM systems with appropriate coupling options
- Group FM systems (sound field, teleloop, or both)
- Equipment and supplies for making and modifying earmolds
- Tactile-kinesthetic aids
- Auditory skill development materials
- Materials and visual aids for in-service training
- Battery testers, stethoscopes, and cleaning materials for earmolds

## **Program Accountability**

### **Standard 25**

*The school leadership, program administrators, and staff regularly assess each child/youth's progress toward accomplishing the expected state and school-wide learning results and report progress to the rest of the school community, including parents, the deaf and hard-of-hearing community, and related agencies and organizations.*

The program has established an assessment process that reports the extent to which every child/youth is meeting content and performance standards and expected child/youth development and learning results as defined in the *Colorado Accountability Plan: Programs and Services for Children and Youth who are Deaf and Hard of Hearing* (see Appendix A). The process includes the development of an assessment plan that provides valid and reliable information for (1) student-based indicators including

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the achievement of every child/youth related to content and performance standards, (2) school-based (program-based for early intervention) indicators that include what the program plans to do to increase the level of each student's achievement over time, and (3) parent input. The assessment plan includes a description of the following:

- The assessment formats and the types of information used to determine whether every child/youth is meeting the content standards in each subject area
- The method employed to ensure the validity, reliability, and consistency of the evaluations of child/youth development and achievement
- The method employed to combine various types of information about child/youth development and achievement
- The method employed to ensure that all children and youth are assessed appropriately on content standards
- The program's staff development process in the area of assessment, ensuring that staff can reliably evaluate the child/youth's work relative to content standards.

### **Self-Assessment**

#### **Standard 26**

*The program conducts an annual self-assessment as part of the state monitoring process, using these standards and encompassing all areas of program quality and provides annual written progress reports to parents, staff, and the community.*

The local program has approved a comprehensive program accountability plan, including a self-review process, using these standards. The plan provides appropriate information about the program and child/youth's achievement to school/program staff, students, parents, administrators, the local advisory board, the community, and the Colorado Department of Education. The plan includes the following:

- A description of the types of information to be gathered and presented to school/program staff, students, parents, administrators, the local advisory board, the community, and the Colorado Department of Education
- A timeline for reporting information about student achievement and compliance with these standards
- A timeline for the improvement of child/youth development and achievement
- A timeline for program standard compliance, including targets for improvement and for interventions if those targets are not met
- Procedures for the development and submittal of periodic reports to the advisory board, school/program staff, parents, and community.



## *Section Four*

### **Instruction and Learning**

**Outcome:** Deaf and hard-of-hearing infants, children, and youth thrive in linguistically rich educational environments where language, communication, academics, and social opportunities are fully accessible.

Colorado has a set of state standards that all children work toward achieving. Through the use of current early intervention program standards and district-adopted curriculum materials and resources, programs and schools support the teaching of these standards. The primary focus of instruction is the learning/performance standard and the on-going assessment of student learning. By aligning curriculum and assessment, interventionists and educators determine effective methods of instruction. (Poudre School District, 1998; Colorado Department of Public Health and Environment, 2003)

Schools and/or districts must show adequate yearly progress (AYP) for all students. Under Colorado's definition of AYP, schools and/or districts with 30 or more students with an Individualized Education Program (IEP) that have been in the school or district during the past year must demonstrate that students are achieving the state target of proficient for both reading and math (Colorado Department of Education, Winter 2003-2004). For infants and toddlers with an Individualized Family Service Plan (IFSP), AYP is measured by demonstrating appropriate developmental progress.

Deaf and hard-of-hearing children and youth are instructed using the early intervention and district curriculums that are aligned with state standards. Deaf and hard-of-hearing students, birth through age 21, including those with multiple disabilities, are instructed by teachers who are specifically trained, credentialed, and/or licensed to teach deaf and hard-of-hearing children/youth. The program of instruction considers the central role language and communication play as they relate to cognitive, academic, and social/emotional development of deaf and hard-of-hearing students.

The Exceptional Children's Education Act (ECEA 4.02(4)(k)), also known as The Deaf Child's Bill of Rights (DCBR), led to the establishment of a document included in the IFSP/IEP for deaf and hard-of-hearing children and youth called the Communication Plan. The Communication Plan defines the communication approach that is used with each individual child or youth that meets his or her unique needs.

Areas addressed on the Communication Plan (see Appendix B) for infants and toddlers include:

- Language development opportunities, communication modes, and intervention program options
- Identification of the child's primary communication mode
- Opportunities for direct communication with peers and adults who are deaf or hard of hearing
- Opportunities for intervention services from professionals who have demonstrated proficiencies in providing early intervention services to children who are deaf and hard of hearing and who can

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directly communicate with the child in a manner consistent with the child's developmental level and communication mode.

- Environments where early intervention services are provided that offer active and consistent communication in the mode used by the child.

Areas addressed on the Communication Plan for preschool and school-age children and youth include the:

- Child/student's primary communication mode
- Availability of deaf and hard-of-hearing adult role models and peer groups using the child/student's communication mode or language
- Explanation of all educational options provided by the administrative unit and available for the child/student
- Proven proficiency of teachers, interpreters, and other specialists responsible for delivering the Communication Plan in the child/student's identified primary mode of communication or language
- Identification of communication-accessible academic instruction, school services, and extracurricular activities that the child/student will receive

Professionals and parents form a cohesive team during early intervention, the school years, and transition into adult life. The team works collaboratively, providing meaningful opportunities to engage children and youth in linguistically rich, standards-based curriculums and to make accommodations to maximize the child's ability to demonstrate what s/he knows and can do. These team members actively plan and execute the many transitions that occur for deaf and hard-of-hearing children and youth.

In addition to program, district, and state core standards, direct instruction to deaf and hard-of-hearing children and youth frequently utilizes specialized curriculums. These curriculums help deaf and hard-of-hearing children and youth to acquire skills in areas specifically impacted by hearing loss. These curriculums focus on the development of communication, language, and learning. Each curriculum contains content and performance standards.

The reauthorized Individuals with Disabilities Act of 1997 and No Child Left Behind (NCLB) mandates that children and youth with an IEP must participate in state and district assessments. Therefore, all children and youth with IEPs in Colorado will take the Colorado Student Assessment (CSAP) or the Colorado Student Assessment Alternate (CSAP-A). For infants and toddlers with an IFSP, the FAMILY Assessment is utilized to monitor development. This multidisciplinary assessment occurs at prescribed intervals based on the age of the child.

Deaf and hard-of-hearing children and youth are assessed through the general state assessment with appropriate accommodations as outlined on their IFSP/IEP. All school-age deaf and hard-of-hearing children and youth, except those taking the alternate assessment, must be measured against the same age or grade level content standards in development, reading, math and science as their typical peers. The alternate assessment must address the same content standards but at a different performance level (Colorado Department of Education, Winter 2003-2004).

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In addition to the CSAP and CSAP-A, deaf and hard-of-hearing students in school programs are given on-going formal and informal assessments to examine other developmental domains. Progress is measured by performance-based assessments, criterion-referenced assessments, and norm-referenced assessments. Assessment is a means to measure student achievement, obtain data for program accountability, and design effective instruction.

## **Cohesive Team**

### **Standard 27**

*All persons identified on the IFSP/IEP who provide services will form a cohesive team that works collaboratively and flexibly to meet the child/youth's needs. Each team member explores and identifies their individual strengths and limitations relative to providing services to the child/youth.*

Instructional services provided to deaf and hard-of-hearing children and youth will be student-centered and family-supported. Parents must be treated as full and equal participants in the educational program of their child or youth.

Each team member provides services in the content area(s) for which they have expertise and shares their knowledge, curriculums, and successful techniques and strategies with the other team members. Members of the cohesive team may include, but are not limited to the:

- Student
- Parents
- Family members
- Early interventionist
- Audiologist
- Speech-language pathologist
- Psychologist
- Counselor for the deaf and hard of hearing
- Teacher for deaf and hard of hearing
- Educational interpreter
- Notetaker
- Instructional assistant/para-educator
- Career/vocational specialist
- General classroom teacher
- Program administrator

Accessing additional specialists to serve as consultants from other areas of the district, state, or region should be a viable option when considering a student-centered education plan.

Each of the cohesive team members will agree to engage in anticipatory planning of a child/youth's early intervention or educational program. Continuous monitoring of a student's success in a variety of areas, as outlined in their IFSP/IEP, is an essential responsibility of the team as well. This is accomplished by engaging in more than the prescribed annual IEP review and triennial meetings. Regular communication must exist among professionals and with parents in order for the child/youth to succeed.



## Focus on Communication

### Standard 28

*Curriculum and instruction are delivered using the communication approach that meets the unique needs of the child/youth as defined in his/her Communication Plan.*

Deaf and hard-of-hearing children and youth have the same ability to learn as their hearing peers. However, in order to learn, they need, like all children, to be in a linguistically-rich environment and in an environment in which language is *fully accessible* to them. It is the responsibility of the early intervention and school programs to provide such an environment for deaf and hard-of-hearing children and youth as well as to empower their parents with the knowledge, support, and skills they need to provide a linguistically-rich environment outside of school.

A preschool program follows a well-defined model and philosophy for deaf and hard-of-hearing children and youth that is communication based, and emphasizes parental and family involvement, training, and support. The cohesive team members function in partnership and ensure that the instructional and support service providers offer proficient language models for the deaf and hard-of-hearing child.

The Education for all Handicapped Children's Act of 1975, now known as the Individuals with Disabilities Education Act (IDEA), mandated that children and youth with disabilities be educated in the least restrictive environment (LRE). For deaf and hard-of-hearing children and youth, communication access and direct communication with peers are the driving forces behind creation of the least restrictive educational environment.

The Exceptional Children's Education Act (ECEA 4.02(4)(k), also known as The Deaf Child's Bill of Rights, led to the establishment of a document included in the IFSP/IEP for deaf and hard-of-hearing children and youth called the Communication Plan. This Communication Plan specifically addresses the unique communication needs of the child and is used to guide the IFSP/IEP team during each review and eligibility meeting. Each meeting should review the current Communication Plan and assess its effectiveness in identifying the unique communication needs of the child with hearing loss. If improvements are not evident in the areas of language acquisition, communication, academics, and social skills, the current communication mode and service delivery should be evaluated and alternative educational placement options should be explored. Instructional opportunity should not be denied based on the amount of the child/youth's residual hearing, the ability of the parents to communicate, nor the child/youth's experience with other communication modes.

Individualized, relevant communication access, as identified in the Communication Plan, will also be provided during participation in extra-curricular activities. Such extra-curricular activities are necessary to promote the social and emotional as well as the intellectual development of deaf and hard-of-hearing children and youth. Local school districts must provide resources to ensure that all extra curricular activities are *fully accessible* to deaf or hard-of-hearing children/youth. The Communication Plan should be implemented in the same way as it is during the school day.

## Focus on Authentic Peer Interactions

### Standard 29

*The child/youth has authentic peer interactions and is able to participate in social and academic discussions*

Peer interaction is essential for many aspects of human development, from birth onwards. Children and youth learn a great deal through interactions with others, and interactions with peers appear to be particularly important. The positive effects of having authentic peer interactions are widespread. Interactions with friends and classmates are essential to social-emotional development, as well as the development of personality. As importantly, being involved in discussions and arguments scaffolds the development of language and cognition. There are many skills that can only be learned during rich, cognitively interesting interactions. Throughout childhood and adolescence, children learn to discuss, negotiate, argue, debate, and create emotional bonds during interactions. These interactions allow children to develop the language skills associated with a particular form of discourse, such as argumentation. There are also cognitive skills required for certain types of discourse, such as seeing a problem from multiple perspectives.

Often, interactions with peers are richer in terms of discussion and argumentation than interactions with adults. These discussions force children to think of alternative perspectives and to learn complex relationships. With peers, children learn what kinds of evidence are legitimate and what debate tactics are acceptable, credible, and productive. Quite literally, peer interactions are food for thought.

Not only is interaction with peers essential to language and cognitive development, but interaction with friends seems to provide an even richer context for learning. Children have been found to use better problem-solving skills, write richer and more elaborate text, use better negotiation and collaboration when working with friends rather than other classmates. Children have more freedom to explore conflicts and resolve disputes with friends than with non-friends or adults.

Despite the essential nature of peer interaction, deaf and hard-of-hearing children often have more difficulty accessing interactions with hearing peers than what is thought. This may be particularly true when a child or youth needs the services of an interpreter to access interactions. The presence of an adult in peer interactions can interfere with some types of peer interactions. Deaf children and youth should be in a learning environment that allows and supports authentic peer interactions and opportunities for true friendships.

As required by the Communication Plan, the IEP team must consider the availability of deaf and hard-of-hearing role models and peers of the same communication mode and language. Educational placement, therefore, should provide social interaction with peers and friends, in addition to access to curricular materials. Children who have difficulty communicating with hearing peers, either through spoken English or an interpreter, may need an educational placement that includes more children who are deaf or hard of hearing to ensure peer interaction.

