

# Idaho Deaf or Hard of Hearing

GUIDANCE HANDBOOK



IDAHO STATE DEPARTMENT OF EDUCATION  
SPECIAL EDUCATION

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**NOTE:**

It is the district's responsibility to know and follow IDAPA rules, policies, the Deaf or Hard of Hearing Guidance Handbook and any instructions contained in provider information releases or other program notices governing deaf or hard of hearing regulations. The information provided in the document is to assist districts but should not be used in place of knowing and following all applicable school-based information outlined in state and federal rules and regulations.

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# Table of Contents

Acknowledgements.....	5
Introduction to Students with Hearing Loss.....	8
I. Critical Components.....	9
Idaho Special Education Manual.....	9
Idaho Deaf or Hard of Hearing Guidance document .....	9
Definitions (Idaho Special Education Manual, 2017, Ch. 4, Pg. 51-52) .....	9
Evidence of Hearing Loss .....	9
II. Determining a Need for Evaluation .....	11
Identification .....	11
Screening.....	11
General Education Intervention.....	11
Problem-Solving Team Decisions .....	11
Response to Intervention.....	12
Determining a Need for Referral.....	12
III. Referral to Consider an Evaluation .....	14
Purpose.....	14
Determining a Need for Evaluation.....	14
Areas to Assess.....	14
Team Decision .....	16
IV. Consent for Assessment .....	16
Areas to Assess.....	16
V. The Evaluation Team .....	19
VI. Eligibility Report.....	28
Section A. Parent Input .....	28
Section B: Lack of Instruction in Reading and Math .....	28
Section 1E: Access to Core Curriculum.....	28

Section C: Assessment Results .....	29
Determining Appropriate Assessments.....	29
Report Testing Results.....	30
Validity Statement and Testing Observations.....	30
Interpretive Information.....	30
Diagnosis of Hearing Loss .....	30
Section D: English Learner (EL).....	36
VII. Summary of Evidence .....	38
Three-Prong Test.....	38
Evaluation Team Summary (Prong 1):.....	38
Adverse Impact (Prong 2): (Idaho Special Education Manual 2017, glossary) .....	38
Need for Specially Designed Instruction (Prong 3): (Idaho Special Education Manual 2017, glossary) .....	38
VIII. LRE Considerations .....	41
IX. Glossary.....	43
Audiological Terms .....	43
Academic Terms .....	44
X. Appendix.....	46
Appendix A: Overview of the Ear and Hearing.....	46
How We Hear.....	46
Diagnosis of Hearing Loss .....	46
Appendix C: Personal Hearing Technology and Assistive Listening Systems.....	52
Appendix D: Assessment Materials and Red Flags in Testing.....	52
IQ/Cognitive Functioning:.....	53
Additional Testing Considerations .....	54
Early Childhood: .....	55
Academic Achievement:.....	56
Reading:.....	56
Written Language: .....	57

Mathematics:..... 57

Social/Emotional/Behavior:..... 58

Adaptive Behavior: ..... 58

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# Objective

The purpose of this document is to provide educational teams with current, evidence-based support for serving children with hearing loss in educational settings.

The workgroup determined that defining this disability under one special education category “Deaf or Hard of Hearing” (DHH) is the most appropriate and effective way to categorize children identified with hearing loss.

This document outlines the eligibility process specifically as it applies to children who are Deaf or Hard of Hearing, (Idaho Special Education Manual, 2017, Ch.4, pg. 51-52), ages 3 -21 years of age. Deaf or Hard of Hearing children do not need to meet the eligibility requirement (Idaho Special Education Manual, Chapter 4, pg. 61-64), of “at or below the 7th percentile”, as in Speech Impairment or Language Impairment. Children who have a hearing loss, can be automatically considered for a referral. Educational teams need to use the appropriate assessments (and assessment interpretations) to identify if and how the hearing loss adversely affects educational impact and the need for specially designed instruction. This document provides educational teams with recommendations for assessing children who are DHH and guidelines for interpreting evaluation results.

# Introduction to Students with Hearing Loss

Students who are Deaf or Hard of Hearing can learn at the same rate as their hearing peers if consistent and full access to communication and language is provided from an early age. However, these students often experience challenges and barriers in accessing their communication environment, second to their hearing loss. These barriers can impact their academic learning as well as peer interactions and social emotional development. Much of a typically developing, young, hearing child's language and communication development is the result of "incidental" learning. That is words, grammar, language and communication are not directly taught to the child but are learned and acquired by observing and overhearing things in every environment. Language acquisition and development typically occurs through incidental learning and a typically-developing hearing child arrives to the first day of kindergarten with full age-appropriate language in place. However, this is not true for many Deaf or Hard of Hearing young children. Developing age-appropriate language for a Deaf or Hard of Hearing child is typically much more difficult, in that the opportunities for incidental learning are more limited and at times, almost non-existent.

Additionally, as children enter school, more challenges to language and communication arise. Traditional classroom environments rely heavily on direct instruction interactions and collaborative learning with peers through auditory/oral communication. Without proper supports and accommodations, this further exacerbates the delays that may be occurring for a child who is Deaf or Hard of Hearing. A plan should be considered by the team for any student who is Deaf or Hard of Hearing that specifically addresses their unique needs: mode of communication, language and communication development, auditory environment needs, social/emotional development, self-advocacy and/or hearing technology. As a result, students who are Deaf or Hard of Hearing frequently miss components of the instructional process and often fall behind same-age peers in social development within a traditional academic setting.

The preschool years represent a critical time in a child's development as well as a period when they are the most vulnerable. Special factors considerations (34 C.F.R. § 300.324 (2)(iv-v)) outline essential elements to be addressed in the provision of services. These include: the child's communication and language needs, opportunities for direct communication with peers and professionals in the child's language and communication mode, academic level, full range of needs, and opportunities for direct instruction in the child's language and communication mode.

These provision of services should also be followed for students in the K-12 setting. This document is intended to guide educational teams in determining the need for evaluation, as well as services that may benefit the student who is Deaf or Hard of Hearing.

 **See Appendix A for an Overview of the Ear and How We Hear**



# I. Critical Components

## Idaho Special Education Manual

References to chapters and sections of the Idaho Special Education Manual are found throughout this guidance tool. The relevant chapters and sections of the Manual are referenced in gray below the section title or heading. The Idaho Special Education Manual can be found on the Idaho State Department of Education website at <https://www.sde.idaho.gov/sped/sped-manual/>

## Idaho Deaf or Hard of Hearing Guidance document

The Idaho State Department of Education has created a guidance document for teams to use when determining eligibility for Deaf or Hard of Hearing. The DHH guidance document can be found under the “Chapter 4” section of the Idaho Special Education Manual Resource Materials at <https://www.sde.idaho.gov/sped/sped-manual/>. Examples of documents are taken from the Idaho Special Education Forms which can be found at <https://sde.idaho.gov/sped/sped-forms/>.

## Definitions (Idaho Special Education Manual, 2017, Ch. 4, Pg. 51-52)

Deaf or Hard of Hearing means a child with a hearing loss, whether permanent or fluctuating, that impairs the access, comprehension and/or use of linguistic information through hearing, with or without amplification, and that adversely affects a child’s educational performance.

State Eligibility Criteria for Deaf or Hard of Hearing: An evaluation team will determine that a student is eligible for special education services as a student who is Deaf or Hard of Hearing when all of the following criteria are met:

- a. An evaluation that meets the procedures outlined in Section 5 of this chapter has been conducted.
- b. The student exhibits a hearing loss that hinders his or her ability to access, comprehend, and/or use linguistic information through hearing, with or without amplification.
- c. The student is diagnosed by an audiologist as having a hearing loss.
- d. The student’s condition adversely affects educational performance.
- e. The student needs specially-designed instruction.

## Evidence of Hearing Loss

To consider eligibility determination under the category of Deaf or Hard of Hearing (DHH), the Evaluation Team will examine and document the evidence in the eligibility process. Evidence includes a full audiological evaluation by an audiologist. If districts do not have an educational audiologist, then they may refer the family to the IESDB audiologist to be tested at no cost to

the family. Referrals can be made through the IESDB Consulting Teacher assigned to the school/district. A district may also elect to contract with a clinical audiologist or use recent findings obtained by private audiologists.

The Eligibility of Deaf or Hard of Hearing can be found under the “Chapter 4” section of the Idaho Special Education Manual Resource Materials at <https://www.sde.idaho.gov/sped/sped-manual/>

## II. Determining a Need for Evaluation

### Idaho Special Education Manual Chapter 3

#### Identification

According to Chapter 3, Section 3 of the Idaho Special Education Manual 2017, the identification component of Child Find includes screening, early intervening through a problem-solving process and referral to consider a special education evaluation.

#### Screening

A hearing screening is an important part of the Child Find process. A hearing screening is a procedure used to identify children/youth who may have a hearing loss. The screenings facilitate identification of a suspected hearing loss, but they do not confirm or provide an analysis of the type or degree of hearing loss.

