Quality Standards Evaluation

Services to Deaf and Hard-of-Hearing Children and Youth:

Colorado Self-Assessment

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TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

EXECUTIVE SUMMARY

At the request of the Colorado Department of Education, the Research and Development Center for the Advancement of Student Learning was asked to research and identify effective quality standards for services provided to children and youth who are deaf and hard-of-hearing. The Colorado Department of Education developed and disseminated the Quality Standards for Programs and Services for Children and Youth Who are Deaf and Hard-of-Hearing (2004). The goal of the standards is to guide the efforts of service providers to improve the school environment and outcomes for this population. Specifically, the goal of this research was to determine which of the quality standards correlated with desired outcomes for children and youth who are deaf and hard-of-hearing. This study was undertaken to examine the use and importance of these standards from the perspective of Colorado and Arizona service providers.

METHODOLOGY

A mixed method design (Creswell, 2003) of quantitative surveys and qualitative focus group interviews were used to gather data regarding the satisfaction and importance of the Colorado Quality Standards for Programs and Services for Children and Youth Who are Deaf and Hard-of-Hearing.

On-Line Survey

Initially, an on-line survey was developed and all Colorado Deaf and Hard-of-Hearing Programs and four Arizona Deaf and Hard-of-Hearing Programs were invited to participate. The Likert like survey was designed to capture data on each of the 36 quality standards in terms of level of importance and satisfaction to the respondent. Additionally, for each survey question relating to *level of importance* or *level of satisfaction* with standards, survey participants had an opportunity to add comments for elaboration or clarification of their response.

Participants in this survey consisted of 235 service providers for students who are deaf and hard-of-hearing representing three samples. Of the participants, 205 were Colorado general providers, 19 were Colorado early intervention providers, and 11 were Arizona providers. Detailed demographic data is provided in the Results section below.

For the quantitative portion of this research, data was analyzed using both paired-samples t-tests and one sample t-tests. The paired samples t-tests were conducted for each of the three samples separately and for the Colorado provider data in aggregate. These tests essentially provide information about how participants' responses to importance and satisfaction scores differed from one another. For instance, ratings on Standard 1 importance and Standard 1 satisfaction could be compared to determine whether

participants responded differently to importance and satisfaction items. As the results given below indicate, participants in all three of the samples had significantly higher importance ratings than satisfaction ratings for several of the standards (indicating they feel the standard is important but less satisfied with how the standard is being met).

One-sample t-tests were run to compare the responses across the three samples to determine the extent to which the three samples differed in their satisfaction with and perceived importance of the various standards. As the results in Table 2 demonstrate, there were significant differences between the three samples in how they rated the importance of and their satisfaction with various standards.

Finally, for the largest sample—the Colorado general providers—a series of one-way ANOVAs were used to determine if there were differences in how respondents from different demographic groupings responded to the importance and satisfaction items. For instance, this analysis showed there was a significant difference in how respondents in school districts of different sizes rated their satisfaction with **Standard 3** (Hearing Screening). Respondents in districts with fewer than 1,000 students and districts with 10,001-25,000 were significantly more satisfied than respondents from school districts with 1,001-5,000 and 5,001-10,000 students.

Focus Group Interviews

Focus groups were chosen as the method for gathering the qualitative data as they provide an opportunity to gather multiple people around one topic and gain a better understanding of the different perspectives regarding the Quality Standards (Barbour & Kitzinger 1999; Fern, 1998; and Morgan, 1998). A series of nine questions were developed to assess the level of use, understanding, and importance of the Quality Standards. The questions were designed to illicit deep discussion around the five sections of the Quality Standards. An opening question about overall impressions of the Quality Standards and an ending question were employed to allow participants to reflect on any critical areas of concern and all comments shared (Krueger, 1998). In order to understand the qualitative data collected through the focus group interviews, constant comparative analysis was used across case studies (Creswell, 1998; Bogdan and Biklen, 1992).

Each focus group interview was audio taped and transcribed. The qualitative analysis program Nvivo was used to code the individual focus group transcripts. Nodes, or data holding spots, were created for individual subjects. Inductive coding was used for constant comparative analysis of the first focus groups. However, as the focus group process advanced, and as initial themes began emerging, deductive coding was also used. More solid themes eventually emerged between Colorado focus groups and Arizona focus groups, and these were put into separate nodes.

A total of 21 deaf and hard-of-hearing programs were selected, of which 8 were purposely selected and 13 were randomly selected, for focus group interviews. Of the 21 selected, 17 programs were located in Colorado and 4 were located in Arizona. The focus groups were conducted between February and May 2006. Duration of each focus group session ranged between one and one half to three hours. The size of the focus groups ranged from four to ten people. Participants included audiologists, teachers of the deaf, speech language pathologists, early intervention providers, school psychologists, and interpreters.

Limitations

Listed below are the limitations to this study.

- The survey was completed via the internet, so there were some technical difficulties such as respondents not being able to access the survey until the technical problems were resolved.
- The survey was disseminated in Colorado via e-mails from the Colorado Department of Education to Special Education Directors with instructions to forward the information to all DHH providers. Consequently, we were unable to calculate a response rate since we did not know how many individuals were informed about the survey. The same problem applied to the Arizona sample for which we were also unable to calculate a response rate.
- Few early intervention providers participated in the survey (small N)
- Few Arizona participants (small N)
- During focus groups, many participants indicated they were not aware Quality Standards existed so they were learning about them for the first time during the on-line survey or during the focus group sessions.
- Several randomly selected areas for focus groups either directly declined or did not respond to the invitation to participate.
- Survey and focus data were collected either prior to or during CSAP testing.

FINDINGS

Both quantitative and qualitative results show a continuum of responses regarding the Quality Standards. Common themes were discovered between the on-line survey respondents and the focus group participants. These include:

- High levels of satisfaction with the level of importance and intent of the standards for providing quality services for students

- Significantly lower levels of satisfaction exist with the range, level of implementation, and quality of services currently provided in many areas
- Rural challenges were mentioned in the on-line survey and were extensively discussed in the focus groups
- On-line survey respondents from the largest school districts were dissatisfied with program administrators
- On-line survey respondents in the Northwest region of the state were dissatisfied with state oversight

Although administrators were trying to be supportive, the overall feeling of participants was administrators did not understand the intricacies of running an effective deaf and hard-of-hearing program. There appeared to be a lack of understanding on the part of some administrators as to why deaf and hard-of-hearing programs were expensive. Other issues included lack of space for teachers and interpreters to keep their materials, costs of special curriculum and teaching tools, special equipment, and struggles with adequate learning environments. A very important issue was service providers felt administrators "come and go" quickly. They also lack "deaf ed experience" or "don't know deaf ed." While everyone acknowledged funding problems, the service providers felt they were not supported financially or with release time for on-going professional development. There was a discrepancy in satisfaction with administrative support—with audiologists feeling the most positive and interpreters feeling the least support.

Overall dissatisfaction was expressed with increasing workloads and decreasing funding or resources and how this negatively impacts several areas of service to deaf and hard-of-hearing students, and facilities not always being satisfactory.

Overall satisfaction was reported with the hearing screening process and the benefits to the child with early identification. Support for the Colorado Department of Education and its deaf and hard-of-hearing leader were viewed as assets to the programs.

RECOMMENDATIONS

Based on the results of both the qualitative and quantitative data, general recommendations include the following.

- Develop systematic and on-going dissemination and training on the Quality Standards. In order to maximize professional development outcomes, it is recommended a regional "liaison" be assigned to conduct these trainings and offer on-going support to providers in their region. These efforts should *minimally* address: a) methods to improve how the Standards are implemented; b) training for school and district administrators regarding optimal service delivery for deaf

and hard-of-hearing students; and, c) on-going training for general education teachers.

- Address concerns and challenges expressed by DHH service providers in rural districts (e.g., lack of rural representation at state level discussions, geographical services area, difficulty recruiting professionals to rural towns)
- Develop incentives for programs to follow the voluntary Quality Standards
- Address problems with state oversight in Northwest region of the state
- Address concerns with program administration in the larger school districts

Address overall dissatisfaction with DHH service providers increasing workloads and lack of conducive work space

ON-LINE SURVEY RESULTS

RESPONDENT DEMOGRAPHICS

Tables 1a through 1h illustrate the number of respondents in each category for each of the three samples (1. Colorado general providers, 2. Colorado early intervention providers, and 3. Arizona general providers) across the different demographic variables.

TABLE 1a.
Primary Service Delivery

	General Providers (Colorado)	Early Intervention Providers (Colorado)	General Providers (Arizona)	Totals
• Itinerant	44	4	5	53
• Resource	18	—	—	18
• Self-Contained	31	—	—	31
• Co-Teaching	3	—	—	3
• Consultative	12	2	—	14

TABLE 1b.
Instructional Level

	General Providers (Colorado)	Early Intervention Providers (Colorado)	General Providers (Arizona)	Totals
• Elementary	24	—	—	24
• Secondary	22	—	1	23
• All Levels	63	—	—	63
• Preschool	2	6	6	14

TABLE 1c.
Type of Service

	General Providers (Colorado)	Early Intervention Providers (Colorado)	General Providers (Arizona)	Totals
• SLP	11	2	—	13
• Audiologist	31	1	—	32
• School Psychologist	6	—	—	6
• Educational Interpreter	24	—	—	24
• Counselor	3	—	—	3

TABLE 1d.
School District Size

	General Providers (Colorado)	Early Intervention Providers (Colorado)	General Providers (Arizona)	Totals
• <1,000 Students	26	—	—	26
• 1,001-5,000 Students	33	—	—	33
• 5,001-10,000 Students	17	—	—	17
• 10,001-25,000 Students	32	—	—	32
• 25,001-50,000 Students	31	—	—	31
• >50,000 Students	15	—	—	15

TABLE 1e.
Community

	General Providers (Colorado)	Early Intervention Providers (Colorado)	General Providers (Arizona)	Totals
• Rural	61	10	6	77
• Urban	106	6	2	114

TABLE 1f.
Region

	General Providers (Colorado)	Early Intervention Providers (Colorado)	General Providers (Arizona)	Totals
• Northwest	8	—	—	8
• North Central	15	1	1	17
• West Central	17	2		19
• Northeast	12	3	6	21
• Southwest	8	3	1	12
• Southeast	11	1	—	12
• Pikes Peak	53	6	—	59
• Denver Metro	45	—	—	45

TABLE 1g.
Education

	General Providers (Colorado)	Early Intervention Providers (Colorado)	General Providers (Arizona)	Totals
• AA/AS	21	—	—	21
• BA	17	1	—	18
• MA/MS	112	13	6	131
• Ed.D./Ph.D.	8	—	1	9
• Specialist	9	2	1	12

TABLE 1h.
Years of Experience

	General Providers (Colorado)	Early Intervention Providers (Colorado)	General Providers (Arizona)	Totals
• 1-3 Years	15	1	—	16
• 4-6 Years	24	2	—	26
• 7-9 Years	10	1	—	11
• 10-13 Years	17	1	2	20
• >13 Years	58	11	6	75

IMPORTANCE AND SATISFACTION SCORES

Colorado General Provider Sample (N = 205)

Of the 36 quality standards, **Standard 6** (Persons Conducting the Assessment) had the highest importance scores (1 = *"Not at all Important"* and 4 = *"Very Important")* while **Standard 3** (Hearing Screening) had the highest satisfaction scores (1 = *"Not at all Satisfied"* and 4 = *"Very Satisfied"*). Table 2 lists Colorado service providers' mean scores for importance and satisfaction, and is presented in descending order for level of importance.

TABLE 2.
Mean Importance and Satisfaction Scores for Each Standard

Standard		Importance	Satisfaction
6	Persons Conducting the Assessment	3.89	2.81
3	Hearing Screening	3.86	3.21
1	Identification and Referral	3.85	2.67
2	Collaboration	3.85	2.67
28	Focus on Communication	3.84	2.76
29	Focus on Authentic Peer Interactions	3.83	2.60
11	Placement Considerations	3.82	2.68
7	Domains to Be Assessed	3.80	2.80
9	Specialized Services, Materials, & Equipment	3.80	2.71
20	Other Qualified Personnel	3.79	2.52
16	Continuum of Options	3.79	2.50
8	Test Administration	3.77	2.63
18	Program Administrator	3.77	2.21

Standard		Importance	Satisfaction
19	Staff Qualifications	3.74	2.72
32	Transitions	3.73	2.80
22	Staff Development	3.72	2.23
21	Workload Management	3.72	2.51
4	Audiological Referral	3.70	2.87
17	Students with Multiple Disabilities	3.70	2.55
10	Assessment Team	3.70	—
27	Cohesive Team	3.67	2.62
5	Vision Screening	3.65	3.04
33	Purpose of Assessments	3.64	2.75
31	Supplemental Specialized Curricula	3.62	2.65
23	Training for General Education Personnel	3.62	2.28
24	Facilities	3.62	2.28
34	Parent Training and Support	3.61	2.16
35	Parent Leadership & Participation in Program Development	3.57	2.26
12	Statement of Purpose	3.56	2.32
30	District Core Curriculum and State Standards	3.53	2.72
25	Program Accountability	3.53	2.53
13	Policy Language and Communication	3.48	2.27
14	State Oversight	3.39	2.50
36	Deaf/ Adults & Community Involvement	3.34	2.11
26	Self-Assessment	3.26	2.30
15	Regional/Cooperative Programs	**	**

** Standard 15 - Regional/Cooperative Programs - was omitted from all surveys because it was not applicable to Colorado during the time the survey was administered.

Sample Comments

Some comments on the importance of the various standards indicate just how highly some of the standards are valued by this population: "Aspects within each community hold tremendous value," (*Standard 2- Collaboration*); "It is important that these children receive an audiological assessment," (*Standard 4 – Audiological Referral*); "VERY important, but like I said, any statement or policy means nothing unless it is being adhered to in a fair and consistent manner," (*Standard 13- Policy Language and Communication*); "This is very important, especially in the area of language, writing, and reading," (*Standard 31- Supplemental Specialized Curricula*); "The community that requires the most information sharing," (*Standard 35- Parent Leadership and Participation in Program Development*); and "Aspects within each community hold tremendous value," (*Standard 36-Deaf/ Adults and Community Involvement*).

Likewise, several respondent comments show dissatisfaction with how various standards are being met: "I feel I have limited information about new students who have educationally significant hearing loss," (*Standard 1-Identification and Referral*); "Students are getting referrals, but that follow-up by parents is not always there," (*Standard 4-Audiological Referral*); Social emotional needs not well addressed," (*Standard 12-Statement of Purpose*); "Resources are limited and therefore, it is difficult to get the necessary support for all kids," (*Standard 21-Workload Management*); and "This is probably non-existent in the rural districts," (*Standard 31-Supplemental Specialized Curricula*).

Overall, individuals in the Colorado general provider sample tended to have higher importance ratings than satisfaction ratings; and for 34 of the standards, the difference was significant (see Table 3). This means respondents were much more likely to respond the standard was important than they were satisfied with how the standard was being met.

Table 3 only shows the t-test results for those standards having a significant difference between importance scores and satisfaction scores. The first column shows the actual t-value, the second column shows the degrees of freedom for the test (the number of data points minus one), and the third column shows the statistical significance of the test or p-value. In general, a test that yields a p-value of .05 or less is considered to be statistically significant, which simply means we can say with confidence there was a true difference in how participants responded to the importance and satisfaction items for the various standards. See Appendix A for the complete on-line survey tool.

TABLE 3.
Significant Differences between Importance and Satisfaction Scores for Colorado General Providers

Standard		t	df	p
2	Collaboration	18.41	144	.00
22	Staff Development	17.12	130	.00
16	Continuum of Options	17.11	135	.00
1	Identification and Referral	16.32	150	.00
9	Specialized Services, Materials, & Equipment	15.30	135	.00
34	Parent Training and Support	15.18	122	.00
8	Test Administration	14.91	141	.00
6	Persons Conducting the Assessment	14.37	143	.00
12	Statement of Purpose	14.14	132	.00
20	Other Qualified Personnel	14.10	127	.00
35	Parent Leadership & Participation in Program Development	13.88	120	.00
11	Placement Considerations	13.84	138	.00
28	Focus on Communication	13.74	125	.00

Standard		t	df	p
29	Focus on Authentic Peer Interactions	13.74	125	.00
17	Students with Multiple Disabilities	13.70	127	.00
36	Deaf/ Adults & Community Involvement	13.44	121	.00
7	Domains to Be Assessed	13.42	139	.00
23	Training for General Education Personnel	12.83	112	.00
24	Facilities	12.83	112	.00
21	Workload Management	12.63	128	.00
18	Program Administrator	12.50	76	.00
27	Cohesive Team	12.18	124	.00
13	Policy Language and Communication	12.17	131	.00
25	Program Accountability	11.93	120	.00
4	Audiological Referral	11.51	141	.00
19	Staff Qualifications	11.41	129	.00
14	State Oversight	11.14	132	.00
33	Purpose of Assessments	10.89	120	.00
32	Transitions	10.75	123	.00
31	Supplemental Specialized Curricula	10.44	121	.00
3	Hearing Screening	10.38	140	.00
30	District Core Curriculum and State Standards	9.64	122	.00
5	Vision Screening	8.99	135	.00
26	Self-Assessment	8.96	116	.00
10	Assessment Team	—	—	--
15	Regional/Cooperative Programs	**	**	**

** Standard 15 - Regional/Cooperative Programs - was omitted from all surveys because it was not applicable to Colorado during the time the survey was administered.

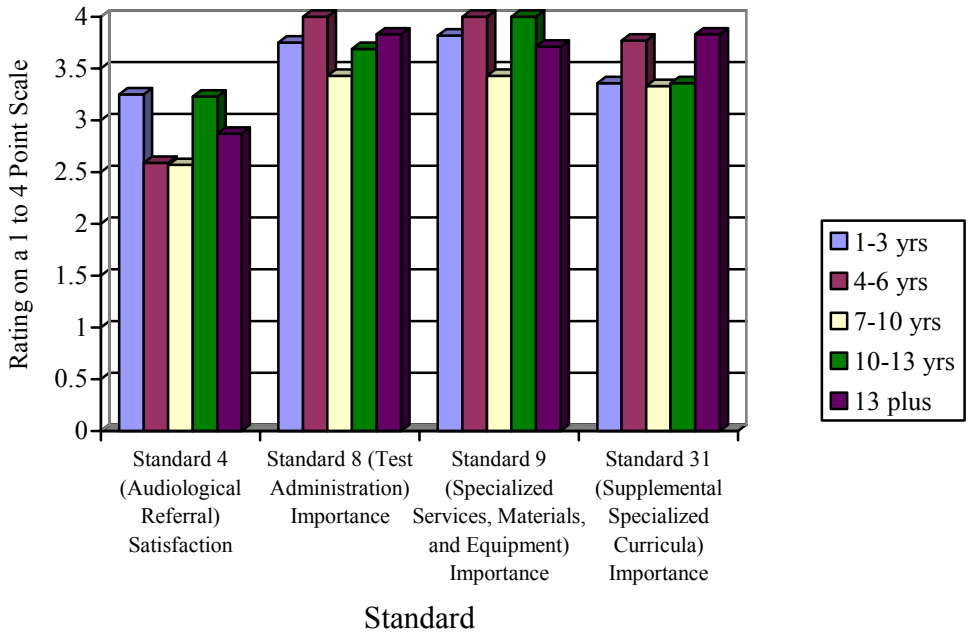
Impact of Demographic Variables

In this sample, there were also some significant differences in importance and satisfaction across some of the demographic variables. There were significant differences across years of experience for the following standards: $F(4, 83) = 2.59$, $p = .04$, $\eta^2 = .11$ for **Standard 4** (Audiological Referral) **satisfaction**; $F(4, 84) = 2.68$, $p = .04$, $\eta^2 = .11$ for **Standard 8** (Test Administration) **importance**; $F(4, 83) = 3.72$, $p = .04$, $\eta^2 = .15$ for **Standard 9** (Specialized Services) **importance**; and $F(4, 72) = 3.47$, $p = .01$, $\eta^2 = .16$ for **Standard 31** (Supplemental Specialized Curricula) **importance** (see Figure 1). Essentially, this means the number of years of experience a respondent had made a significant impact on how they responded to the particular items as illustrated in Figure 1. It is interesting to note that although the **importance** scores for **Standard 8** (Test Administration), **Standard 9** (Specialized Services, Materials, and Equipment), and **Standard 31** (Supplemental Specialized Curricula) vary, they are all generally high.

Post-hoc analyses (Fisher LSD) revealed where the significant differences in mean scores occurred.