There are also other ways for deaf and hard-of-hearing children to have contact with other deaf and hard-of-hearing peers. These include summer camp programs specifically for children who are deaf and hard of hearing. These programs also provide access to deaf role models. Similarly, older youth can participate in the Junior National Association of the Deaf. When placement options limit peer

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interaction, it is important for the deaf or hard-of-hearing child or youth to have some rich peer experiences outside of the school day.

### **District Core Curriculum and State Standards**

#### **Standard 30**

*Deaf and hard-of-hearing children and youth will be instructed using the early intervention and district core curriculum that are aligned with established state standards.*

Communication access and English-language acquisition and are the most crucial factors in the design of curriculum and instruction for deaf and hard-of-hearing children and youth. In order to meet early intervention, district core curriculums, and state standards, the child/youth's instructional setting must be fully accessible. Professional service providers must present instruction using the student's identified language and communication mode that supports the communication choice of the parents. Early intervention programs and schools are obligated to provide training to parents and families in order for the child to meet their IFSP/IEP goals. On-going procedures for communication among families, programs, classes, and schools will best serve deaf and hard-of-hearing children/youth throughout their educational career. (Colorado Department of Education, 2002a)

In addition to full communication access in the classroom, specialized services and instructional strategies, materials, equipment, assistive technology, curricular modifications and accommodations to the educational environment must be identified and implemented.

The IFSP/IEP for each deaf and hard-of-hearing child/youth will be written according to a standards-based curriculum. This may include setting goals and objectives according to the access skills necessary for them to later achieve the state standards and expansion of the core curriculum benchmarks. Assessments are used to identify goals and objectives and to measure student progress over time. Assessments include the use of the FAMILY Assessment, Colorado Individual Performance Profile- Preschool Edition (Pre-CIPP) and the Colorado Individual Performance Profile (CIPP). For school-age children and youth, progress on the state standards is measured using the Colorado Student Assessment Program (CSAP).

### **Supplemental Specialized Curricula**

#### **Standard 31**

*In addition to district and state core standards, deaf and hard-of-hearing children and youth will be provided with supplemental specialized curricula coordinated among service providers, which contains well-defined and relevant instruction in the areas of need as identified on the IFSP/IEP.*

Supplemental specialized curricula in areas not included in the general education curriculum are required by many deaf and hard-of-hearing children and youth. Supplemental specialized curricula are necessary due to the impact a hearing loss has on the development of communication, language, and learning. The following areas may be included:

- Deaf studies
- Orientation and use of assistive technology

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- American Sign Language
- Speech therapy
- Speechreading
- Auditory skill development including services specific to cochlear implants
- Troubleshooting and maintenance of amplification devices
- Access to deaf and hard-of-hearing adult role models
- Use of an interpreter
- Self advocacy skills
- Social skills instruction
- Independent living skills
- Career and vocational education

The members of the cohesive team develop the supplemental specialized curricula to meet the individual needs of each student. Irrespective of the curriculum used, each area must have content and performance standards.

Curriculums for the families of deaf and hard-of-hearing infants focus on teaching parents skills they need to use to develop their child's communication skills and linguistic competence and to maintain skills in other developmental domains commensurate with the child's cognitive development. Early intervention services are family centered and are provided as outlined in the IFSP, which is developed by a cohesive team. Curriculum for deaf and hard-of-hearing infants, toddlers, and preschoolers focuses on the development of communication skills and linguistic competence to help ensure later academic, social, and vocational success. Initial language acquisition occurs naturally for hearing children from birth to age three and continues to develop throughout their lives. Deaf and hard-of-hearing infants and toddlers require intense language training during those critical years. Early interventionists provide opportunities for infants and toddlers to participate in accessible and comprehensible language interactions. These direct instructional services are family centered and are provided in accordance with the IFSP. Training and support for parents and family members result in an enriched communication environment in the home.

## **Transitions**

### **Standard 32**

*Transitions occur periodically throughout a deaf and hard-of-hearing child/youth's education: Part C to Part B, preschool to elementary school, elementary school to middle school/high school, and high school to vocational and/or post-secondary education. Planning and implementing support services must occur prior to each transition.*

Transition planning occurs for children and youth from the time the hearing loss is identified until graduation from high school or the age of 21. Many agencies are available to assist the family when the student exits the educational system. The team should invite representatives from outside agencies whenever possible. Agency service plans should be developed prior to the student exiting high school.

For families, the initial transition begins once the identification and referral process has been completed. In the case of infants and toddlers, the diagnosing audiologist contacts the regional

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Colorado Hearing Resource (CO-Hear) Coordinator. The CO-Hear Coordinator is a member of the team that develops the Individualized Family Service Plan (IFSP).

When transitioning from the Part C early intervention program to the Part B preschool/school-age program, members of the IFSP team meet with staff in the local school district or regional program to create the IEP and identify the appropriate preschool services for the child. All programming options are considered and the placement is determined according to the communication needs of the child as identified on the Communication Plan. The early interventionist maintains a working relationship with the staff in the child's preschool program for the full duration of this transition process.

When a child completes the preschool program, the cohesive team will convene to transition the deaf or hard-of-hearing child to an elementary school program. The team must ensure that the focus of the elementary program is communication-driven and will address the child's language, communication, academic, and social needs. Identifying challenges the child will face, and preparing the child to meet those demands successfully, requires careful planning beginning as early as possible. The team must ensure that the child will receive instruction in the district core curriculum as well as in the specialized curriculum that is designed to meet the unique needs of deaf and hard-of-hearing students. Extra curricular activities will be addressed to ensure proper social and emotional development.

Transition planning occurs again when a student moves from the elementary school to middle school and from middle school to high school. The cohesive team must examine the family's values as well as the young adult's interests, skills, and desires for the future. Students 14 years of age or older must have an individualized transition plan (ITP). IDEA defines transition services as

“A coordinated set of activities for a student, designed within an outcome oriented process, which promotes movement from school to post-secondary education, vocational training, integrated employment (including supported employment), continuing and adult education, adult services, independent living, or community participation. A coordinated set of activities shall be based on the individual student's needs, taking into account the student's preferences and interests, and shall include instruction, related services, community experiences, the development of employment and other post-school adult living objectives, and, when appropriate, acquisition of daily living skills and a functional vocational evaluation.”

While the law requires the student to be involved in his/her own transition planning, perhaps the most important reason for student involvement is to facilitate the development of his/her self-determination skills. These skills help the student to develop the ability to manage his or her own life. The Colorado Department of Education supports early, thoughtful planning to ensure that the student will receive needed services in a timely manner when he or she exits the school system.

According to the Colorado Department of Education (2000),

“The transition plan provides the framework for identifying, planning, and carrying out activities that will help the student make a successful transition to adult life. It includes the long-range post-school outcomes identified by the student, a statement of a projected course of study (at age 14), and specific transition services that the student will need (at age 16), including agency services”.

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The plan should further identify the agencies that will be involved, the services that each agency will provide, and how all of the services will be coordinated. These service plans should be coordinated with the student's IEP.

The transition services must involve the student and must be based on the student's individual needs, preferences, interests, and long-range goals (Colorado Department of Education, 2000). The Transition Plan, like the Communication Plan, is a required component of the IEP and requires cohesive team planning.

### **Purpose of Assessment**

#### **Standard 33**

*Assessment is used to measure the achievement of each child/youth, to communicate the program's effectiveness, and to design effective instruction.*

Deaf and hard-of-hearing children and youth are included in statewide and districtwide assessments. Children, birth to age three, have the opportunity to receive the FAMILY Assessment, an authentic assessment that relies on parent participation. This assessment is conducted at six-month intervals. Results are used to identify a child's skills, to identify goals for the child's early intervention program, and to monitor progress over time.

Children, three to five years of age, are evaluated using the preschool edition of the Pre-CIPP. The Pre-CIPP provides a profile of individual assessment results and is completed annually.

For school-aged children, the CIPP and other evaluations that include bodies of evidence in the areas of communication, social and emotional functioning, as well as academic performance, are administered. The CSAP is required for all students who are deaf and hard of hearing. Deaf and hard-of-hearing students may require accommodations, as determined by the IEP, to provide equity to the assessment procedure. Use of assistive technology to provide access should be available, as outlined on the student's IEP.

Even if accommodations to the administration of the CSAP are provided, some students, due to the nature and intensity of their disability or the presence of multiple-disabilities, are unable to successfully take the CSAP. If the content assessed and materials used in the CSAP are on a significantly different instructional level than these students may be working on, the CSAP-A should be used to assess emerging literacy, math, and science skills. The CSAP-A was developed to measure progress for students who are just beginning to demonstrate skills related to expanded benchmarks in reading, writing, mathematics, and science. Students who are working on academic content standards at these foundational levels may include those who are deafblind and those with additional cognitive and physical disabilities. Assessment data for this population is especially important in the implementation of relevant instruction for language and literacy development.

Decisions made to administer the CSAP-A instead of the CSAP must be based on the child's individual needs rather than the category of his or her disability. Eligibility checklists have been developed to help the IEP team make the appropriate determinations as to whether or not the student qualifies to take the CSAP-A (Colorado Department of Education, Winter 2003-2004).

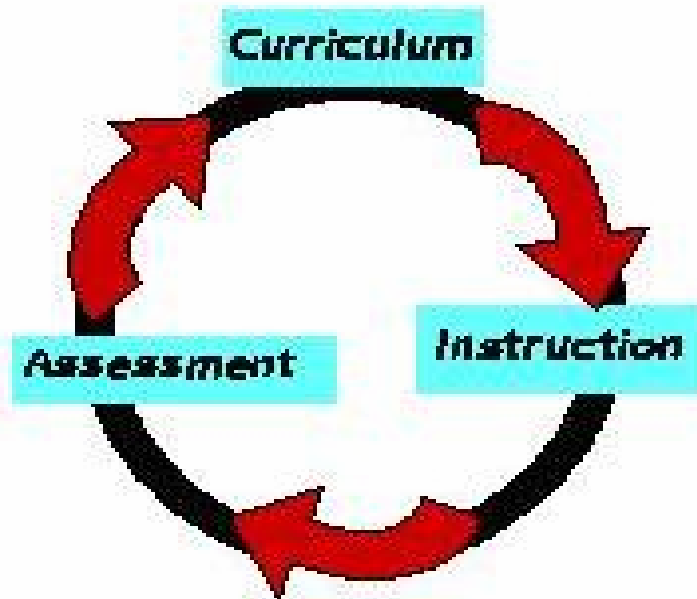
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Multiple measures of a deaf or hard-of-hearing student’s abilities include district and statewide assessments and ongoing formal and informal measures. Formal standardized tests can be used to measure academic, language, speech, auditory, and social skills and should include assessments normed on deaf and hard-of-hearing peers and assessments normed on hearing peers. In addition, goals and objectives written on standards-based IEPs should measure student achievement. If goals and objectives are not met, the team identifies possible factors contributing to this challenge and can revisit the service delivery, placement options, and the Communication Plan.

Progress of deaf and hard-of-hearing students can also be measured by performance-based assessments, criterion-referenced assessments, norm-referenced assessments, promotion from grade to grade, and successful completion of graduation requirements. Outcomes on these measures support an evidence-based model of instruction and subsequently demonstrate program effectiveness and program accountability.

Assessment is used to design and improve instruction for deaf and hard-of-hearing students. The curriculum determines what service providers choose as goals, objectives, and instructional material. The instructional process is monitored by consistent assessment of the student’s achievement. Service providers and members of the team will use the on-going cycle of “Curriculum/Instruction/Assessment” to drive instructional strategies and service delivery for individual deaf and hard-of-hearing students. Information derived from this process of curriculum/instruction/assessment provides the means to measure progress of student achievement at specific intervals.

The Teaching/Learning  
Cycle





## *Section Five*

### **Parent, Family, and Community Involvement**

**Outcome:** Family and community members are active, involved participants in the education process of children and youth who are deaf and hard of hearing.

Although special education is designed with the interest of students in mind, the path to its achievement is through comprehensive family and community support and involvement. With the support of a wide-ranging network of parents, families, deaf and hard-of-hearing adults, and business communities, the education of deaf and hard-of-hearing youth/children is enhanced.

Parent participation in education has long been recognized as a key component in improving student performance. Recognizing that the family is the constant in a child's life, while the service systems and personnel within those systems vary, is a key element in creating an effective education for deaf and hard-of-hearing children/youth (NCFCC, 1990). It is essential to design an accessible program that is flexible, culturally competent, and responsive to family-identified needs. Programs should view families as a resource of knowledge, expertise, and caring regarding their children's developmental and educational experiences. When parents are supported, acquisition of further knowledge and skills that promote parent decision making, choice, and self-determination occurs. Parents then become important partners in setting high expectations for their deaf or hard-of-hearing child.