A screening is not a substitute for a diagnostic assessment. Information from a screening alone may not be used to determine a child's hearing abilities but are conducted to determine which children may need a referral for more extensive evaluations. Inconclusive or "refer" results from the screening cannot be used to delay processing of a referral to consider a special education evaluation when immediate action is warranted. If the child does not pass a hearing screening, the child should be referred to a certified audiologist for further testing.

#### General Education Intervention

When a school's testing process reveals that a student or groups of students are at risk of not meeting the Idaho Content Standards, the general education problem-solving team shall consider the students' needs for "supported" instructional and/or behavioral interventions in order to support student success.

#### Problem-Solving Team Decisions

Following an intervention, the problem-solving team will review progress-monitoring data from the intervention and other relevant information to determine what action is warranted.

The team considers a variety of options, including whether to:

- a. Continue the general education intervention because the student is making adequate progress but needs more time to reach goals;
- b. Continue the intervention in a modified form;
- c. Explore services or programs outside of special education or
- d. Make a referral to consider a special education evaluation.

If a parent initiates a referral for a special education evaluation, the evaluation cannot be delayed or denied due to the child not completing the general education intervention process.

## Response to Intervention

Response to intervention (RTI) integrates assessment and intervention within a school-wide, multi-level prevention system to maximize student achievement and reduce behavior problems. Interventions are an essential part of any school-wide prevention system and should be implemented throughout the school for all students. It should be noted that RTI is not a required component or criteria in identifying a student under the criteria of Deaf or Hard of Hearing, however, it is instrumental in identifying a student's needs. RTI should be used as a tool in identifying instructional strategies and interventions for students who are Deaf or Hard of Hearing and NOT as criteria for identification. <https://www.sde.idaho.gov/topics/rti/>

## Determining a Need for Referral

To determine a need for referral, teams must review all existing information, including existing progress monitoring data, state-wide and classroom assessment data, information provided by the parent or adult student, Idaho Educational Services for the Deaf and the Blind (IESDB) consultant, teacher input, outside evaluations, hearing and vision screenings/examinations, and/or school records.

### » Determining a Need for Referral Guiding Questions

#### **i** Current Level of Achievement

- Does evidence exist that this student's achievement and/or behavior interaction differ significantly from same-aged peers without a disability?
- How has the student performed on statewide and district assessments?

#### **i** Intervention

- Did the interventions/curricula implemented have an evidence base or represent instructional best practice?
- Were the interventions/curricula carried out with fidelity?
- Were adjustments made to the interventions/curricula as a result of ongoing progress monitoring?

#### **i** Monitoring Progress

- Was any diagnostic/prescriptive assessment administered for the purpose of informing appropriate instruction/intervention, particularly if the student was not responding adequately to early intervention attempts? If so, what are the results?
- Is there evidence of a significant achievement gap even after targeted and/or intensive intervention? If so, is the achievement gap with grade-level peers closing?
- Have there been changes or suspected changes in the child's hearing abilities?

#### **i** Other Considerations

- Does the student need on-going supports and services that cannot be maintained through general education alone in order to benefit from general education?
- Is there evidence of an identified hearing loss?
- Are there any other medical concerns?

- How does the child interact with peers? How does the child interact with adults?
- Were interventions carried out concurrently throughout the school day?
- In addition to the above questions, the team must also consider if the student's learning difficulty is impacted by any of the following factors:
  - A visual, hearing, or motor impairment
  - An intellectual disability
  - An emotional disturbance
  - Environmental or economic disadvantage
  - Cultural factors
  - Lack of appropriate instruction in reading or math
  - Limited English Proficiency

# III. Referral to Consider an Evaluation

Idaho Special Education Manual, 2017, Chapter 3, Section 4

## Purpose

The problem-solving team must first determine whether the student's response to general education interventions is adequate. When adequate progress is not made, the child should be referred to the evaluation team. The evaluation team should review data to determine if it is warranted to refer for a comprehensive evaluation.

## Determining a Need for Evaluation

To determine a need for evaluation, the evaluation team must review all existing information, including existing progress monitoring data, state-wide and classroom assessment data, information provided by the parent or adult student, teacher input, hearing and vision screenings/examinations, and/or school records. If the team is evaluating a student with a diagnosed or suspected hearing loss, best practice includes inviting the Idaho Educational Services for the Deaf and the Blind (IESDB) Consulting Teacher to the team.

Idaho Educational Services for the Deaf and the Blind (IESDB) provides services to children birth to 21 who are Deaf or Hard of Hearing. Services may include consulting support with the evaluation process that will aid in the child's educational success for school districts and parents of these children, the purpose of this document is to support school-aged students. Agreements have been established at the state level, obtaining consent to share information prior to making a referral is not needed. See the Memorandum of Understanding or specific details. [www.https://legislature.idaho.gov/statutesrules/idstat/Title33/T33CH34/SECT33-3410/](https://legislature.idaho.gov/statutesrules/idstat/Title33/T33CH34/SECT33-3410/)

## Areas to Assess

Based on the evidence reviewed, the evaluation team must consider the student's present level of performance in all the areas of concern and determine what additional information needs to be gathered through assessments.

Teams might consider the following questions as guidance in determining areas of concern within the Referral to Consider a Special Education Evaluation form and the Assessment Plan section of the Consent for Assessment form.

### Referral to Consider an Evaluation Guiding Questions

- What evidence was reviewed as part of the determination to move forward with referral?
- Does the information reviewed indicate that additional assessments are necessary?

- Depending on the area(s) of concern, the team should consider the unique aspects of the hearing loss including:
  - a. Type of loss (conductive, sensorineural, mixed)
  - b. Degree of loss, e.g. (mild, moderate, severe, profound)
  - c. Age of identification
  - d. When the child was fit with hearing technology, if any
  - e. What type of hearing technology does the child use, if any (unilateral or bilateral)
  - f. How many hours a day does the child use hearing technology, if any
  - g. Auditory skills (use of residual hearing)
  - h. Preferred mode of communication of child/family
  - i. Performance in different communicative environments (i.e., noise vs. quiet, structured vs. unstructured)
  - j. Presence of additional disabilities or medical conditions, if any
  - k. Primary/Native language in the home
  - l. Etiology and family history of hearing loss
  - m. Visual skills
  - n. What interventions have been tried, if any
- Have concerns been observed/reported with staff?
- Have concerns been observed/reported with parents?
- Have concerns been observed/reported with peers?
- Have concerns been observed/reported in academic progress?

**EVIDENCE REVIEWED** CHECK ALL THAT APPLY AND ATTACH DOCUMENTATION, IF APPLICABLE.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Information from parent/guardian | <input type="checkbox"/> Attendance records                            | <input type="checkbox"/> Instructional methodology/interventions/curriculum provided |
| <input type="checkbox"/> Progress monitoring              | <input type="checkbox"/> Observations                                  | <input type="checkbox"/> Medical/outside provider records                            |
| <input type="checkbox"/> Achievement data                 | <input type="checkbox"/> Fine/Gross motor                              | <input type="checkbox"/> Assistive technology data                                   |
| <input type="checkbox"/> Psychological evaluation(s)      | <input type="checkbox"/> Social/emotional/behavioral data              | <input type="checkbox"/> Discipline records  |
| <input type="checkbox"/> Speech-language data             | <input type="checkbox"/> Adaptive Behavior                             | <input type="checkbox"/> Positive behavior supports/Behavior intervention plan       |
| <input type="checkbox"/> Hearing/Vision screening data    | <input type="checkbox"/> Classroom progress/grade reports/work samples | <input type="checkbox"/> Other data  |

Source: *Referral to Consider a Special Education Evaluation*,  
<https://www.sde.idaho.gov/sped/sped-manual/>

## ***i*** Review of Age Appropriate Skills

- In which area(s) does the team have concerns?
- For areas of concern, is more information needed?

Based on the evidence reviewed, consider the questions below.

AREAS	AREA OF CONCERN	NEED MORE INFORMATION
Intellectual/Cognitive Functioning	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Academic Performance	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Classroom Observation (Classroom participation and behaviors)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Communication (Speech/Language)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Motor Development (Fine)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Motor Development (Gross)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Hearing	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Source: Referral to Consider a Special Education Evaluation, <https://www.sde.idaho.gov/sped/sped-manual/>

## Team Decision

Once the evaluation team has reviewed the existing evidence and determined if new information needs to be gathered through assessments, the team will determine if the evaluation is warranted at this time. If the team determines that the evaluation is warranted, the team will identify the referral questions that will be answered through the evaluation and gain Consent for Assessment. If the team determines that an evaluation is not warranted at this time, the team will provide Written Notice explaining the decision.

Is evaluation warranted at this time, based on the evidence reviewed?

Yes (Team will complete Consent for Assessment)

If yes, what are the referral questions that the team would like answered through the evaluation:

No (Team will complete Written Notice)

# IV. Consent for Assessment

Idaho Special Education Manual, 2017, Chapter 4 Written Notice and Consent Criteria

## Areas to Assess

The student should be assessed in all areas related to the suspected disability, which includes areas such as functional, developmental, social/emotional, and academic skills needed to



participate and progress in the general education curriculum.