- For **Standard 4** (Audiological Referral) **satisfaction**, the significant differences lay between the 4-6 years of experience group and both the 1-3 years of experience and 10-13 years of experience groups (with the 1-3 and 10-13 years of experience group more satisfied with audiological referrals than the 4-6 years of experience group)
- For **Standard 8** (Test Administration) **importance**, the significant differences lay between the 4-6 years of experience group and both the 7-9 years of experience and the 10-13 years of experience groups (with the 4-6 years of experience group feeling test administration was more important than the 7-9 and 10-13 years of experience groups) and between the 7-9 years of experience group and the more than 13 years of experience group (with the more than 13 years of experience group feeling test administration was more important than the 7-9 years of experience group)
- For **Standard 9** (Specialized Services, Materials, and Equipment) **importance**, the significant differences lay between the 4-6 years of experience group and both the 7-9 and the more than 13 years of experience groups (with the 4-6 years of experience group feeling specialized services, materials, and equipment were more important than the 7-9 and the more than 13 years of experience groups), between the 7-9 years of experience group and the 10-13 years of experience group (with the 10-13 years of experience group feeling specialized services, materials, and equipment were more important than the 7-9 years of experience group), and between the 10-13 years of experience group and the more than 13 years of experience group (with the 10-13 years of experience group feeling specialized services, materials, and equipment was less important than the more than 13 years of experience group)
- For **Standard 31** (Supplemental Specialized Curricula), the **significant differences** lay between the more than 13 years of experience group and the 1-3, 7-9, and 10-13 years of experience groups (with the more than 13 years of experience group feeling supplemental specialized curricula was more important that the 1-3, 7-9, and 10-13 years of experience groups).

Figure 1. Significant Differences in Importance and Satisfaction Scores across Years of Experience



There were also some significant differences across Colorado regions with four standards: $F(7, 104) = 2.08$, $p = .05$, $\eta^2 = .12$ for **Standard 14** (State Oversight) **satisfaction**; $F(7, 99) = 2.51$, $p = .02$, $\eta^2 = .15$ for **Standard 26** (Self-Assessment) **importance**; $F(7, 98) = 2.18$, $p = .04$, $\eta^2 = .13$ for **Standard 31** (Supplemental Specialized Curricula) **importance**; and $F(7, 99) = 2.38$, $p = .03$, $\eta^2 = .14$ for **Standard 34** (Parent Training and Support) **importance** (see Figure 2). Essentially, this means the region a respondent is from made a significant impact on how they responded to the particular items shown in the graph. It is particularly interesting to note how low satisfaction scores are for **Standard 14** (State Oversight) in the Northwest region. The mean satisfaction score was 1, which corresponds to the response "*not at all satisfied*." This is clearly an area for improvement. Focus group data collected from a different sample of Colorado providers adds to these findings (see focus group section).

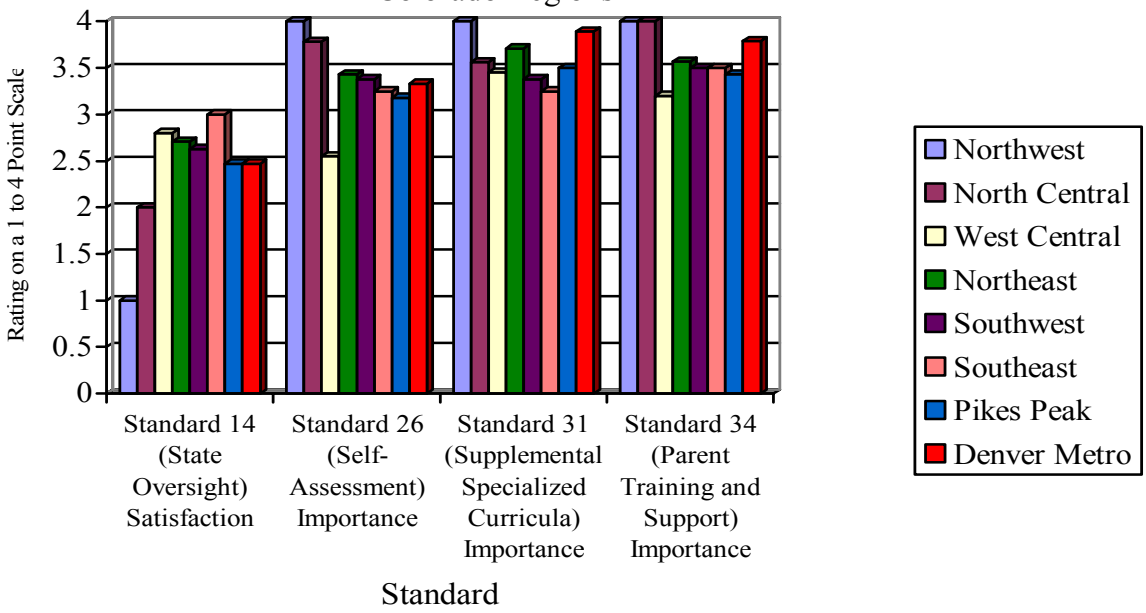
Once again, post-hoc analyses revealed which particular regions were significantly different from each other.

- For **Standard 14** (State Oversight) **satisfaction**, the significant differences lay between the Northwest region and the West Central, Northeast, Southwest, Southeast, Pikes Peak, and Denver Metro regions (with the Northwest region being less satisfied than the West Central, Northeast, Southwest, Southeast, Pikes Peak, and Denver Metro regions with state oversight), and between the North

Central region and both the West Central and Southeast regions (with the West Central and Southeast regions being more satisfied than the North Central region with state oversight)

- For **Standard 26** (Self-Assessment) **importance**, the significant differences lay between the North Central region and the Pikes Peak region (with the North Central region feeling self-assessment was more important than the Pikes Peak region) and between the West Central region and the Northwest, North Central, Northeast, Southwest, Pikes Peak, and Denver Metro regions (with the West Central region feeling self-assessment was less important than the Northwest, North Central, Northeast, Southwest, Pikes Peak, and Denver Metro regions)
- For **Standard 31** (Supplemental Specialized Curricula) **importance**, the significant differences lay between the Denver Metro region and the West Central, Southeast, Southwest, and Pikes Peak regions (with the Denver Metro region feeling supplemental specialized curricula was more important than the West Central, Southeast, Southwest, and Pikes Peak regions)
- For **Standard 34** (Parent Training and Support) **importance**, significant differences lay between the Northwest region and the West Central region (with the Northwest region feeling parent training and support were more important than the West Central region), between the North Central region and both the West Central and Pikes Peak regions (with the Northcentral region feeling that parent training and support were more important than the West Central and Pikes Peak regions), and between the West Central region and the Denver Metro region (the West Central region felt parent training and support were more important than the Denver Metro region)

Figure 2. Significant Differences in Importance and Satisfaction Scores across Colorado Regions



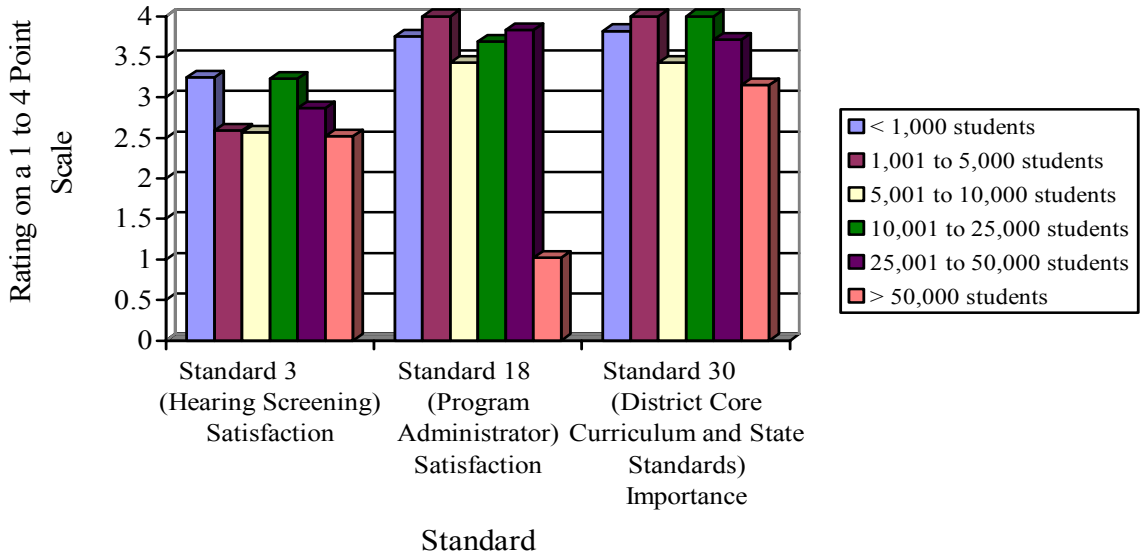
There were some significant differences on scores across school district size: $F(5, 101) = 2.26$, $p = .05$, $\eta^2 = .10$ for **Standard 3** (Hearing Screening) **satisfaction**; $F(5, 110) = 5.14$, $p = .00$, $\eta^2 = .19$ for **Standard 18** (Program Administrator) **satisfaction**; and $F(5, 89) = 2.44$, $p = .04$, $\eta^2 = .12$ for **Standard 30** (District Core Curriculum and State Standards) **importance** (see Figure 3). This means the size of the school district a respondent is working in made a significant impact on how they responded to the particular items shown in the graph. Of particular interest is the very low satisfaction score for respondents in school districts of more than 50,000 students on **Standard 18** (Program Administrator). The mean score is just above 1, which corresponds to the *"not at all satisfied"* response, while the responses for the other groups are closer to 4 (*"very satisfied"*). Clearly, providers in the largest districts are not satisfied with program administrators. Once again, the same pattern is reflected in the focus group data (see focus group section).

Post-hoc analyses revealed which of the groups were different from each other.

- For **Standard 3** (Hearing Screening) **satisfaction**, the significant differences lay between the 25,001-50,000 student districts and the less than 1000, 1001-5000, and 10-001-25,000 student districts (with the less than 1000, 1001-5000, and 10,001-25,000 student districts being more satisfied than the 25,001-50,000 with hearing screening)

- For **Standard 18** (Program Administrator) **satisfaction**, the significant differences lay between the 10,001-25,000 student districts and both the less than 1000 and 1001-5000 student districts (with the less than 1000 and 1001-5000 student districts being more satisfied than the 10,001-25,000 student districts with program administrators) and between the more than 50,000 student districts and the less than 1000 student, 1001-5000 student, 5001-10,000 student, 10,001-25,000 student, and the 25,001-50,000 student districts (with the more than 50,000 student districts being less satisfied than the less than 1000, 1001-5000, 5001-10,000, 10,001-25,000, and the 25,001-50,000 student districts with program administrators)
- For **Standard 30** (District Core Curriculum and State Standards) **importance**, the significant differences lay between the 5001-10,000 student districts and the less than 1000, 1001-5000, and 25,001-50,000 student districts (with the 5001-10,000 student districts feeling that district core curriculum and state standards are less important than the less than 1000, 1001-5000, and 25,001-50,000 student districts)

Figure 3. Significant Differences in Importance and Satisfaction Scores across School District Size

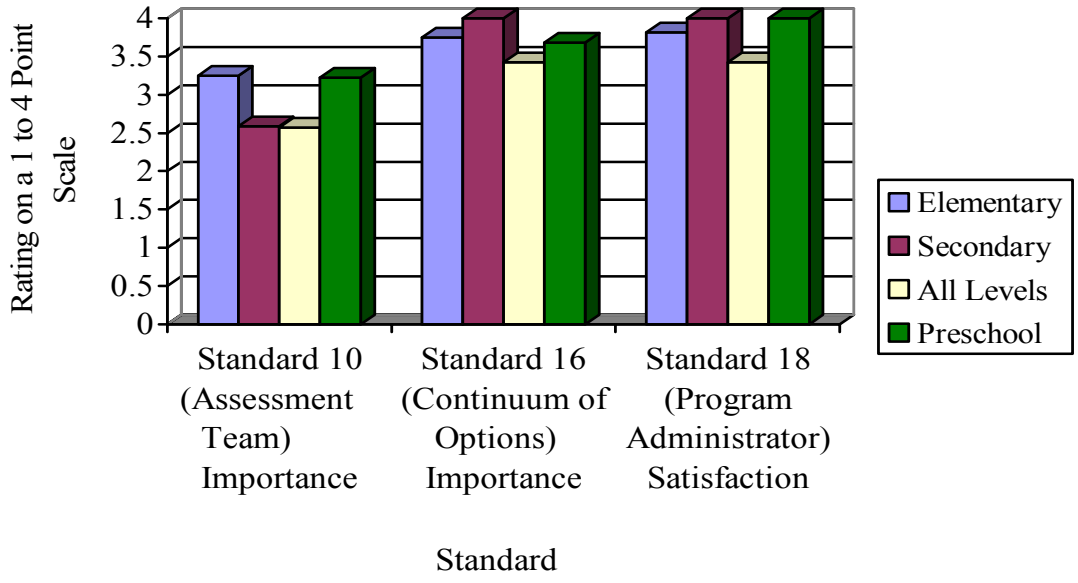


There were also significant differences across instructional level: $F(3, 78) = 3.21$, $p = .03$, $\eta^2 = .11$ for **Standard 10** (Assessment Team) **importance**; $F(3, 75) = 2.70$, $p = .05$, $\eta^2 = .10$ for **Standard 16** (Continuum of Options) **importance**; and $F(3, 75) = 2.87$, $p = .04$, $\eta^2 = .10$ for **Standard 18** (Program Administrator) **satisfaction** (see Figure 4). This means the instructional level in which a respondent provides services made a significant impact on how they responded to the particular items shown in the graph. It is important to note, although there were significant differences for **Standard 16** (Continuum of Options) **importance** and **Standard 18** (Program Administrator) **satisfaction**, scores for all groups were generally high.

Post-hoc analyses were again conducted to determine which groups were different from each other.

- For **Standard 10** (Assessment Team) **importance**, the significant differences lay between the elementary groups and both the secondary and all levels group (with the elementary group feeling assessment team was more important than the secondary and all levels groups)
- For **Standard 16** (Continuum of Options) **importance**, the differences lay between the secondary level and the elementary level (with the elementary level feeling a continuum of options is more important than the secondary level)
- For **Standard 18** (Program Administrator) **satisfaction**, the significant differences lay between the elementary group and both the secondary and all levels groups (with the elementary group feeling less satisfied than the secondary and all levels groups with program administrators)

Figure 4. Significant Differences in Importance and Satisfaction Scores across Instructional Level



Finally, there were significant differences on some satisfaction scores across service delivery type: $F(4, 72) = 3.11$, $p = .02$, $\eta^2 = .15$ for **Standard 5** (Vision Screening) **satisfaction**; $F(4, 73) = 3.64$, $p = .01$, $\eta^2 = .17$ for **Standard 9** (Specialized Services, Materials, and Equipment) **satisfaction**; $F(4, 64) = 2.61$, $p = .04$, $\eta^2 = .14$ for **Standard 17** (Students with Multiple Disabilities) **satisfaction**; $F(4, 68) = 3.46$, $p = .01$, $\eta^2 = .17$ for **Standard 21** (Workload Management) **satisfaction**; and $F(4, 62) = 2.65$, $p = .04$, $\eta^2 = .15$ for **Standard 33** (Purpose of Assessments) **satisfaction** (see Figure 5). This means the mode of service delivery provided by the respondents made a significant impact on how they responded to the particular items shown in the graph.

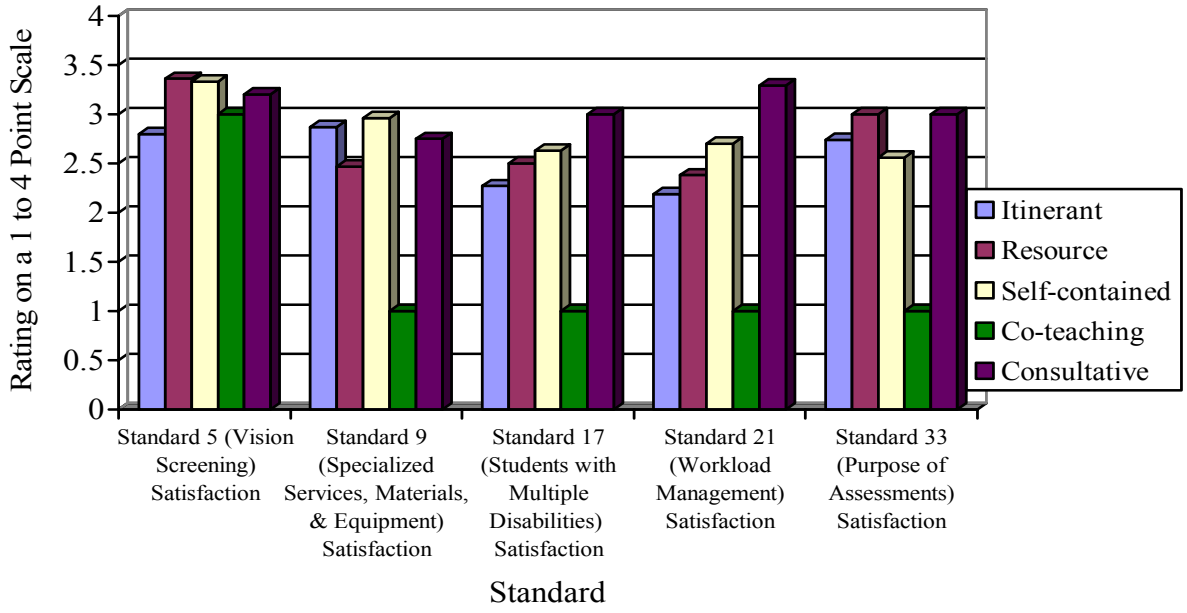
Post-hoc analyses revealed which groups differed from one another.

- For **Standard 5** (Vision Screening) **satisfaction**, the differences lay between the itinerant group and both the resource and self-contained groups (with the itinerant group feeling less satisfied with vision screening than the resource and self-contained groups)
- For **Standard 9** (Specialized Services, Materials, and Equipment) **satisfaction**, the differences lay between the co-teaching group and the itinerant, resource, self-contained, and consultative groups (with the co-teaching group feeling less satisfied with the specialized services, materials, and equipment than the itinerant, resource, self-contained, and consultative groups)

- For **Standard 17** (Students with Multiple Disabilities) **satisfaction**, the difference lay between the itinerant group and the consultative group (with the consultative group feeling more satisfied than the itinerant group)
- For **Standard 21** (Workload Management) **satisfaction**, the differences lay between the itinerant group and the self-contained and consultative groups (with the itinerant group being less satisfied with workload management than the self-contained and consultative groups) and between the resource group and the consultative group (with the consultative group being more satisfied than the resource group)
- For **Standard 33** (Purpose of Assessments) **satisfaction** the differences lay between the co-teaching group and the itinerant, resource, self-contained, and consultative groups (with the co-teaching group feeling less satisfied with purpose of assessments than the itinerant, resource, self-contained, and consultative groups

It is particularly interesting to note the "co-teaching" service delivery type received significantly lower ratings on satisfaction for most of the items displayed, however there was only one respondent in that group for **Standard 17** (Students with Multiple Disabilities) **satisfaction**, **Standard 21** (Workload Management) **satisfaction**, and **Standard 33** (Purpose of Assessments) **satisfaction** and only two respondents in that group for **Standard 5** (Vision Screening) and **Standard 9** (Specialized Services, Materials, and Equipment). Many of the comments made by respondents about the items in the graph were negative. For instance, many of the comments with regard to the standards in question showed respondents' frustration: "Class sizes and case loads increase as numbers of students in program increases; however, hiring of new staff is not granted by the district and therefore, is not staying aligned with increase in numbers," "Caseloads have grown too large over the years," "Resources are limited and therefore it is difficult to get the necessary support for all kids," "Because of the current co-teaching model in some of our classrooms, there seems to be a lack of direct instruction...some of our older students have not learned to read," and "Caseloads are ridiculous."

Figure 5. Significant Differences in Importance and Satisfaction Scores across Service Delivery



For **Standard 10** (Assessment Team), rather than obtaining satisfaction ratings, respondents were asked to indicate which of a series of services they use. This information is presented in Table 4.

TABLE 4.
Percent of Colorado General Providers Using Services

Cochlear Implants	ASL	Mental Health	Oral Communication Consultant	Preschool Services	Educational Interpreting
36.6%	35.6%	27.8%	24.9%	41.5%	42.0%

Colorado Early Intervention Provider Sample (N = 16)

Of the 36 Quality Standards, the standard ranked highest on importance by Colorado Early Intervention provider sample was **Standard 1** (Identification and Referral). The standard ranked highest on satisfaction was **Standard 3** (Hearing Screening).Table 5 illustrates providers' mean scores arranged in descending order of importance.

