



Guidelines for the Assessment and Educational Evaluation of Deaf and Hard of Hearing Children in Indiana

Based on 511 IAC Article 7, 2010

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This document is dedicated to all deaf and hard of hearing children in Indiana and their families. Since 1843, deaf and hard of hearing children have been educated in this state and become productive citizens. The purpose of this guide is to ensure that all deaf and hard of hearing children leave the educational system with the knowledge and tools to maximize their potential. This guide was developed to help educators use assessment information and evaluations to assist parents and the case conference committees in determining how to meet their educational needs.

This guide was initially made possible by the teamwork and collaboration of audiologists, psychologists, speech pathologists, language specialists, social workers, and parents. Special gratitude is extended to Linda Charlebois and Terri Waddell-Motter who took the lead in assembling this information in 2008. We also thank additional contributors, including (and not limited to) the late Carolyn Pimentel, Lorinda Bartlett, Pam Burchett, Debra Liebrich, Louise Fitzpatrick, Sheryl Whiteman, Carol Wild, Shannon Stafford, Jackie Katter, Janet Fuller, and Joyce Conner.

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The 2014 Revisions to Guidelines for the Assessment and Educational Evaluation of Deaf and Hard of hearing Children in Indiana, based on the Article 7 changes of 2010, was modified by Assessment staff at the Center for Deaf and Hard of Hearing Education. The staff includes diverse professionals and parents including those who are Deaf, hearing, and hard of hearing; those raised in environments using spoken English; and others, who grew up as proficient users of American Sign Language (ASL) in the Deaf community. This guide represents a consensus of this diverse population. Comments or questions regarding these guidelines may be addressed to Cindy Lawrence, Assessment Coordinator, Center for Deaf and Hard of Hearing Education, 2 North Meridian (mailing address) or 1200 E 42nd Street, Indianapolis, Indiana 46205, 317-232-0899, clawrence@isdh.in.gov.

Notice

The guidance in *Guidelines for the Assessment and Educational Evaluation of Deaf and Hard of hearing Children in Indiana, Based on 511 IAC Article 7, 2008*, is not binding on local educational agencies or other entities. Except for the statutes, regulations, and court decisions that are referenced herein, the document is exemplary, and compliance with it is not mandatory.

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PREFACE

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

In December of 2010, Indiana's special education rules were promulgated in the Indiana Code at 511 IAC 7-32 through 7-47. The eligibility requirements changed in order to look at evaluation data most impacted by the child's "disability". Cognitive evaluations are no longer required for the over 2000 deaf or hard of hearing students in the state of Indiana. Absence of hearing does not cause cognitive delays. However, professionals and families must keep in mind that a lack of exposure to language early in life can affect cognitive functioning.

The Universal Newborn Hearing Screening (UNHS) legislation enacted in 2000 also created the opportunity for very early identification of hearing levels in infants, leading to earlier opportunities for parent support and the development of communication and language. Many of these children, given appropriate early intervention services, are arriving in our schools with language and communication commensurate with their hearing peers. Prior to 2000, the average age of identification was 2.5 years of age, leading most educators to spend the early years focusing on closing a significant language gap. While not every child is identified early and begins receiving early intervention, that is our goal for all children.

The caveat is that many students do not perform as well as we would anticipate, and they will continue to need a comprehensive evaluation in order to develop specific, appropriate academic goals that are unique to each student. Perhaps an additional concern, such as a specific learning disability or emotional challenges, interferes with the child's learning. Without looking at the child as a whole, academic and methodology decisions could be based solely on a child's audiogram and communication skills. Parents and professionals need to consider the child's cognitive potential, thinking skills, preferred mode of communication, learning style, and academic abilities when making critical decisions. The child's cultural background must also be considered. All factors need to be considered in order to raise the bar for academic success, and for children to be expected to meet their full potential.

This Guideline was developed in accordance to Article 7 (511 IAC 7-2-68 through 68) found at <http://www.doe.in.gov/sites/default/files/specialed>.

Deaf or hard of hearing (511 IAC 7-41-4) defined:

- a) "Deaf or hard of hearing," which may be referred to as a hearing impairment, means the following:
 - 1) a disability that, with or without amplification, adversely affects the student's:
 - A) ability to use hearing for developing language and learning,
 - B) educational performance
 - C) developmental progress
 - 2) the hearing levels may be:
 - A) permanent or fluctuating
 - B) mild to profound
 - C) unilateral or bilateral
 - 3) students who are deaf or hard of hearing may use:
 - A) spoken language,
 - B) sign language
 - C) a combination of spoken language and signed systems

According to Rule 26, certain eligibility components are minimally required to be synthesized in an educational evaluation for each suspected area of eligibility. For a child who is deaf or hard of hearing, the following is required:

- Assessment of academic achievement, defined by 511 IAC 7-32-6
- Evaluation of functional skills or adaptive behavior across various environments and from multiple sources
- Evaluation of communication skills
- Completion of a social and developmental history
- Written report from an educational or clinical audiologist, otologist, or otolaryngologist
- Any other educational evaluations or information necessary to determine eligibility and inform the case conference committee

The first five components are included with the initial eligibility determination. The last component may be the most overlooked, as well as the most critical. This provides for the educational evaluation of areas that are most relevant for students who are deaf or hard of hearing, such as cognition, motor, and sensory abilities, and obtaining relevant medical information. In order to determine if the language and communication skills are commensurate with their cognitive abilities, especially for children identified early, information regarding cognitive potential is important. Because of the particularly high incidence (40 to 50 percent) of accompanying exceptionalities in this population, it is especially important that attention be given to these areas as well.