A licensed audiologist must assess the hearing abilities of children who are suspected to be or have been identified with hearing loss.

The evaluation of each student should be individualized, and sufficiently comprehensive to identify all of the student's suspected special education and related service needs.

## » Consent for Assessment Guiding Questions

### **i Reason for Conducting Assessment**

- Why is the evaluation team proposing that an evaluation or reevaluation is necessary?
- Have there been any previous evaluation/assessments?
- Who is the referral source? Were concerns brought forth by school, parents, IESDB, etc.?

### **i Information Used to Determine Area(s) To Be Assessed**

- What information did the evaluation team discover as part of the records review to make this determination?
- Is a current hearing evaluation on file? ("Current" is not considered a standard length of time but should be considered for each child individually. For example, one year could be considered current for children with stable hearing levels, whereas a child with progressive or fluctuating hearing levels may require more recent information).

### **i Options Considered But Rejected**

- Are there other options that the evaluation team has considered, but rejected and why were those options rejected?

### **i Assessment Plan**

- Which areas of concern were identified as part of the Referral to Consider a Special Education Evaluation?
- What are the specific eligibility criteria according to the Idaho Special Education Manual for the suspected disability?
- Are the areas related to the suspected disability, including functional, developmental, and academic, identified as areas to assess? If not, why?
- Identify the area(s) that the team would like to assess, person responsible for completing the assessment, and description of the assessment procedure(s).  
*The assessment will occur in the student's native language or other mode of communication (Idaho Special Education Manual, 2017, Chapter 4, #3, pg. 43).*
  - The evaluator must be aware that children with hearing loss may use a multitude of communication approaches (American Sign Language, Signing Exact English, Cued Speech, speech, lip reading, writing, pantomime, gestures, etc.) and evaluations must be conducted in the student's preferred mode. Using the student's most effective mode of communication is the only way to preserve the integrity of the testing situation. A determination of the student's most effective mode may be

obtained via consultation with the student’s IESDB consultant, teacher(s), parent(s), and/or interpreter. Teams are cautioned to consider that a child’s preferred mode of communication may differ across environments. For Example, the setting (large group vs 1:1 setting), the content (academic vs conversational), and even the communication partner (hearing or deaf; teacher vs peer; familiar vs unfamiliar) may influence the students preferred mode of communication.

- The evaluation team needs to understand the diversity of the student’s auditory environments throughout the day, while it is most appropriate to evaluate the student in a quiet setting, this will give the “best case scenario” of the student’s functioning and may not reflect the challenges the student has in a less structured or noisy environment with peers. Observations in different acoustic and communicative environments throughout the day is beneficial to getting the best evaluation of the student’s functioning. In providing a standardized assessment the best place for administering a standardized assessment is in a quiet place where the child has ample access to the test material; the environment which is free from auditory and visual distractions.

The Consent for Assessment form can be found on the Idaho State Department of Education website at <https://www.sde.idaho.gov/sped/sped-forms/>

# V. The Evaluation Team

Chapter 4, Section 1 and Chapter 5, Section 1

## Evaluation Team

The evaluation team is a group of people outlined by the Individuals with Disabilities Act (IDEA) and has the responsibility to make decisions regarding evaluation, assessments, and eligibility.

The specific composition of the evaluation team that will review existing data will vary depending upon the nature of the student's suspected disability and other relevant factors. The parent/adult student is a member of the evaluation team and shall be provided an opportunity to provide input and participate in making team decisions.

### » Evaluation Team Membership for students who are Deaf or Hard of Hearing:

The student's parents and a team of qualified professionals shall make the eligibility determination of whether a student meets criteria for eligibility of Deaf or Hard of Hearing. When considering students who are Deaf or Hard of Hearing, the following team members are required:

1. Parent
2. Administrator/District Representative
3. General education teacher
4. Special education teacher
5. Speech and Language Pathologist
6. Early Childhood Special Education Teacher (Ages 3-5)

Other recommended team members:

- IESDB Consulting Teacher
- Educational Audiologist
- Teacher for the Deaf or Hard of Hearing
- School Psychologist

## » Team Membership Responsibilities and Contributions

Idaho State Department of Special Education Manual, 2017, Chapter 5, Letter D

<b>Parent/Guardian or Student</b>	
<p>The term “parent” refers to biological or adoptive parent, foster parent, a judicially- decreed guardian (does not include state agency personnel if the student is a ward of the state), a person acting in place of a parent, or a surrogate parent who has been appointed by the district.</p> <p>This person makes educational decisions for the student.</p> <p>An “adult student” is a student with a disability who is eighteen years of age or older to whom special education rights have transferred under IDEA and Idaho Code (Idaho Special Education Manual, 2017, Chapter 11, 2C). The adult student makes educational decisions him/herself.</p>	<p>Contributions to team decisions may include:</p> <ul style="list-style-type: none"> <li>• Providing input on their child’s or his/her strengths and needs within the area(s) of concern.</li> <li>• Providing information regarding what has worked and not worked for their child or self in the past.</li> <li>• Providing information regarding previous testing or medical information (e.g., diagnosis from physician).</li> <li>• Communicating and advocating high expectations for the child and school team conducting the evaluation and possibly implementing an IEP.</li> </ul>
<b>Administrator/District Representative</b>	
<p>The district representative or designee must be:</p> <ol style="list-style-type: none"> <li>a. Qualified to provide or supervise the provision of special education to meet the unique needs of students with disabilities</li> <li>b. Knowledgeable about the general education curriculum and</li> <li>c. Knowledgeable about the availability of resources within the school and district.</li> </ol> <p>Examples of the district representative include the building principal, the special education director, the district superintendent, and others who meet the criteria described above.</p>	<p>Contributions to team decisions may include:</p> <ul style="list-style-type: none"> <li>• Providing information regarding the array of services available in the district.</li> <li>• Representing the interests of the district and district/school personnel, including regular and special education.</li> </ul> <p>Committing resources to ensure that services identified within the IEP will be provided as agreed upon by the IEP team.</p>

<b>Early Childhood Special Education Teacher</b>	
<p>Early childhood teachers specialize in the learning, developmental, social, and physical needs of young children. These educators provide an environment in which young children can learn early academics, motor, adaptive skills, vocabulary, writing, and developing the foundations of social interactions.</p>	<p>Contributions to team decisions may include:</p> <ul style="list-style-type: none"> <li>• Providing differentiated instruction to meet the child’s unique needs</li> <li>• Identifying the supplementary aids and services that the child may need to be successful in the classroom and elsewhere</li> <li>• Providing information about the child’s developmental status in all areas of development</li> </ul>
<b>Special Education Teacher/ Teacher of the Deaf and Hard of Hearing</b>	
<p>The special education teacher/teacher of the Deaf or Hard of Hearing is able to explain the results of academic assessments, instructional implications, and the recommendations of the evaluation.</p> <p>For students who qualify for IEP services, the special education teacher and/or DHH teacher provides academic supports, as determined necessary by the IEP team.</p>	<p>Contributions to team decisions may include:</p> <ul style="list-style-type: none"> <li>• Providing current information, research, student assessment and progress reporting data to guide the eligibility team in making evaluation decisions.</li> <li>• Interpreting and explaining academic achievement assessment results.</li> <li>• Assisting the team in using those results to determine whether the student is experiencing an adverse effect of the disability and if specially designed instruction is required.</li> <li>• Making recommendations regarding specialized instruction, which may include learning strategies, teaching methodology or effective accommodations within the classroom.</li> </ul>
<b>General Education Teacher</b>	
<p>The general education teacher has knowledge and expertise about the content of the grade-level curriculum. The teacher can also provide input on the</p>	<p>Contributions to team decisions may include:</p> <ul style="list-style-type: none"> <li>• Providing information about the student’s participation,</li> </ul>

<p>classroom structure, environment, expectations, and daily schedule.</p> <p>For preschool-age students, the general education teacher may be the kindergarten teacher or an appropriate designee. Designees at the preschool level may include a care provider, Head Start teacher, or community preschool teacher if that person meets state and/or national licensing standards.</p>	<p>performance, and interaction with his/her peers within the general education classroom.</p> <ul style="list-style-type: none"> <li>• Sharing information regarding the general education curriculum and grade-level expectations for the student and peers.</li> <li>• Making recommendations about individualized learning, needed adaptations and classroom accommodations when the team is determining whether the student is experiencing an adverse effect of their disability and if specially designed instruction is required.</li> </ul>
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**Idaho Educational Services for the Deaf and the Blind Consulting Teacher**