The term *families* can mean a variety of individuals such as parents, guardians, foster parents, grandparents, siblings, and extended family members. The term *parent* as used in this section is defined in the IDEA regulations [34 CFR Sec. 300.20 and 303.19]. The term *program* refers to the regional system or local district/BOCES services and includes a continuum of placement options (e.g., home/early intervention, general education classrooms, center-based classrooms, state or charter schools for the deaf or hard of hearing).

### **Parent Training and Support**

#### **Standard 34**

*The program provides continuous opportunities for parents to acquire the necessary skills, especially in communication and language development, to support the implementation of their child/youth's IFSP/IEP.*

The involvement of families as equal partners and active participants is critical to the success of children and youth who are deaf and hard of hearing as well as to the success of the program. Parental involvement creates a reciprocal relationship between families and the program or school. The program/school provides training, counseling and/or support services to the family so that they can support their child/youth's attainment of their IFSP/IEP goals. The program incorporates a variety of methods and includes individuals to provide training for parents. Other parents, deaf and hard-of-



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hearing adults, program or school staff, and parent/consumer organizations are utilized. IDEA requires parents to be recognized as equal partners (34CFR300.345) and for parent counseling and training to be provided as a related service (34 CFR300.13 (a); CDE, 2002).

The program for deaf and hard-of-hearing children/youth can provide important information and services to families to enhance the academic and social success of children/youth. In order for parents to function as equal partners, they need knowledge and support to make effective, informed decisions and to effectively participate in the IFSP/IEP process. The general goal of services to parents is to enable parents to become advocates to promote appropriate services for their own child. Parents are empowered to make informed decisions when they receive comprehensive, unbiased information from a variety of sources.

It is essential that every program for deaf and hard-of-hearing children/youth have a parent education component. Parent education must start as soon as the parent enrolls their child in the program or when an IFSP/IEP team determines that the child is eligible for services. For families with deaf or hard-of-hearing infants and toddlers, the services focus on parent involvement as it impacts the infant or young child who is birth to three years of age. Parent education includes, but is not be limited to:

- Communication modes and approaches
- Program options
- Speech and language development
- Normal child development
- Meaningful communication access
- Parent rights and responsibilities
- The Deaf Child Bill of Rights/Communication Plan
- Information regarding special education laws
- Social/recreational opportunities for deaf and hard-of-hearing children and youth
- Opportunities for parents to meet and interact with deaf and hard-of-hearing adults.

Communicating with families can be accomplished in a variety of ways such as: schoolwide (as well as regional and statewide) newsletters, long-range calendars, daily summaries of the child's day, routine phone calls, home visits, small groups, workshops for families, and professional trainings to which families are invited. Every aspect of the school climate is open, helpful, and friendly. A parent room in the building may be set up to provide a place to meet and for the dissemination of resources. Tours and orientations are provided for all new families. Each family's preferred communication style and home language should be accommodated in these activities.

It is helpful for one staff member to be assigned the responsibility of facilitating parent education. These duties may also be assumed by the program administrator or program coordinator. Parent activities may also be conducted in coordination with state, regional, and/or local parent groups. The person in charge of coordinating parent education has the following responsibilities:

- Conduct an assessment of parents' needs/strengths
- Collaborate with parent leadership within the area or state to define responsibilities
- Provide informational programs to accommodate parents' priorities
- Organize a support group for parents
- Obtain and distribute written material

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- Inform professionals and parents in the community about the identification and implications of hearing loss
- Develop a parent/community library or resource center

Research studies have shown that children make greater progress and maintain these developmental and academic gains when parents provide language for their child at home rather than depending solely on the instruction the child receives in his or her educational program. Because parents play such a pivotal role in their child/youth's development, it is important for parents to use intervention strategies in daily interactions with their children. Effective parent-child interactions and communication among all members of the family is a fundamental component to support each child's development and educational potential.

Language development must be a central part of all parent and community education. The program for deaf and hard-of-hearing children and youth provides ongoing, multi-level sign language instruction classes for families and community members. These classes should be given at times and in locations that are convenient for families and working parents. The classes should be free of charge and open to siblings and other family members. Sign language classes can also be made available to the students in any school with a program for deaf and hard-of-hearing children and youth. At the secondary level, American Sign Language may also be offered for foreign language credit as part of the general education curriculum for all students [Colorado HB 04-1037]. In addition, instruction can be offered to parents about the use of functional auditory skills to enhance speech development.

The program for deaf and hard-of-hearing children and youth provides information to parents and other community members regarding content and performance standards, grade-level expectations for achievement, and formal and informal assessments. This information includes (1) written information, available in all languages, regarding standards and expectations for all curriculum subject areas approved by the Colorado State Board of Education or district governing boards; and (2) workshops or programs convenient for parents and community members during which the standards, expectations, assessments, and accountability process used by the program and/or the district is discussed. Each teacher should be able to document the developmental or grade-level expectations, standards, and assessment results with the parents at each child's IFSP/IEP meeting or parent conference.

### **Parent Leadership and Participation in Program Development**

#### **Standard 35**

*The program actively promotes parents as equal partners encouraging strong collaboration between program/school staff and the development of parent leadership. This is reflected in every aspect of the program and includes a plan for involving parents in program development.*

Families and other community members help the program to succeed. The program employs a wide range of strategies to ensure that parents are involved in, and are given clear opportunities to participate in, decision making, problem solving, and advocacy resulting in an effective, communication-driven education for all children and youth. Each program for deaf and hard-of-hearing children and youth should establish an advisory council consisting of parents, deaf and hard-of-hearing community members, representatives from deaf and hard-of-hearing organizations or agencies, members of the larger community, students who are deaf and hard of hearing, credentialed

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teachers, general educators, support staff from the deaf and hard-of-hearing program, and other persons as deemed appropriate.

Parent/professional collaboration is an essential component in creating a successful program. “Parents have been under-represented at the level where decisions are being made about programs and services for their children. But parents remain the consistent, long term case manager for their child; overseeing the programming and ‘watch dogging’ its quality.” (Wright & Wright, 2001) In a program where parents and program staff work as partners, the program staff is positive, flexible, resourceful, and accepting. Parents and staff are viewed as equals. Parents and program staff make decisions together about program planning and design. Communication between program staff and parents is both formal and informal. It is frequent and personal. Programs should ensure that parent perspectives are considered in the development of policies.

A parent advisory council can be an essential vehicle to promote parent involvement in program and school activities. This advisory council may participate in the design and implementation of staff development, in programmatic decisions, in the development of parent/community education programs, and in the selection and evaluation of the program administrator. Representatives from the advisory council and other parents or community members are encouraged to be involved in school-site governance teams, district committees, and special education community advisory committees.

Each program for deaf and hard-of-hearing children and youth should establish or utilize existing parent/community advocacy and support groups. These groups function as a liaison among the parents, program or school staff, and the community and provide supports such as:

- Publishing a regular newsletter
- Providing advocacy at IFSP/IEP meetings
- Sponsoring recreational and social activities
- Raising funds for additional equipment or materials
- Providing recognition for teachers, staff, and students for outstanding achievement

The staff member responsible for parent education can work with the leadership of the parent/community support group to identify facilities and to provide interpreters and transportation.

Recommended duties/considerations for parent leadership may include:

- Representation on regional and statewide advisory boards, forums, and task forces
- Collaboration with medical, educational, and government agencies
- Provide convenient meeting times and locations for parent participation
- Compensate parent leaders for their time, expertise, and expenses.
- Ensure parents participate in leadership activities, which may include direct staff support, stipends, travel expenses, and childcare
- Determine capacity of volunteer parent leaders versus paid positions
- Identify sources within the state that could provide funding for parent participation (Consumer Involvement Fund, Colorado Department of Education, Colorado Department of Public Health and Environment, institutions of higher education, Colorado School for the Deaf and the Blind)
- Identify paid parent leadership positions in grants and program budgets
- Utilize paid staff and volunteers from statewide or regional parent organizations
- Consider writing private and corporate grant proposals to pay for parent involvement

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- Provide informational support for parents so parents can participate as equal partners with their professional counterparts
- Consider shared leadership – parent and professional co-chairs
- Provide clear information about the role of parent leaders on boards, task forces, or committees
- Encourage participation in quality improvement initiatives
- Solicit parent leaders provide training to professionals at pre-service and in-service courses, workshops, and conferences.

## **Deaf/Hard-of-Hearing Adults & Community Involvement**

### **Standard 36**

*The program involves the deaf and hard-of-hearing communities in program development and encourages strong collaboration between school staff, parents, and deaf and hard-of-hearing community members.*

Community involvement provides integral support for children and youth. Deaf and hard-of-hearing community members can assist the program for deaf and hard-of-hearing children and youth by helping to design and implement a Deaf culture curriculum, providing deaf/hard-of-hearing role models, creating career/vocational opportunities for deaf and hard-of-hearing children and youth, and by providing personnel who are proficient in using the appropriate language. Businesses or agencies that employ or serve deaf and hard-of-hearing individuals can assist the deaf and hard-of-hearing program by forming a partnership with the school or program.

The program provides opportunities for families to become involved in the Deaf community. Meaningful participation by deaf and hard-of-hearing adults may include, but is not limited to:

- Participating in the parent education program
- Reading to children
- Teaching sign language
- Speaking to parent groups
- Participating in field trips
- Explaining Deaf culture
- Participating on the regional advisory board

Children who are deaf and hard of hearing are frequently born to hearing parents. Some live in rural areas where there are no peers who are deaf or hard of hearing. It is important for these children and youth to have access to an adult who shares a child's experiences growing up with a hearing loss. Trained deaf and hard-of-hearing role models can provide information about their own hearing loss to children and youth who are deaf and hard of hearing. They can share their own personal experiences with students and families. The district or regional program needs a process to create access to deaf and hard-of-hearing adults.



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## Glossary

**ACCOMMODATIONS:** Provisions in how a student accesses information and demonstrates learning which do not substantially change the instructional level, content and/or performance criteria. The changes are made in order to provide a student equal access to learning and an equal opportunity to demonstrate what is known.

**ACOUSTIC IMMITANCE:** Refers to the measurement of middle ear functions by tympanometry and the determination of acoustic reflex threshold using tones and noise bands.

**ACOUSTICS:** Pertaining to sound, the sense of hearing, or the science of sound. As used in this document, the term refers to the qualities of an auditorium, classroom, or other spaces that determine how well sounds can be heard.

**ADVOCACY:** This term refers to the role parents or guardians play in developing and monitoring their child's educational program. Advocating for your child means knowing what rights are assured to you by the law and actively participating in the decision-making process to ensure that services are delivered in line with your goals for your child's development and education.

**AMBIENT NOISE:** Background noise that competes with the main speech signal.

**AMERICAN SIGN LANGUAGE (ASL):** A visual-manual system of communication that is commonly used by deaf people in the United States. It is a fully developed, autonomous, and unique language with its own vocabulary, grammar, and word order.

**AMPLIFICATION:** The use of hearing aids and other electronic devices to increase the loudness of a sound so that it may be more easily received and understood

**ASSISTIVE COMMUNICATION DEVICES:** Devices and systems that are available to help deaf and hard-of-hearing people improve communication, adapt to their environment, and function in society more effectively.

**AUDIOGRAM:** A graph on which a person's ability to hear different pitches (frequencies) at different volumes (intensities) of sound is recorded.

**AUDIOLOGICAL ASSESSMENT:** A hearing test comprised of determining pure-tone thresholds, immitance testing, and speech recognition measurements, which shows the type and degree of hearing loss. The test can also assess how well a child is hearing with amplification.

**AUDIOLOGIST:** A person who holds a degree in audiology and is a specialist in testing hearing and/or hearing loss. The American Speech-Language-Hearing Association is the only organization that

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currently certifies audiologists although the American Academy of Audiology may also certify audiologists in the future. A certified audiologist will have the letters CCC-A or FAAA after their name.

**AUDITORY TRAINING:** The process of training a person's residual hearing in the awareness, identification, and interpretation of sound. This training is typically conducted by a speech-language therapist or audiologist.

**AUDITORY-VERBAL THERAPY:** The application and management of technology, strategies, techniques, and procedures to enable children with a hearing loss to learn to listen and understand spoken language in order to communicate through speech.

**AUGMENTATIVE COMMUNICATION DEVICE**

**BICULTURAL:** Membership in two cultures, such as the deaf culture and hearing culture.

**BILATERAL HEARING LOSS:** A hearing loss that is present in both ears.

**BILINGUAL:** Being fluent in two languages. For some deaf children this will include the use of ASL and English.

**BILINGUAL-BICULTURAL:** Being fluent in two languages (e.g., ASL and English) and having membership in two cultures (e.g., the deaf and hearing cultures).

**CENTRAL AUDITORY PROCESSING:** Perception of sound. It includes skills such as attention to sound, long and short-term memory for sound, selective listening, and localization of sound.

