
Arkansas Deaf Education Task Force Report



October 2005



Your world will never be the same again—you're going to be a parent! Many thoughts cross your mind as you prepare for the big day. You wonder if it will be a boy or girl; if she'll have her mother's smile or your dad's chuckle or a dimple like yours. You can imagine all kinds of wonderful happenings—the first time you cradle him in your arms, the sweet smell of her breathe on your cheek or how strong he seems when you bounce him on your lap. Before your baby arrives, you are already certain that you will be a better “you” and the anticipation of baby's arrival fills you with an overwhelming sense of responsibility and love. You can't wait to whisper in that tiny ear, “Mommy and Daddy love you.”

This year in Arkansas, approximately 100 babies will enter the world and not hear that dad shrieked with joy at the first sight of the chip off the old block, that mother uttered a soft prayer of thanks for this precious arrival and that the doctor pronounced the wailing infant “perfect”. Mom will count his fingers and toes, dad will marvel at the strength of his lungs and it will be unlikely that either will even consider the thought, “Can my baby hear?”

Did you know:

- technology exists to determine accurately how a baby can hear within the first few hours of life?
- in Arkansas, we are fortunate to have passed legislation in 1999 requiring hospitals to perform an electrophysiological hearing screening before a baby leaves the hospital?
- most babies with hearing loss are born to parents with “normal” (or typical) hearing and no family history of deafness?
- within our state we have the expertise to fit even very tiny infants with appropriate hearing devices and to connect them with specialists in the fields of speech, language, deafness and development?
- there are over 1400 known school-age children/students who are deaf/hard of hearing in our local schools and approximately 145 enrolled in our residential school for deaf?

Unfortunately

- many families of babies that fail the hospital hearing screening do not receive follow-up care in a timely manner, not only delaying diagnosis, but more importantly, missing the optimal period for language development.
- there are health and childcare providers in our state unaware that hearing levels can be accurately determined on a child of any age.
- even after an infant is diagnosed as deaf/hard of hearing, it is next to impossible in many areas of our state to find experienced, qualified service providers to assist children and their families.
- the academic performance of deaf/hard of hearing children/students in Arkansas rarely approaches the level of their typically hearing peers, despite research showing that with timely diagnosis, early intervention and appropriate educational opportunities, these kids have the same potential as those children/students with typical hearing.
- most families of children who are deaf/hard of hearing feel isolated, having never met another adult with deafness or knowing another child who has hearing aids and/or communicates using sign language.
- a significant discrepancy exists in our state between the number of young adults who are deaf/hard of hearing and those with typical hearing who pursue higher education.

The good news is that we are entering the 21st century with an excellent opportunity to impact the education of all children/students who are deaf/hard of hearing and their families in Arkansas! Advances in technology combined with the commitment, expertise and passion of groups like the Arkansas School for the Deaf, Arkansas Deaf Education Task Force, the Arkansas Department of Education, the Arkansas Department of Health, the Arkansas Department of Human Services, Arkansas Children’s Hospital, a wealth of university training programs and the concern of citizens like yourself is the key to providing the best quality intervention and services to all children/students of Arkansas who are deaf/hard of hearing. It’s time to speak up for these children/students and their families!

Core Beliefs, Vision, and Mission

The Arkansas Deaf Education Task Force joins together because of our shared core beliefs, vision and mission, which form the foundation of our work and recommendations. The primary issue before us is the right and necessity to develop communication and language - **the** foundation for any educational growth.

Our Core Beliefs

We believe all children who are deaf/hard of hearing in the state of Arkansas:

- have the right to a high standard of education that prepares them for postsecondary education and/or successful careers as adults,
- deserve the earliest possible intervention that provides a highly qualified support system composed of parents, medical personnel and other professionals,
- have the right to a learning environment that utilizes highly qualified educational personnel and is communication-rich, peer supported, and parent involved.

Our Vision

We envision a statewide learning network where all children/students who are deaf/hard of hearing will have a critical mass of communicating peers, a communication-rich learning environment, highly qualified educational personnel, state of the art technology, parental support and involvement, and academic achievement at or above state proficiency levels.

Our Mission

We commit to identify and advocate for the necessary resources including funds, training for personnel, support systems for children/students and parents, and continued evaluation and improvement of education for children/students who are deaf/hard of hearing until our vision is a reality.

Formation of Task Force and Acknowledgements

In the summer of 2004 a group of individuals came together to address issues related to the education of children/students who are deaf/hard of hearing in the state of Arkansas. The group included individuals who are deaf/hard of hearing, parents of children/students who are deaf/hard of hearing and professionals. Everyone present at the first meeting of this group (which would become the Arkansas Deaf Education Task Force) wanted to see educational and communication outcomes improve for children/students who are deaf/hard of hearing statewide. This common goal helped to unify a group that represented many points along the communication modality continuum.