<p>IESDB consulting teachers are teachers who specialize in the education of children who are Deaf or Hard of Hearing. The teachers of the Deaf or Hard of Hearing are certified teachers based regionally throughout the state of Idaho to support school districts. A Memorandum of Understanding with the Idaho State Department of Education, Special Education outlines the partnership between IESDB and the school district.</p>	<p>Contributions to team decisions may include:</p> <ul style="list-style-type: none"> <li>• Providing current information, research, student assessment, and progress reporting data to guide the team in making evaluation decisions.</li> <li>• Participating in assessments, informal and formal testing such as: checklists, observations, and when necessary or requested, ASL Proficiency Assessment</li> <li>• Interpreting and explaining academic achievement assessment results including review of the audiogram.</li> <li>• Assisting the team in using results to determine whether the student is experiencing an adverse effect of the hearing loss and if specially designed instruction is required.</li> <li>• Making recommendations regarding specialized instruction for students with hearing loss supporting all modes of</li> </ul>
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	<p>communication. These recommendations may include learning strategies, teaching methodology, or effective accommodations within the classroom.</p> <ul style="list-style-type: none"> <li>• Can address the student’s social/emotional and self-advocacy needs</li> </ul>
<b>Student</b>	
<p>Whenever appropriate, the evaluation team should include the student with a disability.</p>	<p>Contributions to team decisions may include:</p> <ul style="list-style-type: none"> <li>• Providing input regarding his/her preferences, interests, strengths and needs.</li> <li>• Participating in assessments that the team has identified as necessary to determine eligibility for special education services.</li> </ul>
<b>Other</b>	
<p>Individuals invited by the parents or school who have knowledge or special expertise about the student.</p>	<p>Contributions to team decisions may include:</p> <ul style="list-style-type: none"> <li>• Providing input using their knowledge or special expertise regarding the student.</li> </ul>
<b>School Psychologist</b>	
<p>According to the National Association of School Psychologists (NASP), the following information needs to be taken into consideration by schools when assessing students with hearing loss:</p> <ul style="list-style-type: none"> <li>• All school psychologists who work with students who are Deaf or Hard of Hearing must first hold the appropriate school psychology credential as defined by their state and school system policies.</li> <li>• School psychologists need to recognize the strengths and limitations of their training and experience and engage only in practices for which they are qualified. When a school</li> </ul>	<p>Contributions to team decisions may include:</p> <ul style="list-style-type: none"> <li>• Interpreting and explaining assessment results within their area of expertise.</li> <li>• Assisting the team in using those results to determine whether or not the student is experiencing an adverse effect of the disability and if specially designed instruction is required.</li> </ul>

<p>psychologist cannot communicate directly in the language and modality of a student who is Deaf or Hard of Hearing, NASP supports the ethical and responsible use of peer review, consultation that includes distance technologies and referral to appropriately qualified professionals.</p> <ul style="list-style-type: none"> <li>• School psychologists should be aware of research in the field of deafness, specifically relating to the reliability and validity of psychological assessment instruments, to avoid misuse. Furthermore, because of the tremendous heterogeneity within this population, test developers, publishers, and other researchers are urged to specify the significant characteristics (e.g., degree of hearing loss, etiology, age of onset, etc.) of the students who are Deaf or Hard of Hearing and are included in collected samples and validity studies.</li> </ul>	
<b>Speech and Language Pathologist</b>	
<p>The SLP is on the evaluation team to explain, recommend, and discuss assessment results and specialized instruction that may be necessary for the child:</p> <ul style="list-style-type: none"> <li>• The speech-language pathologist is the person on the team responsible for administering and interpreting assessments related to the student’s development in all communication domains (phonology, morphology, syntax, semantics and pragmatics).</li> <li>• Speech-language pathologists should select assessments that evaluate the child’s performance</li> </ul>	<p>Contributions to team decisions may include:</p> <ul style="list-style-type: none"> <li>• Identifying language sample discrepancy errors specific to children who are DHH</li> <li>• Explaining how hearing loss impacts communication</li> </ul>



<p>in a variety of communication settings. SLPs must consider the communication modality of the student and select norm- and - criterion-referenced assessments accordingly.</p> <ul style="list-style-type: none"> <li>• SLPs should be aware of research related to hearing loss, specifically relating to the reliability and validity of communication-based assessment instruments to avoid misuse. Language and speech samples are ideal for supplementing norm-referenced assessments.</li> <li>• SLPs should understand how hearing loss impacts communication development. For example, vocabulary can be limited due to lack of incidental exposure.</li> <li>• SLPs need to understand the relationship between access to communication and communication development. Ensuring that the child has sufficient access to sound means ongoing inter-professional communication with the student’s audiologist(s), IESDB consultant and classroom teachers. For students who use a visual mode of communication, communication can be impacted by consistent use of a highly qualified interpreter.</li> </ul>	
<b>Educational Audiologist</b>	
<p>Educational audiologists are members of the team who facilitate listening, learning and communication access via specialized assessments; monitor personal hearing instruments; recommend, fit and manage hearing assistance technology; provide and recommend support services and</p>	<p>Contributions to team decisions may include:</p> <ul style="list-style-type: none"> <li>• Conducting diagnostic assessment and/or review of audiological data</li> <li>• Reviewing functionality of hearing technology including residual limitations</li> </ul>

<p>resources; and advocate on behalf of the students.</p> <p>The educational audiologist provides knowledge regarding the results of a diagnostic evaluation of a student’s hearing loss, supports the team's discussion of strategies to enhance communication access and learning within the educational environment, and provides in-service to staff to support identification of potential pitfalls related to the child's auditory abilities during the multidisciplinary evaluation.</p>	<ul style="list-style-type: none"> <li>• Conducting observations</li> <li>• Collaborating with medical professionals, including clinical audiologist</li> <li>• Collaborating with educational teams related to educational needs secondary to auditory function</li> <li>• Providing specific information for the type of loss</li> </ul>
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## The Evaluation Team Guiding Questions

- What is the student’s suspected disability?
- Does the student have a documented hearing loss?
- Does the Idaho Special Education Manual require specific team membership for the suspected disability category?
- Who is needed to provide relevant and/or required information regarding the student’s strengths and needs for making the eligibility determination?
- Has this child been reported to IESDB as required by Idaho Statute 33-3410? <https://law.justia.com/codes/idaho/2016/title-33/chapter-34/section-33-3410/>
- Has an IESDB consulting teacher been invited to your meeting?

### EVALUATION TEAM INFORMATION

Names of All Evaluation Team Members Invited to Attend	Position or Title	Agreement with Report
	Student (whenever appropriate) <small>34 CFR 300.321(a)(7)</small>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA
	Parent/Guardian <small>34 CFR 300.321(a)(1)</small>	<input type="radio"/> Yes <input type="radio"/> No
	District Administrator or Designee <small>34 CFR 300.321(a)(4)(i)-(iii)</small>	<input type="radio"/> Yes <input type="radio"/> No
	General Education Teacher <small>34 CFR 300.321(a)(2)</small>	<input type="radio"/> Yes <input type="radio"/> No
	Special Education Teacher <small>34 CFR 300.321(a)(3)</small>	<input type="radio"/> Yes <input type="radio"/> No
		<input type="radio"/> Yes <input type="radio"/> No

**Note:** In the case of a learning disability determination, each member must indicate whether the report reflects that member’s conclusion. Any evaluation team member who disagrees with the conclusions of this report must attach a separate written statement of his or her conclusions. 34 CFR 300.311(b)

Source: *Eligibility Report*, <https://www.sde.idaho.gov/sped/sped-forms/>

# VI. Eligibility Report

## Section A. Parent Input

The parent or adult student is a member of the evaluation team and shall be provided an opportunity to provide input and participate in making team decisions.

The evaluation team must provide parents with opportunity to give input before the eligibility determination.

Record input from parents relating to their student's strengths and needs.

### **i** Parent Input Guiding Questions

- Was there opportunity for the parent(s)/adult student to provide meaningful input regarding the current level of performance prior to the eligibility meeting?
- Was there opportunity for the parent(s)/adult student to provide relevant developmental, educational, and medical information as part of the eligibility determination?
- Possible Questions to ask the parent(s):
  - What are your child's strengths, loves, passions, and interests in home, school, and/or in the community?
  - What are your child's needs, weaknesses, struggles, and/or areas of difficulty in general and related to hearing loss?
  - Related to their hearing loss, are there environments where your child is more successful? Less successful?
  - What communication methods are most successful for your child at home, school, and/or in the community?
  - When/where is communication with your child easy and fluid?

## Section B: Lack of Instruction in Reading and Math

### Section 1E: Access to Core Curriculum

Idaho Special Education Manual, 2017, Chapter 4, Sections 5(E) and 7(B)

Information documenting prior to, or as part of, the referral process, the student was provided appropriate instruction in general education settings.

A student cannot be identified as a student with a disability if the primary reason for such a decision is:

- a. Lack of appropriate instruction in reading;
- b. Lack of appropriate instruction in math; or
- c. Limited English Proficiency

Data regarding appropriate instruction may include:

1. Verification that core (Tier 1) instruction was provided regularly;
2. Data indicating that the student attended school regularly to receive instruction;
3. Verification that core instruction was delivered according to its design and methodology by qualified personnel; and
4. Verification that differentiated instruction in the core curriculum was provided.

### **i Lack of Instruction Guiding Questions**

- Did the student attend school regularly?
- Was the core reading instruction provided regularly?
- Was the core math instruction provided regularly?
- Was the core instruction differentiated to meet the needs of the student?
- Has the instruction been provided by qualified personnel?
- Has the student changed schools frequently?
- Did lack of identification of hearing loss impact student's ability to access reading and math curricula?