TABLE 5.
Mean Scores for Standard Importance and Satisfaction for Colorado Early Intervention Providers

Standard		Importance	Satisfaction
1	Identification and Referral	3.94	2.63
28	Focus on Communication	3.93	2.60
19	Staff Qualifications	3.88	2.94
8	Test Administration	3.88	2.81
16	Continuum of Options	3.88	2.56
6	Persons Conducting the Assessment	3.81	2.81
2	Collaboration	3.81	2.75
20	Other Qualified Personnel	3.81	2.69
4	Audiological Referral	3.81	2.67
11	Placement Considerations	3.81	2.38
9	Specialized Services, Materials, & Equipment	3.75	2.81
33	Purpose of Assessments	3.75	2.81
35	Parent Leadership & Participation in Program Development	3.73	2.81
3	Hearing Screening	3.69	3.06
7	Domains to Be Assessed	3.69	2.94
17	Students with Multiple Disabilities	3.69	2.63
34	Parent Training and Support	3.69	2.50
10	Assessment Team	3.69	—
29	Focus on Authentic Peer Interactions	3.67	2.60
22	Staff Development	3.63	2.63
12	Statement of Purpose	3.63	2.38
25	Program Accountability	3.60	2.93
27	Cohesive Team	3.60	2.80
18	Program Administrator	3.56	2.47
32	Transitions	3.50	2.88
21	Workload Management	3.50	2.75
13	Policy Language and Communication	3.50	2.63
5	Vision Screening	3.50	2.50
30	District Core Curriculum and State Standards	3.47	2.47
14	State Oversight	3.44	2.75
24	Facilities	3.44	2.73
31	Supplemental Specialized Curricula	3.40	2.60
36	Deaf/ Adults & Community Involvement	3.27	2.80
26	Self-Assessment	3.07	2.38
23	Regional/Cooperative Programs	**	**
15	Training for General Education Personnel	**	**

** Standard 15 - Regional/Cooperative Programs - was omitted from all surveys because it was not applicable to Colorado during the time the survey was administered.

Sample Comments

As with the Colorado general provider sample, comments reflected the high degree of importance of many of the standards for respondents in this group: "I feel this is the most over looked area for preschool age children," (*Standard 6-Persons Conducting the Assessment*); "These are used, but under utilized," (*Standard 10-Assessment Team*); and "CDE's guidance is critical and represents a balanced view of deaf and students' needs/achievement," (*Standard 14-State Oversight*).

Respondents' comments on their satisfaction with how the standards were being met reflected attitude improvement is needed: "Funding is limited and many times holds delivery of services to a minimum," (*Standard 2-Collaboration*); "In rural areas we need to make the CHIP videotaped assessment program available to all deaf/hh children, even if the families are not enrolled in the CHIP program," (*Standard 8-Test Administration*); "Many components implemented, but policy is not written," (*Standard 13-Policy and Language Communication*); and "Acoustical qualities are often very poor for positive learning situations for D/HOH children," (*Standard 24-Facilities*).

Again, individuals in the early intervention providers sample tended to have higher importance scores than satisfaction scores. A series of paired-sample t-tests revealed, for many of the standards, these differences were significant. Data for the standards for which there was a significant difference are presented in Table 6. This means respondents were much more likely to respond the standard was important than they were to be satisfied with how the standard was being met. Table 6 shows the t-test results for the 31 standards that had a significant difference between importance scores and satisfaction scores. The first column shows the actual t-value, the second column shows the degrees of freedom for the test (the number of data points minus one), and the third column shows the statistical significance of the test or p-value. In general, a test that yields a p-value of .05 or less is considered to be statistically significant, which simply means we can say with confidence there was a true difference in how participants responded to the importance and satisfaction items for the various standards.

TABLE 6.
Significant Differences between Importance and Satisfaction Scores for Colorado Early Intervention Providers

	Standard	t	df	p
1	Identification and Referral	7.46	15	.00
16	Continuum of Options	7.46	15	.00
8	Test Administration	7.27	15	.00
34	Parent Training and Support	7.25	15	.00
11	Placement Considerations	6.45	15	.00
6	Persons Conducting the Assessment	6.33	15	.00
28	Focus on Communication	6.33	14	.00
2	Staff Development	3.87	15	.00
4	Audiological Referral	5.91	14	.00
12	Statement of Purpose	5.84	15	.00
30	District Core Curriculum and State Standards	5.12	14	.00
5	Vision Screening	4.47	15	.00
33	Purpose of Assessments	4.39	15	.00
17	Students with Multiple Disabilities	4.26	15	.00
20	Other Qualified Personnel	4.14	15	.00
9	Specialized Services, Materials, & Equipment	4.04	15	.00
29	Focus on Authentic Peer Interactions	4.00	14	.00
31	Supplemental Specialized Curricula	4.00	14	.00
7	Domains to Be Assessed	3.87	15	.00
22	Staff Development	3.87	15	.00
19	Staff Qualifications	3.76	15	.00
35	Parent Leadership & Participation in Program Development	3.76	14	.00
13	Policy Language and Communication	3.66	15	.00
18	Program Administrator	3.24	14	.01
21	Workload Management	3.22	15	.01
25	Program Accountability	3.16	14	.01
27	Cohesive Team	2.86	14	.01
3	Hearing Screening	2.83	15	.01
32	Transitions	2.83	15	.01
14	State Oversight	2.55	15	.02
26	Self-Assessment	2.54	12	.03
10	Assessment Team	**	**	**
15	Regional/Cooperative Programs	**	**	**
23	Training for General Education Personnel	**	**	**

** Standard 15 - Regional/Cooperative Programs - was omitted from all surveys because it was not applicable to Colorado during the time the survey was administered.

There were no significant differences in importance and satisfaction scores across levels of the other demographic variables of (delivery type, school district size, etc.). This is likely due to the small sample size. Once again, for **Standard 10** (Assessment Team), rather than obtaining satisfaction ratings, respondents were asked to indicate which of a series of services they use. This information is presented in Table 7.

TABLE 7.
Percent of Colorado Early Intervention Providers Using Services

Cochlear Implants	ASL	Mental Health	Oral Communication Consultant	Preschool Services	Educational Interpreting
0%	57.9%	36.8%	31.6%	42.1%	42.1%

Arizona Provider Sample (N = 7)

In the Arizona sample, **Standard 1** (Identification and Referral), **Standard 6** (Persons Conducting the Assessment), **Standard 7** (Domains to Be Assessed), **Standard 8** (Test Administration), **Standard 9** (Specialized Services, Materials, and Equipment), and **Standard 11** (Placement Considerations) had the highest ratings (4 on a 4-point scale) on importance while the highest average score for satisfaction was 3.57 on **Standard 6** (Persons Conducting the Assessment) (see Table 8).

TABLE 8.
Average Scores for Importance and Satisfaction for Arizona Providers

Standard		Importance	Satisfaction
6	Persons Conducting the Assessment	4.00	3.57
7	Domains to Be Assessed	4.00	3.43
9	Specialized Services, Materials, & Equipment	4.00	3.43
11	Placement Considerations	4.00	3.29
8	Test Administration	4.00	3.14
1	Identification and Referral	4.00	2.71
3	Hearing Screening	3.86	3.43
16	Continuum of Options	3.86	3.14
28	Focus on Communication	3.86	3.14
23	Training for General Education Personnel	3.86	3.00
17	Students with Multiple Disabilities	3.86	3.00
4	Audiological Referral	3.86	2.50
18	Program Administrator	3.71	3.29
21	Workload Management	3.71	3.14
32	Transitions	3.71	3.14
19	Staff Qualifications	3.57	3.29

Standard		Importance	Satisfaction
30	District Core Curriculum and State Standards	3.57	3.29
22	Staff Development	3.57	3.00
20	Other Qualified Personnel	3.57	2.86
10	Assessment Team	3.57	—
35	Parent Leadership & Participation in Program Development	3.57	2.43
5	Vision Screening	3.43	3.14
33	Purpose of Assessments	3.43	3.14
12	Statement of Purpose	3.43	2.83
13	Policy Language and Communication	3.43	2.67
2	Collaboration	3.38	3.14
14	State Oversight	3.33	2.83
31	Supplemental Specialized Curricula	3.29	3.00
29	Focus on Authentic Peer Interactions	3.29	2.71
34	Parent Training and Support	3.29	2.57
25	Program Accountability	3.14	2.71
27	Cohesive Team	3.14	2.57
24	Facilities	3.14	2.14
36	Deaf/ Adults & Community Involvement	3.00	2.71
26	Self-Assessment	2.86	2.67
15	Regional/Cooperative Programs	**	**

** Standard 15 - Regional/Cooperative Programs - was omitted from all surveys because it was not applicable to Colorado during the time the survey was administered.

Sample Comments

Respondents in the Arizona provider sample generally had high importance ratings for the various standards, and the value placed on some of the standards are reflected in a number of their comments: “The earlier we can catch and intervene with the provision of services, the better. Communication with the medical providers is a key component to successful support services,” (*Standard 2-Collaboration*); “Students with language deficiencies are given support services for reading, writing, and communication from an HI teacher,” (*Standard 13-Policy and Language Communication*); “In order for students to have a well-rounded education, they need to have access to all of the educational programs available in the district,” (*Standard 16-Continuum of Options*); “The Co-op administration is very knowledgeable and supportive,” (*Standard 18-Program Administrator*); and “The deaf and hard-of-hearing community is rarely involved. It would be nice if there was a flier or communication from ASDB campus that I could hand out to students about activities they are holding,” (*Standard 25-Program Accountability*).

At the same time, respondents' frustration is made apparent by some of their comments on their satisfaction with how the standards are being met: "Sometimes specific facilities are not available to meet all student needs," (*Standard 11-Placement Considerations*); "Emotional well being is often the most important component, but is often overlooked because it isn't a *required*, or easily measurable subject for graduation," (*Standard 12-Statement of Purpose*); "There aren't as many opportunities available as I might like, but whenever I attend, I have to cancel time with my students," (*Standard 22-Staff Development*); and "Work space in the schools for itinerant teachers is frequently not available," (*Standard 24-Facilities*).

Another series of paired-sample t-tests was conducted to determine if there were significant differences in importance and satisfaction for the Arizona sample. The analyses revealed there were significant differences between importance and satisfaction scores on several of the standards with importance scores being higher than satisfaction scores (see Table 9). This means respondents were much more likely to respond the standard was important than they were to be satisfied with how the standard was being met.

Table 9 only shows the t-test results for those standards that had a significant difference between importance scores and satisfaction scores. The first column shows the actual t-value, the second column shows the degrees of freedom for the test (the number of data points minus one), and the third column show the statistical significance of the test or p-value. In general, a test that yields a p-value of .05 or less is considered statistically significant, which simply means we can say with confidence there was a true difference in how participants responded to the importance and satisfaction items for the various standards.

TABLE 9.

Significant Differences between Importance and Satisfaction Scores for Arizona Providers

	Standard	t	df	p
4	Audiological Referral	6.33	5	.00
24	Facilities	4.58	6	.00
1	Identification and Referral	4.50	6	.01
11	Placement Considerations	3.87	6	.01
35	Parent Leadership & Participation in Program Development	3.61	6	.02
8	Test Administration	3.29	6	.02
23	Training for General Education Personnel	3.29	6	.02
2	Collaboration	2.83	6	.03
7	Domains to Be Assessed	2.83	6	.03
17	Students with Multiple Disabilities	2.71	5	.04

	Standard	t	df	p
16	Continuum of Options	2.50	6	.05
28	Focus on Communication	2.50	6	.05
34	Parent Training and Support	2.50	6	.05

** Standard 15 - Regional/Cooperative Programs - was omitted from all surveys because it was not applicable to Colorado during the time the survey was administered.

Once again, for **Standard 10** (Assessment Team), rather than obtaining satisfaction ratings, respondents were asked to indicate which of a series of services they use. This information is presented in Table 10.

TABLE 10.

Percent of Arizona Providers Using Services.

Cochlear Implants	ASL	Mental Health	Oral Communication Consultant	Preschool Services	Educational Interpreting
27.3%	45.5%	27.3%	27.3%	63.6%	54.5%

Comparing the Three Samples

Additional analyses was conducted to determine the extent to which importance and satisfaction scores differed between Colorado general providers, Colorado early intervention providers, and Arizona providers. There were significant differences in importance scores (see Table 11) and satisfaction scores (see Table 12) between the three sample groups.

Additionally, there was significant differences in importance scores (see Table 13) and satisfaction scores (see Table 14) between the Colorado general providers and the Arizona providers. There were also significant differences in importance scores (see Table 15) and satisfaction scores (see Table 16) between the Colorado early intervention providers and the Arizona providers.

Note for Tables 11-14 a negative t-score indicates the Colorado general provider scores were significantly higher than for the other two samples, and for Tables 15 and 16 negative t-scores indicate Arizona provider scores are significantly higher than Colorado early intervention provider scores. Essentially, this means for the standards listed, the three providers had importance and/or satisfaction scores significantly different.

- The Colorado general providers had significantly higher importance scores than the Colorado early intervention providers on **Standard 1** (Identification and Referral), **Standard 4** (Audiological Referral), **Standard 9** (Specialized Services, Materials, and Equipment), **Standard 16** (Continuum of Options), **Standard 19**

(Staff Qualifications), **Standard 28** (Focus on Communication), **Standard 33** (Purpose of Assessments), and **Standard 35** (Parent Leadership and Participation in Program Development)

- The Colorado early intervention providers had significantly higher importance scores than the Colorado general providers on **Standard 3** (Hearing Screening), **Standard 5** (Vision Screening), **Standard 6** (Persons Conducting the Assessment), **Standard 7** (Domains to Be Assessed), **Standard 18** (Program Administrator), **Standard 21** (Workload Management), **Standard 22** (Staff Development), **Standard 24** (Facilities), **Standard 26** (Self-Assessment), **Standard 29** (Focus on Authentic Peer Interactions), **Standard 31** (Supplemental Specialized Curricula), and **Standard 32** (Transitions)
- The Colorado general providers had significantly higher satisfaction scores than the Colorado early intervention providers on **Standard 2** (Collaboration), **Standard 7** (Domains to Be Assessed), **Standard 13** (Policy Language and Communication), **Standard 14** (State Oversight), **Standard 18** (Program Administrator), **Standard 19** (Staff Qualifications), **Standard 20** (Other Qualified Personnel), **Standard 21** (Workload Management), **Standard 22** (Staff Development), **Standard 24** (Facilities), **Standard 25** (Program Accountability), **Standard 27** (Cohesive Team), **Standard 34** (Parent Training and Support), **Standard 35** (Parent Leadership and Participation in Program Development), and **Standard 36** (Deaf/ Adults and Community Involvement)
- The Colorado early intervention providers had significantly higher satisfaction scores than the Colorado general providers on **Standard 3** (Hearing Screening), **Standard 4** (Audiological Referral), **Standard 5** (Vision Screening), **Standard 11** (Placement Considerations), **Standard 28** (Focus on Communication), and **Standard 30** (District Core Curriculum and State Standards)
- The Colorado general providers had significantly higher importance scores than the Arizona providers on **Standard 1** (Identification and Referral), **Standard 4** (Audiological Referral), **Standard 6** (Persons Conducting the Assessment), **Standard 7** (Domains to Be Assessed), **Standard 8** (Test Administration), **Standard 9** (Specialized Services, Materials, and Equipment), **Standard 11** (Placement Considerations), and **Standard 17** (Students with Multiple Disabilities)
- The Arizona providers had significantly higher importance scores than the Colorado general providers on **Standard 2** (Collaboration), **Standard 10** (Assessment Team), **Standard 12** (Statement of Purpose), **Standard 19** (Staff Qualifications), **Standard 20** (Other Qualified Personnel), **Standard 22** (Staff Development), **Standard 24** (Facilities), **Standard 25** (Program Accountability), **Standard 26** (Self-Assessment), **Standard 27** (Cohesive Team), **Standard 29** (Focus on Authentic Peer Interactions), **Standard 31** (Supplemental Specialized Curricula), **Standard 33** (Purpose of Assessments), **Standard 34** (Parent

Training and Support), and **Standard 36** (Deaf/ Adults and Community Involvement)

- The Colorado general providers had significantly higher satisfaction scores than the Arizona providers on **Standard 2** (Collaboration), **Standard 3** (Hearing Screening), **Standard 5** (Vision Screening), **Standard 6** (Persons Conducting the Assessment), **Standard 7** (Domains to Be Assessed), **Standard 8** (Test Administration), **Standard 9** (Specialized Services, Materials, and Equipment), **Standard 11** (Placement Considerations), **Standard 12** (Statement of Purpose), **Standard 13** (Policy Language and Communication), **Standard 14** (State Oversight), **Standard 16** (Continuum of Options), **Standard 17** (Students with Multiple Disabilities), **Standard 18** (Program Administrator), **Standard 19** (Staff Qualifications), **Standard 20** (Other Qualified Personnel), **Standard 21** (Workload Management), **Standard 25** (Program Accountability), **Standard 26** (Self-Assessment), **Standard 28** (Focus on Communication), **Standard 30** (District Core Curriculum and State Standards), **Standard 31** (Supplemental Specialized Curricula), **Standard 32** (Transitions), **Standard 33** (Purpose of Assessments), **Standard 34** (Parent Training and Support), **Standard 35** (Parent Leadership and Participation in Program Development), and **Standard 36** (Deaf/ Adults and Community Involvement)
- The Arizona providers had significantly higher importance scores than the Colorado early intervention providers on **Standard 3** (Hearing Screening), **Standard 7** (Domains to Be Assessed), and **Standard 9** (Specialized Services, Materials, and Equipment)
- The Colorado early intervention providers had significantly higher importance scores than the Arizona providers on **Standard 2** (Collaboration), **Standard 19** (Staff Qualifications), **Standard 20** (Other Qualified Personnel), **Standard 24** (Facilities), **Standard 26** (Self-Assessment), **Standard 28** (Focus on Communication), **Standard 33** (Purpose of Assessments), and **Standard 34** (Parent Training and Support)
- The Arizona providers had significantly higher satisfaction scores than the Colorado early intervention providers on **Standard 2** (Collaboration), **Standard 5** (Vision Screening), **Standard 6** (Persons Conducting the Assessment), **Standard 7** (Domains to Be Assessed), **Standard 8** (Test Administration), **Standard 9** (Specialized Services, Materials, and Equipment), **Standard 11** (Placement Considerations), **Standard 16** (Continuum of Options), **Standard 17** (Students with Multiple Disabilities), **Standard 18** (Program Administrator), **Standard 21** (Workload Management), **Standard 28** (Focus on Communication), **Standard 30** (District Core Curriculum and State Standards), and **Standard 32** (Transitions)
- The Colorado early intervention providers had significantly higher satisfaction scores than the Arizona providers on **Standard 24** (Facilities)

TABLE 11.

Significant Differences between Colorado General Provider Importance Scores and Colorado Early Intervention Provider Importance Scores

Standard		t	df	p
32	Transitions	5.67	126	.00
3	Hearing Screening	5.11	143	.00
21	Workload Management	4.77	131	.00
31	Supplemental Specialized Curricula	4.45	124	.00
18	Program Administrator	4.31	131	.00
29	Focus on Authentic Peer Interactions	3.86	126	.00
24	Facilities	3.61	127	.00
5	Vision Screening	3.34	144	.00
7	Domains to Be Assessed	3.18	143	.00
35	Parent Leadership & Participation in Program Development	-3.01	124	.00
6	Persons Conducting the Assessment	3.00	145	.00
19	Staff Qualifications	-2.89	133	.01
26	Self-Assessment	2.88	124	.01
8	Test Administration	-2.85	143	.01
28	Focus on Communication	-2.69	126	.01
1	Identification and Referral	-2.64	152	.02
4	Audiological Referral	-2.60	145	.01
33	Purpose of Assessments	-2.21	125	.03
16	Continuum of Options	-2.09	135	.04
22	Staff Development	2.06	130	.04

** Standard 15 - Regional/Cooperative Programs - was omitted from all surveys because it was not applicable to Colorado during the time the survey was administered.

TABLE 12.

Significant Differences between Colorado General Provider Satisfaction Scores and Colorado Early Intervention Provider Satisfaction Scores

Standard		t	df	p
5	Vision Screening	9.18	136	.00
36	Deaf/ Adults & Community Involvement	-8.757	121	.00
35	Parent Leadership & Participation in Program Development	-6.77	121	.00
25	Program Accountability	-5.43	121	.00
22	Staff Development	-4.84	131	.00
24	Facilities	-4.83	115	.00
13	Policy Language and Communication	-4.37	132	.00
34	Parent Training and Support	-4.27	123	.00
11	Placement Considerations	3.83	139	.00

Standard		t	df	p
2	Collaboration	-3.66	144	.00
30	District Core Curriculum and State Standards	3.47	122	.00
14	State Oversight	-3.45	133	.00
4	Audiological Referral	3.32	141	.00
21	Workload Management	-2.97	128	.00
19	Staff Qualifications	-2.84	129	.01
28	Focus on Communication	2.76	126	.03
3	Hearing Screening	2.59	142	.01
27	Cohesive Team	-2.40	125	.02
7	Domains to Be Assessed	-2.17	139	.03
20	Other Qualified Personnel	-1.98	128	.05
18	Program Administrator	-1.94	124	.05

** Standard 15 - Regional/Cooperative Programs - was omitted from all surveys because it was not applicable to Colorado during the time the survey was administered.