**CIPP:** Colorado Individual Performance Profile, (previously referred to as the Colorado Severity Rating Scale) was originated in 1991 by the Colorado Department of Education in part (1) to develop a tool to assist staffing teams in determining appropriate services and educational placements for students based on need, and (2) to improve data collection efforts related to improving educational services to Colorado deaf and hard of hearing students. **PRE-CIPP:** Preschool version of the CIPP.

**CLEFT PALATE:** A gap in the soft palate and/or roof of the mouth, sometimes extending through the upper lip. This occurs in-utero when the various parts of the palate don't grow together to make a single hard palate.

**CLOSED CAPTION:** A process by which individuals are provided translated dialog from television programs in the form of subtitles.

**COCHLEAR IMPLANT:** An electronic device surgically implanted to stimulate nerve endings in the inner ear (cochlea) in order to receive and process sound and speech. This device may be used by deaf children ages 12 months or older with severe to profound hearing loss.

**COGNITION:** a term that describes the process of remembering, reasoning, understanding, problem solving, evaluating, and using judgement.



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**CONDUCTIVE HEARING LOSS:** Impairment of hearing due to failure of sound waves to reach the inner ear through the normal air conduction channels of the outer and middle ear. In children, conductive loss is typically medically correctable, and is most often associated with middle ear fluid.

**CONGENITAL HEARING LOSS:** Hearing loss present at birth, associated with the birth process, or which develops in the first few days of life.

**CRITICAL MASS:** The term has been borrowed from the field of physics and is intended to mean a sufficient number of children functioning within the same language, communication mode, or age group, to ensure that appropriate opportunities for social and intellectual interaction occur.

**CSAP:** Colorado Student Assessment Program; **CSAP-A:** Colorado Student Assessment Program-Alternate

**CUED SPEECH:** A visual representation of the phonemes of spoken language that uses eight handshapes in four different locations in combination with the natural mouth movements of speech to make all the sounds of spoken language look different.

**DEAF:** A hearing loss which is so severe that a person is unable to process linguistic information through hearing alone. When used with a capital letter "D," Deaf refers to the cultural heritage and community of deaf individuals, i.e., the Deaf culture or community.

**DEAF AWARENESS:** The study of the history, culture, language, and literature of the deaf and the cross-cultural relationship between the deaf and hearing communities.

**DEAF CULTURE:** A view of life manifested by the mores, beliefs, artistic expression, understandings, and language (ASL) particular to Deaf people. A capital "D" is often used in the word Deaf when it refers to community or cultural aspects of deafness.

**DEAF BLINDNESS:** Educationally significant combined loss of vision and hearing

**DECIBEL (dB):** The unit of measurement for the loudness of a sound. The higher the dB, the louder the sound and the worse the hearing loss.

**DEGREE OF HEARING LOSS:** The amount of hearing loss a person has. This is typically described by a label which is assigned based on the results of a hearing test as follows:

*	Normal	0 dB to 15 dB
*	Mild	16 dB to 40 dB
*	Moderate	41 dB to 55 dB
*	Moderate-severe	56 dB to 70 dB
*	Severe	71 dB to 90 dB
*	Profound	91 dB or more

**EARMOLD:** A custom made plastic or vinyl piece which fits into the outer ear and is connected to a hearing aid.

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**EDUCATIONAL INTERPRETER:** A person who facilitates communication between hearing and deaf or hard of hearing persons through interpretation into a signed language or transliteration of a language into a visual and/or phonemic code.

**ELIGIBILITY:** A child must be determined eligible for special education services based on specific disabling conditions and/or an exhibited delay in one or more of the following areas: cognitive ability, motor skills, social/adaptive behavior, perceptual skills, and/or communication skills.

**ENGLISH SIGN SYSTEMS:** Sign systems designed for educational purposes, which use manual signs in an English word order, sometimes with added affixes that are not present in American Sign Language. Some of the signs are borrowed from American Sign Language and others have been invented to represent elements of English visually. Signing Exact English and Seeing Essential English are two examples of invented systems

**ETIOLOGY:** The cause of a specific disease.

**FINGERSPELLING:** Representation of the alphabet by finger positions in order to spell out words manually.

**FM SYSTEM:** An assistive listening device worn by the speaker to amplify his/her voice and transmit it directly to the listener's ears via an electronic receiver and special earphones or the listener's own hearing aids. The device reduces the problem of background noise interference and eliminates the problem of distance between speaker and deaf/hard-of-hearing listener.

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

**FUNCTIONAL GAIN:** The value that describes how much amplification a hearing aid is providing. For example, a child with unaided hearing at 70 dB who, when amplified, hears at 30dB, is experiencing a gain of 40 dB.

**HARD OF HEARING:** A hearing loss, whether permanent or fluctuating, which adversely affects an individual's ability to detect and decipher some sounds. This term is preferred over "hearing impaired" by the Deaf and hard-of-hearing community and refers to individuals who have hearing loss, but also have and use residual hearing.

**HEARING SCREENING:** Audiometric testing of the ability to hear selected pitches at loudness levels above normal hearing. The purpose is to identify individuals who may have a hearing loss, with minimal time expenditure, and refer them for further testing.

**I.D.E.A.:** The Individuals with Disabilities Education Act, Public Law 105-17; formerly known as PL 101-476, PL 99- 457, and PL 94-142. Part C (See "Part C") describes services to children birth to three years of age with disabilities.

**INCLUSION:** Often used synonymously with the term "mainstreaming," this term refers to the concept that students with disabilities should be integrated and included to the maximum extent possible with their (typically developing) peers in the educational setting.

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**INDIVIDUAL FAMILY SERVICE PLAN (IFSP):** A written plan describing early intervention services for a child and his/her family. The IFSP 1) addresses the family's strengths, needs, concerns, and priorities; 2) identifies support services available to meet those needs; and 3) empowers the family to meet the developmental needs of their infant or toddler with a disability. The IFSP is a written plan developed by parents or guardians with input from a multi-disciplinary team.

**INDIVIDUALIZED EDUCATION PROGRAM (IEP):** A team-developed, written program, which identifies therapeutic and educational goals and objectives needed to appropriately address the educational needs of a school-age student with a disability. An IEP for a child with hearing loss should take into account 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; 4) academic progress; 5) social and emotional needs, including opportunities for peer interactions and communication; and 6) appropriate accommodations to facilitate learning.

**INTONATION:** Changes in stress and pitch of the voice, such as the increase in vocal pitch apparent at the end of a question.

**INVENTED ENGLISH SIGN SYSTEMS:** Sign systems that were developed for educational purposes that use manual signs in an English word order with added prefixes and suffixes not present in traditional sign language. Some of the signs are borrowed from American Sign Language and others have been invented to represent elements of English. Signed English and Signing Exact English (SEE) are two examples of invented systems.

**INTENSITY:** The loudness of a sound measured in decibels (dB).

**LEAST RESTRICTIVE ENVIRONMENT:** A basic principle of Public Law 101-476 (IDEA) which requires public agencies to establish procedures to ensure that, to the maximum extent appropriate, children with disabilities, including children in public or private institutions or other care facilities, are educated with children who are not disabled, and that special classes, separate schooling, or other removal of children with disabilities from the regular educational environment occurs only when the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily.

**LINGUISTICS:** The science of language, including phonology, morphology, syntax and semantics.

**MAINSTREAMING:** The concept that students with disabilities should be in classes with their non-disabled peers to the maximum extent possible and when appropriate to the needs of the child with a disability. Mainstreaming is one point on a continuum of educational options. The term is sometimes used synonymously with "inclusion."

**MANUALLY CODED ENGLISH:** A term applied to a variety of different sign systems that attempt to represent English manually.

**MIXED HEARING LOSS:** A hearing loss with combined sensorineural and conductive elements, caused by a combination of damage or obstruction in the outer/middle ear and the inner ear/auditory nerve.

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**MODE OF COMMUNICATION:** Primary sensory modality through which an individual with a hearing loss receives and produces language. This includes oral/aural, auditory-verbal, sign communication, cued speech, and combinations thereof.

**MODIFICATIONS:** A substantial change in what a student is expected to learn and demonstrate. These changes are made to provide a student the opportunity to participate meaningfully and productively in learning experiences and environments.

**MORPHEME:** A linguistic unit of relatively stable meaning that cannot be divided into smaller meaningful parts.

**MULTI-DISCIPLINARY TEAM:** Involvement of two or more disciplines or professionals that provide integrated and coordinated services that include evaluation and assessment activities and development of an IFSP/IEP.

**OTITIS MEDIA:** A middle ear infection. Fluid can be present with or without infection, and may cause temporary hearing loss, which can evolve into permanent loss. Children with recurring episodes may experience fluctuating hearing loss and may be at risk for speech-language delays.

**OTOLOGIST:** A physician who specializes in medical problems of the ear.

**OTOSCOPE:** An instrument for examining the eardrum and ear canal.

**PIDGIN SIGN ENGLISH (PSE):** A variety of sign language that combines some features of American Sign Language and English. It is sometimes called a “contact language”.

**PART C:** Part C is the section of Public Law 105-17 (I.D.E.A.) that refers to early intervention services available to eligible children from birth through two years of age and their families.

**PURE-TONE:** A tone comprised of a single frequency (pitch). A typical hearing test includes measuring a person’s ability to hear pure tones presented at different loudness levels.

**REAL-TIME CAPTIONING:** A transcription of the speaker or speakers is achieved by a captioner or transcriptionist by typing the material as it is spoken using a standard word processing program and projecting to a computer or other screen. Computer-Assisted Real Time Transcription (CART) uses a stenotype machine with a phonetic keyboard and special software. The software translates the phonetic symbols into English captions almost instantaneously.

**RESIDUAL HEARING:** The amount of usable hearing that a deaf or hard-of-hearing person has.

**REVERBERATION:** Prolongation of a sound after the sound-source has ceased. The amount of reverberant energy in a room depends on the absorption coefficient of the surface of the walls, floor, and ceiling.

**SEE I:** Seeing Essential English was designed to use ASL signs plus signs invented to represent both root words and the grammatical system of English.

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**SEMANTICS:** The individual words of a language and their meanings

**SENSORINEURAL:** A type of hearing impairment caused by damage that occurs to the inner ear (cochlea) and/or nerve of hearing. Sensorineural damage is usually irreversible.

**SENSORY DEVICES:** Any device that is used to improve, augment, or supplement communication. Such devices could include personal hearing aids, wireless FM systems, cochlear implants, vibrotactile units, or other assistive listening devices.

**SIGNED ENGLISH:** The Signed English system was devised as a signed representation of English for children between the ages of 1 and 6 years old. ASL signs are used in an English word order, with 14 sign markers being added to represent a portion of the grammatical system of English.

**SIGNING EXACT ENGLISH:** See invented English sign systems.

**SIMULTANEOUS COMMUNICATION (SIM COM):** Use of spoken language and sign language at the same time.

**SPEECHREADING:** The interpretation of lip and mouth movements, facial expressions, gestures, prosodic and melodic aspects of speech, structural characteristics of language, and topical and contextual clues.

**SPEECH AND LANGUAGE SPECIALIST:** A professional who works with individuals who have specific needs in the area of speech and language.

**SYNTAX:** Defines the word classes of language, i.e., nouns, verbs, etc. and the rules for their combination, i.e., which words can combine and in what order.

**TACHISTOSCOPE:** An apparatus that exposes words, pictures, etc., for a measured fraction of a second, used to increase reading speed, test memory, etc.

**TACTILE AIDS:** A type of assistive communication device that emits a vibration or "tactile" signal to indicate the presence of sound(s). It is worn on the body and triggers the sense of touch or feeling to draw attention to information that cannot be heard by the individual with hearing loss.

**THRESHOLD:** The softest level at which a person hears a sound 50% of the time.

**TOTAL COMMUNICATION:** A philosophy of communication that employs a combination of components of oral and manual teaching modes such as sign language, lipreading, fingerspelling, use of residual hearing, speech, and sometimes Cued Speech.

**TRANSLITERATING:** The process of facilitating communication between persons who are hearing and persons who are deaf or hard of hearing. In this form of interpretation, the language base remains the same; e.g., the transliteration of spoken English to a signed English system or to a form which can be read on the lips.

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**TYMPANOGRAM:** A pressure or "impedance" test that tells how the ear canal, eardrum, eustachian tube, and middle ear bones are working. It is not a hearing test.

**UNILATERAL HEARING LOSS:** A hearing loss in only one ear.

# Appendixes

## Appendix A. Accountability Plan



### **Accountability Plan: Programs and Services for Children and Youth who are Deaf and Hard of Hearing**

The Accountability Plan for deaf and hard-of-hearing students includes four components:

- Demographic information
- Parent input
- School-based indicators
- Student-based indicators

Demographic information and student-based indicators are incorporated into the Colorado Individual Performance Profile, 2004 (Pre-CIPP, CIPP).