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

EDUCATIONAL EVALUATION GUIDELINES

In looking at each student as a whole and attempting to meet their unique needs as an individual, their *individualized education plan* (IEP) is developed once eligibility is established, by the case conference committee. The following components listed provide information that will help the IEP team determine whether the eligibility criteria are met. See Appendix III for the full list of eligibility criteria. As part of this educational evaluation process, the following interrelated variables should be considered:

- Audiological Factors
 - Age of onset and age of identification
 - Age of full-time amplification
 - Auditory skills and use of residual hearing
 - Effectiveness of hearing technology
 - Etiology of the hearing loss
 - Type and degree of hearing loss
- Behavioral Factors
 - Attitude and motivation level of the student
 - Psychosocial behaviors
- Communication Factors
 - Augmentative communication devices; assistive technology
 - Primary language
 - Preferred mode of communication
- Educational Factors
 - Additional eligibilities or exceptionalities
 - Attendance consistency and stability
 - Early education (First Steps, Preschool, etc.)
 - Performance on Curriculum-based assessments and measures
- Social-Developmental-Medical Factors
 - Family history including home language, cultural factors, and hearing status of family members
 - Genetic history
 - Medical issues/concerns: risk factors (i.e., infections, syndromes & medical alerts), mental health, routine medications, etc.
 - Parent knowledge and support
 - Vision status

The importance of parental involvement during the educational evaluation process is critical. Therefore, parents provide information for the following components:

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

PERSONS CONDUCTING THE EDUCATIONAL EVALUATION

Evaluations must be conducted by personnel who understand and are specifically trained to work with deaf and hard of hearing students. They should have knowledge about research, technological innovations, language and child development, diversity within the Deaf community, and resources for families and professionals. Personnel should be skilled in administering the evaluation tools, and have the necessary qualifications as listed in the test manuals and in interpreting the results to ensure nondiscriminatory testing. Personnel administering evaluation tools must be able to communicate in the student's native language or mode of communication. This is essential in making collaborative and informed decisions about their educational needs.

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

- American Sign Language (ASL) Specialist
- Audiologist
- Deaf Educator
- Early Childhood Specialist
- Educational Consultant
- Occupational Therapist
- Physical Therapist
- School Psychologist
- Social Worker
- Speech-Language Pathologist
- Teacher of deaf and hard of hearing students
- Teacher of Record

AREAS THAT MAYBE EVALUATED

Auditory Abilities and Skills

The goals of the evaluation include confirmation and determination of potential educational impact. This information will help guide appropriate planning for educational and classroom accommodations to promote auditory access to the curriculum.

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

Areas of Audiological Evaluation	
Areas of Assessment	Assessment Tools
Case History Review	<ul style="list-style-type: none"> • <i>Universal Newborn Hearing Screening results</i> • <i>Medical history, including pre-, peri-, and post-natal history</i> • <i>Family history</i> • <i>Additional risk factors for hearing loss</i>
Otосcopy	<ul style="list-style-type: none"> • <i>Visual inspection of the structure of the outer ear, ear canal, and eardrum</i>
Physiologic Assessment or Objective Measures of Auditory System	<ul style="list-style-type: none"> • <i>Immittance measures</i> <ul style="list-style-type: none"> -<i>Tympanometry</i> -<i>Acoustic reflexes</i> • <i>Otoacoustic Emissions</i> <ul style="list-style-type: none"> -<i>Distortion product otoacoustic emissions (DPOAEs)</i> -<i>Transient evoked otoacoustic emissions (TEOAEs)</i> • <i>Auditory Brainstem Response (ABR)</i>
Measures to Determine Nature and Degree of Hearing loss	<ul style="list-style-type: none"> • <i>Pure tone testing (air and bone conduction)</i> • <i>Speech Awareness Threshold (SAT) or Speech Detection Threshold (SDT)</i> • <i>Speech Reception Threshold (SRT)</i> • <i>Word recognition testing</i>

<p>Assessments of Auditory Function with amplification and assistive technology– Speech Perception</p>	<ul style="list-style-type: none"> • <i>Emerging Auditory Perception Skills</i> <ul style="list-style-type: none"> -Ling Seven-Sounds Test (Detection and Recognition) -Early Speech Perception (ESP) test -Environmental Sound Recognition tests <ul style="list-style-type: none"> ▪ Sound Effects Recognition Task ▪ Familiar Sounds Test • <i>Word Recognition</i> <ul style="list-style-type: none"> -Word Intelligibility by Picture Identification (WIPI) - Lexical Neighborhood Test (LNT) - Multisyllabic Lexical Neighborhood Test (MLNT) • <i>Speech Recognition for Sentences and Phrases</i> <ul style="list-style-type: none"> -Pediatric Speech Intelligibility Test (PSI) -Bamford-Kowal-Bench Speech in Noise Test (BKB-SIN) - QuickSIN -Hearing In Noise Test (HINT) -Hearing In Noise Test-Children (HINT-C)
<p>Auditory Performance and Development Checklists</p>	<ul style="list-style-type: none"> • <i>Children’s Auditory Performance Scale (CHAPS)</i> • <i>Functional Auditory Performance Indicators (FAPI)</i> • <i>Infant-Toddler Meaningful Auditory Integration Scale (IT-MAIS) and Meaningful Auditory Integration Scale (MAIS)</i> • <i>Listening Inventory for Education (LIFE)</i> • <i>Screening Instrument for Targeting Education Risk (SIFTER)</i> <ul style="list-style-type: none"> -Preschool -Secondary -Spanish
<p>Verification and Validation of Hearing Technology</p>	<ul style="list-style-type: none"> • <i>Visual inspection</i> • <i>Listening Check</i> • <i>Electroacoustic analysis of technical function</i> <ul style="list-style-type: none"> -Device alone and device coupled with FM technology • <i>Textbox verification of special features (noise suppression, transposition, directional microphones, etc.)</i> • <i>Real-ear or simulated real-ear measurements</i> • <i>Consideration of Speech Intelligibility Index (SII)</i> • <i>Validation Instruments</i> <ul style="list-style-type: none"> - Children’s Outcomes Worksheet (COW) - Client Oriented Scale of Improvement (COSI) - LittlEars Auditory Questionnaire - Parent’s Evaluation of Aural/Oral Performance in Children