TABLE 13.
Significant Differences between Colorado General Provider Importance Scores and Arizona Provider Importance Scores

	Standard	t	df	p
29	Focus on Authentic Peer Interactions	13.54	126	.00
2	Collaboration	11.39	147	.00
27	Cohesive Team	11.00	126	.00
24	Facilities	8.85	127	.00
31	Supplemental Specialized Curricula	6.72	124	.00
25	Program Accountability	6.43	128	.00
8	Test Administration	-6.28	143	.00
34	Parent Training and Support	6.16	125	.00
26	Self-Assessment	5.82	124	.00
9	Specialized Services, Materials, & Equipment	-5.77	141	.00
7	Domains to Be Assessed	-5.76	143	.00
20	Other Qualified Personnel	5.54	131	.00
11	Placement Considerations	-4.97	140	.00
36	Deaf/ Adults & Community Involvement	4.97	125	.00
5	Vision Screening	4.95	144	.00
33	Purpose of Assessments	4.43	125	.00
1	Identification and Referral	-4.22	152	.00
6	Persons Conducting the Assessment	-4.22	145	.00
19	Staff Qualifications	3.93	133	.00
4	Audiological Referral	-3.61	145	.00
22	Staff Development	3.25	130	.00

	Standard	t	df	p
17	Students with Multiple Disabilities	-3.06	133	.00
10	Assessment Team	2.92	140	.00
12	Statement of Purpose	2.26	138	.03

** Standard 15 - Regional/Cooperative Programs - was omitted from all surveys because it was not applicable to Colorado during the time the survey was administered.

TABLE 14.

Significant Differences between Colorado General Provider Satisfaction Scores and Arizona Provider Satisfaction Scores

	Standard	t	df	p
18	Program Administrator	-11.25	124	.00
6	Persons Conducting the Assessment	-10.75	143	.00
9	Specialized Services, Materials, & Equipment	-10.47	137	.00
7	Domains to Be Assessed	-9.90	139	.00
2	Collaboration	-9.85	144	.00
22	Staff Development	-9.58	131	.00
16	Continuum of Options	-9.40	136	.00
30	District Core Curriculum and State Standards	-7.96	122	.00
21	Workload Management	-7.87	128	.00
36	Deaf/ Adults & Community Involvement	-7.66	121	.00
11	Placement Considerations	-7.65	139	.00
19	Staff Qualifications	-7.30	129	.00
12	Statement of Purpose	-6.98	132	.00
8	Test Administration	-6.91	142	.00
17	Students with Multiple Disabilities	-6.36	127	.00
4	Audiological Referral	5.99	141	.00
33	Purpose of Assessments	-5.80	121	.00
28	Focus on Communication	-5.27	126	.00
34	Parent Training and Support	-5.192	123	.00
13	Policy Language and Communication	-4.89	132	.00
26	Self-Assessment	-4.66	117	.00
31	Supplemental Specialized Curricula	-4.62	121	.00
14	State Oversight	-4.60	133	.00
32	Transitions	-4.39	123	.00
20	Other Qualified Personnel	-4.18	128	.00
3	Hearing Screening	-3.29	142	.00
25	Program Accountability	-2.46	121	.02
35	Parent Leadership & Participation in Program Development	-2.05	121	.04

** Standard 15 - Regional/Cooperative Programs - was omitted from all surveys because it was not applicable to Colorado during the time the survey was administered.

TABLE 15.
Significant Differences between Colorado Early Intervention Provider Importance Scores and Arizona Provider Importance Scores

	Standard	t	df	p
2	Collaboration	4.34	15	.00
19	Staff Qualifications	3.56	15	.00
25	Program Accountability	3.49	14	.00
34	Parent Training and Support	3.38	15	.00
3	Hearing Screening	-3.31	15	.01
29	Focus on Authentic Peer Interactions	3.02	14	.01
33	Purpose of Assessments	2.88	15	.01
27	Cohesive Team	2.80	14	.01
7	Domains to Be Assessed	-2.61	15	.02
20	Other Qualified Personnel	2.39	15	.03
9	Specialized Services, Materials, & Equipment	-2.24	15	.04

** Standard 15 - Regional/Cooperative Programs - was omitted from all surveys because it was not applicable to Colorado during the time the survey was administered.

TABLE 16.
Significant Differences between Colorado Early Intervention Provider Satisfaction Scores and Arizona Provider Satisfaction Scores

	Standard	t	df	p
6	Persons Conducting the Assessment	-5.58	15	.00
11	Placement Considerations	-4.52	15	.00
30	District Core Curriculum and State Standards	-4.27	14	.00
5	Vision Screening	-4.07	15	.00
2	Collaboration	-3.51	15	.00
7	Domains to Be Assessed	-3.42	15	.00
16	Continuum of Options	-3.19	15	.01
18	Program Administrator	-2.99	14	.01
9	Specialized Services, Materials, & Equipment	-2.95	15	.01
28	Focus on Communication	-2.85	14	.01
8	Test Administration	-2.72	15	.02
24	Facilities	2.59	14	.02
21	Workload Management	-2.30	15	.04
32	Transitions	-2.14	15	.05
17	Students with Multiple Disabilities	-2.09	15	.05

** Standard 15 - Regional/Cooperative Programs - was omitted from all surveys because it was not applicable to Colorado during the time the survey was administered.

All Colorado Providers (N = 224)

Another series of paired-sample t-test were run on the aggregate Colorado provider data that included both the general providers and the early intervention providers. The results are presented in Table 17. Once again, it is important to note, importance scores are consistently (and significantly) higher than satisfaction scores.

TABLE 17.
Significant Differences between Importance and Satisfaction Scores for All Colorado Providers.

	Standard	t	df	p
2	Collaboration	18.41	144	.00
22	Staff Development	17.12	130	.00
1	Identification and Referral	16.32	150	.00
9	Specialized Services, Materials, & Equipment	15.30	135	.00
8	Test Administration	14.91	141	.00
6	Persons Conducting the Assessment	14.37	143	.00
7	Domains to Be Assessed	13.42	139	.00
23	Staff Development	17.12	130	.00
24	Training for General Education Personnel	12.83	112	.00
4	Audiological Referral	11.51	141	.00
16	Continuum of Options	11.15	151	.00
34	Parent Training and Support	11.00	138	.00
36	Deaf/ Adults & Community Involvement	10.51	136	.00
3	Hearing Screening	10.38	140	.00
20	Other Qualified Personnel	10.33	143	.00
12	Statement of Purpose	9.71	148	.00
17	Students with Multiple Disabilities	9.67	143	.00
29	Focus on Authentic Peer Interactions	9.65	140	.00
21	Workload Management	9.48	144	.00
11	Placement Considerations	9.29	154	.00
35	Parent Leadership & Participation in Program Development	9.28	135	.00
13	Policy Language and Communication	9.24	147	.00
28	Focus on Communication	9.03	140	.00
5	Vision Screening	8.99	135	.00
25	Program Accountability	8.56	134	.00
27	Cohesive Team	8.46	137	.00
19	Staff Qualifications	8.34	145	.00
26	Self-Assessment	7.90	131	.00
32	Transitions	7.90	138	.00
33	Purpose of Assessments	7.71	136	.00
31	Supplemental Specialized Curricula	7.62	136	.00

	Standard	t	df	p
14	State Oversight	7.29	148	.00
30	District Core Curriculum and State Standards	6.94	137	.00
18	Program Administrator	6.72	91	.00

** Standard 15 - Regional/Cooperative Programs - was omitted from all surveys because it was not applicable to Colorado during the time the survey was administered.

FOCUS GROUP RESULTS

Demographic Data

As previously mentioned, A total of 21 deaf and hard-of-hearing programs were selected (8 were purposely selected and 13 were randomly selected) for focus group interviews. Of the 21 focus groups, 17 programs were located in Colorado and 4 were located in Arizona. The number of participants for each group ranged between 4 to 10 and included audiologists, teachers of the deaf, speech language pathologists, early intervention providers, school psychologists, and interpreters. Tables 18-22 provide information regarding the demographic composition of the focus group participants.

TABLE 18.
Teacher of the Deaf: Primary Service Delivery

	Colorado	Arizona	Total
Itinerant	20	13	33
Resource	13	6	19
Self-Contained	14	1	15
Co-Teaching	2	4	6
Consultative	4	2	6
General Education	1	0	1
Total	**54**	**26**	**80**

TABLE 19.
Teacher of the Deaf: Instructional Level

	Colorado	Arizona	Total
Preschool	6	4	10
Elementary	14	5	19
Middle School	2	0	2
Secondary	6	3	9
All Levels	21	8	29
Total	**49**	**20**	**69**

TABLE 20.
Colorado Early Intervention Providers: Program Affiliation

	Colorado
CHIP	12
Other (SLIP, BOCES)	2
Total	**14**

TABLE 21.
Arizona Early Intervention Providers: Program Affiliation

	Arizona
ASDB Parent Advisor	2
Other	0
Total	**2**

Table 22.
Related Service Providers: Type

	Colorado	Arizona	Total
SLP	5	0	5
Audiologist	14	4	18
School Psychologist	3	0	3
Educational Interpreter	14	2	16
Counselor	0	0	0
Other (Transition Specialist, School Nurse, SED Teacher/Case Manager)	3	0	3
Total	**39**	**6**	**45**

The results of the focus group interviews will be framed in terms of the responses given to each of the questions that addressed a section of the Quality Standards. The focus group questions will be given in each section and the entire focus group guide (Appendix B) will be attached. Direct quotes will be used to illustrate trends; however, citations for the quotes will not be used in order to protect participant confidentiality.

Quality Standards

One of the opening questions for Colorado focus group participants was:

> *Overall, what is your impression of the Quality Standards for deaf and hard-of-hearing students?*

Only Colorado focus group participants were led with this particular opening question; in part, because the standards are state specific and Arizona does not have a separate set of standards for their deaf and hard-of-hearing students. Two strong themes emerged from participant responses.

Theme 1: Gold standards, but cannot be met

Participants felt the standards were gold standards but the programs themselves were not close to meeting the standards.

- "…my impressions are that they're all encompassing. That we don't come anywhere close to meeting them, and they're on paper. I believe they're ideal and I believe that we're just very far from the idea..."
- "…so at this point in time, standards are a wonderful goal but I don't see the vehicle for getting there, I really don't..."

- "…I think they're kind of the gold standard all the way from screening to academics, transitions, socially, emotional issues. They're specific and cover a broad component of deaf education. But I would think that in every single section there are gaps between this gold standard and what is actually happening. Not from lack of anybody here trying but just with systems, support, and time. You know, everybody here is working a full-time job teaching academics, interpreting, testing. Who has the opportunity to gather those social opportunities and make sure that's happening…"
- "…my only concern is the aspirations sometimes do not meet the realistic abilities of rural communities…"

Theme 2: Many participants did not know of the standards

Most participants responded they did not know the Quality Standards well. In fact, for some, taking the on-line survey was the first encounter they had with the Quality Standards. With that, participants expressed positive feelings about the standards in theory; however, many were concerned about their ability to apply them in practice due to the lack of resources.

Identification and Referral

Both Colorado and Arizona focus group participants were asked the following question to determine their identification and referral process.

> *If I were new to town and thought my school age child might be hard-of-hearing, what would I need to do to get services for her? Can you tell me what the process might look like?*

Theme 1: Majority of programs meeting standards

The predominant theme for this section was the majority of programs were meeting the standards; however, this achievement was due to compliance with state and federal mandates. All focus groups mentioned universal newborn hearing screening. Although the procedures for identification and referral were common, programs differed in how they labeled their procedures. This commonality among groups may be due more too following pre-existing mandates than to an influence of the quality standards.

- "We have a vision and hearing screening program in the state, so that children that come into the school are tested, K-3 every year and then every other year after that. All of our students are screened."
- "If a child is referred to us for any reason for special education there has to be, by law, a vision and hearing screening to make sure that those possible disabilities are not a result of hearing or vision loss."

Theme 2: Identification process starts with the school nurse

A secondary theme for Colorado participants was the school nurse was the most frequent starting point in the identification process. However, there were variations in the remainder of the process. In terms of early intervention, comments about hearing screening were very positive and most spoke of the long term positive impact of determining hearing loss early in the child's life.

- "…so we have an opportunity to make a difference in families and their children prior to huge delays happening, and hopefully as early intervention, and new-born hearing screening becomes older and more established what we have now is a majority of kids who receive CHIP services, they start prior to six months of age and in Kindergarten with age appropriate language skills. It's obvious that something happens between there and the time that these other professionals are getting these kids. But how we hope that they continue to support strong services from the birth to five and strong services to educate families so that they are empowered to be able to go into those services and make good choices for their children that are appropriate educational choices as well as just the emotional choices based on a hearing loss as well as being a member of their family…"

Programs in Arizona spoke of a similar process for identifying and referring deaf and hard-of-hearing students.

- "…every child when they come into the school system, within the first 45 days there should be some screenings done in the school system that should be the hearing screening and I believe they do some other screenings, [such as] health screenings, although [they are] pretty minimal; [except], if the child has not been enrolled in a public school before. Now if the records are coming from another school because [of being] from out of state, sometimes there's some wiggle room but usually within 45 days after your child is enrolled then they will screen your child. So if the nurse screens your child for the hearing and the child fails the screening she will then do a second screening and probably will wait, hopefully they will wait, at least we hope they do, maybe 45 days or so. So if there's an infection or there's something going on that will be cleared up. So they'll have a 2nd screening, if they fail that 2nd screening we will hope that if they are part of our cooperative now some of the school districts in [our] county have their own program so then we don't have anything to do with that. And they could if they fail the 2nd screening they could go to their special ed director, they could do whatever but it'll be within their own school system and we wouldn't have anything to do with it. But we're going to assume for this question that they're part of the coop. So the nurse then says, oh this child failed the 2nd screening, there's probably something going on. They would pick up a request services form, they'll fill it

out, they'll send it to their special education director in their school system. That special education director will review it, will sign it, and will fax it here and [we] will take over at that point..."

Arizona participants discussed the challenges of having a voluntary cooperative, with some school districts not participating.

- "…also sometimes it's interesting that a 9-year old wouldn't have been identified because usually there are hearing screenings at the schools that they pick those up. A lot of times we get them that way. And sometimes they don't necessarily call the audiologist. First, it depends on the district and they'll talk directly to the teachers for the hearing impaired and go through that way. And the same process goes through, we still have to get medical help or they need to go get tested or we get [the audiologist] in to test them depending upon the student…"
- "…yeah, they have the information and probably because you come in with a stated concern about hearing loss and so that's your first thing. So, the first thing hopefully that they would do is say, let's do a hearing screening. And hopefully all the nurses know that when a child fails that they call the coop…"

It was apparent the programs are meeting the intent of the Quality Standards in terms of the identification process. While participants did not always mention the standards directly, the explanation of their process shows they are for the most part meeting this section of standards.

Assessment of Unique Needs

Both Colorado and Arizona focus group participants were asked the following question to determine their assessment processes.

> *I am new to Colorado/Arizona; would you describe how your program assesses the needs of students with hearing loss?*

A follow up question, (*What are the assessment results used for?),* facilitated participants to go into deeper detail about their assessment procedures.

All programs spoke of the professionals who conducted various assessments, who were the members of the assessment team, the domains assessed, testing administration in the parent's primary language, and placement considerations. Similar to the theme discovered in identification and referral section, most programs felt they were meeting the assessment standards by following existing state and federal mandates.

- "…we follow the special education referral process and the parents would be given rights in their native language and the interpreter would be explaining

that to the parent and then we would, in 45 days have a timeframe to finish our assessments by the special education team, which would be a psychologist in education, speech language, hearing impairment involved and then we would have an IEP meeting in 45 days to determine her eligibility and what would be the best place for services to be provided. And a copy of that would be provided in the native language to the parent, if requested."

- "If they're entering with an IEP it's 45 days. If they're coming in, it's an initial placement, they're just starting and they need to do some testing and stuff then they have 60 days to complete them..."

Issues surrounding specialized services, materials and equipment, such as the increase of cochlear implantation and the inconsistent use of hearing aids, emerged as an issue for participants. They discussed the challenges of keeping the cochlear implants in working order and follow up by doctors, lack of education on cochlear implants for service providers, children using hearing aids the program owned at school only, and of educating general educators on using the specialized equipment.

- "I provided amplification for her which we followed-up on for probably a year and a half to two years. And the family was kind of in and out because of them not being English speaking. Then she went through the CHIP program, I was concerned because of the lack of follow-through that I was seeing on the parents' part as far as picking up sign language and working with her. Then we also have the bilingual situation involved, so I made the recommendation that she go to University Hospital for a Cochlear implant because that was her only chance. At which point, she did and then we proceeded from there..."
- "…the children who come with cochlear implants and that equipment breaks down. You know, we have like one extra cord or two extra cords and the parents sometimes don't have the ability or I guess the money to provide all that replacement cords, batteries, and send it to school…"
- "…especially with equipment too because, you know, this is one student and then a school that needs equipment and we have to convince the staff that the child needs a microphone, the teacher needs to wear the microphone for them to do consistently. And we have a lot more of those issues than we do with kids in a center based program. Because center based, it's more common for them to wear equipment. It's the norm."
- "…as far as equipment goes, if there is an IEP in place after we go through that process, we determine the equipment that is appropriate, depending on his [fictitious child] educational needs and placement, then we would the educational audiologist would get the equipment based on what the IEP feels is appropriate. And then if there is amplification that is necessary we would help to facilitate resources for funding etc…"

- "Private hearing aids are the responsibility of the family. We don't give personal hearing aids to kids. That is just like eye glasses or other medical devices, that's an outside-the-school thing but within the school we make sure that they can have equipment within the classroom. But we do help facilitate that outside …"

A **sub-theme** emerged with regard to specialized services, materials, and equipment. There was a difference between service providers' experience with having adequate materials. Audiologists predominately felt they had access to materials and were for the most part satisfied. However, some audiologists did not have a booth to use to test children's hearing

- "…I think we have a lot of supplies and I've never been turned down for anything."

Arizona programs had similar responses to the Colorado programs; this again could be due to federal mandates for educating children with disabilities.

- "You look at the whole continuum of placements and that's really federal law so the first thing we look at is what, you know, they were saying; you go in the classroom, can the child get the modifications and learn staying in that classroom? What can we do to make that…? Well then if the loss is so severe or whatever that they can't get perhaps their reading instruction very well or their language instruction very well, they're messing up, then they may be pulled out. The teacher may spend some time in the classroom in small groups or they may then they may pull them out. Well, then they pull them out - do they pull them out two times a week for 30 minutes? Do they pull them out every day for an hour? Do they go to a resource class? Do they get 2 hours a day from a teacher for the deaf because they have to have all their language arts from that person? What do they need? And those are all decisions that are based on their assessments, their present levels of performance and what the team thinks is the best way that their needs can be met?"

Participants in both Colorado and Arizona were able to articulate their assessment procedures and how this information is used to develop an education plan that is based on the child's individual needs. Most felt they were providing good to very good services for their students.

Support for Instruction and Learning

Both Colorado and Arizona focus group participants were asked the following question to determine their support for instruction and learning.

Now we are going to ask you to think about your districts/BOCES, or Coop's support for instruction and learning processes a little differently. If your district's support for instruction and learning were described as a meal or vehicle, what type would it be? Overall, what is your satisfaction with the meal or vehicle?

With this question, participants from Colorado and Arizona directly or indirectly discussed each of the standards listed in the section. The following themes emerged:

Theme 1: Program administration support is lacking

Although participants gave a wide array of responses for support from program administrators (responses were from much support to little support), most of the discussion centered around lack of support. Most participants felt the administrators were often only in their positions for a very short time, they did not have deaf education experience, and some said they had never had an administrator visit their classroom. There was a continuum of satisfaction for administrative support and even a power differential:

- "…when it comes to equipment purchasing, and ___ booking, and where technology is going and things like that, boy, the support is phenomenal. As an audiologist, boy, I'll keep my administrators**."**

This was not an uncommon quote from audiologists concerning administrative support. On the other hand, the educational interpreters and teachers felt differently. This was one question many participants said they were hesitant to speak openly on and wanted reassurance on confidentiality. Several only spoke after the recorder was turned off.

- "…and we as teachers could do that kind of thing but then what else are we not doing. And we don't have administrative people who encourage that. We do not have the administrative people to carry this off."
- "…and plus communication, you know, because year after year can we have a monthly meeting? And it hasn't happened in the five years that I've worked there. But I personally if nothing else I'd like to see communication..."

It was obvious staff moral was affected by the sense of not being valued or understood by administration.

Theme 2: Hiring and retaining qualified staff

The challenges of hiring and retaining qualified staff was another theme that emerged from participants responses. In general, service providers were very well qualified to provide the special services students receive. However, staff would often feel frustrated that new technology and training methods were beyond their grasp and they felt they were falling behind. There were many similar responses to the following.

- "And so it's so frustrating because I'm not trained. The teachers don't listen to an interpreter. You know, the teachers just go, OK. And bless their hearts, they have faith in me and they just hand it over every single year …"
- "I've had five years of college; I've had fourteen years of experience…the educational interpreter's certificate program. Three years, seven days a week, thirty-forty hours a week, very intense training on linguistics, on tutoring ...beyond just knowing the signs and moving your hands...it's the interpreter who's really there in contact with that child. Every single day."