#### **1. Demographic Information**

*Demographic information will be updated and submitted annually. All data will be submitted by June 1<sup>st</sup> and will be based on the current academic year.*

##### Audiologic Information

Current and complete unaided audiograms will be submitted for each student. Generally this will be the results of the student's most recent audiologic assessment; however, one or more prior audiograms should be submitted if the most current results are either incomplete or of questionable accuracy.

##### Demographic Form

A demographic form will be completed on each student detailing their hearing history, current programming, family status, communication mode and other educationally-relevant background information.

#### **2. Parent Input**

*Parental input will be solicited annually through a questionnaire. Questionnaires will be provided to parents by April 1<sup>st</sup>. All completed questionnaires will be collected by May 1<sup>st</sup>. The program will demonstrate a concerted effort to obtain at least a 75% response rate each year.*

##### Parent Satisfaction Questionnaire

All parents will be given the opportunity to describe their level satisfaction with the school and to provide input regarding areas for improvement. This will be completed formally using the Parent Satisfaction Questionnaire.

### 3. School-Based Indicators

*Data regarding each of the following indicators will be submitted annually. All data will be submitted by June 1<sup>st</sup> and should be based on the current academic year.*

#### Teacher and Staff Qualifications

- Number/percentage of deaf and hard-of-hearing teachers who are fully qualified holding certification in deaf education from CDE
- Number/percentage of deaf and hard-of-hearing teachers who hold temporary teacher eligibility in deaf education
- Number/percentage of deaf and hard-of-hearing teachers who hold graduate-level (Master's or higher) degrees
- Number/percentage of educational interpreters who have the Colorado Educational Interpreter Certification or CDE Authorization: Educational Interpreter
- Number/percentage of educational interpreters who have temporary eligibility through CDE
- Number of in-service trainings relevant to deafness that were offered during the current academic year
- Number/percentage of school staff who have basic conversational-level sign language skills

#### Parent Participation

- For preschool-age children, number/percentage of parents who demonstrate good or ideal participation
- For preschool-age children using sign language at home, number/percentage of parents who can sign 90% of the words on the Sign Vocabulary Checklist for Parents
- Number and list of opportunities for parent involvement (e.g., sign language classes, classroom/schoolwide volunteers, educational presentations, etc.)
- Number/percentage of parents who participate in three or more school-related activities (e.g., sign language classes, classroom/schoolwide volunteer program, educational presentations, etc.)
- Number/percentage of parents who participate in a leadership capacity (e.g., accountability committee, school improvement committee, officer in the PTO, etc.)

#### Attendance, Suspension and Graduation Statistics

- Average number/percentage of students in attendance each day; percentage in attendance 90% of school days
- Number/percentage of suspensions
- Number/percentage of students who dropped out of school or discontinued prior to completing 12<sup>th</sup> grade during the current academic year
- Number/percentage of 12<sup>th</sup> grade students who will meet the requirements for a standard high school diploma this year.

#### Evidence-Based Practice

- Number and list of procedures that are regularly used within each grade level to assess students' academic learning and progress (beyond those required by this accountability



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plan). Also include administration schedule (e.g., weekly, monthly, etc.) for each procedure.

#### 4. Student-Based Indicators

##### *Preschool/Kindergarten*

Individual student achievement will be measured in the following domains:

- General Development
- Language/Vocabulary
- Auditory/Speech
- Social-Emotional

*A full battery of assessments using the preschool edition of the Colorado Individual Performance Profile, Pre-CIPP, will be administered each year.*

##### General Development

1. Minnesota Child Development Inventory, 1974 (ages 3, 4)
2. Functional Assessment for Students who are Deaf/Hard of Hearing (age 5)
  - Cognitive/behavioral/social
  - Communication
  - Physical
  - Language
  - Speech intelligibility
  - Use of audition

##### Language/Vocabulary

1. MacArthur Communicative Development Inventory: Words & Sentences (age 3)
2. MacArthur Communicative Development Inventory: Level III (ages 4-5)
3. Pragmatics Checklist (ages 3-5)
4. Expressive One-Word Picture Vocabulary Test, 2000 (ages 3-5)
5. Spontaneous language sample measures (ages 3-5)
  - Mean length of utterance (MLU)
  - Number of different words

##### Auditory/Speech

1. Functional Auditory Performance Indicators (FÁPI) (ages 3-5)
2. Spontaneous speech sample measures (ages 3-5)
  - Phonetic inventory
  - Percent vowels and consonants correct
3. Speech Intelligibility Rating Scale (ages 3-5)

##### Social-Emotional

- Social Skills Rating System (SSRS, Gresham & Elliott, 1990) (ages 3-5)
- Teacher version
  - Parent version

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***First Grade to Graduation***

Individual student achievement will be measured in the following domains:

- Cognition
- Academics
- Language
- Social-Emotional
- Communication

*A full battery of assessments will be administered at the time of the student's triennial review. A reduced battery will be completed annually. If a specific grade level is not indicated next to or under the instrument, students in all grades (1<sup>st</sup> through 12<sup>th</sup>) should receive the assessment.*

**ANNUAL EVALUATION**

Academic

1. CSAP/CSAP-A

- Reading: 3<sup>rd</sup> grade to 10<sup>th</sup> grade
- Writing: 3<sup>rd</sup> grade to 10<sup>th</sup> grade
- Science: 8<sup>th</sup> grade
- Math: 5<sup>th</sup> to 10<sup>th</sup> grade
- ACT: 11<sup>th</sup> grade

2. Stanford Achievement Test, 10<sup>th</sup> edition (two subtests)

- Reading Comprehension
- Mathematics Procedures

NOTE: The leveling screening tests must be administered first to select the correct test level (Primary 1 through Task 3) for the student

General Development

Functional Assessment for Students who are Deaf/Hard of Hearing

- Cognitive/behavioral/social
- Communication
- Physical
- Language
- Speech intelligibility
- Use of audition
- Use of interpreter

Communication

Classroom Participation Questionnaire

- Completed by the student (5<sup>th</sup> to 12<sup>th</sup> grade)

## TRIENNIAL EVALUATION

### Cognitive

1. Wechsler Intelligence Scale for Children, 4<sup>th</sup> edition (WISC-IV)- Performance Scale  
*OR*
2. Universal Nonverbal Intelligence Test (UNIT, Bracken, McCallum, Steve, 1998)

NOTE: Cognitive assessments are required once at the elementary level and once at the secondary level. Other standardized non-verbal or performance-based intelligence tests may be used at the discretion of the school psychologist

### Academic

1. CSAP/CSAP-A
  - Reading: 3<sup>rd</sup> grade to 10<sup>th</sup> grade
  - Writing: 3<sup>rd</sup> grade to 10<sup>th</sup> grade
  - Science: 8<sup>th</sup> grade
  - Math: 5<sup>th</sup> to 10<sup>th</sup> grade
  - ACT: 11<sup>th</sup> grade
2. Stanford Achievement Test, 10<sup>th</sup> edition (five subtests)
  - Reading Comprehension
  - Mathematics Procedures
  - Mathematics Problem Solving
  - Word Reading/Reading Vocabulary
  - Social Science (6<sup>th</sup> grade and above if the Reading Comprehension leveling test indicates that the student is at the Intermediate I level or above)

NOTE: The leveling screening tests must be administered first to select the correct test level (Primary 1 through Task 3) for the student

### Language

Clinical Evaluation of Language Fundamentals – 4<sup>th</sup> Edition (CELF-4, Semel, Wiig, & Secord, 2003)

- Concepts and Following Directions (1<sup>st</sup> to 5<sup>th</sup> grade)
- Word Classes (1<sup>st</sup> to 3<sup>rd</sup> grade)
- Expressive Vocabulary (1<sup>st</sup> to 3<sup>rd</sup> grade)
- Understanding Spoken Paragraphs (4<sup>th</sup> to 12<sup>th</sup> grade)
- Sentence Assembly (4<sup>th</sup> to 12<sup>th</sup> grade)

### Social-Emotional

Social Skills Rating System (SSRS, Gresham & Elliott, 1990)

- Teacher version
- Parent version
- Student version (6<sup>th</sup> grade and up)

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Communication

Classroom Participation Questionnaire

- Completed by the student (5<sup>th</sup> to 12<sup>th</sup> grade)

General Development

Functional Assessment for Students who are Deaf/Hard of Hearing

- Cognitive/behavioral/social
- Communication
- Physical
- Language
- Speech intelligibility
- Use of audition
- Use of interpreter

Vocational

- 16 years and up (one time administration)

## Accountability Plan: Programs and Services for Children and Youth who are Deaf and Hard of Hearing

### SUMMARY

A = Annual; T = Triennial

Component	Area	Measures	A	T	Indicators
Demographic Information:	Hearing	Audiologic	√	√	Unaided hearing thresholds
	Student Data	Demographic Form	√	√	Student/school/ placement variables
Parent Input:	Parent	Parent Satisfaction Questionnaire	√	√	% satisfied, dissatisfied
School-Based Indicators:	Staff/Program Characteristics	Teacher/Staff Qualifications	√	√	% fully qualified, % MA degree, # in-services/year, % with conversational-level sign language skills
		Interpreter Qualifications	√	√	% fully qualified
		Parent Participation – Preschool: Sign Vocabulary Checklist for Parents; Family Participation Rating Scale	√	√	% who know 90% of signs on list, % rated good or ideal on rating scale
		Parent Participation	√	√	# opportunities for parent involvement, % attending 3+ school-related activities, % in leadership roles
		Attendance/Suspensions/ Graduation Statistics	√	√	average daily attendance, % drop out, % suspensions, % meet graduation requirements
		Evidenced-Based Practices	√	√	Procedures & frequencies to assess student learning
		Student-Based Indicators (Preschool/ Kindergarten):	General Development	Minnesota Child Development Inventory, 1974 (ages 3, 4);	√
Functional Assessment for Students who are Deaf/Hard of Hearing (age 5)	√				% rated as “A” or “B” in each area
Language/ Vocabulary	MacArthur Communicative Development Inventory: Words & Sentences (age 3); MacArthur Communicative Development Inventory: Level III (ages 4-5)		√		% with age equivalent scores that are 80% or more of their chronological age (or cognitive age for children with cognitive disabilities)
	Expressive One-Word Picture Vocabulary Test, 2000 (ages 3-5)		√		% with age equivalent scores that are 80% or more of their chronological age (or cognitive age for children with cognitive disabilities)
	Pragmatics Checklist (ages 3-5)		√		Progress noted from previous testing

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		Spontaneous language sample measures (ages 3-5)	√		Mean Length of Utterance (MLU) and number of different words within 1.5 standard deviations of the mean for hearing children
	Auditory/ Speech	Functional Auditory Performance Indicators (FAPI) (ages 3-5)	√		Progress noted from previous testing
		Spontaneous speech sample measures (ages 3-5)	√		Phonetic inventory and % phonemes correct at or above the 25 <sup>th</sup> percentile compared to D/HH norms
		Speech Intelligibility (ages 3-5)	√		At or above the 25 <sup>th</sup> percentile compared to D/HH norms
	Social-Emotional	Social Skills Rating System: Teacher & Parent versions (ages 3-5)	√		At or above the 15 <sup>th</sup> percentile relative to the test's norms
Student-Based Indicators (1st-12th):	Cognition	WISC IV-Performance or UNIT (1@elem; 1@secondary)		√	% above average, average, and below average
	Academics	CSAP/CSAP-A	√	√	% participation, % scoring in each category, adequate yearly progress (AYP)
		SAT-10: Rdg Comp, Math Procedures	√		% taking SAT on grade level, % with grade equivalent scores at 80% or more of the current grade level
		SAT-10: Rdg Comp, Math Procedures, Math Problem Solving, Word Rdg/Rdg Vocab, Social Science (6 <sup>th</sup> and above)		√	% taking SAT on grade level, % with grade equivalent scores at 80% or more of the current grade level
	General Development	Functional Assessment deaf and hard of hearing	√	√	% rated as "A" or "B" in each area
	Language	CELF-4: Concepts/Following Directions, Word Classes, Expressive Vocab, Understanding Spoken Paragraphs, Sentence Assembly		√	% with age equivalent scores that are 80% or more of their chronological age, 70-80%, and <70%
	Social-Emotional	Social Skills Rating System: Teacher, Parent, Student versions		√	% scoring below average, average, and above average on social and problem behavior domains
	Communication	Classroom Participation Questionnaire (5 <sup>th</sup> -12 <sup>th</sup> grade-completed by student)	√	√	% scoring in normal and concern ranges
	Vocational	Vocational assessment is administered one time for students 16 years of age or higher		√	Criteria to be developed