It is no secret that the education of children/students who are deaf/hard of hearing presents special challenges. One of these challenges is related to communication modality. This issue alone often keeps people from working together to solve the bigger problems related to the education of children/students who are deaf/hard of hearing. The Arkansas Deaf Education Task Force has been able to transcend this issue and has focused on improving education for children/students who are deaf/hard of hearing regardless of their chosen communication modality. The members of the Task Force came to respect and accept the views of the other participants. This has allowed the development of a plan of action that will address the education of all children/students who are deaf/hard of hearing in the state of Arkansas. The Task Force is proud that Arkansas is only the fourth state to develop a comprehensive plan to address the educational needs for children/students who are deaf/hard of hearing statewide. The reports from the states of Colorado and New Mexico served as a foundation and springboard for the Arkansas plan.

Each member of the Task Force is to be commended for his or her contribution to the final product. The Task Force met face-to-face many times in a six-month period. In addition, Task Force members worked individually, as well as in small groups to help accomplish the goals of the group.

The Arkansas Deaf Education Task Force owes a special thank you to Dr. Marcella Dalla Rosa, Superintendent at the Arkansas School for the Deaf. Dr. Dalla Rosa conceptualized the Task Force and instigated its establishment. She has committed resources of both money and time to support the work of the Task Force. Those of us who have had the privilege of serving on the Task Force are grateful to Dr. Dalla Rosa for her vision, leadership and ingenuity in establishing the Task Force. While many of us talked about the need to improve the education of children/students who are deaf/hard of hearing in the state of Arkansas, Dr. Dalla Rosa took action to see that it would happen.

In addition to Dr. Dalla Rosa's leadership, two other members of the Task Force made special contributions. Marcia Harding, Associate Director, State of Arkansas Department of Education, and Dr. Terri Hardy, Educational Policy Advisor to the Governor of the State of Arkansas, were instrumental in aiding the Task Force with additional information from their respective agencies. Lastly, the Task Force would like to thank Chester Cummins, The Mission Consulting Group, for his guidance as our facilitator. His enthusiasm and insight helped to guide the process and lead the Task Force to the realization of its vision.

Members of Task Force

The members of the Arkansas Deaf Education Task Force are:

Betty Abrams, Parent, Services Coordinator, Telecommunications Access Program, Arkansas Rehabilitation Services

Sherrill Archer, ABC Program Coordinator, Div. of Child Care and Early Childhood Education

Dr. Pamela Broadston, Program Coordinator for Deaf Education, University of Arkansas at Little Rock

Barbara Caldwell, Parent, Junction City

Louise Cremeen, State Coordinator, Self Help for Hard of Hearing People

Dr. Marcella Dalla Rosa, Superintendent, Arkansas School for the Deaf

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Marcia Harding, Associate Director, Special Education, Arkansas Department of Education

Dr. Terri Hardy, Education Policy Advisor to the Governor

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Gillis Ward, State Coordinator, Educational Services for the Hearing Impaired, Arkansas Department of Education

A. Brief overview of current national profile

It is well documented that the academic achievement for individuals who are deaf/hard of hearing is much lower than that of their hearing peers as evidenced by the following data:

- Thirty percent (30%) of all children and youth who are deaf/hard of hearing leave school functionally illiterate as compared to 1% among hearing children and youth (Conrad, 1979; Karchmer & Mitchell, 2003; Marschark, 1997; Waters & Doehring, 1990)
- Between the ages of 8 and 18, children and youth who are deaf/hard of hearing gain only 1.5 years in reading skills (Allen, 1986; Traxler, 2000)
- Children and youth who are deaf/hard of hearing graduate from high school with average reading skills ranging from a 4th to 6th grade level with only 3% having reading levels that are comparable to their typically hearing peers (Karchmer and Mitchell, 2003).
- Less than one-half of 18 year old students who are deaf/hard of hearing leaving high school reach a 5th grade level in reading and writing (Traxler, 2000)
- Only 8% of students who are deaf/hard of hearing graduate from college (COED, 1988)
- Approximately 1/3 of all adults who are deaf rely on some form of governmental assistance and the average income of adults who are deaf is 40-60% as compared to that of their hearing counterparts (Siegel, 2000). It is clear that the problems associated with the lack of appropriate education of children who are deaf/hard of hearing eventually become society's problems compounded by long-term monetary implications (Siegel, 2000).

B. Current status of education for children/students who are deaf/hard of hearing in Arkansas

In order to understand the need for the proposed recommendations of the Task Force, a clear picture of the current status of education for children/students who are deaf/hard of hearing in Arkansas is required. In light of the evidence suggesting that early intervention potentially holds the key to success for children/students who are deaf/hard of hearing (e.g., Yoshinaga-Itano, 1998), the discussion of the current status of education will include the provision of services from birth through graduation from high school.