### **C. Did lack of appropriate instruction in reading or math inhibit the access to and progress in the general curriculum?**

34 CFR 300.306(b)(1)(i)-(ii)

*A student cannot be determined eligible for special education if the determinant factor is lack of instruction or math or reading (including phonemic awareness, phonics, vocabulary development, comprehension and fluency). Address the following factors regarding access to instruction.*

- Yes  No      Lack of appropriate instruction in reading (phonemic awareness, phonics, fluency, comprehension, vocabulary)
- Yes  No      Lack of appropriate instruction in math

Source: <https://www.sde.idaho.gov/sped/sped-forms/>

## **Section C: Assessment Results**

### **Determining Appropriate Assessments**

#### **i Unique Factors to Consider Guiding Questions**

- What factors are exhibited that hinder access, comprehension, and use of linguistic information?

#### **i Interview questions and informal observations**

- Does the student need on-going supports and services that cannot be maintained through general education alone to benefit from general education?
- Does the child use/wear hearing technology, e.g., (hearing aids or cochlear implant) consistently?
- Does the child follow instructions with or without hearing technology?
- Does the student answer open-ended questions accurately regarding grade level content?
- Does the student show a delayed response or no response to classroom discussion?
- With or without hearing technology, can the child access auditory information the first time given? (without repetition, rephrasing, peer support, or paraphrasing)

- In the classroom with students participating in cooperative learning (increased background noise), does the student participate and contribute?
- Are there environmental factors that hinder acoustic information? (i.e. radio, fan, HVAC, etc.)

## Report Testing Results

The examiner provides a brief description of the assessment along with a notation of the average range and standard deviation.

## Validity Statement and Testing Observations

The examiner must include a statement indicating the validity of the assessment, documenting observation information related to the student's behavior during testing. The examiner must also report the area assessed, name of assessment, date administered, scores, and name and title of evaluator.

## Interpretive Information

The examiner must provide an interpretation of the test scores, noting if the student is below average, average, or above average with regard to the subtests administered. The examiner will explain how the test results relate to an impact on the student's performance in general education.

## Diagnosis of Hearing Loss

An audiological evaluation will include several measures selected by the audiologist to obtain information about hearing abilities. Evaluative measures will determine a student's hearing abilities across a range of pitches and detect possible problems related to ear health that may impact the child's hearing. Audiologists may also complete functional/performance measures using the child's hearing technology to support a team's understanding of auditory needs across educational environments. After the audiological evaluation, the audiologist will describe the type, degree, and configuration of the child's hearing loss, as applicable.

**i See Appendix A and Glossary for more information about Terminology in**

## » Evidence of Hearing Loss and that the Hearing Loss Hinders Learning Guiding Questions

### **i Assessment Measures**

- Does the team have a current audiological evaluation from a certified audiologist that shows a diagnosis of hearing loss?
- Was a complete audiological evaluation completed? Does data describe hearing abilities across a fluency range or across a range of pitches?
- What type of hearing loss was identified, e.g., sensorineural, conductive, mixed, fluctuating. What type, degree, and configuration were identified? How do hearing

abilities differ between ears (hearing loss may be unilateral, bilateral, asymmetric or symmetric)?

- Were measures obtained that may predict functional abilities (aided testing, discrimination in quiet, listen in noise measures)

### **i** Assessment Validity and Observations

- Why does the examiner consider the assessment(s) to be valid? (Consider testing conditions, behavior, etc.)
- During the assessment, how did the student’s behavior affect the validity of the test?
- Was the student observed in multiple settings?

### **i** Interpretive Data

- Does the student’s hearing loss hinder his/her ability to access, comprehend, and/or use linguistic information through hearing, with or without amplification?
- How would the examiner interpret the test scores in a parent-friendly manner?
- How do the hearing abilities, as identified in test findings, impact the student’s general education performance?
- Factors to Consider in Early Education

Early language development is critical to cognition, literacy and academic achievement. The first five years of a child’s life are critical for language development. Language competence, whether spoken and/ or signed, is the foundation upon which social-communication and social-cognitive skills are developed and it underlies literacy and academic achievement.

## » Areas of Concern

## » Impact on students who are DHH

<b>Medical/Background</b>	
Refers to the child’s birth history. Was the student born premature? How was the mother’s pregnancy and birth of the student? Does the child have a syndrome? Does the child have any other medical conditions?	Children who have other challenges/delays other than hearing loss may need additional accommodations or supports.
<b>Audiological</b>	
Refers to the child’s hearing abilities.	Children experiencing hearing loss difficulties may have challenges accessing the auditory environment and may experience barriers to incidental learning. Due to the presence of hearing loss, subsequent delays maybe present in language, communication, social development (adaptive and/or social/emotional), cognitive intellectual, academic achievement, and/or self-advocacy.

<b>Speech Articulation</b>	
<p>Hearing loss can affect a child's development of speech and language skills. When a child has difficulty hearing, the areas of the brain used for communication may not develop appropriately. This makes understanding and talking very difficult.</p>	<p>Children experiencing articulation errors and intelligibility issues may have challenges with peer interactions, getting their wants and needs met, ability to repair communication breakdowns, and self-advocating for their technology</p>
<b>Receptive Language</b>	
<p>Language comprehension is the understanding of the implicit and explicit meanings of words and sentences of spoken language.</p> <p>Language comprehension includes following directions, comprehending questions, and listening and comprehending in order to learn (e.g., auditory, attention, auditory, memory, and auditory perception), learning vocabulary meanings, and understanding how morphemes relate to meaning. Receptive language skills directly influence literacy development. Listening comprehension also includes the ability to make connections to previous learning.</p>	<p>Children who are DHH may exhibit the following challenges in receptive language:</p> <ul style="list-style-type: none"> <li>• Phonological awareness, letter recognition, sound-letter matching</li> <li>• Following complex or multi-step directions (in quiet and/or in noise)</li> <li>• Understanding details of oral narratives and text</li> <li>• Answering comprehension questions about the content of information given</li> <li>• Critical thinking and problem-solving leading to logical answers</li> <li>• Word associations such as antonyms/synonyms, categorizing, and classifying</li> <li>• Understanding morphological markers' relationship to meaning</li> <li>• Note-taking or dictation</li> </ul>
<b>Expressive Communication</b>	
<p>Expressive communication is the student's ability to convey wants, needs, thoughts, and ideas in a meaningful way to a variety of partners using appropriate phonological, morphosyntactic, semantic, and pragmatic language structures.</p> <p>Relates to the student's ability to express ideas, explain thinking, retell stories, categorize, compare and contrast concepts or ideas, make references, and problem solve verbally. Expressive communication skills directly influence literacy development.</p>	<p>Children who are DHH may exhibit the following challenges in expressive communication:</p> <ul style="list-style-type: none"> <li>• Substitution, omission, and/or distortion of phonemes, reduced or changes in intelligibility over time</li> <li>• Rhyming, word segmentation and blending</li> <li>• Formulating complete, semantically, and grammatically correct sentences (spoken, signed, or written)</li> <li>• Omission of high frequency morphemes (on assessment items)</li> </ul>



» **Areas of Concern**

» **Impact on students who are DHH**

	<p>and/or in language samples) such as plurals (regular and irregular), third person singular, possessive /s/, pronouns, and past tense verb morphology</p> <ul style="list-style-type: none"> <li>• Explaining and defining words and their associations such as antonyms/synonyms</li> <li>• Learning specific vocabulary (categories, object-function, classroom)</li> <li>• Retelling stories, giving directions, making inferences and predictions</li> <li>• Asking for clarification when the message is not understood</li> <li>• Reduced abilities may inhibit a child’s ability to participate in Common Core methods of discussing how an answer was obtained.</li> <li>• Misuse of figurative language e.g., I have a toad in my mouth versus I have a frog in my throat or confusing the literal meaning.</li> </ul>
<p><b>Social/Emotional/Behavior</b></p>	
<p>Refers to a student’s social skills, externalizing and internalizing behaviors, and emotional well-being and can be assessed with standardized assessments, behavior rating scales, interviews, and/or observations. The student should be assessed by multiple responders and across multiple settings. Few social/emotional/behavior assessments have Deaf or Hard of Hearing students within the norming population/sample.</p>	<p>Students with hearing loss typically have communication struggles, which may create difficulties with socialization, perspective, empathy, concepts of self/other/world, and interpersonal relationships. Hearing abilities may inhibit access to a situational experience, which may lead to social misunderstanding and or disagreement.</p>
<p><b>Intellectual/Cognitive</b></p>	
<p>Refers to the individual’s intellectual and/or cognitive functioning. When assessing students with hearing loss, the school psychologist should consider the impact of language acquisition and development over time, keeping in mind that deafness is a</p>	<p>Hearing loss may impact the following:</p> <ul style="list-style-type: none"> <li>• Auditory (receptive) and spoken (expressive) communication;</li> <li>• Crystallized intelligence, including vocabulary development and incidental learning;</li> </ul>