A common ***sub-theme*** was the lack of available interpreters and the inability to pay them adequately. In order for interpreters to remain in rural areas, many have to work two jobs or are supported by a partner or spouse.

- "…we don't have an easy time hiring interpreters. We don't know, and no one does, it's not like it's easy to hire interpreters, there's just not that many of them. Everyone has to share each others' interpreters..."
- "It is not just difficult to hire interpreters; all D & HH service providers are becoming scarce in some areas."
- "The CD guidelines says you should have one audiologist per 10,000 to 12,000 students in your district and we have four. So we're a little behind the eight ball on that."

Theme 3: Workload challenges

Workload challenges such as large caseloads or vast service areas were a common sentiment of participants. Comments from Colorado participants include:

- "…as an audiologist one of the reasons I won't be here next year is there's not enough time that I'm contracted for to do what the state asks me to do in their statements, can't do it. Just can't do it. So next year they will have a half-time audiologist…"
- "…she gets one hour a week. There's no way she can work with the child, work with the interpreter, and work with the teacher with one hour a week. It's impossible. It's physically impossible...there's never enough time...so we fumble constantly fumbling, it's non-stop."
- "…I only have a few more years left and they'll be having to look for a deaf ed teacher, they have to find an audiologist...it is becoming almost crisis proportions here in terms of the professionals that we need. And then who is wanting to take on these horrendous loads…"

These incredibly challenging situations did not deter the deaf and hard-of-hearing service providers from working above and beyond their job descriptions and weekly workloads.

However, the ongoing stress was evident. Burnout was visible and audible in nearly every focus group

Theme 4: Staff development and training

Challenges regarding staff development and training for general education personnel were discussed. Colorado participants indicated a lack of effective staff development and the negative impact this had on services to deaf and hard-of hearing-students. Frequently, a participant would have experience in another state and would compare Colorado's deaf and hard-of-hearing program to their former state's program. Here is one such example:

- "…well, I feel there's a difference. I come from California, southern California where the services are plentiful and there are definite programs set up for the deaf children there. And when you come here into a rural area, there's a lack of education on the teachers' part, on the superintendent's part, on how to coordinate programs for these children. And they're left out without training for the teachers, without training for the interpreters, without consistency for the children themselves. And I feel these rural areas are just like forgotten. I come from a place where the teacher for the deaf is very involved with the teacher in the class, which makes mainstreaming work."

Arizona echoed challenges they encountered with professional development, especially in terms of time and money:

- "One of the challenges I think we have is time. Time is a big problem and of course funding money, because we'd like to have more time for our staff to do staff development activities and get together and be able to network. And a lot of that was the basis of the coops, but due to budget crunches and people serving a lot of different districts and trying to pull people and the distances that we serve, trying to pull people together is really a challenge."

General education teachers, on the whole were a source of frustration for the Colorado participants. Mostly the discussion centered on how difficult it was to get general education to understand the importance of making adjustments in their teaching to be more effective with individual students who were either deaf or hard-of-hearing. For some, this training was also difficult to perform due to the vast service area covered. It was alluded to by an interpreter that she had been responsible in the past to train general education teachers in her school about deaf education. Funding cuts, she said, eliminated this program and it upset her very much.

- "…and that, for me, gave me the most bang for my buck when I was trying to help a teacher really understand not my in-service about just, you know, global kinds of things, but really specifics of this kid doesn't understand this

reading selection because they didn't understand this figurative language specifically; social, emotional component probably isn't in there with the general ed teachers either. They probably aren't getting that the kids or just sitting there not taking it all in, or understanding slang or…"

Theme 5: Lack of adequate facilities to provide services

When both Colorado and Arizona participants were asked about the facilities for teaching and learning for their students, responses varied from laughs to sighs of despair. This was the same for all groups in both states. Not one participant described an environment that ideally met their needs. Typical responses described students being taught in areas too undesirable for others to use to those with serious problems:

- "It depends on the school. And you know, like the newer schools, usually it's not a problem. I can find space. It depends on the capacity as well. If the schools are full, it's using every room I mean, but looking at the students I work with, most of the time I'm able to find a quiet room, most of the time. But every once in a while they move that room and then I'm stuck in the library, but it's not very effective because of the kids, the classes going through…if you're more in the south area, the school has an odor and they're more full and the facility is different, and so I would say one of my co-workers would say, I can never find room. So it just depends on the school. And it does depend on the staff because I have some schools like the principal will make sure that I have a room, you know. Others, I'm on my own. I've had custodian's office before, it's been a while but I've had places like that."
- "You kind of have to be creative."

One district discussed the enormous problem they were having with technical transmission poles by their brand new school.

- "Well, we recently had a pole outside of our building and that pole is used for wireless internet, wireless communications, or whatever. I'm not really sure. But that pole uses FM frequencies, which is why all of our equipment use it, so we've been getting this intermittent static on and off, on and off, on and off, simply because that pole went up in January. So right now we're at a point where the static is so bad, it seems to be getting worse and more often. "

Arizona too, often had problems with finding an adequate learning environment. One teacher said she had met with students in her car and other said she sat with kids at a picnic table out in the rain on occasion. Even if there was a building, the acoustics were not always conducive for student learning.

- "…and all the floors are still that linoleum with the chairs that don't quite have the smooth bottom so when you drag a chair across the floor it sounds

terrible. And the paneling, it's all wood paneling and there's no absorbent, acoustic tile on the top so it's very hollow sounding. For a hard-of-hearing child that's really hard to filter out information. So those kinds of things are important and we might make recommendations to the school, you know, putting a rug underneath the chairs, something like that to make it not as grating…"

The responses to the support for instruction and learning section were very emotional. There was a very mixed response to feeling supported, some felt administrative support, and others did not. Most talked about feeling the workload was overwhelming, especially in rural programs. The majority of programs talked about the need for more funding for their program and that although the deaf and hard-of-hearing population is small, it requires more resources than they are allocated. Another concern echoed across states was the difficulty in finding, hiring, and retaining qualified staff especially educational interpreters. Some thought the increase of cochlear implants would negatively impact this recruiting concern because of the numerous problems associated with their use, follow-up, and required special training.

Environment for Instruction and Learning

Both Colorado and Arizona focus group participants were asked the following question to determine their instruction and learning environments.

> *Can you tell us about how you meet the needs of the student with hearing loss, in terms of the learning and instructional environment? What sorts of services are used and what guides these services?*

In nearly every focus group, a team of persons was mentioned. There was a continuum of responses as to the cohesiveness; especially about staff not trained in deaf and hard-of-hearing services

Theme 1: Lack of team cohesiveness

While the teachers and other service providers were very supportive in the focus groups, the feeling of inclusiveness was not felt in the learning environment. Some staff felt isolated from their team while others felt they were not included. The level of communication and availability of staff were factors in the satisfaction with cohesiveness.

- "I was thinking like it's a lot of like all these hearing assessments and diagnostics, like interpreters aren't really involved, is that part of it? In IAP meetings, like input with like how they were doing educationally and how they're doing in class and communicating with friends and stuff like that."
- "…but even the teachers don't. They just don't understand what interpreters do..."

- "…this has been a very lonely year for me because I'm not in the office that much. When I'm in the office, nobody else is here. I'm not at the schools long enough to have any planning time or anything to get with the social, the speech therapists, or the psychologists or anybody. So I kind of feel like I've been out standing in the field by myself. But I know that if I need that, I can get it. If I need that support…"

Some cohesive teams had social workers, occupational therapists, psychologists, and others as members. They reported overall satisfaction with the cohesion.

- "Our psychologist makes sure that the teachers have that plus the general ed teacher plus the parent all have their part of that social skills rating. That's all done like a triangle."
- "It's a trans-disciplinary team that consists of an educational audiologist and usually there's a speech language specialist. Well, there's always a speech language specialist as well as there's a cognitive evaluation psychologist - the education psychologist, social worker, the nurse...In other words that first time evaluation we'll sit down together as a team and determine what the needs of the child might be..."

Colorado participants who worked in rural areas had fewer people on a team and individuals served as team multiple representatives, and they traveled extensively. Arizona's responses were somewhat different because of their regional cooperatives. The school district's assessment team is included as a team member. Here are examples of typical responses from Arizona groups:

- "…we need to either do a more formal assessment; we need to get that assessment team together. Or I collected enough information that it doesn't appear that this hearing loss is impacting the child; they're on grade level, they're meeting standards, they're, you know, doing really well in their class. So we kind of use that approach. But we don't do anything separate from the school district, do you see what I'm saying, so we become partners within their assessment team. And then you follow the regular IEP you know, MET-IEP process from that place forward."
- "…so I think that then it's an MET-IEP decision and PDFC would be involved, the local school districts would be involved and the parents would be involved. The team as a whole makes the decisions…"

Theme 2: Parents considered part of the team when deciding on services.

The environment was meant to be friendly and inclusive. Parents/family were invited to be a part of all of the decisions made about programming, placement and services for

their student. Participants were adamant that parents were consulted about every step of the process regardless of their personal feelings about what is best for the student.

Theme 3: Language

Focus groups across the board discussed the importance of delivering curriculum to the student in the manner they are most able to comprehend—be it ALS, Spanish, or through an interpreter. Communication is a primary concern of deaf and hard-of-hearing service providers, as they understand the complexities involved such as peer interactions as well as parents that cannot communicate on a very sophisticated level with their child/children. This is an area where all focus groups emphasized deaf and service providers' role in doing the best possible for the student with as much parent involvement as possible. Typical responses included:

- "I think one of the biggest things though that have to be addressed when you're dealing with the kids is what the primary language is. Because we have this communication plan that's supposed to drive, be the driving force behind all of the decisions that are made."
- "…again it would depend on their language I think...are they using sign language to communicate? Or are they really using their native language Russian, Spanish, you know, whatever those are, then it would depend. And we have better tools for Spanish...for instance the family assessment that CHIP does in the home and as well as the preset and the [sit] have the forms that go home to the parents translated into Spanish so that the parents can…Now in Spanish, I don't know if it has Mung? But Spanish speaking families do have the forms that they can fill out..."

Arizona programs had similar responses addressing the high rate of Spanish speaking families and students. With regions, they have a different type of team that included staff such as social workers who will do home visits. Another type of team member who was involved in learning and instruction was the parent advisor. This person was the liaison between educational staff and parents.

- "And they have access to a social worker so if we can say, you know, see you implanted Johnny two years ago and now all of a sudden he's not wearing the implant, we're concerned. They can send out their social worker. They also have a full-time woman who speaks Spanish that works with all the Spanish-speaking families. She's been a parent adviser for many years, has a deaf child herself, and she's the insurance guru who knows the ins and outs of different insurances..."

Theme 4: Measuring a student's success

Successful peer and social interactions were the main topics. Did they fit in? Did they have friends and were they involved in school or community? One measure of success used by teachers, interpreters, and other staff was how the student was doing in his daily interactions with peers. Participants alluded to the students who were left behind because they chose not to interact. There were those who were very bright but socially immature. They could not keep up with nor understand teenage slang. Deaf and hard-of-hearing students were often left out of conversations, and hence activities, due to a lack of understanding. Interpreters, teachers, and other staff put a great deal of effort into positive, authentic peer interactions. Some felt the impact of deaf culture and peers was the best situation for some students. The following are typical quotes:

- "…they're not competent in language and if you don't have a language competence you are not going to make it...but their social language, the pace goes way too fast for them, the communication changes topics, they're on something else…They just totally end up being a misfit...You say something and they don't think of the multiple meanings or the inference automatically...A lot of those kinds of things, our flippant comments that we make. As we learn them they're just kind of set as an aside, they're not directly taught. So if we have not directly taught it to these kids they frequently don't know it."
- "I mean you can have a great sign language kid and then when they get into the school they don't have a whole lot of peers to communicate with so they're kind of isolated. Their language academically grows but the kind of language their peers use; it's kind of hard for us to teach them that kind of stuff. We try but..."

All learning and instruction staff said social isolation was a downward spiral. All agreed great measures are taken to prevent the learning environment from becoming a place of loneliness and confusion.

The Arizona programs also discussed the importance of authentic peer interactions for their students. The following is an example of a student who realized she needed the support of a community to develop friendships and social relationships.

- "...we've definitely been concerned about the isolation of deaf students in some of our smaller communities. And one of our teachers of the deaf in particular worked really hard on an annual basis to try to get this student to come to social gatherings with other deaf kids and for a long time she just resisted and resisted and just wasn't ready. But then she reached her sophomore year, I think, at the high school and all of the sudden her needs were different and she, on her own, started advocating for a transfer here to

campus. And so after years and years of successful placement in the _____ setting she made the transfer here, graduated from campus and was very happy with it …"

The success of some students can also be attributed to the culture they have built with deaf peers:

- "...I work with high schoolers: 16, 17, and 18 year olds who are becoming adults before my eyes. And they have a community...there's 13 of them and they are their own community. They're becoming the deaf community of Yuma as they graduate. So I think it would be so sad to see them and then to know that they could be split up into different home schools because they would be so alone...because they have grown up together and because of the coop, because the coop came into existence when these kids were first graders. They're the first group that have grown up with the coop so they have grown up together. And they would not have those social skills if they were alone."

Another perspective was to have the students self determine what was best for themselves as shown by this response from an Arizona provider.

- "I've read research that shows that kids who are deaf or hard-of-hearing have a higher risk with social and emotional issues that come up with all kids. But it's been harder and where do you really cross that line of saying, you have to have a meal together."

Another Arizona participant had this to say in regard to peer interactions

- "It depends on the kid. You know, I had kids, we do have kids that only go out for specials, or we did, I don't know about this year. But they had kids who were out for science, social studies, and math and were only self-contained through reading, writing, English stuff. And part of that is parent driven too."

Theme 5: Concerns regarding standardized testing.

While the core curriculum may present concern for schools, an area of serious concern for all focus groups participants was standardized testing. At times, this was a highly emotional topic. Teacher and student stress was discussed as well as the variation on what schools are requiring for teaching the state standards. Participants related stories of teachers and students alike becoming distressed and even physically sick. This is an area that had many quotes but few were positive regarding the CSAP or other standardized tests.

- "Along those same lines, I think that there's a bit of a disconnect for supporting between the curriculum of general education and special

education; between student services department that is in charge of learning and teachers…"

Some teachers said they felt they were setting their students up for failure-knowing they could never finish let alone get any answers correct. They knew their students pulled down the scores for the school. Regardless, they followed state mandates.

- "You know if you've got a DHH student who's got a four year old language level and they have to take the second grade [bare] assessment, it's just ridiculous! But even though you express that, the principal knows that the special ed people know that you still have to do it and it's such a it's very, I would say, a very wrong way to teach students that they're successful when they know that they can't do one single thing on the test. So it's like a learning experience for them that's negative."

The empathy toward students was evident when the service providers discussed the CSAPs.

- "I don't know if this really applies to standards. I don't know if this really applies so help me out, because I'm on an interpreter's (aspect?), but they give the CSAP and the expectations for the children on the CSAP and the language requirements are so difficult for them..."

A different perspective came from one participant who discussed how her school emphasized teaching to the standardized tests. This teacher was supportive of state standards.

- "Well for us in the middle school, I work where they are extremely strict about that, you have to have your standards up on the wall, they have to be posted, you have to say what standard you're working on at what time. You will be working on the standards of that grade, not where they are say they read at fourth but they're in second grade. So you work on the second grade standards. Which is good. I really support it. It's not that you're going to give them, say a book that's beyond them. But it doesn't say second grade book. It says, you know, be able to read and…So you're working on those standards constantly. And they're the same standards that are for every other child. Not different for our students. That's my experience."

Arizona focus group participants had a more positive regard for the way they use learning and instruction in their regions. They said this about specialized curriculum:

- "…and then also explaining when these kids are in our programs and, you know, working with hearing impaired you know, they're getting the language, especially when they're in a self-contained...those teachers are working on language acquisition all day long and speech and speech reading and it's incorporated into the curriculum. And that's what our teachers incorporate,

you know, the daily curriculum that they're working with into the public schools."

There was no mention in Colorado with respect to a curriculum taught about deafness to deaf students. This curriculum was strength in the eyes of the Arizona participants.

- "It's a curriculum of what deafness is and what causes deafness. Right now, I'm having them read stories of different people that wrote their stories about being deaf. And then at the end of that they're going to write their own stories so I can show it to them in a couple of years and see if they've changed or anything like that. And so because of these little programs that have been set up we could also support your (_____ *candidates?*), and not send them home without _____ And it's something that I think is really important is make their parents look at it and sign it and then bring it back as homework so that the parents are seeing that they are getting these kinds of things."

Colorado participants discussed developing their own curriculum for deaf and hard-of-hearing students. The service providers felt they met state standards in learning and instruction environment with some creative modifications to classroom instruction.

- "It gets hard to develop their curriculum for them, to help them out. But to qualify them for services, you know either there is the hearing loss and you have to delay reading and language they're in."
- "...but depending on their hearing loss, if it's a moderate loss and they can function, you know, fairly well, maybe they're a little bit below in reading, then they might get some assistance from a resource room teacher in a pull-out setting. They go to a resource room, get reading instruction because they may not be at grade level with their peers but they could access regular education by using an FM where the teacher wears a mike and the kids wear their own equipment and can access from there in the regular classroom. But if they have other weak areas, like their language isn't the same as their peers and then they come and see me. Sometimes I work in a classroom and sometimes I pull them out, it just depends. And it depends on the age of the child, there's still a child could not have that articulation of fluent issue but articulation isn't I can't do that in the classroom because their peers all have adequate articulation."

One respondent was clear about the correct use of language when fitting the curriculum to meet the students needs:

- "…accommodations, not services, or modifications to the curriculum…"

Others wanted to see the modifications for students make a seamless transition from middle school to high school. They wanted all teachers to be on the same track.

- "…until we can get co-teaching clear up through high school it would be nice if the general ed middle school would modify their curriculum to help the students rather than putting it all onto us to do it."
- "…do you just provide them with a few goals or just the accommodations, modifications that the teachers should be making in the classroom to the curriculum or to the environment and then going from there. And then what are the regular ed teachers going to look at? An IEP that's 30 pages or a one-page document that says what needs to be done in class? But, oh that goes back and forth."

Theme 6: Transitions

Across the board, transitions were recognized as important for deaf and hard-of-hearing students. Some programs felt they needed to improve in this area while others felt they were doing well.

- "…but I don't think it's really defined for our deaf students. From what I've been gathering, our itinerant teachers don't really know what resources are available to transition from high school out to the real world. Like voc rehab…"
- "…there has to be a transition plan, but it's not really well defined."

Struggles were most common transitioning students out of high school and into work or college. Many participants said student were not always ready to move on to the adult world. Others said they had a team of transition experts:

- "There's also a transition team that goes from school to school to school and touches base with some kids who may be lost in the cracks. They work more with kids that aren't at center based programs, but they go to all the schools to make sure."

Arizona participants also discussed transition issues. They had strengths and struggles as well and participants voiced frustration

- "…we were originally planning on a two-week camp that was focusing specifically on transition skills and residential [coverages] here on this campus to be able to take advantage of the dormitories and tap into the program for the summer youth employment program which is through the community outreach program for the deaf. Tap into their curriculum and tap into information from them...so that was the goal and I've been sitting in on planning committees from day one and I don't know where we are with that.

But that's been changed now, from my understanding, from two weeks to one week and we haven't handed out applications."

- "...transition is difficult for all the kids and the middle school curriculum is harder for all the kids. And then you put our kids who are deaf and hard-of-hearing in there who might struggle anyway, they really tend to struggle with that transition going on."
- "One thing that I noticed is that there's a lot of places in the standards that mention transitioning from high school into adulthood, or from school to school to school. And then there's social development, parent involvement, community involvement, those are the things I see the least. And especially working in the high school, we have some kids that are getting ready to graduate and there's a couple of them that I'm terrified of what their future is going to hold because I don't think they know how to get a job, they don't know how to hire an interpreter for a job interview... but some of them are great and they're usually the ones whose parents were more involved, of course. But some of them I don't see that at all and I'm just really scared of what's going to happen for them."

Participants voiced concerns over peer relationships and social skills that high school students lack. Overall, they felt there was plenty of room for improvement in transitioning students to adult life.

Parent and Community Involvement

Both Colorado and Arizona focus group participants were asked the following question to determine their parent and community involvement strategies.

> *In what ways does your program involve families and community? Tell us about those things you have tried that were successful. Tell us about the changes you've tried that were not so successful.*

Most programs expressed concern and frustration about their experiences with parent, family, and community involvement. However, community involvement tended to be more of a positive such as providing sign language classes.

Theme 1: Challenges of parent and community involvement

Regarding parent training and support, Arizona participants mentioned either having or having access to parent advisors.

- "...we provide what we call parent advisers and they are trained. They are certified people, usually teachers; they have to have a degree in something. And then we put them through training in either hearing impairment or vision

impairment. And then these people are trained to go into the homes and work with the families to help them understand the disability, accept the disability, case manage to get them to the audiologist or special life services, hook them up, you know, with whatever and really get the child started."