Problem Statement #1

PROBLEM STATEMENT #1: Despite a successful newborn hearing screening program through the Arkansas Department of Health, the missing piece of the early identification process continues to be infants who do not pass the hospital hearing screening and do not return for follow up testing

The most important period for language and speech development is generally considered to be during the first three years of life (JCIH, 1993). Until recently the average age of identification for hearing loss has ranged from 14 months to three years of age (AAP, 1999). In an effort to lower the average age of identification, many states have implemented universal newborn hearing screening programs. The Arkansas Legislature passed Act 1559 of 1999 requiring every newborn to receive a hearing screening before leaving the birth hospital. The Centers for Disease Control and Prevention (CDC), the National Institute of Health, the Joint Committee on Infant Hearing and the American Academy of Pediatrics (AAP) endorse universal newborn hearing screening before hospital discharge, diagnostic evaluation by three months of age and initiation of appropriate intervention services by six months of age. This is known as the “1-3-6 Plan.”

While the statewide program for infant hearing screening has been successful in screening 90% of babies before they leave the birth hospital, approximately 40% of the babies who are missed or fail the initial screening do not return for follow up testing. Reasons for this lack of follow up include no transportation and family or physician misconceptions about the possible impact of the failed screening. Insufficient follow up delays early identification and intervention.

Based on well-documented estimates, 75-100 infants in Arkansas are born deaf/hard of hearing each year. This would result in over 200 children in the birth to three category with a diagnosis of deaf/hard of hearing as compared to the 71 currently enrolled in the early intervention program.

When we were on our way out of the hospital, after my husband had the car pulled around and I was on my way out the door, they said that our baby didn't pass her hearing exam and that I needed to take her to a specialist to make sure her hearing was fine. They said that since she was a C-section baby, she probably had fluid in her ears and that caused her to fail...When I got home with my baby, I thought, "Surely she can hear, because she would be in her bassinet crying, and I would walk up the stairs and into her room and I'd say, 'Mommy is here', and before she could see me, she would start to quiet." I didn't realize at the time that she only felt the vibrations of my feet on the floor, and that's how she knew I was coming. She had us fooled for a good long while.

– Parent

When they finally diagnosed her with a moderate to severe hearing loss, I was devastated. I watched my child who I thought was so perfect playing on the floor, realizing for the first time that she wasn't hearing anything that was going on in the room.

– Parent

The lyrics to one of my favorite songs say, "Life is a roller coaster." I remember after our daughter was diagnosed at about two months old, but we didn't have her hearing aids yet, I didn't know if she was hearing me or not. And I remember thinking, "If she can't hear what I'm saying, then maybe she can feel it." So, I would lay her on her side with her ear up against my chest, so she could feel my heartbeat and my throat moving when I was singing or talking and I thought, "Okay, maybe she can get some of what I'm saying." For me, as a parent, that was a low point, because I didn't really understand much about hearing loss.

– Parent

Problem Statement #2

PROBLEM STATEMENT #2: Early intervention services (birth through two years) to families of children who are deaf/hard of hearing are fragmented and inconsistent and often are provided by personnel with little to no expertise in working with infants/children who are deaf/hard of hearing

Services, as structured in Arkansas, are fragmented and inconsistent at best, adding further stress and uncertainty to families of children who are newly identified. Even professionals find themselves unsure of what referral options are available and often question the quality of the available services. Currently most children birth through two years receive early intervention services in one of three ways:

- i. The Arkansas School for the Deaf (ASD) Outreach Program for Birth to Kindergarten offers parent training in the home to families with infants/children (birth to five years) who are deaf/hard of hearing. Presently parent advisors are not available in all areas of the state and the level of service provided ranges from a weekly home visit to an occasional phone contact. The Outreach Program is totally funded by ASD and does NOT receive any Part C funds, which are specifically for early intervention.
- ii. Infants/toddlers can receive additional services (i.e., speech/language therapy, center based preschool services, etc.) through First Connections, the Part C early intervention program that is administered through the Arkansas Department of Health and Human Services (DHHS)/Division of Developmental Disabilities Children's Services (DDS). First Connections serves infants/toddlers, birth through two years with developmental delay in a variety of settings. There are several reasons this is often not an appropriate option for children who are deaf/hard of hearing:
 - The majority of staff in DDS and comparable centers have little experience and limited or no training specifically in communication development with children who are deaf/hard of hearing, regardless of whether a spoken or signed communication system is being used
 - These centers usually do not provide developmentally or communicatively appropriate peers for the child who is deaf/hard of hearing and they are acoustically unsound
 - These centers often do not encourage family involvement which is crucial for development of communication skills in deaf/hard of hearing children
 - Because of the way the system (i.e. First Connections) is set up, professionals who have expertise in working with infants/toddlers who are deaf/hard of hearing cannot be included in the list of potential providers for this age group
 - DDS has not allowed new providers to be added to the system for several years
 - Therapy providers who are included on the list of potential providers have to see anyone that DDS refers to them, even if the therapists do not have expertise or experience with the specific disability
- iii. Families are discovering inadequacies in the early intervention system and therefore are seeking to develop individualized programs for their children. Services are sought from a provider who has recognized expertise or certification in the development of language with children who are deaf/hard of hearing. Additionally, a significant number of families feel forced to obtain services out-of-state, such as the programs at the Memphis Oral School or the Central Institute for the Deaf in St. Louis. This type of situation usually comes at great personal sacrifice and expense to the family, although these children routinely perform at or near the top of the academic continuum.