» **Areas of Concern**

» **Impact on students who are DHH**

<p>disability of communication. Whenever possible, the evaluation should be conducted by a qualified school psychologist who is knowledgeable about Deaf culture and proficient in the student’s language. Verbal IQ tests tend to measure the language deficiency caused by the hearing loss rather than the intellectual ability of the student. Consider the students hearing loss when choosing the appropriate IQ test.</p>	<ul style="list-style-type: none"> <li>• Auditory working memory;</li> <li>• Writing skills (English grammar);</li> <li>• Verbally mediated abstract reasoning skills.</li> </ul>
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**Adaptive Behavior**

<p>Adaptive behavior refers to a student’s ability to interact within his environment and may include the areas of communication, self-care, community use, motor skills, socialization, etc. It is important to include an adaptive behavior assessment anytime cognitive or intellectual delays are suspected. Informal measures and observations should also be taken into consideration when assessing adaptive behavior skills.</p>	<p>Hearing loss may impact the following:</p> <ul style="list-style-type: none"> <li>• There are limited adaptive behavior measures that are normed on Deaf or Hard of Hearing populations and if there is norming data, it typically is with Deaf students in residential programs.</li> <li>• Communication and socialization domains on an adaptive measure are typically lower compared with hearing counterparts.</li> <li>• Daily living skills also may be deflated due to test items that a student with hearing loss may have no need for or have limited exposure to (e.g., answers a phone, etc.)</li> </ul>
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» **Academic**

**Reading:**

<p>Reading refers to the process of simultaneously extracting and constructing meaning through interaction and involvement with written language. (Snow)</p>	<p>Children experiencing difficulties in reading may exhibit the following challenges:</p> <p><b>Vocabulary:</b> Often, students with hearing loss have a smaller vocabulary than their same-age peers and may have difficulty accessing vocabulary introduced in the classroom.</p> <p><b>Decoding:</b> Students who are Deaf or Hard of Hearing struggle with decoding. Look for:</p>
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	<ul style="list-style-type: none"> <li>• difficulty with associating sounds with letters,</li> <li>• challenges sounding-out words and</li> <li>• comparing the novel words to familiar words</li> <li>• slow decoding</li> <li>• difficulties with comprehension</li> </ul> <p><b>Fluency:</b> Students who are Deaf or Hard of Hearing struggle with fluency, spoken or signed because their cognitive resources are consumed by figuring out the text at the word level instead of at the phrase or sentence level.</p> <p><b>Phonology:</b> Due to a child’s hearing loss, he/she is unable to distinguish the sounds used in spoken language. This creates difficulty in decoding, fluency, reading and comprehension.</p> <p><b>Morphology:</b> Deaf or Hard of Hearing students have delayed morphology (or use of the smallest unit of meaning) when they enter preschool, and it persists until college.</p> <p>Morphological knowledge predicts reading comprehension when phonological skills are controlled.</p> <p><b>Reading Comprehension:</b> Students who are Deaf or Hard of Hearing struggle with reading comprehension because it is a complex integration of tasks.</p>
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**Written Language:**

<p>A written language is the representation of a spoken means of a writing system. Antia and Kriemereyer (2005) report that “at a basic level, writers must produce letters, words, and sentences that are readable by an audience. In other words, they must know the conventions of spelling and punctuation and use appropriate vocabulary and syntactical structures. At a higher level, they</p>	<p>Children who are Deaf or Hard of Hearing may experience difficulties in written language and may exhibit the following challenges:</p> <ul style="list-style-type: none"> <li>• Difficulty with grammatical constructions, cohesion of ideas, elaborating and/or providing details in their writing.</li> <li>• Excessive repetition using simple</li> </ul>
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<p>must be able to select topics, plan and organize ideas, and make decisions about the information to provide their audience” (Powers and Wilgus, 1983). Due to limited ability accessing and learning English, syntactical and morphological structures, DHH students make numerous errors at the sentence level. Also, due to reading difficulties, exposure to models of good writing may be limited.</p>	<p>vocabulary. Writing samples may be uninteresting, uninformative, and not comprehensible.</p>
<p><b>Math:</b></p>	
<p>Math refers to the study of number, quantity, shape and space and their interrelationships by using a specialized notation. Children experiencing mathematics</p>	<p>Children who are Deaf or Hard of Hearing experiencing mathematical computation difficulties may exhibit the following challenges:</p> <ul style="list-style-type: none"> <li>• Understanding of abstract concepts</li> <li>• Fluency with memorization of math facts</li> <li>• Understanding language specific to the content area</li> <li>• Understanding the language specific to the content area</li> <li>• Understanding of abstract concepts involved with mathematical computations</li> <li>• Fluency/mental math with memorizing facts</li> <li>• Number sense</li> <li>• Problem solving skills related to mathematical computations</li> <li>• Semantics related to math processes (story problems)</li> </ul>

**Section D: English Learner (EL)**

Idaho Special Education Manual, 2017, Chapter 4, Sections 5 and 7  
 The team must determine that the student’s learning difficulties are not primarily due to Limited English Proficiency (LEP).  
 If the team identifies that the student’s first language is not English, they may use the questions below when determining whether the student’s English proficiency is the primary cause of the student’s learning difficulties.

## **i** English Learner (EL) Guiding Questions

- Is the reason for the evaluation based on the student's suspected disability and need for disability-related services and not on the student's English Language Proficiency?
- Does the evaluation use appropriate methods to measure the student's abilities and not the student's English language skills?
- Is the evaluation administered in the child's native language, unless clearly not feasible to do so, to avoid misclassification?
- Did the evaluation team gather information from the student, parents, and school records regarding the student's previous educational experiences, language assessments, and special education assessments?
- Have the parents been invited to participate in the planning process and informed of their rights, in a language they understand?
- Has a trained interpreter translated documents and those documents been made available for parents with limited English proficiency when required (e.g., parent notices under IDEA), or when determined necessary to ensure effective communication?

# VII. Summary of Evidence

Idaho Special Education Manual, 2017, Chapter 4, Section 7

## Three-Prong Test

The evaluation team should use the Three-Prong Test to complete the Summary of Evidence. Each part of the summary correlates with one of the three prongs.

### Evaluation Team Summary (Prong 1):

The evaluation team must provide evidence that the student meets the Idaho eligibility criteria for the suspected disability category.

**i** If a child has more than one area of concern, the team needs to choose the eligibility category based on the primary disability.

### Adverse Impact (Prong 2): (Idaho Special Education Manual 2017, glossary)

The Team must determine that there is an adverse impact to a student's educational performance, which would mean the student's progress is impeded by his/her disability and educational performance is significantly and consistently below the level of similar age peers, preventing the student from benefiting from general education.

Educational performance refers to:

- Academic achievement
- Developmental Skills
- Functional Skills

### Need for Specially Designed Instruction (Prong 3): (Idaho Special Education Manual 2017, glossary)

The team must determine whether the student needs specially designed instruction. When identifying the need for specially designed instruction, the team must consider the unique needs of the student's disability and identify the content, methodology, or delivery of instruction needed to meet the student's individual needs. Specially designed instruction allows a student to access the general education curriculum so that he/she can meet Idaho Content Standards.

#### » Summary of Evidence Guiding Questions

##### **i** Prong 1

The student meets state eligibility requirements for Deaf or Hard of Hearing.

- What are the specific criteria (according to the Idaho Special Education Manual) needed to meet requirements for Deaf or Hard of Hearing?
- What evidence has the Team collected to show the student meets the eligibility requirements for Deaf or Hard of Hearing?

A. Evaluation Team Assessment Summary

Summarize the findings and document the disability based on Idaho state criteria from the various forms of evaluation used to determine a present level of performance, including assessments, observations, interviews, standards; and other relevant and current documentation.

Summarize

Source: Eligibility Report, <https://www.sde.idaho.gov/sped/sped-forms/>

## **i** Prong 2

The student’s educational performance is significantly and consistently below the level of similar age peers, preventing the student from benefiting from general education.

- How does the disability impact the student significantly and consistently, preventing him or her from accessing general education as same-aged peers?
- Identify the specific area of concern or impact related to evidence collected during evaluation process.

B. Adverse Effect on Educational Performance

Describe how the student’s progress is impeded by the disability to the extent that the educational performance is significantly and consistently below the level of similar age peers preventing the student from benefiting from general education.

Describe

Source: Eligibility Report, <https://www.sde.idaho.gov/sped/sped-forms/>

## **i** Prong 3

The need to modify instruction (content, methodology, or delivery of instruction) as appropriate to meet the needs of the eligible student.

- What are the adaptations of content, methodology, or delivery of instruction needed to ensure access to the general education content?