Communication Evaluation

A communication evaluation includes signed, spoken, and/or written language, as deemed appropriate for the individual. This evaluation includes the testing and gathering of information in the following areas:

- Phonological educational evaluation: voice, manner, placement, syllabication, stimulability, and reception of speech sounds
- Prosodic features: intonation, pitch, rhythm, and stress
- Voice quality, including nasality
- Intelligibility of connected speech
- Semantic and grammatical accuracy
- Pragmatics/discourse
- Self-advocacy and independence with communication
- Cognitive academic language proficiency (CALP)
- Thinking and reasoning skills

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

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

Areas of a Communication Evaluation	
Areas of Assessment	Assessment Tools
Auditory Perception: the ability to recognize and understand what is heard	<ul style="list-style-type: none"> • <i>Functional Auditory Performance Indicators (FAPI)</i> • <i>Infant–Toddler Meaningful Auditory Integration Scale (IT-MAIS)</i> • Ling 7 sound check • <i>Listening Comprehension Test 2</i> • <i>Listening Inventory for Education (L.I.F.E.)</i> • <i>Screening Instrument for Targeting Educational Risk (S.I.F.T.E.R.)</i> • <i>Test of Auditory Processing Skills 3</i> <p><i>Note: many auditory perceptual skills with students should be monitored with ongoing intervention and tracking tools and are not appropriately assessed with a onetime assessment measure</i></p>
Articulation and Speech Production: the ability to form and produce words or signs accurately and the ability to improve production with feedback, including prosodic features (i.e., intonation, pitch, rhythm, and stress), voice quality (including nasality), and the intelligibility of connected speech	<ul style="list-style-type: none"> • <i>Arizona Articulation Proficiency Scale 3rd edition</i> • <i>CID Picture Spine</i> • <i>Clinical Assessment of Articulation and Phonology (CAAP)</i> • <i>Goldman-Fristoe Test of Articulation</i> • <i>Phonological Awareness Test</i> • <i>Sunny Artic Test for the iPad</i>

	<p><i>Note: Formal articulation measures are not developmentally appropriate for students under the age of four; prior to age 4 the assessment focus is intelligibility then articulation measures are used to look at phoneme mastery</i></p>
<p>Semantics: vocabulary mastery and the ability to understand multiple meanings and basic concepts, both receptively and expressively. Semantics may also include comprehension of situational concepts and contexts.</p>	<ul style="list-style-type: none"> • <i>Clinical Evaluation of Language Fundamentals, 5th edition (CELF-5)</i> • <i>Clinical Evaluation of Language Test of Language Competence, Level 1 and Level 2</i> • <i>Comprehensive Assessment of Spoken Language second edition (CASL-2)</i> • <i>Comprehensive Receptive and Expressive Vocabulary 3</i> • <i>Expressive One Word Picture Vocabulary Test 4</i> • <i>Expressive Vocabulary Test 2</i> • <i>Language Processing Test 3, Elementary</i> • <i>Language sample analysis (most appropriately used with ages 2-5)</i> • <i>Listening Comprehension Test 2</i> • <i>Montgomery Assessment of Vocabulary Acquisition for the iPad</i> • <i>Peabody Picture Vocabulary Test 4 (PPVT4)</i> • <i>Preschool Language Scale 5</i> • <i>Receptive One Word Picture Vocabulary Test 4</i> • <i>Test of Adolescent and Adult Language 4</i> • <i>Test for Auditory Comprehension of Language 3</i> • <i>Test of Early Language Development 3</i> • <i>Test of Expressive Language</i> • <i>Test of Language Development, Primary, Fourth Edition (TOLD-P:4) and Test of Language Development: Intermediate, Fourth Edition (TOLD: I-4)</i> • <i>Test of Semantic Skills, Primary and Intermediate</i> • <i>The Word Test 2 (elementary & adolescent)</i> • <i>Wigg Assessment of Basic Concepts</i> • <i>Word Test and Word Test 2</i>
<p>Syntax: receptive and expressive abilities in the use of word order and morphemes to create grammatically correct sentences.</p>	<ul style="list-style-type: none"> • <i>Clinical Evaluation of Language Fundamentals, 5 (CELF-5)</i> • <i>Comprehensive Assessment of Spoken Language (CASL)</i> • <i>Oral and Written Language Scale 2 (oral scale, ages 3–2; written scale, ages 5–21)</i> • <i>Test of Auditory Comprehension of Language 3</i> • <i>Test of Expressive Language</i>
<p>Pragmatics and Discourse: the ability to use language for self-advocacy and independence; the ability to hold a socially appropriate conversation at the basic interpersonal level as well as the abstract, complex level</p>	<ul style="list-style-type: none"> • <i>Clinical Evaluation of Language Fundamentals 5 – pragmatic checklist</i> • <i>Comprehensive Assessment of Spoken Language</i> • <i>Functional Communication Profile-revised (ages 3–adult)</i> • <i>Language sample analysis</i> • <i>Pragmatic Language Skills Inventory (PLSI)</i> • <i>Social Language Development Test</i> • <i>Test of Narrative Language</i>