We had to travel to several different places in the United States to learn about different opinions—we were very confused as to what to do.

– Parent

The advice that I would give to new parents is to be strong advocates for your children. Never ever allow anybody to pigeonhole them. Each child is an individual child with his or her own gifts, and no one should ever, ever stereotype him or her or put any roadblocks in his or her path because of a hearing loss.

– Parent

Problem Statement #3 - #4

PROBLEM STATEMENT #3: Required transitions at age three years and at kindergarten are not seamless and interrupt the flow of services

At age three, the flow of services often is interrupted due to required transitions from one agency to another, as well as changes in qualification criteria. It is possible for a child who is hard of hearing to suddenly “not qualify” for services at age three. Unfortunately the reality is that these children reappear in the educational system in subsequent years with delays that could have been prevented.

You don't have any time to waste.

– Parent

When children turn three years of age, they can continue to receive services in a DDS program (with oversight provided by the Arkansas Department of Health and Human Services) or they can transition into the early childhood program (with oversight provided by the Arkansas Department of Education) as long as they meet appropriate qualification criteria. In the state of Arkansas, early childhood programs are administered by the regional education services cooperatives (see <http://arkedu.state.ar.us/schools/> for a directory) or local

school districts. If it is determined through transition that a child qualifies for services there is no guarantee that the child will be served by appropriately trained staff or have age-appropriate language peers.

Another potentially cumbersome transition for parents is when a child enters kindergarten. A family may be faced with any of the following issues: a school district that currently does not have appropriately trained specialist(s) in working with children/students who are deaf/hard of hearing, the potential of sending their child to a school where there are no other children/students who are deaf/hard of hearing and the possibility of placing their child in a residential setting at a very young age.

When he turns three he is no longer under the health co-op program and they'll send him to something like a pre-school. That's what I'm trying to still figure out myself.

– Parent

One of the most important things to remember is that time is so valuable. You don't have any time to waste. When they diagnose your child, you need to hit the ground running.

– Parent

PROBLEM STATEMENT #4: There is a lack of reliable, realistic data regarding children/students who are deaf/hard of hearing

The Arkansas Department of Education has a database of state testing scores for all students. However, students who are deaf/hard of hearing but who are not in special education would be impossible to identify in this system. Therefore, there is no encompassing record of academic performance of children/students who are deaf/hard of hearing. The recommendations of the Task Force are based on data available nationally, as well as the anecdotal experiences of parents, children/students and professionals from around the state since there is no complete, accessible database of this information in Arkansas.

Minimal demographic data is available. Approximately 1400 children/students are identified as being deaf/hard of hearing and are in early childhood programs (3-5 years) or public/private schools around the state (five years to graduation). However, this number is considered to be an underestimation due to schools not reporting non-special education children/students who are deaf/hard of hearing and children/students with additional disabilities. At present, there are approximately 140 children/students who are enrolled at the Arkansas School for the Deaf.

PROBLEM STATEMENT #5: There are limited program options around the state

The process of educating children/students who are deaf/hard of hearing is a complex process and should be based on individual communication needs that involve a wide spectrum of communication options. Many early intervention/early childhood programs and school districts only offer one communication option (i.e., sign language or oral communication) and the child has to comply with that option. If a program or school is able to offer more than one option, it is rare that they can maintain the quality of all programs due to a lack of funding and appropriately trained staff.

In addition to a variety of communication options, children/students who are deaf/hard of hearing need to utilize a variety of devices and technologies in order to maximize auditory and visual learning. The use of and dependence on technology (e.g., assistive listening devices, classroom captioning units, and computers) can mean the difference between success and failure. In Arkansas many programs and school districts are having a difficult time keeping up with the fast paced changes in technology options due to a variety of reasons. In addition, many programs and school districts do not access available expertise of personnel who can manage this technology. The Task Force has been informed that the Arkansas Department of Education, Special Education Unit recognizes the need to expand and increase available resources in the area of technology.

Children who have cochlear implants illustrate the issues relative to program options and technology. A cochlear implant is a device that is surgically implanted into the inner ear and, when used in conjunction with the external microprocessor, it provides access to auditory stimuli for children and adults for whom hearing aids are inadequate. Unfortunately, there is nothing “magic” about the technology alone, despite its ~\$40,000 price tag. Use of the cochlear implant must be combined with intensive, appropriate intervention to maximize each individual’s potential. Currently in Arkansas there are over 100 children who have cochlear implants and the number is on the rise. Based on current (2005) information from Arkansas Children’s Hospital, a cochlear implant is the option of choice for many families in Arkansas who have children with severe to profound hearing loss who are under 5 years of age. Early interventionists receive little to no information about cochlear implants. Those who have been “trained” generally report a 1-2 hour inservice in which they were instructed on ways to troubleshoot the device and to take care of it, but no training was given on methods to help children/students develop spoken language in combination with this life-changing technology.