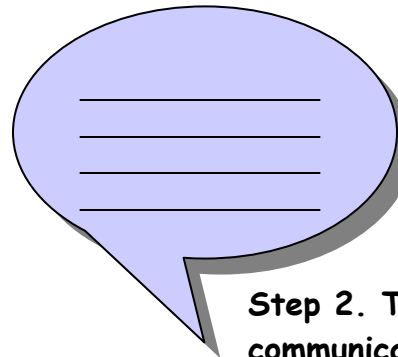
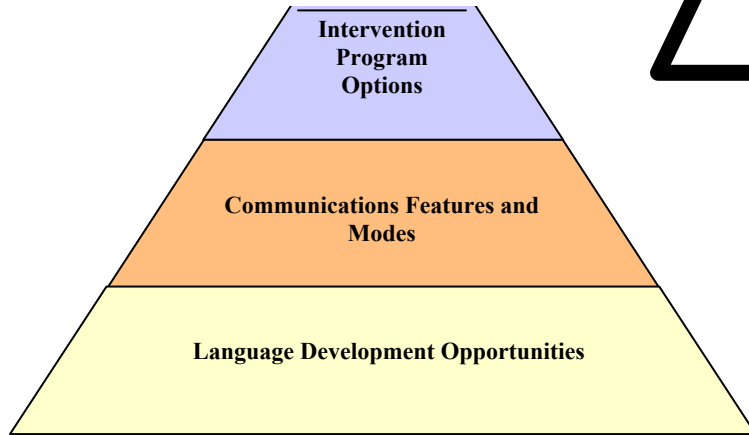
**Appendix B. Communication Plans**

**Communication Plan: Birth-Age 3 (Part C)**

**Communication Plan: Preschool-High School (Part B)**

# COMMUNICATION PLAN FOR

**Step 1: With my service coordinator & IFSP team we evaluate:**



**Step 2. The communication features/modes we will use with our child are:**



**Step 3. Opportunities for direct communication with peers and adults who are deaf or hard-of-hearing include:**

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**Step 5. Natural environments that are communication accessible for our child include:**

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**Step 4. The trained professionals who will support our child & family are:**

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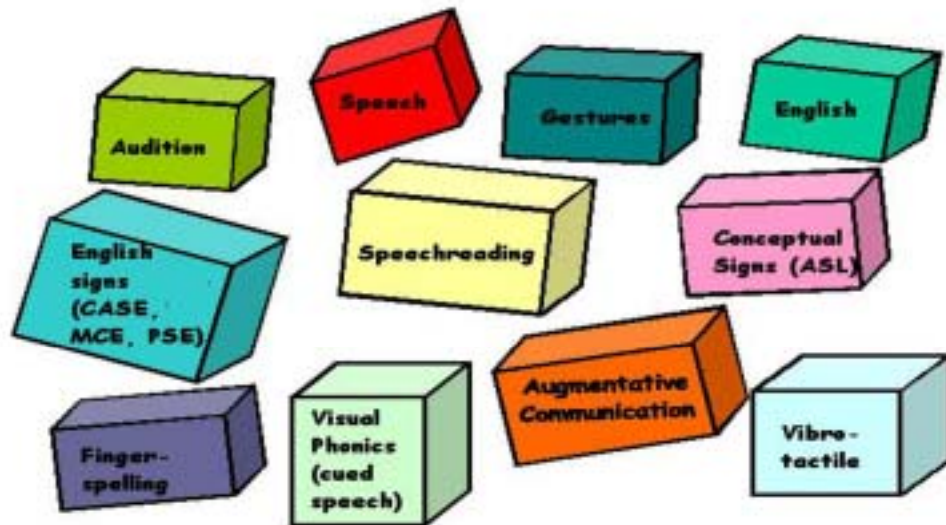
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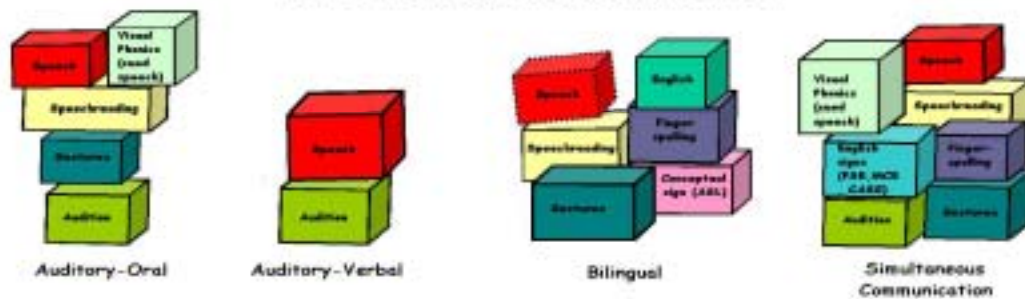
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## Communication Building Blocks



## Features of Communication



## Part C Communication Plan

The IFSP team has considered each area listed below, and has defined services based on the child's communication needs.

1. Language development opportunities, communication modes, and intervention program options have been evaluated by the family and their IFSP team.
2. The following communication modes have been chosen by the family for use with their child (provide list that could include methods and/or specific characteristics of the method).
3. Opportunities for direct communication with peers and adults who are deaf or hard of hearing have been offered, Parents may request peers and adults who represent the language and communication mode chosen by the family.
4. Opportunities for intervention services are available from professionals who have demonstrated proficiencies providing early intervention services to children who are deaf and hard of hearing and who can directly communicate with the child in a manner consistent with the child's developmental level and communication mode.
5. Early intervention services should be provided in natural environments. A natural environment offers active and consistent communication in the mode used by the child. Examples of natural environments where the child may receive services include (list all that are applicable)

## Communication Plan for Child/Student who is Deaf/Hard of Hearing

The IEP team has considered each area listed below, and has not denied instructional opportunity based on the amount of the child's/student's residual hearing, the ability of the parent(s) to communicate, nor the child's/student's experience with other communication modes.

1. The child's/student's primary communication mode is one or more of the following:  
(check those that apply)

Aural, oral, speech-based

English based manual or sign system

American Sign Language

Issues considered:

Action plan, if any:

2. The IEP team has considered the availability of deaf/hard-of-hearing adult role models and peer group of the child's/student's communication mode or language.

Issues considered:

Action plan, if any:

3. An explanation of all educational options provided by the administrative unit and available for the child/student has been provided.

Issues considered:

Action plan, if any:

4. Teachers, interpreters, and other specialists delivering the communication plan to the child/student must have demonstrated proficiency in, and be able to accommodate for, the child's/student's primary communication mode or language.

Issues considered:

Action plan, if any:

5. The communication-accessible academic instruction, school services, and extracurricular activities the child/student will receive have been identified.

Issues considered:

Action plan, if any:

**Must be reviewed at all IEP meetings for children/students with a hearing disability.**

**COMMUNICATION PLAN for  
CHILD/STUDENT WHO IS DEAF/HARD OF HEARING  
(Form 7b, Page 1 of 1)**

1. The Plan must include a statement identifying the child's primary communication mode as one or more of the following: Aural, Oral, Speech-based, English Based Manual or Sign System, American Sign Language. The IEP team cannot deny instructional opportunity based on the amount of the child's residual hearing, the ability of the parent(s) to communicate, nor the child's experience with other communication modes [ECEA Section 4.02(4)(k)(I)].

When discussing these issues, the following questions may be helpful to clarify the child's needs: When considering the child's primary communication mode, is there just one? Does the child use a combination of modes? What mode do the parents use with their child? What mode does the child use to communicate with his/her friends?

2. The Plan must include a statement documenting that an explanation was given of all educational options provided by the school district and available to the child [ECEA Section 4.02(4)(k)(ii)].

When considering all educational options, are the options available in your school district? What about statewide options including the Colorado School for the Deaf & the Blind, the Magnet School for the Deaf in Denver and open enrollment in other schools or districts? Encourage the family to check out the **Colorado Program Directory for Students who are Deaf or Hard of Hearing** and the **Resource Guide** if they are interested in pursuing those kinds of options for their child. These resources will also prove helpful in locating peers and adult role models.

3. The Plan must include a statement documenting that the IEP team, in addressing the child's needs, considered the availability of Deaf and hard-of-hearing role models and a Deaf/hard-of-hearing peer group of the child's communication mode or language [ECEA 4.01 (4)(k)(iii)].

Because of the low incidence of a hearing disability, many students who are Deaf or hard of hearing find themselves without contact with other Deaf/hard-of-hearing children. Combine that with the fact that 95% of these children are born into families with normal hearing, and you have the potential for serious isolation. How about some time during the week to "chat" on-line with other Deaf/hard-of-hearing kids? Does the family know about the various regional activities, which occur during the year for Deaf/hard-of-hearing children? Explore all known opportunities.

4. The Plan must include a statement that the teachers, interpreters, and other specialists delivering the Communication Plan to the student must have demonstrated proficiency in, and be able to accommodate for, the child's primary communication mode or language [ECEA 4.02 (4)(k)(iv)].

Discuss the communication proficiency of the child/student's service providers and write a statement of the needs of the staff. Is training/in-service/mentoring a possibility? Is there an accommodation not being utilized? Review the IEP Checklist: Recommended Accommodations and Modifications that is available through CDE and addresses frequent accommodations used with children with a hearing loss.

5. The Plan must include a statement of the communication-accessible academic instruction, school services, and extracurricular activities that the student will receive [ECEA 4.02(4)(k)(v)].

These questions may help to clarify the student's needs: Is the student enjoying full access to academic instruction and services? To extra-curricular activities? The IEP checklist for Recommended Accommodations and Modifications (for students with a hearing loss) may be a useful resource for this discussion. Are TTY's, captioned television, interpreters for field trips, etc. being utilized?

**Appendix C. Teacher Licensure**

**Colorado Department of Education: Licensure Standards  
for Deaf Education Teachers (2003)**

- 9.03 **SPECIAL EDUCATION SPECIALIST: DEAF/HARD OF HEARING** To be endorsed as a special education specialist: deaf/hard of hearing, for ages birth-21, an applicant shall: hold or be eligible for a Colorado special education generalist license, and/or demonstrate, through multiple performance measures, equivalent special education competencies, including documentation of assessments of relevant communication skills; have earned a master's degree, or higher or its equivalent from an accepted institution of higher education, in an approved program for the preparation of special education specialists: deaf/hard of hearing; and have demonstrated the competencies specified below.
- 9.03 (1) The special education specialist: deaf/hard of hearing is knowledgeable about the philosophical, historical, and legal foundations of special education and is able to articulate and incorporate into planning for students:
- 9.03 (1) (a) current definitions of students with hearing loss, including terminology, identification criteria, labeling issues, and current incidence and prevalence figures.
- 9.03 (1) (b) models, theories, and appropriate philosophies that provide the basis for educational practice relevant to students who are deaf or hard of hearing.
- 9.03 (1) (c) variations in beliefs, traditions, and values across cultures and within society, and the effect of the relationships between children who are deaf or hard of hearing, their families, schools, and communities, and can:
- 9.03 (1) (d) identify resources, model programs, organizations, agencies, research centers, and technology that can be of assistance in working with students who are deaf or hard of hearing.
- 9.03 (1) (e) apply understanding of proven theory, of philosophy, and of models of effective practice to the education of students who are deaf or hard of hearing.
- 9.03 (1) (f) articulate the pros and cons of current issues and trends in special education, and in educating students who are deaf or hard of hearing.
- 9.03 (2) The special education specialist: deaf/hard of hearing is knowledgeable about factors that impact the learning of students who are deaf or hard of hearing, and is able to articulate and incorporate into planning for these students:
- 9.03 (2) (a) (i) relevant elements of learning necessary for enhancement of cognitive, emotional, and social development.
- 9.03 (2) (a) (ii) proven and effective research on communication, socialization, and cognition.
- 9.03 (2) (a) (iii) cultural dimensions of being deaf or hard of hearing.
- 9.03 (2) (a) (iv) the specific impact of various etiologies of hearing loss on the sensory, motor, and/or learning capability.
- 9.03 (2) (a) (v) knowledge of the effect of family involvement, onset of hearing loss, age of identification, amplification, and provision of services.
- 9.03 (2) (a) (vi) knowledge of the impact of early and ongoing comprehensible communication.
- 9.03 (2) (a) (vii) the effect of sensory input, including both incidental communication and experiences, on the development of language and cognition.