<p>Thinking and Reasoning: the ability to use language to reason solutions, solve problems, and other executive function skills that include, but are not limited to: organization, abstract concepts, humor, planning, attention, and memory</p>	<ul style="list-style-type: none"> • <i>Adolescent Test of Problem Solving</i> • Language sample analysis • <i>Listening Comprehension Test 2</i> • <i>Preschool Language Scale 5</i> • <i>Ross Information Processing Evaluation, Primary & 2</i> • <i>Test of Adolescent and Adult Language</i> • <i>Test of Auditory Processing and Reasoning Skills</i> • <i>Test of Auditory Processing Skills 3</i> • <i>Test of Early Language Development</i> • <i>Test of Language Competence, Level 1 and Level 2</i> • <i>Test of Language Development, Primary, Fourth Edition (TOLD-P:4) and Test of Language Development: Intermediate, Fourth Edition (TOLD: I-4)</i> • <i>Test of Narrative Language</i> • <i>Test of Problem Solving</i> • <i>Test of Written Language—4</i> • <i>Wigg Assessment of Basic Concepts</i> • <i>Woodcock-Johnson Tests of Achievement, Third or Fourth Edition (WJ-III or IV ACH)</i> • Written language samples
<p>American Sign Language (ASL): a visual-spatial language used in the United States and Canada. In the brain, linguistic information is processed through the eyes and conveyed by the movement of hands and nonmanual signals. ASL has its own rules of grammar, phonology, morphology, semantics, syntax and pragmatics.</p>	<ul style="list-style-type: none"> • <i>ASL Phonological Awareness Test</i> • <i>Kendall Conversational Proficiency Level (KCPL)</i> • Language sample analysis (most appropriately used with ages 2-5) • <i>The MacArthur Communicative Developmental Inventory: Shine Vocabulary Checklist, ASL Version</i> • <i>The Toolkit: Starting with Assessment: A Developmental Approach to Deaf Children’s Literacy</i> • <i>Sign Language Proficiency Interview (SLPI)</i> • <i>Visual Communication and Sign Language Checklist for Deaf and Hard of Hearing Children (VCSL)</i> <p><i>Though the following tests are normed on hearing children, if given by an ASL Specialist, they can provide useful information about a student’s sign language:</i></p> <ul style="list-style-type: none"> • <i>Language Processing Test (LPT)</i> • <i>The Listening Comprehension Test 2</i> • <i>Test of Narrative Language (TNL)</i> • <i>The Test of Problem Solving (TOPS 3/TOPS 2 Adolescent)</i> • <i>Wigg Assessment of Basic Concepts (WABC)</i>

Areas of a Psychoeducational Evaluation

A psychological evaluation includes the testing and interpretation of human development and learning domains (i.e., cognitive, achievement, adaptive behavior, emotional, social, behavior, language, and perceptual-motor) within a collaborative, databased frame, respecting diversity of student strengths, needs, learning styles and cultures. Standardized evaluations may

provide information regarding the student's skills and abilities in comparison with that of hearing peers. It is important to consider the evaluation results in conjunction with other evaluation information (e.g., criterion-referenced educational evaluation, portfolio educational evaluation, etc.) when developing the individualized education program. In addition to taking part in academic achievement testing for initial and additional evaluations, deaf and hard of hearing students should participate in the age-appropriate statewide and local educational evaluation programs unless they qualify for alternative forms of testing as determined by established criteria.

If a child is delayed in any area, a test of *intellectual functioning* may be conducted as part of the evaluation, if deemed appropriate by the team. An educational evaluation of *visual perceptual skills* is of great significance for a student who relies heavily on the visual channel for communication. Early identification of areas of weakness is important. Areas evaluated may include visual discrimination, visual memory, visual-motor integration, visual figure-ground, visual closure, and spatial relations.

Pre-Academic Skills, or a developmental evaluation of readiness skills (e.g., visual discrimination skills, identification of letters and numbers, identification of body parts, matching, predicting, sorting, and basic concepts) is important for developing IEP goals and objectives and for determining when the child is able to acquire age-appropriate standards leading to academic instruction.

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

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

Social-emotional maturity should be a major component of the educational evaluation process for a deaf or hard of hearing student. Communication problems that result from lack of access to meaningful language contribute toward the development of personality and social/emotional adjustment. Emotional factors have a direct influence on the learning behavior. Social-emotional evaluations examine self-

image, social/interpersonal skills, emotional adjustment, and life-style expectations.

The evaluation of *visual-perceptual motor skills* may be especially significant for deaf and hard of hearing students. Etiologies such as meningitis, rubella, and neurologically based hearing levels may result in vestibular damage affecting an individual's equilibrium, body awareness, and visual-motor functioning. If a student is referred for a comprehensive motor evaluation, it should be conducted by an occupational therapist or a physical therapist. Areas evaluated may include both fine- and gross-motor skills.

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

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

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

This is not an exhaustive list and only select subtests from the following tests are deemed appropriate for specific students. When in doubt, contact the Center for Deaf and Hard of Hearing Education for consultation or for an evaluation at no cost.