I even moved to St. Louis with our child for two years to get a better education, and my husband and other children remained in Arkansas.

– Parent

I want him to be independent and do everything, socialize, be in environments where he doesn’t stick out and does not feeling like he doesn’t belong.

– Parent

The most important teacher for the child early on is the parent...so the parents need to educate themselves, and then they can educate their child.

– Parent

Problem Statement #6

If parents prefer for their child to go to school in their hometown, just make sure that the kids have good interpreters, certified interpreters who can really interpret in school and can understand what the teachers are saying and what the friends are saying, so the child is not isolated with no interpreter and the teacher talking and everyone talking.

– Student,
Arkansas School
for the Deaf



PROBLEM STATEMENT #6: Personnel who work with infants/children/students who are deaf/hard of hearing lack experience and expertise

The knowledge and expertise needed to teach children/students who are deaf/hard of hearing is specialized and not easy to acquire. Many people believe that deafness is no different than any other disability. However because deafness affects a child's ability to communicate, more than a knowledge of special education is required. In addition, the philosophy of education, language and communication methodologies (e.g., American Sign Language, Contact Language Varieties, Total Communication, Cued Speech, Auditory-Verbal, Auditory-Oral) that are available to teach children/students who are deaf/hard of hearing involve many different skills and therefore one single professional does not have the expertise to offer the full range of communication methods.

Most schools and early childhood programs in Arkansas have a speech-language pathologist who is available to provide services to children/students who qualify for these services. However, many speech pathologists in Arkansas public schools have limited experience with children/students who are deaf/hard of hearing. Only eight school districts around the state employ certified teachers of the deaf who provide services to children/students who are deaf/hard of hearing, and only one school district employs an educational audiologist. Educational Services for the Hearing Impaired (ESHI) provides consultation to public schools throughout the state at no charge to the school district. ESHI is funded through the Arkansas Department of Education and is housed at the Arkansas School for the Deaf. The ESHI staff of 10 is comprised of teachers of the deaf, audiologists, and an educational interpreter. These professionals are responsible for providing consultation to all districts in the 75 Arkansas counties. Because their case-loads are so high (e.g., over 200 children/students per teacher of the deaf consultant) these consultants are usually only able to visit a given school once or twice during the school year, if at all.

Approximately 70 children/students around the state require the use of an educational interpreter. Although minimum standards have been in place for some time, districts often use interpreters who are unqualified because qualified personnel are not available. Often districts identify a person who is willing to learn sign language, and he/she learns on the job, attempting to stay just ahead of the student.

Over 85% of children/students who are deaf/hard of hearing in Arkansas attend classes in regular public schools, and most of these children/students receive at least part of their education in the general

Problem Statement #6

education classroom. The continuum of educational placements is listed below from what is considered the least restrictive setting requiring the fewest educational specialists to the most restrictive setting often requiring more specialized personnel:

- General education classroom which has been modified with some type of amplification or sound distribution system
- General education classroom with support from a speech pathologist and/or a special education teacher
- General education classroom with an educational interpreter
- General education classroom with support in a resource setting from a deaf education teacher
- Self-contained classroom with either a special education teacher and/or a deaf education teacher
- State supported school for the deaf

Research in this area indicates that successful, appropriate early intervention results in superior language skills and in a significant reduction in the amount of support necessary to educate a child when he/she enters the educational system (Downs, 1994). This has significant implications on not only the quality of life for the child but also for the state from a fiscal perspective.

“One day my daughter came home from school and told me she saw a videotape at school. I asked her if it was closed-captioned, because if it wasn’t, the teacher was suppose to send it home to me so that I could write out the dialogue. Anyway, the video wasn’t close-captioned. It was a video I knew came that way, so I was puzzled because the principal had gotten a TV with closed captioning at the beginning of the year. She told me, “Mom, that TV has been broken in the back of the room ever since the beginning of the year.” It was April then so I was upset. I went to the school and confronted the teacher, and she responded that they just couldn’t figure out how the closed captioning on the TV worked. So, I told her that my husband and my dad would be up there within the day to show them how it worked, and they did.

– Parent

If parents prefer for their child to go to school in their hometown, just make sure that the kids have good interpreters, certified interpreters who can really interpret in school and can understand what the teachers are saying and what the friends are saying, so the child is not isolated with no interpreter and the teacher talking and everyone talking.

– Student, Arkansas School for the Deaf

One thing I absolutely do not enjoy is that teachers tend to forget to turn off their microphones (used with amplified sound system in classrooms). One teacher I had absolutely adored carrots. One day I was working in class and couldn’t figure out what that crunching sound was until I looked at her, and she is eating those carrots, “Crunch, crunch, crunch!”