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- 9.03 (2) (b) the special education specialist: deaf/hard of hearing is knowledgeable about and is able to:
- 9.03 (2) (b) (i) demonstrate effective communication strategies to students who are deaf or hard of hearing.
- 9.03 (2) (b) (ii) describe how to make incidental learning opportunities accessible.
- 9.03 (2) (b) (iii) articulate the interrelationship between communication, socialization, and cognition.
- 9.03 (3) The special education specialist: deaf/hard of hearing is knowledgeable about the assessment, effective teaching, service and special services provision, the evaluation of students who are deaf or hard of hearing, and is able to:
- 9.03 (3) (a) implement formal and informal assessment procedures for eligibility, placement and program planning.
- 9.03 (3) (b) articulate legal provisions, regulations and guidelines regarding unbiased diagnostic assessment(s), and use of instructional assessment measures.
- 9.03 (3) (c) incorporate into planning the specifics of policies regarding referral and placement procedures.
- 9.03 (3) (d) demonstrate amplification system's parts, and articulate function, benefits, and limitations of options in group and personal amplification.
- 9.03 (3) (e) administer assessment procedures and instruments for students who are deaf or hard of hearing,
- 9.03 (3) (e) (i) and those with additional disabilities; and
- 9.03 (3) (e) (ii) utilize appropriate assessment tools, and informal assessment and evaluation procedures, utilizing natural/heritage/preferred language.
- 9.03 (3) (g) use assessment data in making informed instructional decisions, and for planning individual programs that result in appropriate service delivery, and intervention, for students who are deaf or hard of hearing.
- 9.03 (3) (h) troubleshoot amplification problems, and explain about the parts and functions of group and personal amplification.
- 9.03 (3) (i) develop and implement effective communication plans.
- 9.03 (3) (j) plan an educational program to address the needs of students who are deaf or hard of hearing, and who may have additional disabilities or conditions that impact learning.
- 9.03 (4) The special education specialist: deaf/hard of hearing is knowledgeable about content standards and practice, and is able to:
- 9.03 (4) (a) identify and utilize specialized instructional materials relevant to specific student need and content standards.
- 9.03 (4) (b) incorporate into planning, information related, but not limited to: the syntactic, semantic and use of American Sign Language (ASL) and English.

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- 9.03 (4) (c) incorporate into planning, information related to languages, and systems used to communicate with individuals who are deaf or hard of hearing.
- 9.03 (4) (d) articulate normal speech development and characteristics of speech development for deaf or hard-of-hearing students.
- 9.03 (4) (e) implement assessment procedures and curricula designed for:
  - 9.03 (4) (e) (i) the speech development of students who are deaf or hard of hearing and those who may have additional disabilities.
  - 9.03 (4) (e) (ii) ASL and English language development.
  - 9.03 (4) (e) (iii) stimulating the utilization of residual hearing.
  - 9.03 (4) (e) (iv) and strategies/techniques related to, the promotion of reading development.
  - 9.03 (4) (e) (v) written language development.
- 9.03 (4) (f) design and implement strategies and techniques for positively affecting the speech development of students who are deaf or hard of hearing.
- 9.03 (4) (g) design and implement strategies/techniques to effectively instruct students about normal ASL and English language development
- 9.03 (4) (h) design and implement strategies/techniques for the stimulation and utilization of residual hearing.
- 9.03 (4) (i) address, in planning, ways to facilitate cultural identity, linguistic, academic, cognitive, physical and social-emotional development.
- 9.03 (4) (j) plan effective multi-level lessons.
- 9.03 (4) (k) incorporate proven and effective research-supported instructional strategies and practices.
- 9.03 (4) (l) implement strategies and procedures that effectively facilitate the deaf or hard of hearing student's transition to new settings and to meeting life challenges.
- 9.03 (4) (m) communicate, with advanced proficiency, in relevant language(s) (English, ASL) and/or sign systems.
- 9.03 (4) (n) select, modify, design, produce, and utilize specialized and appropriate media, instructional materials, resources, and technology.
- 9.03 (4) (o) infuse communication skills into academic areas.
- 9.03 (4) (p) apply appropriate and effective first and second language teaching strategies, to meet student need.
- 9.03 (4) (q) promote and encourage speech development; ASL and English language development; the utilization of residual hearing; reading development; and written language development, to students who are deaf or hard of hearing.
- 9.03 (4) (r) implement multi-level lessons for students who are deaf or hard of hearing.
- 9.03 (4) (s) develop effective transition plan for students who are deaf or hard of hearing.

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- 9.03 (5) The special education specialist: deaf/hard of hearing is knowledgeable about the learning environment, and is able to:
- 9.03 (5) (a) demonstrate the adaptations needed, within a variety of learning environments, and within the community, for students who are deaf and hard of hearing.
  - 9.03 (5) (b) manage assistive devices appropriate for students who are deaf or hard of hearing.
  - 9.03 (5) (c) select, implement, and evaluate effective classroom management strategies.
  - 9.03 (5) (d) adapt learning environments to effectively meet needs of students who are deaf or hard of hearing and those who may have additional disabilities or special needs.
  - 9.03 (5) (e) plan and effectively implement instruction for students who are deaf or hard of hearing and those with additional disabilities or special needs.
- 9.03 (6) The special education specialist: deaf/hard of hearing is knowledgeable about promoting student social interaction and independence, and is able to:
- 9.03 (6) (a) demonstrate processes for establishing ongoing interactions of students who are deaf or hard of hearing with peers and role models who are deaf, hard of hearing, or hearing.
  - 9.03 (6) (b) provide opportunities for interaction with communities of individuals who are deaf, hard of hearing, or hearing, on the local, state, and national levels.
  - 9.03 (6) (c) provide students with a wide variety of communication strategies which allow effective interaction with people, and in places, situations, and organizations, within the community.
  - 9.03 (6) (d) implement strategies for teaching appropriate social skills and behavior, in a variety of situations, to students who are deaf or hard of hearing.
  - 9.03 (6) (e) provide appropriate methods of effective self-advocacy, to students who are deaf or hard of hearing.
  - 9.03 (6) (f) articulate normal social/emotional/psychological developmental and social/emotional issues, as related to students who are deaf or hard of hearing.
  - 9.03 (6) (g) promote independence and responsibility to students who are deaf or hard of hearing.
  - 9.03 (6) (h) the special education specialist: deaf/hard of hearing is able to effectively teach students who are deaf or hard of hearing:
    - 9.03 (6) (h) (i) how to use support personnel and contact resources appropriately and effectively.
    - 9.03 (6) (h) (ii) how to be self-advocates.
    - 9.03 (6) (h) (iii) how to be independent and take responsibility for their own actions.
    - 9.03 (6) (h) (iv) about legal procedures, their rights, and about how to take appropriate action.
    - 9.03 (6) (h) (v) to express emotions appropriately.
    - 9.03 (6) (h) (vi) how to use a wide variety of assistive devices.
- 9.03 (7) The special education specialist: deaf/hard of hearing is knowledgeable about communication and collaborative partnerships, and is able to:

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- 9.03 (7) (a) provide a wide variety of resources, to family members and professionals who are deaf or hard of hearing, to assist them in dealing with educational concerns and options; utilizing relevant available services; determining appropriate communication modes; and in identifying cultural and community opportunities for students who are deaf or hard of hearing.
- 9.03 (7) (b) identify and articulate appropriate roles and responsibilities of educators and support personnel, including, but not limited to interpreters, notetakers, and paraprofessionals, in the delivery of education and education-related activities and programs to students who are deaf or hard of hearing.
- 9.03 (7) (c) articulate the effects of communication on the development of family relationships and strategies, to facilitate communication in families with children who are deaf or hard of hearing.
- 9.03 (7) (d) articulate appropriate strategies to promote partnerships, and to overcome barriers between families and professionals, to effectively meet the needs of students who are deaf or hard of hearing.
- 9.03 (7) (e) articulate to families and professionals about the educational options, communication modes/philosophies, services, cultural issues, and community resources available for children who are deaf or hard of hearing.
- 9.03 (7) (f) facilitate communication between the child who is deaf and his or her family, and/or other caregivers, when, and as, appropriate.
- 9.03 (7) (g) facilitate, oversee coordination of, and supervise support personnel, including, but not limited to interpreters, notetakers, and paraprofessionals, to meet the needs of students who are deaf or hard of hearing.
- 9.03 (7) (h) use collaborative strategies and effective communication skills with individuals who are deaf or hard of hearing, parents, school and community personnel in various learning environments.
- 9.03 (7) (i) advocate for meeting the social-emotional, educational, and communication needs of students who are deaf or hard of hearing, in a wide variety of settings.
- 9.03 (8) The special education specialist: deaf/hard of hearing is knowledgeable about professionalism and ethical practice, and is able to:
  - 9.03 (8) (a) acquire the additional knowledge and skills necessary to effectively educate students who are deaf or hard of hearing, and to work successfully with their families, other professionals, and interested stakeholders.
  - 9.03 (8) (b) participate in relevant professional and other organizations and remain current regarding publications and journals relevant to the field of educating students who are deaf or hard of hearing.
  - 9.03 (8) (c) self-assess, design, and implement an on-going professional development plan relevant to being an effective educator of students who are deaf and hard of hearing.



**Appendix D. Self Assessment**



**Colorado Quality Standards:  
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 Who are Deaf and Hard of Hearing  
 SELF-ASSESSMENT**

**Section 1: Identification and Referral**

**OUTCOME:** Children with hearing loss are identified and referred for assessment as early as possible to enable the best possible language, communication, and achievement outcomes.

Standard	Current Performance	Action Plan
<p>1. Procedures exist for locating and referring deaf and hard-of-hearing infants, children, and youth who may require special education.</p>		
<p>2. Educational programs for deaf and hard-of-hearing children and youth establish collaborative relationships with local health care providers, local Part C programs, hospitals, audiologists, social service and public health agencies, and child care programs in order to ensure that infants, toddlers, preschoolers, and school-age children with identified hearing loss are promptly referred for appropriate services.</p>		
<p>3. School districts and BOCES conduct legally mandated hearing screenings to identify children and youth who may</p>		

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<i>have hearing loss.</i>		
<i>4. Children and youth who fail hearing screenings receive an audiological assessment within 30 days of the school screening referral.</i>		
<i>5. Deaf and hard-of-hearing children and youth are screened for visual impairment at legally mandated intervals.</i>		

**Section 2: Assessment of Unique Needs**

**OUTCOME: A unique intervention or education plan is developed based on assessment that yields valid and reliable information about the child.**

<b>Standard</b>	<b>Current Performance</b>	<b>Action Plan</b>
<i>6. The assessment of deaf and hard-of-hearing children and youth, birth-21, is conducted by personnel who understand the unique nature of hearing loss and who are specifically trained to conduct these assessments.</i>		
<i>7. Qualified professionals assess all relevant areas of functioning to provide a comprehensive profile of the child/youth with hearing loss. Professionals performing these assessments work collaboratively to determine the effect skills in each domain have on the child/youth as a learner.</i>		
<i>8. Once a qualified assessment team determines a deaf or hard-of-hearing child/youth's primary language and</i>		

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<p><i>preferred communication approach, tests are administered using that identified language and communication approach and are conducted by professionals proficient in that approach. This practice assures assessments reflect an accurate measure of abilities regardless of mastery of spoken or written English.</i></p>		
<p><i>9. The assessment report identifies the unique learning needs of the child/youth related to and impacted by the hearing loss, including needs for specialized services, materials, equipment, and accommodations for the educational environment.</i></p>		
<p><i>10. Deaf and hard-of-hearing children and youth are referred to a specialized assessment team for deaf and hard-of-hearing individuals when appropriate.</i></p>		
<p><i>11. A continuum of placement options are reviewed and placement is determined by the IFSP/IEP team based on valid and reliable assessment data and other information that identifies individual needs across communication, academic, and social domains.</i></p>		

**Section 3: Support for Instruction and Learning**

**OUTCOME: Deaf and hard-of-hearing children and youth share the same learning opportunities as their hearing peers and benefit from programs that support and provide equal opportunity for communication access**

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Standard	Current Performance	Action Plan
<p>12. <i>The program for deaf and hard-of-hearing children and youth has a clear statement of purpose, including outcomes for expected learning, communication competency, and social/emotional well being. The statement addresses the critical need for equal opportunity in each of these areas.</i></p>		
<p>13. <i>The program has a written policy on the central role of language and communication as it relates to the cognitive, academic, social, and emotional development of deaf and hard-of-hearing children and youth.</i></p>		
<p>14. <i>The Colorado Department of Education and the Colorado School for the Deaf and the Blind adopt policies that are consistent with the guidelines put forth in this document, delegate implementation of these policies to the professional staff of the regional programs, and monitor results. The policies support each child/youth's achievement of the expected learning results.</i></p>		
<p>15. <i>Programs and services are provided through or coordinated with regional and/or cooperative programs to more effectively serve deaf and hard-of-hearing children and youth.</i></p>		
<p>16. <i>Each regional program provides</i></p>		

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<p><i>access to a full continuum of placement, program, service, and communication options. The program collaborates with local and state education authorities, institutions of higher education, and other agencies to ensure provision of appropriate services for deaf and hard-of-hearing children and youth.</i></p>		
<p><i>17. Relevant specialized services are provided for children and youth who are deaf and hard of hearing with multiple disabilities and who are deafblind.</i></p>		
<p><i>18. The regional program administrator has knowledge and skills to ensure that deaf and hard-of-hearing children and youth receive appropriate instruction and designated services.</i></p>		
<p><i>19. Deaf and hard-of-hearing children and youth, birth through age twenty-one, including those with multiple disabilities and blindness, are instructed by early intervention providers and teachers who are specifically trained and/or licensed to teach these individuals.</i></p>		
<p><i>20. Each program has qualified professionals, including support personnel, who have the skills necessary to provide instruction and services that meet the academic, communication, social, emotional, and transition needs of deaf and hard-of-hearing children and youth.</i></p>		