Areas of a Psychoeducational Evaluation	
Areas of Assessment	Assessment Tools
<i>Cognitive/Intellectual</i>	<ul style="list-style-type: none"> • <i>Comprehensive Test of Nonverbal Intelligence—II (CTONI-2)</i> • <i>Kaufman Assessment Battery for Children, Second Edition (KABC-II)</i> • <i>Leiter International Performance Scale, 3rd Edition (Leiter-3)</i> • <i>Universal Nonverbal Intelligence Test (UNIT)</i> • <i>Wechsler Adult Intelligence Scale, Fourth Edition (WAIS-IV)</i> • <i>Wechsler Intelligence Scale for Children, Fourth</i>

	<p><i>Edition (WISC-IV)</i></p> <ul style="list-style-type: none"> • <i>Wechsler Preschool and Primary Scale of Intelligence, Fourth Edition (WPPSI-IV)</i>
Developmental/Pre-Academic (birth to 3)	<ul style="list-style-type: none"> • <i>Brigance Inventory of Early Development—Revised (selected tests)</i> • <i>Bayley Scales of Infant Development-III</i> • <i>Bracken Basic Concept Scale—Third Edition</i> • <i>Developmental Profile 3</i>
Achievement <i>*required for initial eligibility for Deaf/Hard of Hearing</i>	<ul style="list-style-type: none"> • <i>Kaufman Test of Educational Achievement— Third Edition (KTEA-III)</i> • <i>Wechsler Individual Achievement Test, Third Edition</i> • <i>Woodcock-Johnson Tests of Achievement—Fourth Edition (WJ-IV)</i> • <i>Stanford 10 Achievement Test (SAT-10)</i>
Adaptive Behavior <i>*required for initial eligibility for Deaf/Hard of Hearing</i>	<ul style="list-style-type: none"> • <i>Adaptive Behavior Assessment System, Second Edition (ABAS-II)</i> • <i>Scales of Independent Behaviors—Revised (SIB-R)</i> • <i>Vineland Adaptive Behavior Scales</i>
Social/Emotional	<ul style="list-style-type: none"> • <i>Behavior Rating Inventory of Executive Function (BRIEF)</i> • <i>Behavioral Assessment System for Children— Second Edition (BASC-2)</i> • <i>Conner’s Rating Scales—Third Edition</i> • <i>Devereux Scales of Mental Disorders</i> • <i>Matson Evaluation of Social Skills—D/HH Version</i> • <i>Minnesota Multiphasic Personality Inventory—Adolescent (MMPI-A)</i> • <i>Piers-Harris Children’s Self-Concept Scale, Second Edition</i> <p><i>Projective Assessments:</i></p> <ul style="list-style-type: none"> • <i>Children’s Apperception Test</i> • <i>Drawing projective tests (e.g., House-Tree-Person, kinetic family drawing, etc.)</i> • <i>Roberts Apperception Test</i> • <i>Thematic Apperception Test</i>
Visual Perceptual Skills	<ul style="list-style-type: none"> • <i>Beery-Buktenica Developmental Test of Visual-Motor Integration, Sixth Edition (VMI)</i> • <i>Bender Visual Motor Gestalt II</i> • <i>Test of Visual Perceptual Skills—Third Edition (TVPS-3)</i>

Collaborative Play-Based Assessment

When making plans for the education of young children who are transitioning into preschool (such as Part C to Part B) or are preschool age, a thorough evaluation of their skills is important. This evaluation may best be conducted by the multidisciplinary assessment team in collaboration with a teacher of the deaf/early intervention specialist or First Steps provider who is proficient in the child’s primary language or mode of communication.

TESTS ADMINISTERED IN THE PRIMARY LANGUAGE AND PREFERRED LANGUAGE MODE

In order for results to reflect the abilities of the student, tests must be provided and administered in the student's primary language and preferred mode of communication. The important issue is that the students' preferred language, which may be signed or spoken (with or without the support of signs or cues), must be respected. In doing so, the students' primary or preferred language should be used throughout the educational evaluation. Please note that Manually Coded English systems, such as Signing Exact English, Cued Speech, and Visual Phonics are *not* considered forms of language, rather they are systems of expressing phonemes and/or grammar of spoken English.

If assessing verbal or language-comprehension abilities and using an interpreter, there are challenges (e.g., errors in translation from examiner to student and vice versa). Test translations often result in significant changes in the underlying psychological constructs assessed by the translated version, altering test validity and possibility resulting in errors leading to serious consequences when decisions are made based on inaccurate translations.

Formerly, best practices recommended only nonverbal tests for deaf or hard of hearing children due to concerns about validity. However, verbal intelligence is a better predictor for academic achievement for all children. Verbal assessments can assist in identifying deaf or hard of hearing children with verbal strengths or weaknesses. Validity concerns need to be considered by the examiner for test administration and interpretation.

Communication Mode

The determination of how a family and child will communicate is a critical decision. A comprehensive assessment including audiological test results and an in-depth language evaluation will be crucial in providing information to guide informed decision making in this area. Evaluation should provide guidance in determining:

- if hearing levels (with or without hearing technology) will allow a child sufficient access to learn language through audition in a manner and time-frame that will allow for communicative competence, basic interpersonal communication skills and cognitive academic language proficiency

- whether American Sign Language will enhance a child's communicative competence and potential to develop basic interpersonal communication skills and cognitive academic language proficiency
- if the addition of visual supports and systems provide sufficient access to auditory language

Readers are encouraged to review the *Deaf/Hard of Hearing Eligibility Checklist* in Appendix III as well as the *Consideration of Special Factors When an Indiana Student is Deaf or Hard of Hearing* in Appendix IV located at the end of this document. The purpose of the checklist and special factors worksheet is to assist the case conference committee in the decision of whether a student meets the eligibility criteria documented in the *Indiana Special Education Rules Article 7, 2010 (511 IAC 7-41-4)*. The *Considerations of Special Factors* worksheet provides structure for discussion by the case conference committee regarding: language and communication needs; opportunities for direct communication with peers and professional personnel in the student's language and communication mode; academic level; and full range of needs, including opportunities for direct instruction in the student's language and communication mode. The eligibility checklist and special factors worksheet when a child has been determined eligible for special education services may be included with the multidisciplinary team assessment reports from the Center for Deaf and Hard of Hearing Education (CDHHE) Assessment Team.