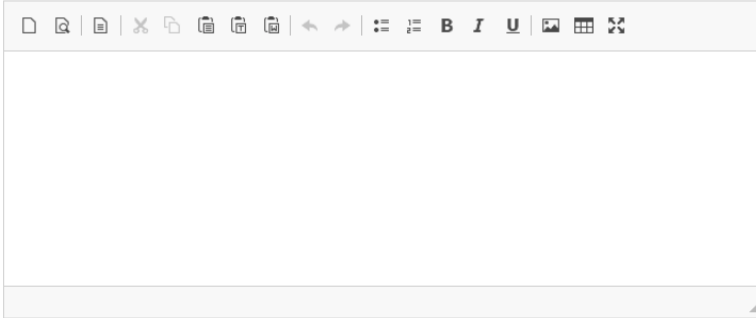
- How will the proposed modifications meet the unique needs of the student and identified area of concern?

C. Need for Specially Designed Instruction

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Describe the instruction necessary for the student to be able to access and progress in the general education curriculum and meet grade level achievement standards.

Describe



The image shows a rich text editor interface. At the top, there is a toolbar with various icons for text formatting and editing, including undo, redo, bold, italic, underline, link, unlink, list, and table. Below the toolbar is a large, empty text area for entering the description of the instruction necessary for the student.



## VIII. LRE Considerations

If the IEP Team determines the student eligible for special education services, one consideration during IEP planning is the discussion of the student’s least restrictive environment (LRE). Teams should examine specific LRE considerations for students who are deaf or hard of hearing.

“Placement is an individualized decision based on the goals and services necessary to meet the student’s academic and functional needs. IDEA does not require that every child be placed in his/her local neighborhood school classroom. Placement decisions must be made by ‘individualized inquiry, not a one size fits all approach’. Placement options outlined in IDEA must be available to extent necessary to implement the child’s IEP (71 FED.REG.46587). The US Department of Education has made clear:

Any setting that does not meet the education and related needs of a child who is deaf does not allow for the provision of FAPE and cannot be the LRE for that child. Just as the IDEA requires placement in the regular education setting when it is appropriate for the unique needs of a child who is deaf, it also requires placement outside the regular education setting when the child’s need cannot be met in the setting (Deaf Students Education Services Policy Guidance 57FED REG 49274, Office of Special Education Programs, Letter to Bosso, Aug 23, 2010, Letter to Stern , September 30 , 2011).

The setting also must provide for supplementary services, as needed, such as a resource room, or itinerant instruction if the child is placed in a regular class (34 C.F.R. §300.115).

Common interpretation of LRE of a deaf or hard of hearing student is a “language rich environment” to provide this, an appropriate educational placement in the LRE for a deaf or hard of hearing child is one that:

- ensures full development of the child;
- enhances the child’s cognitive, social, and emotional development;
- is based on the language abilities of the child;
- offers direct language and communication access to teachers and other professionals;
- has a sufficient number of age-appropriate and level-appropriate peers who share the child’s language and communication preferences;
- takes into consider the child’s hearing level and abilities;
- is staffed by certified and qualified personnel trained to work with children who are deaf or hard of hearing;
- provides access to the general education curriculum with modifications and pedagogy to account for the child’s unique language, learning, and

- communication needs;
- provides full access to curricular and extra curricular offers customarily found in educational settings;
  - has an adequate number of role models who are deaf or hard of hearing including adults;
  - provides full access to support services;
  - has the support of informed parents and
  - is equipped with appropriate communication and learning technologies (National Associate of the Deaf, 2002).

For some students, a specialized school for the deaf is the LRE, for others the regular class is the LRE, and for others, some combination of settings may constitute the LRE” (NASDSE Inc. 2018).

# IX. Glossary

## Audiological Terms

Audiological evaluation may include a variety of procedures to determine a child's auditory function. The following terminology may be represented in a report describing hearing abilities. Please see Appendix B for terminology describing common causes of hearing loss.

**Otoscopy** - procedure to visually examine the outer ear, ear canal, and eardrum

**Tympanogram** - measurement of middle ear function

**Acoustic Reflex** - measurement of the middle ear muscle reflex

**Otoacoustic Emission (OAE)** - measurement of outer hair cell function within the inner ear

**Auditory Brainstem Response (ABR)** - procedure used to assess changes of electrical activity related to auditory stimulation. Serves as an objective measure of hearing abilities. Stimuli may be broadband (e.g. click stimuli) or pitch specific (e.g. tonebursts)

**Speech Reception Threshold (SRT)** - the softest sound at which spondaic words (two-syllable words of equal stress) can be reported

**Speech Discrimination** - the accuracy (in percentage) in the child's ability to repeat back words that are heard at a given listening level (in dB HL), typically conducted in quiet, controlled listening environments

**Speech-In-Noise** - measurement of listening accuracy in the presence of noise. May be administered at a steady or fluctuating noise level.

**Threshold** - represents the softest sound heard

**Puretone Audiometry** - procedure used to assess abilities to hear across the frequency spectrum. Thresholds are plotted on the audiogram for each ear. Provides a functional measure of hearing abilities. Typically conducted under unaided conditions, but may also be conducted using personal hearing technology.

**Unilateral** - hearing loss that impacts one ear

**Bilateral** - hearing loss that impacts both ears

**Asymmetrical** - hearing loss that impacts both ears, however the two ears have different hearing abilities.

**Fluctuating** - hearing loss that changes over time; often related to medical changes, such as

middle ear problems

**Permanent** - hearing loss that is not anticipated to resolve, often related to sensorineural hearing loss.

**Progressive** - hearing loss that worsens over time.

**Degree** - Quantifies hearing loss. For example, degree of loss may be described as mild, moderate, severe, etc. ASHA, the governing body for Speech Language Pathologists and audiologists has not adopted a specific pediatric scale for classifying degree of hearing loss, however, they do note that the Clark (1981) scale is commonly used by pediatric audiologists (1981).

## Academic Terms

**Intelligible** - ability to be understood by others; often relates to the clarity of a child's speech.

**Fingerspelling** - a direct representation of the English alphabet, with each grapheme manually represented by a single, distinct handshape

**Vocabulary** - repository of words and their meanings that children use to plan expressive language, understand receptive language and to comprehend written texts (Moats 2005)

**Decoding** - ability to derive immediate meaning from printed words or phrases (Hoover & Gough, 1990)

**Oral Reading Fluency** - to read orally with speed, accuracy, and proper expression (NICHD, 2000)

**Signed Reading Fluency** - reading fluency in signing Deaf children involves the automatic rendering of print into a spoken or signed form (Chrosniak, 1993; Easterbrooks & Huston, 2001).

**Phonology** - the ability to distinguish and categorize the sounds in speech

**Morphology** - the study of the smallest parts of language that retain meaning (Trussell & Easterbrooks, 2015).

**Reading Comprehension** - the integration of a student's vocabulary, background knowledge, metacognitive strategies, with their ability to understand material from various points of view, construct their own view, and evaluate other's points of view. (Chall, 1996).

**Morphemes** - the smallest units of meaning in language (words or parts).

**Syntax** - English syntax is defined as the arrangement of words and phrases to create well

formed sentences.

**Computation** - computation refers to calculations involving numbers or quantities.

**Number Fluency/Mental Math** - number fluency is the student's ability to recall basic number facts mentally and effortlessly by way of developing frameworks for learning.

**Spatial relationships** - refers to how an object is located in space in relation to a reference point.

**Problem Solving** - refers to the process of finding solutions to difficult or complex issues, mathematical semantics, and what language means within math computations.

# X. Appendix

## Appendix A: Overview of the Ear and Hearing

### How We Hear

The ear has three parts: the outer, middle, and inner ear. The outer ear is the part visible to the eye. The outer ear collects sound waves and funnels them towards the eardrum. The middle ear has the three smallest bones in the body and is the site for ear infections. The middle ear transfers the sounds from the eardrum to the inner ear. The inner ear is partially composed of the snail-shaped cochlea, which houses the hair cells and communicates with the auditory nerve endings. When the hair cells receive sound, they trigger the auditory nerve. The central auditory nervous system sends the sounds from the inner ear to the brain. When one of these parts has a problem, it can cause hearing loss.

### Diagnosis of Hearing Loss

A state licensed, and/or certified audiologist will diagnose a child with hearing loss according to the type, degree, and configuration of hearing abilities. If hearing loss occurs, from a known cause (such as part of a syndrome or medical issue), it will be important to consider the additional educational needs that may influence the child's auditory performance in addition to the audiogram. Two children with the same audiogram may have very different functional performance.

An audiological evaluation will include several measures selected by the audiologist to obtain information about hearing abilities. Evaluative measures will determine a child's hearing abilities across a range of pitches and detect possible problems related to ear health that may impact the child's hearing. Audiologists may also complete functional/performance measures using the child's hearing technology to support a team's understanding of auditory needs across educational environments. After the audiological evaluation, the audiologist will describe the type, degree, and configuration of the child's hearing loss, as applicable.

Hearing loss can be stable or fluctuate over time. Hearing loss can occur in one ear (unilateral) or both ears (bilateral); sometimes hearing is described as symmetrical (the same in both ears) or asymmetrical (both ears have hearing loss, but one ear demonstrates different hearing abilities from the other).