Every program in both states had tried various ways of engaging parents to become advocates for their child as well as active participants in a variety of programs. Participants discussed strategies and challenges in facilitating parent leadership and participation in program development.

Although the Arizona programs had parent advisors to support families, they still reported difficulty getting parents consistently involved in the program.

- "I think if the parents are going to be really involved they're involved from the get-go all the way through. And then we have some parents - how do we get this kid in? You could just send letters, you can call, you can call them, be the stalker audiologist and get no feedback, no… And it's tough; I mean you have parents who just sort of own it from the get-go and other parents that you just cannot light a fire under."

Colorado participants echoed the challenges of getting parents actively involved.

- "…but collaboration would require parent buy-in and some parents we might get buy-in and other parents it's a big commitment for parents to even come to a regional activity that we know we need to provide and we know we need to have available…"

Some service providers sang praise for involved parents. While parents did not often make it to social functions, the IEP meetings, for the most part, were well attended in Colorado. The service providers were proud of this accomplishment:

- "You know I've worked in 14 other districts over time with a variety of kiddo's, with a variety of hearing losses, school for the deaf placements, and placements in District 11. And I have to say after almost 20 years time in this region I've only had maybe two IEP meetings where parents didn't come. And I think hearing is one of those conditions where families know how important it is to be involved in the process. I think we do a good job of letting them know how important that is. I worked very closely with PC providers in this state, LP teachers, and I do see that a lot of their families don't stay involved over time and that's a concern in that arena. But for the most part I think that our families do participate in the process."

Both Colorado and Arizona programs shared many creative activities they have undertaken in order to get community involvement. This would include carnivals, sign

language classes, open houses at the school, and even a look into the world from the perspective of a deaf person:

- "…also every few years do Deaf, Deaf World. So it's reach-out to the community...but we tried to set up the stations so that kids and community members and staff, but mostly kids go through from one station to another and try to understand what it would be like in a school where everybody is using sign and that's not their native language."

In Arizona, community involvement was a strength for one region:

- "…we have a multi-cultural resource center which is wonderful. They have a grant, an immigration integration grant, so there's a lot of programming from health care; oral, dental health, job placement…"

Although programs discussed the challenges of getting parents involved, each program also shared experiences of parent involvement in the identification, referral, and assessment of unique needs and activities.

Additional Themes Identified

Upon coding and analyzing the data, three additional themes were identified

Theme 1: Response to the survey

When asked how many participants, both Colorado and Arizona, took the on-line survey, the overwhelming reply was most did not take it, nor did they know about it.

- "Didn't know about it…"
- "I have one question from the online survey that we completed. It asked us if we were meeting our district mission statement for deaf and hard-of-hearing students. Actually, we don't have a mission statement for our deaf and hard-of-hearing students and I responded to that that it was important that we meet our mission statement but I don't know, we've never actually done that. Maybe we should sit down as a group after this task force and come up with one. But I think basically the state's mission is to, you know, educate them, the hard-of-hearing students, to the standard that we expect of hearing students and give them the same opportunities. So I feel like generally that is our mission statement, but that was something that came to my mind that we didn't have specifically."
- "I didn't know there was one."
- "…and actually, one of the interpreters mentioned to me. I was teaching as she was doing it and she was really frustrated because a lot of it didn't pertain to her. So she quit doing it."

Theme 2: Rural versus urban issues

Concerns over rural versus urban issues arose. Three rural themes emerged: 1) lack of rural representation at state level discussions, 2) geographical services area, and 3) difficulty recruiting professionals to rural towns.

- "…and I think too there's a very big misinformation happening in the front range, in general Colorado Springs and Denver, that whole front range I think they think well, we're doing pretty good with deaf education. You know. And they might be but I just think that they are not taking into account the other people and when they talk about making changes and stuff, I don't think that we're often included in those things. I don't think that they often make a real effort to include people from the mountains, from the rural eastern plains and you know, when they talk about Deaf Ed Reform I think it's a fantastic thing but I think they need to get a lot more people on board than just the people on the front range. Because that's easier to get just the people on the Front Range but it doesn't give you a clear picture of the whole state..."
- "…I mean they're sharing people that go all over the state, the early interventionist goes all over. I can't even believe where she goes..."
- "…and part of it is that their service provider does come just once a month and doesn't necessarily get to the kids every time. You know, the priority situation is who needs the most this month and that's very frustrating…"
- "…for 25 preschools. We cover the size of Connecticut."
- "…I think it's that we're in a remote area and we can't compete with salaries…"
- "…there was a speech pathologist doing it before she quit last year. And then she was never replaced. We never got appointed a new facilitator."
- "Yeah, I remember serving the northwest where there were no teachers for the deaf and so you'd go in and it was like, that's just not how we do it here, kind of a thing. And you're an outsider and we work as a team and who cares if that's not exactly what that child needs, but that's just how we do it here."
- "What I'm saying is I think there are limited educational resources available in this valley. Or multiple valleys."
- "Well can I just say this, because one of the things that is a huge concern in the [rural area] is that their deaf-and-hard-of-hearing educator is a once a month participant. And then I can't even get to all the kids every month. And east of the valley are just getting huge and their kids are quite spread out and so, you know, nothing done is what we would consider adequate. You know we all are working hard to do the best we can for the kids we have. But we do desperately need a service provider for this area and I just felt like I needed to tell you guys that."

Although there were numerous rural concerns mentioned, rural strengths were also talked about; in particular, the closeness of community.

- "…and you know another thing about the small town, like our kids who are deaf and hard-of-hearing have parents who live in this town who are friends and neighbors and colleagues and co-workers of everybody..."

Theme 3: Concern for state leadership changes

Another trend Colorado participants revealed was the general fear they have about the current state education leader leaving her position. They felt and expressed that a lot of the movement for deaf and hard-of-hearing programs were a direct result of her leadership. They fear her absence may stall the movement.

Closing Question

Lastly, to keep in the spirit of hearing the service providers' voice, the closing focus group question was:

> *If you had one minute to talk to the Governor, or another top official, about the Quality Standards, what would you say?*

The responses were their recommendations for improving services for deaf and hard-of-hearing students.

- "Well, and if I had my 60 seconds, I'd be saying, show me in dollars and cents how we can implement this and be cost effective and still get the outcomes we want with everything that's in here. And I don't think that anyone's done that. I don't think that they added dollar amounts to particular kinds of services, to the additional personnel it would take to do what's here. Because I have to tell you, at this point in time in Colorado, we are inundated with things we MUST do and if it's not a MUST right now, it's probably not going to happen because we don't have enough time or personnel or resources to spread any thinner than we are right now. In general, that's the case in Colorado. So at this point in time, standards are a wonderful goal but I don't see the vehicle for getting there, I really don't. I mean, I do think that all of us have some of the pieces and parts but you have to pick and choose where are you going to focus now

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APPENDIX A

DRAFT Colorado Survey #1 (Related Service Providers)

Dear Colorado Service Providers,

Thank you for your interest in participating in the Colorado Quality Standards: Programs and Services for Children and Youth who are Deaf and Hard of Hearing Self-Assessment Survey. This research is being conducted by the Colorado Department of Education in collaboration with the Research and Development Center for the Advancement of Student Learning at Colorado State University, Fort Collins.

The purpose of this research is to identify effective Quality Standards for services provided to children and youth who are deaf and hard of hearing. Specifically the goal of this research is to determine which of the Quality Standards correlate with desired outcomes for children who are deaf and hard of hearing. Additionally, this self-assessment survey is part of the validation process to determine the current status of programs and services based on these standards.

The results of this research will be analyzed and a report will be written and disseminated to school districts/BOCES so that they can evaluate their services as well as how they compare to statewide services and programs.

As an expert in your area, your contribution to this research is vital.

Directions:

Each of the *Colorado Quality Standards for Programs and Services for Students Who are Deaf and Hard of Hearing* are listed throughout this survey. Although it is not necessary, it may be helpful to have your copy of the *Standards* in front of you to reference as you proceed with this survey.

You will be asked to evaluate each *Quality Standard* on two levels. **First**, you will be asked to evaluate the *Standard* with regard to the level of importance or value this standard has for providing quality services for students. You will rank the level of value or importance on a scale from 1-4 (1= not important through 4 = very important) by using your mouse to click the appropriate box.

Next, you will be asked to evaluate the **same** *Standard* with regard to your level of satisfaction with the range, level of implementation, and quality of services currently provided in your area. You will note that for this section, the *Standard* is expanded and includes a complete list of **all** components needed for high quality services.

A text box is provided after each section for you to add a comment or clarification of your response.

Below is a glossary of terms you will find in the survey.

ASL=American Sign Language
CDE=Colorado Department of Education
CHIP=Colorado Home Intervention Program
CIPP=Colorado Individual Performance Profile
CSAP = Colorado Student Assessment Program
Deaf/HH = deaf/hard of hearing
DHH=Deaf/Hard of Hearing
IDEA=Individuals with Disabilities Education Act
IEP=Individual Education Plan
IFSP=Individual Family Service Plan
Pre-CIPP= Preschool Colorado Individual Performance Profile
SLP=Speech-Language Pathologist

Section 1. Identification and Referral				
Level of Importance / Value				
Standard 1 **IDENTIFICATION AND REFERRAL** Procedures exist for locating and referring deaf and hard-of-hearing infants, children, and youth who may require special education. The following procedures may be implemented specific to hearing loss or as part of the general Child Find program.	**1** **Not Important**	**2** **Somewhat Important**	**3** **Important**	**4** **Very Important**

Comment:

Section 1. Identification and Referral **Level of Satisfaction with the range and quality of services provided in this area (scale of 1-4).**				
Standard 1 **IDENTIFICATION AND REFERRAL** Procedures exist for locating and referring deaf and hard-of-hearing infants, children, and youth who may require special education. The following procedures may be implemented specific to hearing loss or as part of the general Child Find program. 1. Public service announcements are located on the district/BOCES webpage, run on the local school district TV station (if they have one); and are run at least 4/year in each of the local (community) radio, TV, and newspaper 2. Pamphlets, brochures, and other written materials specific to accessing hearing screening, assessment, and intervention or educational services are available in all of the offices of the local pediatricians, family physicians, and community health clinics specializing in childhood populations 3. Presentations and distribution of information regarding hear loss are made 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	**1** **Unsatisfied:** Few of the components (< 40 %) of the *Quality Standard* are implemented	**2** **Somewhat Satisfied:** Many of the components (40-79%) of the *Quality Standard* are implemented	**3** **Satisfied:** Most components (80-99%) of *Quality Standard* are consistently implemented	**4** **Very Satisfied:** All components (100%) of the *Quality Standard* are consistently implemented

established to inform or serve diverse populations at a minimum of once/month. *4.* Free community-wide hearing screening is available at least monthly or individual screenings are conducted within 30 days of a request.				

Comment:

Level of Importance / Value				
Standard 2. COLLABORATION 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.	**1** **Not Important**	**2** **Somewhat Important**	**3** **Important**	**4** **Very Important**

Comment:

Level of Satisfaction with the range and quality of services provided in this area (scale of 1-4).				
Standard 2. COLLABORATION 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. 1. The community audiologists, Colorado Hearing Resource (CO-Hear) Coordinator, and school district/BOCES Child Find programs work together to assure that 100% of referrals for appropriate services occur within mandated time periods 2. All pertinent contact information for persons and telephone numbers for	**1** **Unsatisfied:** <u>Few</u> of the components (< 40 %) of the *Quality Standard* are implemented.	**2** **Somewhat Satisfied:** <u>Many</u> of the components (40-79%) of the *Quality Standard* are implemented	**3** **Satisfied:** <u>Most</u> components (80-99%) of the *Quality Standard* are consistently implemented	**4** **Very Satisfied:** <u>All</u> components (100%) of the *Quality Standard* are consistently implemented

regional centers and public school programs and services for deaf and hard-of-hearing students is known by all entities and updated regularly 3. Providers are knowledgeable about, and apply, Part C and Part B eligibility criteria for early intervention and special education services at all times.				

Comment:

Level of Importance / Value				
Standard 3. HEARING SCREENING School districts and BOCES conduct legally mandated hearing screenings to identify children and youth who may have hearing loss.	**1** **Not Important**	**2** **Somewhat Important**	**3** **Important**	**4** **Very Important**

Comment:

Level of Satisfaction with the range and quality of services provided in this area (scale of 1-4).				
Standard 3. HEARING SCREENING School districts and BOCES conduct legally mandated hearing screenings to identify children and youth who may have hearing loss. 1. All hearing screenings comply with Colorado Revised Statutes and the rules of the Exceptional Children's' Education Act 2. All infants who are identified with a hearing loss are referred to appropriate early childhood and medical agencies for follow-up services using the procedures identified in the Colorado Infant Hearing Advisory Committee Guidelines for Infant Hearing Screening, Audiological Assessment and Intervention (assessment completed by 3 months of age and intervention by 6 months of age) 3. When a child passes screening but is later suspected of having a hearing loss, the child is immediately referred to the	**1** **Unsatisfied:** Few of the components (< 40 %) of the *Quality Standard* are implemented.	**2** **Somewhat Satisfied:** Many of the components (40-79%) of the *Quality Standard* are implemented	**3** **Satisfied:** Most components (80-99%) of the *Quality Standard* are consistently implemented	**4** **Very Satisfied:** All components (100%) of the *Quality Standard* are consistently implemented

local Child Find program and screened within 30 days. 4. Children with normal hearing receiving early childhood special education services have their hearing screened annually; all children in Part B special education services with normal hearing have their hearing screened at state mandated grade levels (K,1,2,3,5,7,9) or whenever a concern presents.				

Comment:

Level of Importance / Value				
Standard 4. AUDIOLOGICAL REFERRAL Children and youth who fail hearing screenings receive an audiological assessment within 30 days of the screening referral.	**1** **Not Important**	**2** **Somewhat Important**	**3** **Important**	**4** **Very Important**

Comment:

Level of Satisfaction with the range and quality of services provided in this area (scale of 1-4).				
Standard 4. AUDIOLOGICAL REFERRAL Children and youth who fail hearing screenings receive an audiological assessment within 30 days of the screening referral. 1. The diagnosing audiologist refers the child to the CO-Hear Coordinator within 2 working days of making the diagnosis (CIHAC guidelines). 2. The CO-Hear Coordinator refers the child to Part C within 2 working days of identification of an infant or toddler with a hearing loss; referral for Part B eligibility consideration is made within 10 days of identification of a hearing loss	**1** **Unsatisfied:** <u>Few</u> of the components (< 40 %) of the *Quality Standard* are implemented.	**2** **Somewhat Satisfied:** <u>Many</u> of the components (40-79%) of the *Quality Standard* are implemented	**3** **Satisfied:** <u>Most</u> components (80-99%) of the *Quality Standard* are consistently implemented	**4** **Very Satisfied:** <u>All</u> components (100%) of the *Quality Standard* are consistently implemented

Comment:

Level of Importance / Value				
Standard 5. VISION SCREENING Deaf and hard-of-hearing children and youth are screened for visual impairment at legally mandated intervals.	**1** **Not Important**	**2** **Somewhat Important**	**3** **Important**	**4** **Very Important**

Comment:

Level of Satisfaction with the range and quality of services provided in this area (scale of 1-4).				
Standard 5. VISION SCREENING Deaf and hard-of-hearing children and youth are screened for visual impairment at legally mandated intervals. 1. For children with hearing loss receiving Part C services, vision screening is conducted prior to the initial IFSP and is monitored at 6 month intervals using the Colorado Department of Education's approved protocols 2. For children with hearing loss receiving Part B services, vision screening is conducted prior to the initial IEP and is rescreened at mandated grade levels (preschool, K,1,2,3,5,7,9).	**1** **Unsatisfied:** Few of the components (< 40 %) of the *Quality Standard* are implemented.	**2** **Somewhat Satisfied:** Many of the components (40-79%) of the *Quality Standard* are implemented	**3** **Satisfied:** Most components (80-99%) of the *Quality Standard* are consistently implemented	**4** **Very Satisfied:** All components (100%) of the *Quality Standard* are consistently implemented

Comment:

Section 2. Assessment of Unique Needs				
Level of Importance / Value				
Standard 6. PERSONS CONDUCTING THE ASSESSMENT 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.	**1** **Not Important**	**2** **Somewhat Important**	**3** **Important**	**4** **Very Important**

Comment:

Section 2. Assessment of Unique Needs				
Level of Satisfaction with the range and quality of services provided in this area (scale of 1-4).				
Standard 6. PERSONS CONDUCTING THE ASSESSMENT 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. 1. A teacher of the deaf for Part B or a family interventionist for Part C (such as CHIP Facilitator or private therapist with a background in hearing loss), are always involved in the assessment of the following domains: communication, language, speech, auditory skills, communication approach, developmental or educational performance, social-emotional development, cognitive development, adaptive/self-help skills, family needs, career/vocational options 2. Assessment in related areas are always conducted by licensed professionals (e.g., audiological by audiologist, health by nurse, vision by vision specialist, motor by physical or occupational therapist, psychological by psychologist, family systems by social worker) 3. Parent input is always included as part of the assessment	**1** **Unsatisfied:** Few of the components (< 40 %) of the *Quality Standard* are implemented.	**2** **Somewhat Satisfied:** Many of the components of the *Quality Standard* are implemented	**3** **Satisfied:** Most components (80-99%) of the *Quality Standard* are consistently implemented	**4** **Very Satisfied:** All components (100%) of the *Quality Standard* are consistently implemented

Comment:

Level of Importance / Value				
Standard 7. DOMAINS TO BE ASSESSED 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.	**1** **Not Important**	**2** **Somewhat Important**	**3** **Important**	**4** **Very Important**

Comment:

Level of Satisfaction with the range and quality of services provided in this area (scale of 1-4).				
Standard 7. DOMAINS TO BE ASSESSED 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. 1. Standardized, non-standardized, record review, observation, and parent interview procedures are used to assess all domains; whenever possible standardized assessment should be included especially to measure developmental skills 2. Resources are available (e.g. trained staff and assessment tools) and are used to assess the following domains: auditory sensitivity and auditory function, spoken and written language, manual and spoken communication, pre-academic and academic skills, psychological, health, visual abilities, physical and additional learning challenges, use of telecommunications, transition and career-vocational goals, family needs 3. Assessment teams meet to share and process assessment results and to assure sufficient assessment has been	**1** **Unsatisfied:** <u>Few</u> of the components (< 40 %) of the *Quality Standard* are implemented.	**2** **Somewhat Satisfied:** <u>Many</u> of the components (40-79%) of the *Quality Standard* are implemented	**3** **Satisfied:** <u>Most</u> components (80-99%) of the *Quality Standard* are consistently implemented	**4** **Very Satisfied:** <u>All</u> components (100%) of the *Quality Standard* are consistently implemented

conducted to appropriately plan the early intervention or educational program for the child				

Comment:

Level of Importance / Value				
Standard 8. TEST ADMINISTRATION 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.	**1** **Not Important**	**2** **Somewhat Important**	**3** **Important**	**4** **Very Important**

Comment:

Level of Satisfaction with the range and quality of services provided in this area (scale of 1-4).				
Standard 8. TEST ADMINISTRATION 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. ▪ All tests are administered using the child's identified language and communication approach by professionals who are proficient in that language/approach. The district, county, or early intervention program provides documentation of the measures they are using to ensure proficiency of their professionals.	**1** **Unsatisfied:** Few of the components (< 40 %) of the *Quality Standard* are implemented.	**2** **Somewhat Satisfied:** Many of the components (40-79%) of the *Quality Standard* are implemented	**3** **Satisfied:** Most components (80-99%) of the *Quality Standard* are consistently implemented	**4** **Very Satisfied:** All components (100%) of the *Quality Standard* are consistently implemented

Comment:

Level of Importance / Value				
Standard 9. SPECIALIZED SERVICES, MATERIALS, AND EQUIPMENT 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	**1** **Not Important**	**2** **Somewhat Important**	**3** **Important**	**4** **Very Important**

Comment:

Level of Satisfaction with the range and quality of services provided in this area (scale of 1-4).				
Standard 9. SPECIALIZED SERVICES, MATERIALS, AND EQUIPMENT 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. ▪ 100% of assessments used by professionals are approved by CDE for children with hearing loss (DHH Accountability Plan) and the assessment report reflects the child's abilities and needs for support. Information in this report is used to complete a Family Assessment (B-36 months), Pre-CIPP (3-5 years), or a CIPP (6-21 years).	**1** **Unsatisfied:** Few of the components (< 40 %) of the *Quality Standard* are implemented.	**2** **Somewhat Satisfied:** Many of the components (40-79%) of the *Quality Standard* are implemented	**3** **Satisfied:** Most components (80-99%) of the *Quality Standard* are consistently implemented	**4** **Very Satisfied:** All components (100%) of the *Quality Standard* are consistently implemented

Comment:

Level of Importance / Value				
Standard 10. ASSESSMENT TEAM Deaf and hard-of-hearing children and youth are referred to a specialized assessment team for deaf and hard-of-hearing individuals when appropriate.	**1** **Not Important**	**2** **Somewhat Important**	**3** **Important**	**4** **Very Important**

Comment:

Level of Satisfaction with the range and quality of services provided in this area (scale of 1-4).				
Standard 10. ASSESSMENT TEAM Deaf and hard-of-hearing children and youth are referred to a specialized assessment team for deaf and hard-of-hearing individuals when appropriate. The program uses specialized expertise or assessment teams in one or more of the following categories; if specialized resources are not used, indicate the district resource used: Cochlear implants ASL Mental Health Oral Communication consultant Preschool services Educational interpreting	**1** **Unsatisfied:** <u>Few</u> of the components (< 40 %) of the *Quality Standard* are implemented.	**2** **Somewhat Satisfied:** <u>Many</u> of the components (40-79%) of the *Quality Standard* are implemented	**3** **Satisfied:** <u>Most</u> components (80-99%) of the *Quality Standard* are consistently implemented	**4** **Very Satisfied:** <u>All</u> components (100%) of the *Quality Standard* are consistently implemented

Comment:

Level of Importance / Value				
Standard 11. PLACEMENT CONSIDERATIONS 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.	**1** **Not Important**	**2** **Somewhat Important**	**3** **Important**	**4** **Very Important**

Comment:

Level of Satisfaction with the range and quality of services provided in this area (scale of 1-4).				
Standard 11. PLACEMENT CONSIDERATIONS 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. ▪ Assessment data is interpreted by professionals who are knowledgeable about hearing loss and the IFSP/IEP team discusses placement options based on this information ▪ Placement is always determined based on the individual needs of the student rather than available services within the school district/BOCES	**1** **Unsatisfied:** Few of the components (< 40 %) of the *Quality Standard* are implemented.	**2** **Somewhat Satisfied:** Many of the components (40-79%) of the *Quality Standard* are implemented	**3** **Satisfied:** Most components (80-99%) of the *Quality Standard* are consistently implemented	**4** **Very Satisfied:** All components (100%) of the *Quality Standard* are consistently implemented

Comment:

Section 3. Support for Instruction and Learning				
Level of Importance / Value				
Standard 12. STATEMENT OF PURPOSE 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.	**1** **Not Important**	**2** **Somewhat Important**	**3** **Important**	**4** **Very Important**

Comment:

Level of Satisfaction with the range and quality of services provided in this area (scale of 1-4).				
Standard 12. STATEMENT OF PURPOSE 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. ▪ The statement was developed by a stakeholder group that included, at a minimum, representation from the following: deaf education teachers, related service providers, counselors or general education teachers, special education administrators, parents of children who are deaf or hard-of-hearing (at least 2), and consumers of deaf/hard-of-hearing services ▪ The written statement of purpose addresses the value of equal opportunity and includes outcomes for expected learning, communication competency, and social/emotional well-being ▪ The written statement identifies the knowledge, skills and understandings students should posses when they exit the program ▪ The written statement is inclusive of all students who are deaf or hard-of-hearing including those with additional disabilities	**1** **Unsatisfied:** Few of the components (< 40 %) of the *Quality Standard* are implemented.	**2** **Somewhat Satisfied:** Many of the components (40-79%) of the *Quality Standard* are implemented	**3** **Satisfied:** Most components (80-99%) of the *Quality Standard* are consistently implemented	**4** **Very Satisfied:** All components (100%) of the *Quality Standard* are consistently implemented

Comment:

Level of Importance / Value				
Standard 13. POLICY ON LANUGAGE AND COMMUNICATION 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.	**1** **Not Important**	**2** **Somewhat Important**	**3** **Important**	**4** **Very Important**

Comment:

Level of Satisfaction with the range and quality of services provided in this area (scale of 1-4).				
Standard 13. POLICY ON LANUGAGE AND COMMUNICATION 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 written policy focuses on the centrality of communication and language ▪ The policy includes all of 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	**1** **Unsatisfied:** <u>Few</u> of the components (< 40 %) of the *Quality Standard* are implemented.	**2** **Somewhat Satisfied:** <u>Many</u> of the components (40-79%) of the *Quality Standard* are implemented	**3** **Satisfied:** <u>Most</u> components (80-99%) of the *Quality Standard* are consistently implemented	**4** **Very Satisfied:** <u>All</u> components (100%) of the *Quality Standard* are consistently implemented

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				

Comment:

Level of Importance / Value				
Standard 14. STATE OVERSIGHT 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.	**1** **Not Important**	**2** **Somewhat Important**	**3** **Important**	**4** **Very Important**

Comment:

Level of Satisfaction with the range and quality of services provided in this area (scale of 1-4).				
Standard 14. STATE OVERSIGHT 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. ▪ These state agencies have policies requiring local programs serving students who are deaf and hard-of-hearing to have a clear statement of purpose, a statement of expected developmental outcomes (birth-3) and statement of expected learning results for students (PS-graduation) ▪ Relevant state policies and guidelines for deaf and hard-of-hearing students are recognized in the state improvement plan and incorporated into the state continuous improvement monitoring process ▪ Districts/BOCES adhere to all state-adopted policies for students who are deaf/hard-of-hearing	**1** **Unsatisfied:** Few of the components (< 40 %) of the *Quality Standard* are implemented.	**2** **Somewhat Satisfied:** Many of the components (40-79%) of the *Quality Standard* are implemented	**3** **Satisfied:** Most components (80-99%) of the *Quality Standard* are consistently implemented	**4** **Very Satisfied:** All components (100%) of the *Quality Standard* are consistently implemented

Comment:

Level of Importance / Value				
Does Not Apply at this time **Standard 15. REGIONAL/COOPERATIVE PROGRAMS** 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.	**1** **Not Important**	**2** **Somewhat Important**	**3** **Important**	**4** **Very Important**

Comment:

Level of Satisfaction with the range and quality of services provided in this area (scale of 1-4).				
Does Not Apply at this time **Standard 15. REGIONAL/COOPERATIVE PROGRAMS** 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. ▪ All programs and services to deaf and hard-of-hearing students are provided with or coordinated through a regional and/or cooperative program of the state department of education or state school for the deaf ▪ Programs always have sufficient numbers of peers to promote communication and social development (10 peers at each of the following levels: Preschool level, k-2, 3-5, middle school, high school) ▪ All staff are appropriately trained/licensed for their position and responsibilities ▪ All supervision of staff is provided by an experienced administrator in the field of deaf education who assures appropriate assessment and quality instruction ▪ All staff development opportunities are coordinated to address state standards, access to the general education curriculum, and specialized curricular needs ▪ A regional advisory council comprised of parents, DHH consumers, students, staff credentialed in deaf/hard of hearing education, general education teachers, administrators and related service providers guides the regional delivery system	**1 Unsatisfied:** Few of the components (< 40 %) of the *Quality Standard* are implemented.	**2 Somewhat Satisfied:** Many of the components (40-79%) of the *Quality Standard* are implemented	**3 Satisfied:** Most components (80-99%) of the *Quality Standard* are consistently implemented	**4 Very Satisfied:** All components (100%) of the *Quality Standard* are consistently implemented

Comment:

Level of Importance / Value				
Standard 16. CONTINUUM OF OPTIONS Each 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.	**1** **Not Important**	**2** **Somewhat Important**	**3** **Important**	**4** **Very Important**

Comment:

Level of Satisfaction with the range and quality of services provided in this area (scale of 1-4).				
Standard 16. CONTINUUM OF OPTIONS Each 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. ▪ Collaboration between the early intervention program and Part C in the region is effective (e.g., excellent communication, cooperation, partnership) and results in efficient delivery of high quality services ▪ Collaboration between programs within the school districts/BOCES is effective (e.g., excellent communication, cooperation, partnership) and results in efficient delivery of high quality services ▪ Collaboration with various education agencies (e.g., school districts/ BOCES, other public and private organizations or entities, private providers) and institutions of higher education is productive resulting in increased student options and improved student outcomes ▪ Placement options include general education classes with the necessary instructional, related, and support services, center-based or resource programs including co-enrollment, and state and charter schools for the deaf, as well as relevant non-traditional programs (e.g.,	**1** **Unsatisfied:** Few of the components (< 40 %) of the *Quality Standard* are implemented.	**2** **Somewhat Satisfied:** Many of the components (40-79%) of the *Quality Standard* are implemented	**3** **Satisfied:** Most components (80-99%) of the *Quality Standard* are consistently implemented	**4** **Very Satisfied:** All components (100%) of the *Quality Standard* are consistently implemented

private schools, online schools) ▪ Services available within the placement continuum include Skill training: o Communication o Language o Listening o Speech o Cognition and play o Parenting o Sign language o Literacy o Assistive technology orientation Support Services: o Role model and peer opportunities o Information regarding amplification options/assistive technology services o Educational interpreting o Notetaking o Counseling o Audiological management ▪ Communication options support a continuum of auditory to auditory/visual to visual modes. Check the following options that your PROGRAM can effectively support (not services for individual students) ☐ Oral/auditory ☐ simultaneous communication ☐ Bilingual (ASL & English)				

Comment:

Level of Importance / Value				
<u>Standard 17. STUDENTS WITH MULTIPLE DISABILIITES; *DEAFBLINDNESS*</u> Relevant specialized services are provided for children and youth who are deaf and hard-of-hearing with multiple disabilities and who are deafblind.	**1** **Not Important**	**2** **Somewhat Important**	**3** **Important**	**4** **Very Important**

Comment:

Level of Satisfaction with the range and quality of services provided in this area (scale of 1-4).				
Standard 17. STUDENTS WITH MULTIPLE DISABILIITES; *DEAFBLINDNESS* Relevant specialized services are provided for children and youth who are deaf and hard-of-hearing with multiple disabilities and who are deafblind. ▪ Services are always a collaborative effort between the parents and school team to address the child's unique needs ▪ Evidence indicates consistent availability and access to quality programs and services and functional age-appropriate curricula ▪ Service providers have expertise in the areas of suspected or identified disabilities ▪ Communication Plans are completed on all children with hearing loss and multiple disabilities ▪ Policies exist to assure communication access for students with hearing loss and multiple disabilities served in non-DHH special education classes ▪ Policies exist to assure communication access for students with hearing loss and multiple disabilities served in DHH special education classrooms	**1** **Unsatisfied:** Few of the components (< 40 %) of the *Quality Standard* are implemented.	**2** **Somewhat Satisfied:** Many of the components (40-79%) of the *Quality Standard* are implemented	**3** **Satisfied:** Most components (80-99%) of the *Quality Standard* are consistently implemented	**4** **Very Satisfied:** All components (100%) of the *Quality Standard* are consistently implemented

Comment:

Level of Importance / Value				
Standard 18. PROGRAM ADMINISTRATOR The program has knowledge and skills to ensure that deaf and hard-of-hearing children and youth receive appropriate instruction and designated services.	**1** **Not Important**	**2** **Somewhat Important**	**3** **Important**	**4** **Very Important**

Comment:

Level of Satisfaction with the range and quality of services provided in this area (scale of 1-4).				
Standard 18. PROGRAM ADMINISTRATOR The program has knowledge and skills to ensure that deaf and hard-of-hearing children and youth receive appropriate instruction and designated services. ▪ The program administrator has a masters degree in deaf education or related field, has at least 5 years experience working with deaf and hard-of-hearing students, and is licensed as a school administrator ▪ The program administrator: o Ensures appropriate assessment procedures are followed including proper training of professionals conducting the evaluations o Coordinates and evaluates personnel to provide services and provides continuous feedback and mentoring support to the deaf and hard-of-hearing program staff o Coordinated a minimum of 5 specialized trainings (including peer mentoring) and staff development opportunities during 04-05 school year o Ensures a full continuum of services, program options, specialized equipment, and materials o Ensures that resources are effectively allocated and utilized to support the program and services o Establishes and coordinates a regional advisory committee o Advocates for programs and services for deaf and hard-of-hearing children and youth	**1 Unsatisfied:** Few of the components (< 40 %) of the *Quality Standard* are implemented.	**2 Somewhat Satisfied:** Many of the components (40-79%) of the *Quality Standard* are implemented	**3 Satisfied:** Most components (80-99%) of the *Quality Standard* are consistently implemented	**4 Very Satisfied:** All components (100%) of the *Quality Standard* are consistently implemented

Comment:

Level of Importance / Value				
Standard 19. STAFF QUALIFICATIONS 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.	**1** **Not Important**	**2** **Somewhat Important**	**3** **Important**	**4** **Very Important**

Comment:

Level of Satisfaction with the range and quality of services provided in this area (scale of 1-4).				
Standard 19. STAFF QUALIFICATIONS 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. ▪ All staff positions are currently filled with qualified personnel. ▪ All early intervention providers have a masters degree in deaf education or related field ▪ All teachers are licensed by the Colorado Department of Education as: Special Education Specialist: Deaf/Hard-of-hearing ▪ Teacher duties and responsibilities are differentiated for each service delivery (e.g., early education, itinerant, center-based)	**1** **Unsatisfied:** Few of the components (< 40 %) of the *Quality Standard* are implemented.	**2** **Somewhat Satisfied:** Many of the components (40-79%) of the *Quality Standard* are implemented	**3** **Satisfied:** Most components (80-99%) of the *Quality Standard* are consistently implemented	**4** **Very Satisfied:** All components (100%) of the *Quality Standard* are consistently implemented

Comment:

Level of Importance / Value				
Standard 20. OTHER QUALIFIED PERSONNEL 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.	**1** **Not Important**	**2** **Somewhat Important**	**3** **Important**	**4** **Very Important**

Comment:

Level of Satisfaction with the range and quality of services provided in this area (scale of 1-4).				
Standard 20. OTHER QUALIFIED PERSONNEL 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 non-teaching positions are currently filled with qualified personnel. ▪ Non-teaching personnel who have unique roles with students who are deaf and hard-of-hearing are utilized (e.g., the program administrator or site coordinator, educational audiologist, educational interpreter, notetaker, speech-language pathologist, school psychologist, and career/vocational specialist) ▪ All administrative and related service providers are licensed by the Colorado Department of Education in the area of expertise in which they provide services	**1** **Unsatisfied:** Few of the components (< 40 %) of the *Quality Standard* are implemented.	**2** **Somewhat Satisfied:** Many of the components (40-79%) of the *Quality Standard* are implemented	**3** **Satisfied:** Most components (80-99%) of the *Quality Standard* are consistently implemented	**4** **Very Satisfied:** All components (100%) of the *Quality Standard* are consistently implemented

Comment:

Level of Importance / Value				
Standard 21. WORKLOAD MANAGEMENT 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.	**1** **Not Important**	**2** **Somewhat Important**	**3** **Important**	**4** **Very Important**

Comment:

Level of Satisfaction with the range and quality of services provided in this area (scale of 1-4).				
Standard 21. WORKLOAD MANAGEMENT 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. ▪ Administrators use a variety of factors to determine a teacher's workload (e.g. support of para-educators, on-going staff training and in-services, travel time, assistive technology management, data collection responsibilities, age/grade of students, the range of ages of the students, number of intervention or school sites, types of services, and severity of the child/youths' disabilities). ▪ Caseload is non-prescriptive, allowing for variation so that 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.	**1** **Unsatisfied:** <u>Few</u> of the components (< 40 %) of the *Quality Standard* are implemented.	**2** **Somewhat Satisfied:** <u>Many</u> of the components (40-79%) of the *Quality Standard* are implemented	**3** **Satisfied:** <u>Most</u> components (80-99%) of the *Quality Standard* are consistently implemented	**4** **Very Satisfied:** <u>All</u> components (100%) of the *Quality Standard* are consistently implemented

Comment:

Level of Importance / Value				
Standard 22. STAFF DEVELOPMENT The program provides ongoing training and mentoring for all staff to enhance achievement of deaf and hard-of-hearing children and youth.	**1** **Not Important**	**2** **Somewhat Important**	**3** **Important**	**4** **Very Important**

Comment:

Level of Satisfaction with the range and quality of services provided in this area (scale of 1-4).				
Standard 22. STAFF DEVELOPMENT The program provides ongoing training and mentoring for all staff to enhance achievement of deaf and hard-of-hearing children and youth. • Staff development opportunities are provided that support research-based practices that are known to improve outcomes for children. • Mentoring activities are provided to ensure follow through and implementation of appropriate strategies into the instructional process. • An annual needs assessment is used to determine staff development needs. • A variety of mediums are used for staff development (e.g. regional staff activities, phone conferencing, videoconferencing, computer networking, and online course work). • Opportunities for professionals to network with other professionals in the field in order to exchange ideas, increase motivation, and implement innovative practices are provided	**1** **Unsatisfied:** <u>Few</u> of the components (< 40 %) of the *Quality Standard* are implemented.	**2** **Somewhat Satisfied:** <u>Many</u> of the components (40-79%) of the *Quality Standard* are implemented	**3** **Satisfied:** <u>Most</u> components (80-99%) of the *Quality Standard* are consistently implemented	**4** **Very Satisfied:** <u>All</u> components (100%) of the *Quality Standard* are consistently implemented

Comment:

Level of Importance / Value				
Standard 23. TRAINING FOR GENERAL EDUCATION PERSONNEL 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 education teachers who have children or youth in their classes receive inservice training in the following areas:	**1** **Not Important**	**2** **Somewhat Important**	**3** **Important**	**4** **Very Important**

Comment:

Level of Satisfaction with the range and quality of services provided in this area (scale of 1-4).				
Standard 23. TRAINING FOR GENERAL EDUCATION PERSONNEL 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 education teachers who have children or youth in their classes receive inservice training in the following areas: ▪ Understanding hearing loss and its impact on development and learning. ▪ Specific accommodations to meet each child/youth's unique needs and fit their primary communication mode ▪ Understanding and monitoring amplification (e.g. hearing aids, cochlear implants, assistive listening devices) ▪ Creating a visual learning environment ▪ Creating an acoustically appropriate environment ▪ Collaborating and/or team teaching with support personnel (e.g. early intervention provider, itinerant teacher of the deaf, speech-language specialist, audiologist) ▪ Working with an educational interpreter ▪ Establishing a notetaking program ▪ Ensuring that deaf and hard-of-hearing children and youth have access to and will be included in community activities and in all classroom and school-related activities.	**1** **Unsatisfied:** Few of the components (< 40 %) of the *Quality Standard* are implemented.	**2** **Somewhat Satisfied:** Many of the components (40-79%) of the *Quality Standard* are implemented	**3** **Satisfied:** Most components (80-99%) of the *Quality Standard* are consistently implemented	**4** **Very Satisfied:** All components (100%) of the *Quality Standard* are consistently implemented

Comment:

Level of Importance / Value				
Standard 24. FACILITIES 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.	**1** **Not Important**	**2** **Somewhat Important**	**3** **Important**	**4** **Very Important**

Comment:

Level of Satisfaction with the range and quality of services provided in this area (scale of 1-4).				
Standard 24. FACILITIES 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. ▪ All specialized materials, equipment, specialized technology, and services to maximize communication access and instruction for deaf and hard-of-hearing students are provided ▪ All classrooms meet ANSI S12.60-2002 acoustical standards (e.g., ambient noise level of unoccupied classrooms do not exceed 35dBA, reverberation levels do not exceed .6 seconds) ▪ Lighting is bright but does not cause glare and can be easily modified and controlled for different instructional activities ▪ Visual emergency warning signals are in all spaces frequented by students ▪ Sufficient space to accommodate a variety of instructional arrangements (e.g., individual, small group and whole class) is available ▪ Work space for itinerant teachers, SLPs, audiologists, educational interpreter, counselors, and other support personnel is clean, well-lit,	**1** **Unsatisfied:** Few of the components (< 40 %) of the *Quality Standard* are implemented.	**2** **Somewhat Satisfied:** Many of the components (40-79%) of the *Quality Standard* are implemented	**3** **Satisfied:** Most components (80-99%) of the *Quality Standard* are consistently implemented	**4** **Very Satisfied:** All components (100%) of the *Quality Standard* are consistently implemented

acoustically appropriate, and adequate for instruction and for storage of materials ▪ Equipment necessary for support personnel to perform their assignments and job duties is provided Private space where parent conferences and IFSP/IEP meetings can be held is available				

Comment:

Level of Importance / Value				
Standard 25. PROGRAM ACCOUNTABILITY 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.	**1** **Not Important**	**2** **Somewhat Important**	**3** **Important**	**4** **Very Important**

Comment:

Level of Satisfaction with the range and quality of services provided in this area (scale of 1-4).				
Standard 25. PROGRAM ACCOUNTABILITY 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 an assessment process based on the *Colorado Accountability Plan: Programs and Services for Children and Youth who are Deaf and Hard-of-hearing* ▪ The assessment plan provides valid and reliable information including student-based indicators including student achievement of every child/youth related to content and performance	**1** **Unsatisfied:** Few of the components (< 40 %) of the *Quality Standard* are implemented.	**2** **Somewhat Satisfied:** Many of the components (40-79%) of the *Quality Standard* are implemented	**3** **Satisfied:** Most components (80-99%) of the *Quality Standard* are consistently implemented	**4** **Very Satisfied:** All components (100%) of the *Quality Standard* are consistently implemented

standards, 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 parent input. ▪ The assessment plan includes descriptions of the following: o The assessment formats and the types of information used to determine whether every child/youth is meeting the content/developmental standards in each subject area o The method employed to ensure the validity, reliability, and consistency of the evaluations of child/youth development and achievement o The method employed to ensure that all children and youth are assessed appropriately on content/developmental standards o The program's staff development process in the area of assessment ensures that the staff can reliably evaluate the child/youth's work relative to content standards.				