STATEWIDE RESOURCES AND SERVICES FOR DEAF AND HARD OF HEARING STUDENTS IN INDIANA

For some of their educational evaluation needs, local educational agencies may decide to refer deaf and hard of hearing students to the Center for Deaf and Hard of Hearing Education (CDHHE) at the Eliza Willard Assessment Center, located on the campus of the Indiana School for the Deaf in Indianapolis, Indiana.

The Center for Deaf and Hard of Hearing Education (CDHHE) was established in 2012 and opened to continue services in July of 2013. The purpose of the CDHHE is "to support parental choice, including the full continuum of communication options (including American Sign Language, other forms of sign language, cued speech, listening and spoken language (oral), or any combination of these skills)." The CDHHE goal is "to ensure that children who are deaf and children who are hard of hearing acquire optimal language skills and academic abilities, regardless of the mode of communication used" (IC 20-35-11).

As part of transition plan duties determined in 2012, the professionals in CDHHE's Assessment Team provide testing of deaf and hard of hearing students in their communication mode—sign language, spoken communication, or a combination. Referrals to CDHHE are made for a variety of reasons, including questions regarding eligibility for special education, concerns regarding lack of progress, behavioral challenges, specific educational struggles, or a need for guidance for the case conference committee and are typically provided by the director of special education at the local school level or by their designee. The referral form is available on the CDHHE website at www.in.gov/ISDH/25883.htm. Referrals may also be made directly from parents or schools.

CDHHE collaborates with local educational and clinical professionals as well as with the parents to provide a complete evaluation of the student. The professionals at CDHHE can complete a file review of previous educational and medical records, test results already completed by the local schools, and other independent evaluations to determine the need for additional formal and informal testing, observation, and parent/guardian interview. Using recent audiological test results from the student's primary audiologist, spoken English evaluations from the school speech-language therapist, and academic testing provided throughout the school year will avoid duplication and save the child and family unnecessary testing. The child's teachers are encouraged to be part of the educational evaluation completed at CDHHE and often provide information from a different perspective than the family, which might be difficult to obtain during a short-term evaluation. As in all successful educational evaluations, parents are an integral part of the team, providing important social, developmental, communication, and emotional information.

CDHHE offers a multidisciplinary team of professionals who are knowledgeable in the unique needs of deaf and hard of hearing students and who conduct an intensive diagnostic study of the child. The team collects information through formal and informal testing, observation analysis, and parent interviews. At the end of the evaluation, members of the evaluation team meet with the parents and school personnel to discuss the diagnostic findings and to outline educational recommendations based on the student's identified strengths and areas of need.

APPENDIX I: GLOSSARY

This glossary is included to provide clear definitions and descriptions of the terms used in the educational evaluation of children who are deaf and hard of hearing. When culturally and linguistically appropriate, the term 'elevated hearing levels' may be used in place of 'hearing loss.'

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

Acoustic room treatment: the use of sound-absorbing materials (such as carpets and acoustical tile) to reduce room noise and reduce the signal-to-noise ratio, thus enhancing the usefulness of hearing aids and other listening devices

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

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

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

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

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

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

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

Auditory neuropathy spectrum disorder (ANSD): is a variety of hearing loss in which the outer hair cells within the cochlea are present and functional, but sound information is not faithfully transmitted to the auditor nerve and brain properly.

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

Auditory training: the process of training a person to use their residual hearing for the recognition, identification, and interpretation of sound

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

Bicultural: membership in two cultures, such as deaf culture and hearing culture

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

Bilingual: being fluent in two languages; for some deaf children this will include the use of ASL and English

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

C-Print: a speech-to-text system developed at the National Technical Institute for the Deaf (NTID) at the Rochester Institute of Technology (RIT) as an access service option for some deaf and hard of hearing students in educational environments; printed text of spoken English is displayed in real time

Captionist: the person who provides real-time captioning for a student using either C-Print or CART

CART (Communication Access Realtime Translation): instantaneous translation of the spoken word into English text using a stenotype machine, notebook computer and realtime software with a display of the text on a laptop computer, monitor or screen.

Central auditory processing dysynchrony (CAPD): a condition typically associated with normal hearing levels, that affects a person's ability to decode the sounds they hear. CAPD, however, appears to result from a dysfunction in the centers of the brain that process sound. ANSD is different from CAPD in that the problem in ANSD appears to be in the hearing system itself.

Cochlear implant: an electronic device surgically implanted to stimulate nerve endings in the inner ear (i.e., cochlea) in order to receive and process sound and speech

Conductive hearing loss: caused by a problem in the outer or middle ear; sound has difficulty being "conducted" to the nerves in the inner ear. The amount of loss depends on the nature of the problem that is causing the sound conduction issue.

Configuration of loss: the amount of hearing loss at each frequency and the overall picture of hearing that is created on the audiogram.