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<p>21. <i>Class size and workloads of staff support the provision of specialized instruction and services based on the unique educational needs of deaf and hard-of-hearing children and youth.</i></p>		
<p>22. <i>The program provides ongoing training and mentoring for all staff to enhance achievement of deaf and hard-of-hearing children and youth.</i></p>		
<p>23. <i>The program provides training to general education personnel serving its deaf and hard-of-hearing children and youth regarding accommodations, modifications of the curriculum, and understanding of the impact of hearing loss on development and learning.</i></p>		
<p>24. <i>Facilities are designed and maintained to enhance the provision of instruction and services to meet the unique communication, education, and safety needs of children and youth who are deaf and hard of hearing.</i></p>		
<p>25. <i>The school leadership, program administrators, and staff regularly assess each child/youth's progress toward accomplishing the expected state and school-wide learning results and report progress to the rest of the school community, including parents, the deaf and hard-of-hearing community, and related agencies and organizations.</i></p>		
<p>26. <i>The program conducts an annual self-</i></p>		

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<p><i>assessment as part of the state monitoring process, using these standards and encompassing all areas of program quality and provides written progress reports to parents, staff, and the community.</i></p>		
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**Section 4: Learning and Instruction**

**OUTCOME: Deaf and hard-of-hearing infants, children, and youth thrive in linguistically rich educational environments where language, communication, academics, and social opportunities are fully accessible.**

Standard	Current Performance	Action Plan
<p>27. <i>All persons identified on the IFSP/IEP who provide services will form a cohesive team that works collaboratively and flexibly to meet the child/youth's needs. Each team member explores and identifies their individual strengths and limitations relative to providing services to the child/youth.</i></p>		
<p>28. <i>Curriculum and instruction are delivered using the communication approach that meets the unique needs of the child/youth as defined in his/her Communication Plan</i></p>		
<p>29. <i>The child/youth has authentic peer interactions and is able to participate in social and academic discussions.</i></p>		
<p>30. <i>Deaf and hard-of-hearing children and youth will be instructed using the early intervention and district core curriculum that are aligned with established state standards.</i></p>		

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<p>31. In addition to district and state core standards, deaf and hard-of-hearing children and youth will be provided with supplemental specialized curricula coordinated among service providers, which contains well-defined and relevant instruction in the areas of need as identified on the IFSP/IEP.</p>		
<p>32. Transitions occur periodically throughout a deaf and hard-of-hearing child/youth's education: Part C to Part B, preschool to elementary school, elementary school to middle school/high school, and high school to vocational and/or post-secondary education. Planning and implementing support services must occur prior to each transition.</p>		
<p>33. Assessment is used to measure the achievement of each child/youth, to communicate the program's effectiveness, and to design effective instruction.</p>		

**Section 5: Parent, Family, and Community Involvement**

**OUTCOME: Family and community members are active, involved participants in the education process of children and youth who are deaf and hard of hearing.**

Standard	Current Performance	Action Plan
<p>34. The program provides continuous opportunities for parents to acquire the necessary skills, especially in communication and language development, to support the implementation of their child/youth's</p>		



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<i>IFSP/IEP.</i>		
<p>35. <i>The program actively promotes parents as equal partners encouraging strong collaboration between program/school staff and the development of parent leadership. This is reflected in every aspect of the program and includes a plan for involving parents in program development.</i></p>		
<p>36. <i>The program involves the deaf and hard-of-hearing communities in program development and encourages strong collaboration between school staff, parents, and deaf and hard-of-hearing community members.</i></p>		

## **Appendix E. Legal Citations**

### **Hearing Loss: Colorado Disability and Eligibility Criteria**

**DISABILITY:** Audiologic criteria for a deficiency in hearing sensitivity which is educationally significant is one of the following:

1. An average pure-tone hearing loss in the speech range (500-2000 Hz) of at least 20dB HL in the better ear which is not reversible within a reasonable period of time.
2. An average high frequency, pure-tone hearing loss of at least 35dB HL in the better ear for two or more of the following frequencies - 2000, 4000, or 6000 Hz.
3. A unilateral average pure-tone hearing loss of 35dB HL (500-2000Hz) or greater, which is not reversible within a reasonable period of time.

**ELIGIBILITY:** Criteria for a hearing disability which prevents the child from receiving reasonable educational benefit from regular education shall include one or more of the following:

1. Soundfield word recognition (unaided) of less than 75% in quiet as measured with standardized open-set audiometric word recognition (speech discrimination) tests presented at the level of typical conversational speech (50-55dB HL); interpretation must be modified for closed-set tests.
  2. A receptive and/or expressive language delay as indicated below, determined by standardized tests.

Under age 3:	less than one-half of expected development for chronological age
3 to 8 years:	one year delay or more
9 to 13 years:	two years delay or more
14 to 21 years:	three years delay or more
  3. An impairment of speech articulation, voice, and/or fluency.
  4. Significant discrepancy between verbal and non-verbal performance on a standardized intelligence test.
  5. Delay in reading comprehension due to language deficit.
  6. Poor academic achievement.
  7. Inattentive, inconsistent, and/or inappropriate classroom behavior.
- or, is eligible by variance from standard criteria according to the following rationale:

### **Colorado Communication Plan**

4.02(4)(k) The written IEP for each child with a hearing disability shall also include a Communication Plan as developed by the IEP team. The development and implementation of the Communication Plan, however, shall not require the administrative unit to expend additional resources or hire additional personnel. The Plan shall include the following:

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4.02(4)(k)(i) A statement identifying the child's primary communication mode as one or more of the following: Aural, Oral, Speech-based, English-based manual or sign system, American Sign Language. Further, there should be no denial of opportunity for instruction in a particular communication mode based on:

- Residual hearing,
- The parent's inability to communicate in the child's communication mode or language, nor
- The child's experience with another mode of communication or language.

4.02(4)(k)(ii) A statement documenting that an explanation was given of all educational options provided by the school district and available to the child.

4.02(4)(k)(iii) A statement documenting that the IEP team, in addressing the child's needs, considered the availability of deaf/hard-of-hearing adult role models and a deaf/hard-of-hearing peer group of the child's communication mode or language.

4.02(4)(k)(iv) The teachers, interpreters, and other specialists delivering the communication plan to the student must have demonstrated proficiency in, and be able to accommodate for, the child's primary communication mode or language.

4.02(4)(k)(v) The communication-accessible academic instruction, school services, and extracurricular activities the student will receive must be identified.

**Other Pertinent Rules**

**3.04(1)(a) (i) Special Education Teacher Qualifications**

Each special education teacher will serve, at a minimum, a majority of special education students with the same identified area of need as that teacher's special education license or certification endorsement. The endorsement level must be appropriate for the age being taught.

**3.04(1)(f) Educational Interpreters**

As of July 1, 2000, any person employed as an Educational Interpreter by an administrative unit or eligible facility on a full-time or part-time basis shall meet the following minimum standards, and documentation for meeting these standards must be renewed every five years:

3.04(1)(f)(i) Demonstration of a rating of 3.5 (average) or better in the four areas of the Educational Interpreter Performance Assessment (EIPA).

3.04(1)(f)(ii) Documented content knowledge in these areas: child development, language development, curriculum, teaching and tutoring methods, deafness and the educational process for deaf children.

The Colorado Department of Education will provide guidelines for the implementation of these minimum standards.

**4.01(3) Assessment Process**

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The evaluation process shall include an assessment by a person with expertise in the child's suspected area of disability.

4.01(3)(g) Appropriately certificated, endorsed, registered or licensed personnel shall complete assessment procedures appropriate to the suspected area of disability in sufficient scope and intensity to determine whether the child meets the criteria for eligibility and to identify the nature of the child's special education needs...

**4.01(4) IEP Participants**

4.01(4)(ii) At least one teacher or other specialist with knowledge in the area of suspected disability

**4.02(3)(a) Participants in Meetings**

4.02(3)(a)(vi) A staff member qualified to provide or supervise instructional and/or related services in the area of the child's suspected disability.

Persons who have information relevant to the functioning, achievement, and performance of the child.

Persons knowledgeable about the results and meaning of the assessment information when new assessment is to be considered.

Persons knowledgeable about service delivery options including out-of-district options where appropriate.

**Federal Disability Regulations**

**Individuals with Disabilities Education Act (IDEA) - Part B, [34 CFR 300.24**

**(b)(1)]**

Audiology includes:

- (i) Identification of children with hearing loss;
- (ii) Determination of the range, nature, and degree of hearing loss, including referral for medical or other professional attention for the habilitation of hearing;
- (iii) Provision of habilitation activities, such as language habilitation, auditory training, speech reading, (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;
- (vi) Determination of the child's need for group and individual amplification, selecting and fitting an appropriate aid, and evaluating the effectiveness of amplification.

**IDEA-Part C (PL 99-457) [34CFR303.12(D)]**

Audiology includes:

- (i) Identification of children with impairments, using at-risk criteria and appropriate audiological screening techniques;
- (ii) Determination of the range, nature, and degree of hearing loss and communication functions, by use of audiologic evaluation procedures;
- (iii) Referral for medical and other services necessary for the habilitation or rehabilitation of children with auditory impairment;
- (iv) Provision of auditory training, aural rehabilitation, speech reading and listening device orientation and training, and other services;

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- (v) Provision of services for the prevention of hearing loss; and
- (vi) Determination of the child's need for individual amplification, including selecting, fitting, and dispensing of appropriate listening and vibrotactile devices, and evaluating the effectiveness of those devices.

**IDEA-Part B, Proper Functioning of Hearing Aids (34CFR300.303)**

Each public agency shall ensure that the hearing aids worn in school by children with hearing impairment, including deafness, are functioning properly.

**Development, Review, And Revision Of IEP: IDEA-Part B (34CFR300.346[a])**

- (2) Consideration of special factors.
  - (iv) Consider the communication needs of the child and in the case of a child who is deaf or hard of hearing, consider the child's language and communication needs, opportunities for direct communications with peers and professional personnel in the child's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the child's language and communication mode; and
  - (v) Consider whether the child requires assistive technology devices and services.

**IDEA-Part B & Part C: Assistive technology (34CFR300.5-6; 34CFR303.12)**

Assistive technology devices and services are necessary if a child with a disability requires the device and services in order to receive a free and appropriate education (FAPE); the public agency must insure that they are made available.

“Assistive technology device” means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of children with disabilities. “Assistive technology service” means any service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device. The term include

- (a) The evaluation of the needs of a child with a disability, including a functional evaluation of the child in the child's customary environment;
- (b) Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by children with disabilities;
- (c) Selecting, designing, fitting, customizing, adapting, applying, retaining, repairing, or replacing assistive technology devices;
- (d) Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;
- (e) Training or technical assistance for a child with a disability or, if appropriate, that child's family; and
- (f) Training or technical assistance for professionals (including individuals providing education or rehabilitation services), employers, or other individuals who provide services to, employ, or are otherwise substantially involved in the major life functions of children with disabilities.

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**Definitions: IDEA-Part B (34CFR300.7[b])**

- [2] “Deaf-blindness” means concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational problems that they cannot be accommodated in special education programs solely for children with deafness or children with blindness.
- [3] “Deafness” means a hearing impairment that is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification, that adversely affects a child’s educational performance.
- [5] “Hearing impairment” means an impairment in hearing, whether permanent or fluctuating, that adversely affects a child’s educational performance but that is not included under the definition of deafness in this section.
- [9] “Other health impairments” means having limited strength, vitality or alertness, due to chronic or acute health problems such as a heart condition, tuberculosis, rheumatic fever, nephritis, asthma, sickle cell anemia, hemophilia, epilepsy, leukemia, or diabetes, that adversely affects a child’s educational performance.
- [10] “Specific learning disability”
- (i) means a disorder in one or more of the basic psychological process involved in understanding or in using language, spoken or written, that may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations, including such conditions as perceptual disability, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia.
  - (ii) The term does not include learning problems that are primarily the result of visual, hearing, or motor disabilities, of mental retardation, of emotional disturbance, or of environmental, cultural, or economic disadvantage.

**Definitions: Section 504: Subpart D-Preschool, Elementary and Secondary Education**

**The Section 594 regulation defines a “handicapped person” as follows (Section 104.3(j):**

- (1) “Handicapped persons” means any person who (i) has a physical or mental impairment which substantially limits one or more major life activities; (ii) has a record of such an impairment, or (iii) is regarded as having such an impairment...
- (2) (ii) “Major life activities” means functions such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.