Comment:

Level of Importance / Value				
Standard 26. SELF-ASSESSMENT 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.	**1** **Not Important**	**2** **Somewhat Important**	**3** **Important**	**4** **Very Important**

Comment:

Level of Satisfaction with the range and quality of services provided in this area (scale of 1-4).				
Standard 26. SELF-ASSESSMENT 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 Program accountability plan includes o A description of the type of information to be gathered and reported o A timeline for reporting information about student achievement and compliance with these standards o A timeline for expected improvement of child/youth development and achievement with goal that each child will minimally make one year's growth in one year's time o A timeline for program standard compliance including targets for improvement and for interventions if those targets are not met o Procedures for reporting performance to constituents and stakeholders	**1 Unsatisfied:** Few of the components (< 40 %) of the *Quality Standard* are implemented.	**2 Somewhat Satisfied:** Many of the components (40-79%) of the *Quality Standard* are implemented	**3 Satisfied:** Most components (80-99%) of the *Quality Standard* are consistently implemented	**4 Very Satisfied:** All components (100%) of the *Quality Standard* are consistently implemented

Comment:

Section 4. Learning and Instruction				
Level of Importance / Value				
Standard 27. COHESIVE TEAM 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.	**1** **Not Important**	**2** **Somewhat Important**	**3** **Important**	**4** **Very Important**

Comment:

Section 4. Learning and Instruction **Level of Satisfaction with the range and quality of services provided in this area (scale of 1-4).**				
Standard 27. COHESIVE TEAM 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. ▪ All service providers on the IFSP/IEP and the student and parents meet in person or via technology (email, chat, IM, webcam, etc.) at least quarterly to discuss the data supporting each student's academic progress and to work together to devise a comprehensive plan for that student. ▪ Direct service and consult providers, students, and parents meet in person or via technology at least monthly to adjust instruction and/or accommodations or assistive technology to assist the student in making at least one year's growth in one year's time. ▪ In order to improve their skills, team members provide cross training to one another, one-on-one mentoring or coaching, and/or attend workshops. ▪ Team members use formalized self-assessment tools to determine areas in which they need to improve.	**1** **Unsatisfied:** Few of the components (< 40 %) of the *Quality Standard* are implemented.	**2** **Somewhat Satisfied:** Many of the components (40-79%) of the *Quality Standard* are implemented	**3** **Satisfied:** Most components (80-99%) of the *Quality Standard* are consistently implemented	**4** **Very Satisfied:** All components (100%) of the *Quality Standard* are consistently implemented

Comment:

Level of Importance / Value				
Standard 28. FOCUS ON COMMUNICATION Curriculum and instruction are delivered using the communication approach that meets the needs of the child/youth as defined in his/her Communication Plan.	**1** **Not Important**	**2** **Somewhat Important**	**3** **Important**	**4** **Very Important**

Comment:

Level of Satisfaction with the range and quality of services provided in this area (scale of 1-4).				
Standard 28. FOCUS ON COMMUNICATION Curriculum and instruction are delivered using the communication approach that meets the needs of the child/youth as defined in his/her Communication Plan. ▪ Each early intervention and educational team member is proficient and uses the child's primary communication approach as identified on the Communication Plan for delivery of early intervention services and educational instruction. ▪ Assessment of child or youth's language acquisition/use, communication, pre-academic or academic achievement, and social skill development demonstrates one year's growth each year. ▪ For children/youth that do not show one year's growth in one year's time, there is evidence of the team's discussion about adjustments or changes in the student's communication mode, service delivery, and the communication skills of the service providers and the family. ▪ For Part B, children and youth who are deaf and hard-of-hearing have access to extra-curricular activities using their primary communication mode. For Part C, infants and toddlers have access to activities in their primary communication mode. ▪ Children and youth who are deaf and hard-of-hearing are able to participate in classroom discussions and activities via their primary communication mode.	**1 Unsatisfied:** Few of the components (< 40 %) of the *Quality Standard* are implemented.	**2 Somewhat Satisfied:** Many of the components (40-79%) of the *Quality Standard* are implemented	**3 Satisfied:** Most components (80-99%) of the *Quality Standard* are consistently implemented	**4 Very Satisfied:** All components (100%) of the *Quality Standard* are consistently implemented

Comment:

Level of Importance / Value				
Standard 29. FOCUS ON AUTHENTIC PEER INTERACTIONS *The child/youth has authentic peer interactions and is able to participate in social and academic discussions.*	**1** **Not Important**	**2** **Somewhat Important**	**3** **Important**	**4** **Very Important**

Comment:

Level of Satisfaction with the range and quality of services provided in this area (scale of 1-4).				
Standard 29. FOCUS ON AUTHENTIC PEER INTERACTIONS *The child/youth has authentic peer interactions and is able to participate in social and academic discussions.* ▪ Based on formal or informal assessment of the student's needs and preferences, the team has developed an individualized plan of support of a student's social interactions and the skills needed for such interactions. This assessment information and plan are recorded in the IFSP/IEP. ▪ Children/youth are as involved as their hearing peers o With friends at recess/free time/passing periods o In playing with friends away from school/spending time with same-age peers ▪ A variety of opportunities for DHH peer interaction are provided (e.g. Host Day/Field Day participation, toddler groups, summer camp programs, Junior National Association of the Deaf, high school transition fair, joint field trips with other DHH programs, Unity Festival, play groups) Opportunities are provided to enhance hearing students' awareness of issues related to hearing loss (e.g. sign language classes, Deaf culture awareness, awareness of assistive technology, general awareness of hearing loss).	**1** **Unsatisfied:** <u>Few</u> of the components (< 40 %) of the *Quality Standard* are implemented.	**2** **Somewhat Satisfied:** <u>Many</u> of the components (40-79%) of the *Quality Standard* are implemented	**3** **Satisfied:** <u>Most</u> components (80-99%) of the *Quality Standard* are consistently implemented	**4** **Very Satisfied:** <u>All</u> components (100%) of the *Quality Standard* are consistently implemented

Comment:

Level of Importance / Value				
Standard 30. DISTRICT CORE CURRICULUM AND STATE STANDARDS 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.	**1** **Not Important**	**2** **Somewhat Important**	**3** **Important**	**4** **Very Important**

Comment:

Level of Satisfaction with the range and quality of services provided in this area (scale of 1-4).				
Standard 30. DISTRICT CORE CURRICULUM AND STATE STANDARDS 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. ▪ All goals/objectives will be based on state standards or access skills. ▪ Children/youth have full access to instruction/information ▪ 100% of IFSP/IEPs for children/youth with moderate/severe/profound hearing loss include more than two accommodations if the child/youth is not performing on or above age or grade level. ▪ 100% of children/youth whose primary disability is hearing loss make one year's growth for one year's time on the FAMILY assessment, the Pre-CIPP, or the CSAP exam.	**1** **Unsatisfied:** Few of the components (< 40 %) of the *Quality Standard* are implemented.	**2** **Somewhat Satisfied:** Many of the components (40-79%) of the *Quality Standard* are implemented	**3** **Satisfied:** Most components (80-99%) of the *Quality Standard* are consistently implemented	**4** **Very Satisfied:** All components (100%) of the *Quality Standard* are consistently implemented

Comment:

Level of Importance / Value				
Standard 31. SUPPLEMENTAL SPECIALIZED CURRICULA 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.	**1** **Not Important**	**2** **Somewhat Important**	**3** **Important**	**4** **Very Important**

Comment:

Level of Satisfaction with the range and quality of services provided in this area (scale of 1-4).				
Standard 31. SUPPLEMENTAL SPECIALIZED CURRICULA 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. ▪ District or early childhood program has identified and uses specialized curricula for the development of children/youth's communication, language, and learning. o Curriculum/specialized instruction includes content and performance standards o Such curricula/instruction has a scope and sequence to ensure continuity across levels o Curricula/instruction includes the following areas as appropriate: speech, auditory, language, self-advocacy, transition, assistive technology, amplification devices, technology skills, American Sign Language, deaf studies, speechreading, use of an interpreter, social skills, independent living skills, career/vocational education, access to deaf and hard-of-hearing adult role models ▪ Early childhood curriculum and service delivery is family centered and preK-12 curriculum and service delivery is student centered	**1** **Unsatisfied:** Few of the components (< 40 %) of the *Quality Standard* are implemented.	**2** **Somewhat Satisfied:** Many of the components (40-79%) of the *Quality Standard* are implemented	**3** **Satisfied:** Most components (80-99%) of the *Quality Standard* are consistently implemented	**4** **Very Satisfied:** All components (100%) of the *Quality Standard* are consistently implemented

o child/family needs, wants, interests included in IFSP/IEP o goals/objectives individualized o accommodations/modifications individualized				

Comment:

Level of Importance / Value				
Standard 32. TRANSITIONS 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.	**1** **Not Important**	**2** **Somewhat Important**	**3** **Important**	**4** **Very Important**

Comment:

Level of Satisfaction with the range and quality of services provided in this area (scale of 1-4).				
Standard 32. TRANSITIONS 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. ▪ District or program has a transition policy or guidelines specifically related to children/youth who are deaf and hard-of-hearing. ▪ Each IFSP/IEP file includes evidence of prior planning for support for each child/youth as they transition from one level to the next. ▪ IEPs of youth 16 years or older include evidence of community organizations or agencies being invited or participating.	**1** **Unsatisfied:** Few of the components (< 40 %) of the *Quality Standard* are implemented.	**2** **Somewhat Satisfied:** Many of the components (40-79%) of the *Quality Standard* are implemented	**3** **Satisfied:** Most components (80-99%) of the *Quality Standard* are consistently implemented	**4** **Very Satisfied:** All components (100%) of the *Quality Standard* are consistently implemented

Comment:

Level of Importance / Value				
Standard 33. PURPOSE OF ASSESSMENTS Assessment is used to measure the achievement of each child/youth, to communicate the program's effectiveness, and to design effective instruction.	**1** **Not Important**	**2** **Somewhat Important**	**3** **Important**	**4** **Very Important**

Comment:

Level of Satisfaction with the range and quality of services provided in this area (scale of 1-4).				
Standard 33. PURPOSE OF ASSESSMENTS Assessment is used to measure the achievement of each child/youth, to communicate the program's effectiveness, and to design effective instruction. ▪ District and state assessments or alternate assessments are given to each child/youth as often as given to all students. ▪ Ongoing individual progress monitoring occurs and is recorded for each child/youth. ▪ The assessment data is used to adjust instruction ▪ The assessment data is used to impact program staffing ▪ The assessment data is used to impact service delivery ▪ Assessments and tools specific to the needs of children/youth who are deaf and hard-of-hearing are used o FAMILY Assessment in 6-month intervals with infants/toddlers/children, birth-36 months o Pre-CIPP assessment annually with preschoolers o CIPP with K-12 students at initial IEP meetings and triennial re-evaluations	**1** **Unsatisfied:** Few of the components (< 40 %) of the *Quality Standard* are implemented.	**2** **Somewhat Satisfied:** Many of the components (40-79%) of the *Quality Standard* are implemented	**3** **Satisfied:** Most components (80-99%) of the *Quality Standard* are consistently implemented	**4** **Very Satisfied:** All components (100%) of the *Quality Standard* are consistently implemented

Comment:

Section 5. Parent, Family, and Community Involvement				
Level of Importance / Value				
Standard 34. PARENT TRAINING AND SUPPORT 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.	**1** **Not Important**	**2** **Somewhat Important**	**3** **Important**	**4** **Very Important**

Comment:

Section 5. Parent, Family, and Community Involvement				
Level of Satisfaction with the range and quality of services provided in this area (scale of 1-4).				
Standard 34. PARENT TRAINING AND SUPPORT 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. ▪ Skill development activities for parents and families are available (e.g., sign language classes are available in the child's mode and at multi-level abilities, cochlear implant training, functional auditory skill and development ▪ Parent training and counseling activities are reflected on the IFSP/IEP ▪ Parent counseling and training activities are provided in a culturally-competent manner. ▪ Information/opportunities for training, specific to deaf/hh issues are provided through a variety of means (e.g., schoolwide/Part C newsletter, school district newsletter, statewide newsletter, non-profits (i.e. AG Bell, Hands & Voices), long-range calendars, daily summaries of the	**1** **Unsatisfied:** Few of the components (< 40 %) of the *Quality Standard* are implemented.	**2** **Somewhat Satisfied:** Many of the components (40-79%) of the *Quality Standard* are implemented	**3** **Satisfied:** Most components (80-99%) of the *Quality Standard* are consistently implemented	**4** **Very Satisfied:** All components (100%) of the *Quality Standard* are consistently implemented

child's day/progress, routine phone calls, home visits, workshops for families [NOTE: list workshop titles that have been implemented in the last year], distribution of written materials (articles, research etc.), support groups for parents, parent/community library or resource center ▪ Information that has been provided to families reflect a variety of topics (e.g., 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 (IDEA), social/recreational opportunities for deaf and hard-or-hearing children and youth, content and performance standards, grade-level expectations for achievement, formal/informal assessment measures, how to understand, opportunities for parents to meet and interact with deaf and hard-or-hearing adults. ▪ A diversity of trainers are used to deliver information/resources/training (e.g., school staff, district staff, statewide outreach services, other parents, parent organizations, Deaf/Hard-of-hearing adults) ▪ Activities have been implemented regarding parent training and counseling (e.g., needs assessments of parents needs/strengths/desires, development of and collaboration with parent leadership within the area to define responsibilities) ▪ Participation at IEP meetings are in accordance with the provisions of IDEA o Timely response to family's request to meet throughout the year o Mutually agreed upon time/location o Timelines are met o Facilitation of IEPs are available o Parents are treated as equal members of the IEP team o IEP Drafts and assessments are provided to the family prior to the IEP meeting o Parents bring advocates/supporter to meetings				

Comment:

Level of Importance / Value				
Standard 35. PARENT LEADERSHIP AND PARTICIPATION IN PROGRAM DEVELOPMENT 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	**1** **Not Important**	**2** **Somewhat Important**	**3** **Important**	**4** **Very Important**

Comment:

Level of Satisfaction with the range and quality of services provided in this area (scale of 1-4).				
Standard 35. PARENT LEADERSHIP AND PARTICIPATION IN PROGRAM DEVELOPMENT 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 ▪ The program has a written policy and guidelines for involving parents in program development ▪ The program provides convenient meeting times and locations for parent participation ▪ The program solicits parent leaders to provide training/parent perspective to professionals at in-service trainings, workshops, and conferences ▪ The program promotes parent volunteer activities ▪ The program identifies paid parent leadership positions in grants and program budgets ▪ There is a staff person assigned to	**1** **Unsatisfied:** Few of the components (< 40 %) of the *Quality Standard* are implemented.	**2** **Somewhat Satisfied:** Many of the components (40-79%) of the *Quality Standard* are implemented	**3** **Satisfied:** Most components (80-99%) of the *Quality Standard* are consistently implemented	**4** **Very Satisfied:** All components (100%) of the *Quality Standard* are consistently implemented

promote parent involvement in the program ▪ There is a paid or volunteer parent position to work with the program in implementing parent leadership development ▪ The program utilizes paid staff and volunteers from statewide or regional parent organizations ▪ Parents actively participate on program, curriculum, and staff hiring committees				

Comment:

Level of Importance / Value				
Standard 36. DEAF/HARD-OF-HEARING ADULTS & COMMUNITY INVOLVEMENT 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.	**1** **Not Important**	**2** **Somewhat Important**	**3** **Important**	**4** **Very Important**

Comment:

Level of Satisfaction with the range and quality of services provided in this area (scale of 1-4).				
Standard 36. DEAF/HARD-OF-HEARING ADULTS & COMMUNITY INVOLVEMENT 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. ▪ The program utilizes paid staff and volunteers from statewide or regional organizations who are trained to work with children and families, e.g., Deaf/Hard-of-hearing Connections, formal sign language instruction programs ▪ Meaningful participation by deaf and hard-of-hearing adults is implemented in the program to include:	**1** **Unsatisfied:** Few of the components (< 40 %) of the *Quality Standard* are implemented.	**2** **Somewhat Satisfied:** Many of the components (40-79%) of the *Quality Standard* are implemented	**3** **Satisfied:** Most components (80-99%) of the *Quality Standard* are consistently implemented	**4** **Very Satisfied:** All components (100%) of the *Quality Standard* are consistently implemented

o Participating in the parent education program o Reading to children o Acting as mentors/role models to students and families through Deaf/Hard-of-Hearing Connections Statewide Program o Teaching Sign language o Speaking to parent groups o Participating in field trips o Explaining Deaf Culture o Participating on the regional advisory board				

Comment:

APPENDIX B

DHH Focus Group Guide

DHH Focus Group Guide

Goal: Self assessment of Colorado Hard of Hearing program—data will be gathered via online survey and focus group interviews. This research is to determine which of the *Quality Standards* correlate with desired outcomes for children who are deaf and hard of hearing.

Objective: Gain a better understanding about your view of service delivery for deaf and hear of hearing students and to learn about each other's perspectives, challenges and possible ways to improve.

Start power point (if needed)—ask who has taken the on-line survey

Introduction:

- Introduce ourselves—who we are and why we are here —explain what a focus group is and is not
- Hand out demographic form
- *Reassure about confidentiality*
- Please tell us who you are (first name only) and what you most enjoying doing when you are not working. (Intro...activity)
- Power Point Details

Opening question: How many students who are D/HH does your program serve? Overall, what's your impression of the D/HH standards?

Section 1: Identification and referral
(*Identification and referral, collaboration, hearing screening, audiological referral, vision screening)*

1) **If I were new to town and thought my child (school age) might be hard of hearing, what would I need to do to get services for her? Can you tell me what the process might look like?**
--listen for
procedure
public service announcements
written materials, presentations to community agencies
--working partnership, collaborative, formal or informal, timely referrals
--newborn screening, two day referral time or k, 1st, 2nd, 3rd, 5th, 7th, 9th, or annual if receiving sped and referral within 30 days for school age children
--vision p, k, 1 …

Section 2: Assessment of unique needs

(*Persons conducting the assessment, domain to be assessed, test administration, specialized services, materials, and equipments, assessment team, placement considerations*)

2) **Lets' take the perspective of a new professional in town. I am new to Colorado; would you describe how your program assesses the needs of students with hearing loss?**

Probes:
Who conducts these assessments?
Tell us a bit about how these professionals conduct the assessments?
What is assessed?
How are the assessments administered, for example, (multiple languages?) in English or Spanish?

Listen for:
--personnel who are specifically trained for (refer to standard 6 list)
--work collaboratively
--all relevant areas of functioning are assessed
--culturally sensitive
-- specialized assessment for deaf and hard of hearing students

3) Prompt
What are the assessment results used for?
--communication plan
--placement options
--based individual needs
-- materials, equipment and accommodations decisions
--family assessment

Section 3: Support for instruction and learning

(*Statement of purpose, policy on language and communication, state oversight, regional/cooperative programs, continuum of options, students with multiple disabilities; deafblindeness, program administrator, staff qualifications, other qualified personnel, workload management, staff development, training for general education personnel, facilities, program accountability, self-assessment)*

4) **Now we are going to ask you to think about your districts support for instruction and learning processes a little differently. If your district's support for instruction and learning were to be described as a meal, what type would it be? Please elaborate on this by making a picture of your meal.**
(Hand out materials)

Probes—
How would you describe your districts policies and procedures that lead to create your meal representation?
How would you describe the service plan?
What are qualifications of the food prep staff?
Professional development
How does the company assess their progress?

Listen for
--Outcomes
--Social, emotional well being
--written

5) **Overall, what's your satisfaction with the restaurant and the meal?**

Section 4: Learning and instruction
(*Cohesive team, focus on communication, focus on authentic peer interactions, district core curriculum and standards, supplemental specialized curricula, transitions, purpose of assessment*)

6) **Can you tell us about how you meet the needs of the student with hearing loss, in terms of the learning and instructional environment? What sorts of services are used and what guides these services?**

Listen for
--cohesive team
--core curriculum and standards
--transitions
--assessment

Section 5: Parent and community involvement
(*Parent training and support, parent leadership and participation in program development, Deaf/Hard-of-hearing adults & community involvement)*

7) **In what ways does your program involve families and community? Tell us about those things you've tried that were successful. Tell us about the changes you've tried that were not so successful**.

Listen for
--help parents acquire skills---in dominant language,
--help with implementing IEP,
--parents as equal partners,
--plan for parent involvement
--seeks input from parent and community on their program development

Summary:

8) **Suppose you had 1 minute to talk to the Governor, or other top official, on the topic of D/HH standards, what would you say?**

Give overview of today…have we missed anything?

Thank you for taking time out of your busy day to talk with us, we truly appreciate your feedback.