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

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

Deaf: a cultural, linguistic term that means the person's communication mode is visually based (either sign language or speechreading); residual hearing (if any) may be a secondary and supplemental sensory avenue; vision is often the major channel for receiving information

Deaf-Blind: any combination of documented hearing and vision losses, ranging from mild to severe and low vision to totally blind; students should be reported to the Indiana Deaf-Blind Registry for additional services

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

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

Degree of hearing loss: Degree of hearing refers to the severity of the hearing levels. Seven categories are typically used. The numerical values are based on the average of the hearing levels at 3 frequencies, 500 Hz, 1000 Hz, and 2000 Hz in the better ear without amplification. Some people may use slightly smaller or slightly larger numbers for each of the following categories:

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

Ear mold: a custom-made plastic or vinyl piece that fits into the outer ear to interface with a hearing aid

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

Fluctuating vs. stable hearing loss: Some types of hearing loss change—sometimes getting better, sometimes getting worse. Such a change commonly occurs in young children who have hearing levels as a result of otitis media or fluid in the middle ear. Other hearing losses will remain the same year after year and would be regarded as stable.

FM system: an assistive listening device that transmits the speaker's voice to an electronic receiver in which the sound is amplified and transmitted to the student's ears via small earphones on the student's personal hearing aids. The device reduces the problems of background noise interference and distance from the speaker.

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

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

Hard of hearing no consistent definition has been drawn between deaf and hard of hearing, other than a behavioral one, because hearing levels exist on a continuum and are influenced by many other external factors including identity.

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

Language: the comprehension and/or use of a spoken (i.e., listening and speaking), written (i.e., reading and writing) and/or other signed (e.g., American Sign Language) language. Language can also be classified as receptive (i.e., listening and reading) and expressive (i.e., speaking and writing).

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

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

Interpreter or transliterator for the Deaf: a person who facilitates communication between hearing and deaf or hard of hearing persons through the interpretation of English into a signed language (e.g., American Sign Language), the signed language into English, or the transliteration of a language into a visual/phonemic code by an oral interpreter or Cued Speech interpreter. The *educational interpreter* specializes in classroom interpreting.

Intervener: an individual with knowledge and skill in the mode of communication of a student who is deaf-blind who can communicate to the student what is occurring in the educational setting

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

Mixed hearing loss: a combination of characteristics associated with both a conductive loss and a sensorineural loss.

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

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

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

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

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

Pragmatics: the appropriateness of language used for the situation, the speaker, and the audience, in regard to logic and validity

Progressive vs. sudden hearing loss: hearing that has decreased over time. A sudden hearing loss is one that has an acute or rapid onset and therefore occurs quickly, possibly caused by head trauma, a tumor on the auditory nerve, or large vestibular aqueduct syndrome (LVAS).

Residual hearing: the amount of usable hearing that a deaf or hard of hearing person has

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

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

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

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

Speechreading: the interpretation of lip and mouth movements, facial expressions, gestures, prosodic, and melodic aspects of speech, structural characteristics of language and topical and contextual cues

Speech perception: the ability to recognize speech stimuli presented at suprathreshold levels (i.e., levels loud enough to be heard)

Speech intelligibility: the ability to be understood when using speech

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

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

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

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

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

Unilateral hearing loss: can be a mild to profound loss of hearing in one ear. Unilateral loss adversely affects the educational process in a significant percentage of students who have it.

APPENDIX II: SELECTED REFERENCES

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APPENDIX III: ELIGIBILITY CHECKLIST

Deaf/Hard of Hearing Eligibility Checklist (Indiana Special Education Rules Article 7, 2010; 511 IAC 7-41-4)

Criteria Met? Yes/No	Definition: <ol style="list-style-type: none"> 1. With or without amplification adversely affects the student's: <ul style="list-style-type: none"> • Ability to use hearing for developing language and learning • Educational performance • Developmental progress 2. The hearing levels may be: <ul style="list-style-type: none"> • Permanent or fluctuating • Mild to Profound • Unilateral or bilateral 3. Students who are deaf or hard of hearing may use spoken language or sign language or a combination of spoken language and signed systems
	<i>I. An assessment of current academic achievement has been completed</i>
	<i>II. Assessments of functional skills or adaptive behavior across various environments from multiple sources have been completed</i>
	<i>III. As assessment of communication conducted in the language or system utilized for the student's instruction or the student's preferred mode of communication that assesses the student's receptive and expressive language skills</i>
	<i>IV. A social and developmental history has been completed that may include, but is not limited to:</i> <ul style="list-style-type: none"> • Communication Skills • Social Interaction Skills • Motor Skills • Responses to sensory experiences • Relevant family and environmental information
	<i>V. A written report from an educational or clinical audiologist, otologist or otolaryngologist is provided with information regarding the etiology of the hearing levels and the student's potential requirement for amplification if appropriate</i>

	<p>VI. Any other assessments and information are provided that were collected prior to referral or during the educational evaluation, necessary to:</p> <ul style="list-style-type: none"> • Determine eligibility for special education and related services and • Inform the student's case conference committee of the student's special education and related service needs
	<p>Developing an individualized education program The Case Conference Committee must consider the following special factors</p>
	<p>VII. In the case of a student who is deaf or hard of hearing, the student's:</p>
	<p>A. Language and Communication Needs;</p>
	<p>B. Opportunities for direct communications with peers and professional personnel in the student's language and communication mode;</p>
	<p>C. Academic Level;</p>
	<p>D. Full range of needs;</p>
	<p>Including opportunities for direct instruction in the student's language and communication mode *refer to the Consideration of Special Factors When an Indiana Student is Deaf or Hard of Hearing</p>

APPENDIX IV: CONSIDERATION OF SPECIAL FACTORS WORKSHEET



Consideration of Special Factors When an Indiana Student is Deaf or Hard of Hearing