– Student, Arkansas School for the Deaf

Problem Statement #7

PROBLEM STATEMENT #7: The academic expectations for children/students who are deaf/hard of hearing are substandard as compared to the academic standards for that of children/students with typical hearing

Traditionally, the performance of a child who is deaf/hard of hearing has been measured against other children/students who are deaf/hard of hearing, resulting in low expectations. It is critical to acknowledge that the majority of children/students who are deaf/hard of hearing are not cognitively impaired, and, given proper tools and instruction, they have enormous potential to compete with their hearing peers and succeed in a commensurate manner. However, a failure to recognize and acknowledge the presence or effects of a hearing impairment results in the denial of the support services that children/students who are deaf/hard of hearing need to succeed. This could prevent a child from ever reaching his /her full potential.

We had a basketball game against public schools, and the students who can hear are going, "Wow, deaf people can play basketball."

– Student,
Arkansas School
for the Deaf

I had one teacher tell me that although she was making A's in first and second grade to expect C's and D's by the time she was in fifth or sixth grade. I said, "Well, why?" The teacher said, "Well, because hearing impaired children just cannot handle the vocabulary and rigor of some courses." My response was, "Well you don't know my child and you don't know her mom!" and...she proved them wrong!

– Parent

One day my sister told me a girl came up to her at school, and started talking to her like she was slow, and my sister got really upset. So, we talked about it and thought up some things to say back to her next time like, "I'm hearing impaired, not dumb!"

– Sister

Our school has a club that went to a competition with lots and lots of hearing students and we were frustrated because they didn't get us interpreters. We couldn't understand the speeches. We felt like we didn't exist. We were frustrated, but they didn't do anything at all.

– Student, Arkansas School for the Deaf

It's really shocking to me. We had a basketball game against public schools, and the students who can hear are going, "Wow, deaf people can play basketball." Hearing people don't know that deaf people use their eyes.

– Student, Arkansas School for the Deaf

Problem Statement #8

PROBLEM STATEMENT #8: Families of children who are deaf/hard of hearing do not receive the support/education that they need

Families of children who are deaf/hard of hearing are their child's first teacher. These families do not receive the training and support that they need in order to become communication and language models for their children. Research indicates that 84% of children who are deaf/hard of hearing are born to hearing parents (Gallaudet Research Institute, 2002). Approximately 72% of families with children who use sign language do not know how to sign with their children (Gallaudet Research Institute, 2002). According to federal mandates, families are considered to be equal members of their child's educational planning team. However, they often lack the knowledge of what an appropriate and effective educational program looks like and report that "professionals" do not provide them with enough resources or help them adequately improve their competency and confidence while working with their child. Even the medical community recognizes that pediatricians and family practice physicians need more information and resources about children/students who are deaf/hard of hearing (AAP, 2004).

There was a little bit of a hard time, a frustrating time with my dad's side of the family because they don't know signs. At family reunions they would talk, and I didn't know what was going on. No one would tell me.

*– Student,
Arkansas School for the Deaf*

There is only one member in my family that actually knows how to communicate with me, and that is my dad. I love him so much for it.

– Deaf Adult

Communication impacts all aspects of human functioning, from academic to social, from work to pleasure, from social-emotional to intellectual. The ability to understand and produce language defines us as humans and provides us with the means to become literate adults. The unique nature and consequence of deafness or hearing loss is that it can separate deaf or hard of hearing children/students from communication with others, and subsequently starve the student from active and passive learning of both academic and social skills. Our laws need to recognize communication as a fundamental human right and to make it a priority in our educational system” (Colorado Department of Education, 2002, pg. 11).

Children/students who are deaf/hard of hearing in Arkansas and their families deserve more. The current status of education for these children/students in Arkansas raises several concerns including, but not limited to, a lack of quality standards for provision of services to children/students who are deaf/hard of hearing as well as a lack of personnel who have specialized skills to provide services to these children/students. The concerns of the Task Force led to the development of the recommendations for reform and improvement as outlined in section 5 of this report.



This commentary and the National Deaf Agenda helped to identify areas of concern in Arkansas. The Task Force studied the continuum of services available in Arkansas for children/students who are deaf/hard of hearing and their families. Following is a comprehensive list of initial recommendations being made by the Task Force. These recommendations are prioritized and key actions are targeted for 2005. They appear in the Action Plan (see addendum – Action Plan 2005). The recommendations are categorized as follows:

- **Early Identification and Intervention**
- **Language and Communication Access**
- **Collaborative Partnerships**
- **Accountability and Assessment**
- **Placement, Programs and Services**
- **Technology**
- **Professional Standards and Personnel Preparation**
- **Research**

Early Identification and Intervention

Key Issues

The development of communication, language, social/emotional, and cognitive skills at the earliest possible age is fundamental to subsequent educational growth for children birth to five who are deaf/hard of hearing. Early identification, timely follow-up and appropriate early intervention services are crucial to children/students developing to their fullest potential and will ensure that they enter kindergarten with age appropriate skills.

In 2000 Arkansas mandated newborn hearing screening for all infants. The screening program has been successfully implemented statewide under the leadership of the Arkansas Department of Health, and it serves as the point of entry for a system of early intervention.