Date of this Form:		Completed By:	
Child's Last Name:	First Name:	Current Grade:	
STN#:	DOB:	Age:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Primary Eligibility:	Secondary Eligibility:		
Service Coordinator:	School Corp:	Teacher of Record:	

Parent/Guardian: Deaf Hard of Hearing Hearing
 Parent/Guardian: Deaf Hard of Hearing Hearing
 Siblings: Brother: (indicate #) Deaf Hard of Hearing Hearing
 Sister: (indicate #) Deaf Hard of Hearing Hearing

Language(s) Used in the Home Environment (i.e., English, ASL, Spanish, etc.):

Indiana State Board of Education Special Education Rules Title 511 Article 7

511 IAC 7-42-6 Developing an individualized education program

(c) The Case Conference Committee must also consider the following special factors when applicable

(4) in the case of a student who is deaf or hard of hearing or a student who is deaf-blind, the student's:

- (A) language and communication needs;
 - (B) opportunities for direct communications with peers and professional personnel in the student's language and communication mode;
 - (C) academic level; and
 - (D) full range of needs;
- including opportunities for direct instruction in the student's language and communication mode.

The IFSP/IEP team has considered each item below:

(A) the child's language and communication needs;
--

1. The child's language includes one or more of the following (check all that apply):

Primary Language Used	Instructional		Conversational	
	Receptive	Expressive	Receptive	Expressive
English				
American Sign Language				
Spanish				
Other Language: _____				
Emerging Language (state in columns)				
No formal language established*				

*If no formal language established, what mode(s) of communication do the parents and family members use with the child (i.e., picture exchange communication system, etc.)?

2. The child primarily comprehends/uses one or more of the following forms of communication in the various contexts (check all that apply and add notes to clarify if needed):

Receptive Communication Continuum

Communication Type	In the home	In the classroom/childcare		In social situations		
	Parent/siblings	With teacher/provider	With peers	With adults	With hearing peers	With deaf peers
<ul style="list-style-type: none"> Accesses information visually via ASL/signs 						
<ul style="list-style-type: none"> Accesses most information visually via ASL/signs obtains some benefit from auditory information 						
<ul style="list-style-type: none"> Equally able to access information visually via ASL/signs or through listening 						
<ul style="list-style-type: none"> Accesses most information through spoken English; sometimes needs visual support via signs/visual cues for clarification 						
<ul style="list-style-type: none"> Accesses all information via spoken English 						

Adapted from the Laurent Clerc National Deaf Education Center - Cochlear Implant Education Center

Expressive Communication Continuum

Communication Preference	In the home	In the classroom/childcare		In social situations		
	Parent/siblings	With teacher/provider	With peers	With adults	With hearing peers	With deaf peers
<ul style="list-style-type: none"> Uses ASL/signs only 						
<ul style="list-style-type: none"> Primarily uses ASL/signs; uses some spoken communication 						
<ul style="list-style-type: none"> Equally able to use ASL/signs and Spoken English 						
<ul style="list-style-type: none"> Primarily uses spoken English; uses signs/visual cues for clarification 						
<ul style="list-style-type: none"> Uses Spoken English only 						

Adapted from the Laurent Clerc National Deaf Education Center - Cochlear Implant Education Center

Child's Name: _____

Date: _____

3. What assistive technology devices are used by the child? (hearing aids, cochlear implant, FM system, captioning, Video Phone, etc.)

What age did child receive hearing aids/cochlear implant?

How consistently are devices used?

4. What is needed to increase the proficiency of parents and family members in communicating with the child?

(B) opportunities for direct* communications with peers and professional personnel in the child's language and communication mode;

**Direct language/communication/instruction occurs person to person, not through an additional source*

(e.g., education interpreter, classroom note-taker, etc.).

The IFSP/IEP team has considered opportunities for direct communication which may be provided by the school and/or family:

1. Opportunities for direct* instruction.

Yes No Not sure

Describe opportunities:

2. Opportunities for direct* communication with peers.

Yes No Not sure

Describe opportunities:

3. Opportunities for direct* communication with professional staff and other school/childcare personnel.

Yes No Not sure

Describe opportunities:

List strategies for increasing opportunities for direct communication/instruction as needed:

**Do you have access to Deaf/Hard of Hearing adults and/or peers in your area?*

Yes No Not sure Already participate in local Deaf community

Child's Name: _____

Date: _____

(C) academic level;

1. Does the child have the communication and language necessary to acquire the age/grade-level academic skills and concepts included in the general education curriculum?

- Yes: What supports are needed to continue proficiency in age/grade-level academic skills and concepts?

What supports have been provided to this child previously or currently?

- No: What strategies are needed to increase the child's proficiency in language and communication to acquire age/grade-level academic skills and concepts?

2. Does the child have the communication and language necessary to acquire daily living/functional living skills?

- Yes: What supports are needed to continue proficiency in the acquisition of daily living/functional living skills?

What supports have been provided to this child previously or currently?

- No: What strategies are needed to increase the child's proficiency in communication and language development to acquire daily living/functional living skills?

(D) full range of needs,

- The IFSP/IEP team has considered the full range of needs.

- Yes:

- No:

Comments (optional):

This document was prepared by:

Name	Signature	Title	Date

Adapted from "Communication Considerations for Students who are Deaf or Hard of Hearing," New Mexico, "IEP Communication Plan for Students Who are Deaf or Hard of Hearing," Iowa, "Communication Plan for Child/Student Who is Deaf/Hard of Hearing," Colorado, and "Student Language and Communication Profile Summary," Laurent Clerc National Deaf Education Center, Gallaudet University

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