Actions for Success

- Collaborate with the Arkansas Department of Health to optimize the statewide newborn hearing screening program
- Implement all of the provisions of legislative Acts 1096 and 1559 that address a statewide coordinated early intervention program
- Develop an efficient system of referral from identification to intervention that is family friendly and culturally sensitive
- Establish quality standards for provision of services to children/students who are deaf/hard of hearing, incorporating benchmarks established by the Joint Commission of Infant Hearing Screening
- Develop strategies to provide parents information about and access to the full array of services and educational options

Task Force Recommendations

- Develop strategies to support each family as knowledgeable and important team members in the development and implementation of their child's service plan
- Establish and coordinate a family network that includes parent to parent support and opportunities for socialization with other children/students and adults who are deaf/hard of hearing
- Establish strategies to assist parents/professionals to support and to provide a communication-rich learning environment with incidental learning opportunities

Language and Communication Access

Key Issues

All children/students who are deaf/hard of hearing deserve a quality, communication-driven educational program with peers who provide a model of age appropriate communication, cognitive, social, academic, and linguistic skills. They must also have language proficient teachers and staff who communicate directly in the child's language. Families of children who are deaf/hard of hearing do not always have access to sufficient or appropriate support resources, information, advocacy, training, knowledgeable professionals, and early communication and language opportunities.

Actions for Success

- Increase educational options that provide communication assessment, communication development, and communication-rich environments
- Increase number of highly qualified professionals that promote acquisition of age appropriate literacy skills
- Increase the number of children/students who enter pre-kindergarten and/or kindergarten with age appropriate language, social/emotional and cognitive skills

Collaborative Partnerships

Key Issues

Arkansas has a diverse range of programs addressing the needs and issues related to children/students who are deaf/hard of hearing. Historically, these agencies have not collaborated effectively or efficiently in an ongoing capacity. Partnerships that provide a seamless, complete and interagency collaborative system must be established to ensure that families are fully informed of all service and program options available for their children/students. Examples of partners include, but are not limited to, parents, educators, medical professionals, policy makers, researchers, and representatives of the business community, community agencies, and state and national organizations.

Task Force Recommendations

Actions for Success

- Establish and maintain a consortium of key partners to continue the work begun by the Arkansas Deaf Education Task Force
- Develop a comprehensive resource guide regarding programs and services for children/students who are deaf/hard of hearing in collaboration with the Arkansas Department of Health, Human Services and Education to include the name, function and contact information of the program/service (update annually)
- Sponsor an annual statewide conference, including an awards/recognition program to showcase best practices in the education of children/students who are deaf and hard of hearing
- Collaborate with the credentialing entities of interpreters to develop and maintain an easily accessible, centralized registry of qualified interpreters for educational settings and related services
- Pursue a discussion of the establishment of a Commission for the Deaf and Hard of Hearing in Arkansas

Accountability and Assessment

Key Issues

The Arkansas Department of Education has made significant strides in the area of student accountability and measurement. However, information specific to children/students who are deaf/hard of hearing is often incomplete and is not reflective of the unique language, communication preferences, abilities and needs of this population. A system must be developed that is data driven and focuses on multiple measures of each student's day to day performance.

Actions for Success

- Pursue the development of a technical assistance guide regarding the assessment of children/students who are deaf/hard of hearing to include how primary communication preferences/modes impact testing outcomes, suggested assessment accommodations and adaptations, and how to ensure that children/students are fairly and fully tested
- Identify additional assessment measures to further portray the skills, competencies and needs of children/students who are deaf/hard of hearing (e.g., grade level tests, criterion referenced test and norm referenced test, deaf norms vs. hearing norms, expressive and receptive measures of American Sign Language and Signed English)
- Promote development and use of learning medium assessments specifically pertaining to children/students who are deaf/hard of hearing, comparable to the learning medium assessment in the field of vision

Task Force Recommendations

- Develop a “best practices” guide for all programs serving children/students who are deaf/hard of hearing that will specify what effective, appropriate services are necessary in order to address all needs of these children/students, particularly their communication and language needs
- Develop a comprehensive data collection system for children/students from identification throughout the academic experience, which utilizes consistent terminology, student demographics, services received, and student achievement
- Review the implementation of federal laws relevant to children/students who are deaf/hard of hearing by Arkansas public school systems and compare it to that of other states
- Develop minimum standards for both licensed and non-licensed personnel who work with children/students who are deaf/hard of hearing, birth-21 years of age

Placement, Programs and Services

Key Issues

A continuum of placement options is available within the state of Arkansas for children/students who are deaf/hard of hearing from full inclusion to residential setting. However, not every child in the state has access to appropriate programming options. For example, a child may have access to a self-contained classroom (placement option) but he may not have an educational program that provides for his choice of communication modality (e.g., spoken communication or sign language). Appropriate programming options must be made available to all children/students who are deaf/hard of hearing with recognition that natural and least restrictive environments are intricately tied to communication and language. The least restrictive environment allows the child to directly communicate with age and language peers, as well as personnel and staff. In order for children/students to succeed in the least restrictive environment, the following needs to happen:

Actions for Success:

- Increase public awareness of placement, programs and services specifically designed to address the needs of children/students who are deaf and hard of hearing, birth to 21 years of age
- Restructure the current system of intervention for children birth to 5 years of age to close the gap between services needed and the services available.
- Increase the availability of specialty services that are provided by personnel with expertise in the area of deafness and hearing loss (specifically Teachers of the Deaf and Hard of Hearing; Audiologists; Speech-Language Pathologists; Educational Interpreters) that are utilized by school districts and educational cooperatives
- Enhance the current consultative model of service delivery to children/students who are deaf and hard of hearing

Technology

Key Issues

Technology is particularly important for children/students who are deaf/hard of hearing, because it provides a unique access to information. Accommodations, assistive and adaptive technologies, and emerging technologies must be maximized to improve learning for children/students who are deaf/hard of hearing. Children/students who are deaf/hard of hearing can effectively use an array of technology to seek information, to solve problems and make decisions, and to become creative communicators.

With the adoption of the Arkansas Educational Technology Plan in 1997 and the subsequent 2000 revision, the Arkansas State Legislature and the Arkansas Department of Education have been supportive of the efforts of school districts to improve technology and increase its availability, and children/students who are deaf/hard of hearing have benefited greatly from these efforts. In addition, the past few years have seen huge advances in the development of a variety of technology for individuals who are deaf/hard of hearing, such as real-time captioning, videoconferencing, text messaging, closed captioning, visual alarms, telecommunications devices, cochlear implants, hearing aids, and assistive listening devices.

Actions for Success

- Investigate opportunities for access to appropriate, functional personal amplification for all children/students in Arkansas
- Develop an evaluation and monitoring protocol to optimize technology use in educational settings
- Encourage the utilization of technologies such as videoconferencing, distance learning and video relay services to allow children/students who are deaf/hard of hearing the opportunity to communicate, collaborate and interact with peers, experts and other audiences
- Investigate options for maintaining a clearinghouse for sharing technology equipment and information about funding sources
- Increase training opportunities throughout the state for parents, children/students, and professionals regarding available technology

Professional Standards and Personnel Preparation

Key Issues

Arkansas has a wide range of undergraduate and graduate programs preparing a variety of service providers to work with children/students who are deaf/hard of hearing. The state of Arkansas is unique in that it offers a Baccalaureate degree in Interpreter Education with emphasis in educational interpreting; Master's degrees in Deaf Education, Speech-Language Pathology, and Rehabilitation Counseling with an emphasis in deaf and hard of hearing; an Au.D. in Audiology; and an approved Ph.D. program in Speech and Hearing Science. Nonetheless, new collaborations and initiatives among practitioners and university preparation programs must address the serious shortage of qualified teachers, administrators and support service personnel.

Task Force Recommendations

Actions for Success

- Increase and improve professional development for all personnel who work with children/students who are deaf/hard of hearing
- Develop minimum standards for both licensed and non-licensed personnel who work with children/students who are deaf/hard of hearing, birth to 21 years of age
- Increase the inclusion of class sessions on deaf education within regular education and general special education teacher training programs. Identify possible distance learning options for university programs lacking qualified personnel
- Obtain federal funding for personnel preparation in university programs to provide cross-training for personnel who are working with children/students who are deaf/hard of hearing (Deaf Education, Speech-Language Pathology, Audiology, School Psychology, Rehabilitation Counseling, Early Childhood, Interpreter Education)
- Increase the level of proficiency of personnel providing educational interpreting services in accordance with state and national standards
- Collaborate with the Arkansas Department of Education to improve the quality of the standards for educational interpreters

Research

Key Issues

The goal in Arkansas is to have system for education that is evidence-based leading to outcomes that are consistent to the mission and vision of the Arkansas Deaf Education Task Force.

Action for Success

- Investigate opportunities for funding at local, state, and federal levels
- Seek out opportunities for collaboration and shared learning
- Conduct wide ranging research for the development of a quality, communication-driven education system for children/students who are deaf/hard of hearing

A baby will be born this week who is deaf or hard of hearing—maybe in your hometown or maybe just down the road. She can't communicate yet, but YOU can be her voice.

We ask you to join us in taking action to:

1. Increase awareness of the issues for improving educational outcomes
2. Challenge people to ask two key questions: “What are my responsibilities in this work?” and “What can I do?”
3. Increase knowledge and access to all resources available
4. Formalize a system of oversight for the many players in the provision of services
5. Set a standard for sharing information and communicating about these issues
6. Set a standard for all services provided

This call to action has identified the urgent need to ensure that all children/students who are deaf/hard of hearing in Arkansas receive appropriate intervention and educational opportunities in order to prosper as children and adults. *We trust you will LISTEN and answer the call.*



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