The types of hearing loss can include:

Conductive hearing loss which results from a problem with the outer or middle ear. This type of hearing loss can be permanent (e.g. malformed middle ear bones) or temporary (e.g. fluid in the middle ear). Medical treatment can often help with this type of hearing loss. Conductive hearing loss may be caused by middle ear fluid, malformation of the outer ear or middle ear bones, etc.

*Note:* A common cause of conductive hearing loss is middle ear fluid. Medical management is often successful in alleviating chronic middle ear fluid. In cases where hearing loss persists, a child with middle ear fluid may be considered Deaf/Hard of Hearing under SPED. In temporary cases, or those which respond well to medical treatment, a child should not be considered for SPED under Deaf/Hard of Hearing. When considering other eligibility categories, it is important to note the auditory history in the medical section of the eligibility report and IEP. Sensorineural hearing loss is caused by a problem within the inner ear or auditory nerve. This is often a permanent type of hearing loss. Sensorineural hearing loss may be caused by drugs that are toxic to the auditory system, auditory neuropathy, syndromes, excessive noise exposure, viruses, head trauma, etc.

Mixed hearing loss refers to hearing loss when there is both a conductive loss and a sensorineural loss.

The amount of hearing loss is categorized by the degree. The degree of hearing loss may be described as slight, mild, moderate, moderately-severe, severe, or profound. The American Speech-Language and Hearing Association (ASHA), recognizes that there is not a specific pediatric scale to qualify the degree of hearing loss. The Clark (1981) scale is commonly used by pediatric audiologist (1981).

Configuration is a term to describe hearing across the tested range of pitches. Examples of hearing configuration include flat, rising, sloping, or tent-shaped.

*Note:* Children with auditory processing deficits should not be considered under the category of Deaf/Hard of Hearing. Auditory processing deficits may be considered as supplemental information to a child's primary disability, when appropriate.

Please note that this list is not intended to serve as a comprehensive resource of medical terminology. It is provided as a quick illustration of the diversity of terms that may be present within an audiological report.

**Auditory Neuropathy/Auditory Dyssynchrony** - a condition that causes sensorineural hearing loss. It is associated with poorer ability to understand speech than would be anticipated from the audiometric results.

**Atresia** - absence of the ear canal, often accompanied by microtia.

**Cholesteatoma** - abnormal growth of the eardrum, often following on-going middle ear congestion, which causes conductive hearing loss. Can be accompanied by drainage. Often medically treatable but may reoccur.

**Cytomegalovirus (CMV) Infection** - can cause hearing loss, vision loss, intellectual disability, and motor problems.

**Connexin 26** - Related Sensorineural Hearing Loss- a non-syndromic form of hearing loss that usually is present from birth.

**Goldenhar syndrome** - craniofacial condition which includes deformities of the ear, nose, palate, and jaw.

**Idiopathic** - refers to an unknown cause

**Enlarged Vestibular Aqueduct (EVA)/Large Vestibular Aqueduct Syndrome (LVAS)** - a type of abnormal development of the inner ear during gestation which results in progressive sensorineural hearing loss. Hearing loss often worsens with head impact.

**Middle Ear Fluid/Effusion** - presence of fluid within the middle ear which may result in conductive hearing loss. Often medically managed. Caution should be taken when considering categories for SPED Eligibility for children with middle ear problems.

**Microtia** - small ear (pinna), often occurs with atresia

**Myringotomy/Pressure Equalization (PE) Tubes** - small tubes surgically placed by an ear, nose, and throat physician to reduce ear infections. There are different sizes and shapes of tubes that will influence the duration that they remain in the eardrum. Some tubes will fall out after a couple of months, while others will be surgically removed.

**Noise Induced Hearing Loss** - hearing loss that occurs from excessive noise

**Otosclerosis** - condition involving abnormal bone growth around the connection of the stapes (a middle ear bone) to the cochlea (the hearing part of the inner ear)

**Ototoxicity** - refers to damage of the auditory system secondary to medications

**Perforated/Ruptured Eardrum** - a hole in the eardrum. There are a variety of causes, including untreated ear infection, acoustic trauma (extreme excessive noise) and/or trauma to the ear. Some perforations will independently heal, while others will be surgically repaired by an ear, nose, and throat physician.

**Stenosis** - refers to a narrow ear canal.

**Treacher Collins Syndrome** - genetic disorder involving the eyes, ears, face, and jaw.

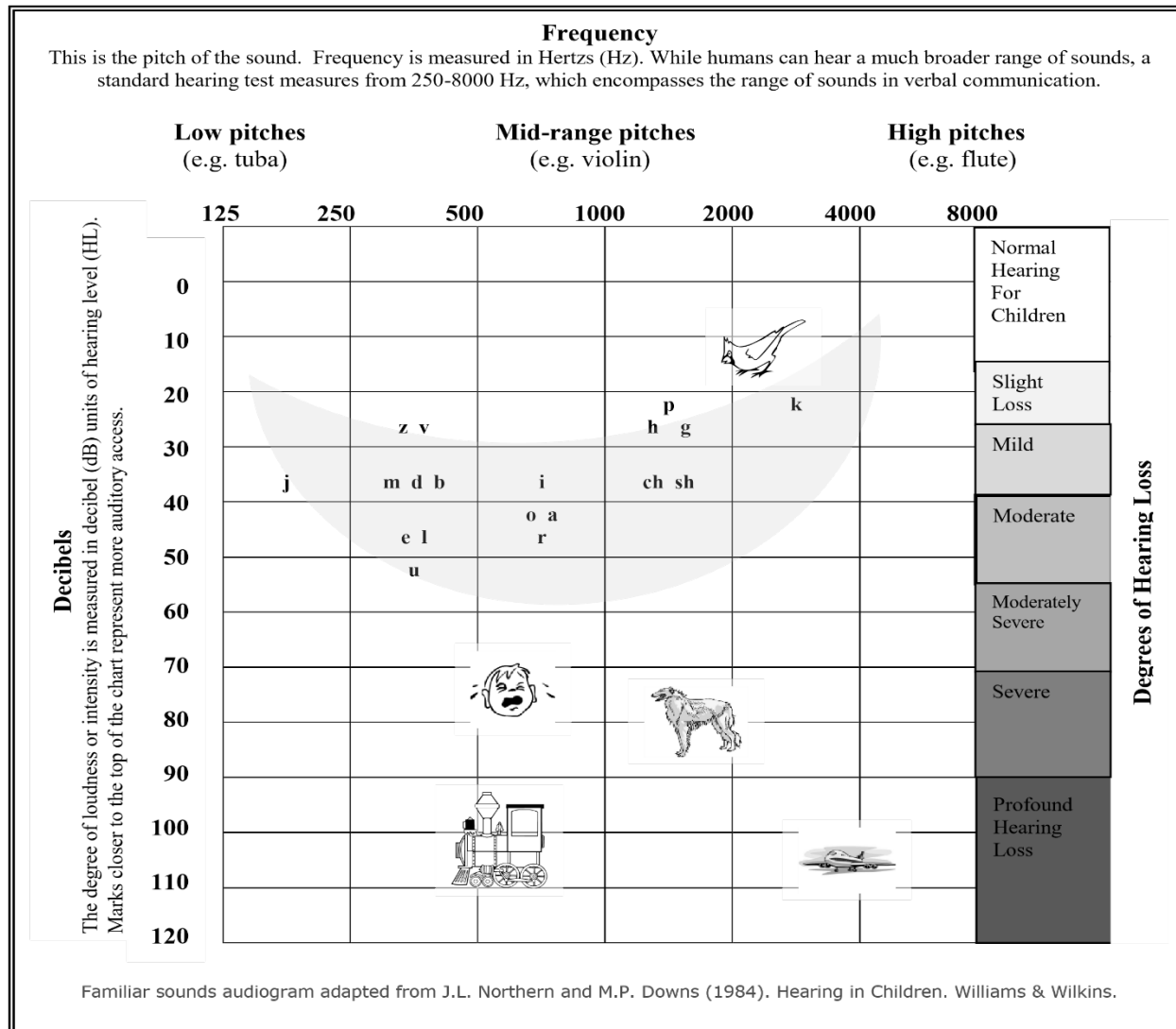
**Usher Syndrome** - genetic disorder of the ear and eye. Individuals often experience a progression of symptoms over time.

**Waardenburg Syndrome** - genetic condition involving the hair, eyes, and ears.



# Understanding the Audiogram

A comprehensive hearing test will encompass several measures of auditory function. Puretone results are often thought of as the most descriptive measure of a person’s hearing abilities, but it is only one element of a hearing test. It is critical that an official, comprehensive hearing test be part of an eligibility report for students with hearing loss.



## Components of an Audiometric Report

A comprehensive audiometric evaluation typically includes the following measures: otoscopy (i.e. visual examination of the outer ear), tympanometry (i.e. a measurement of eardrum mobility and middle ear function), puretone testing (i.e. testing to find the softest sounds that can be heard for a range of pitches), and speech testing such as a speech reception threshold (SRT; i.e. a verbal measure of the softest words that can be identified) and discrimination testing (i.e. assessment of the accuracy in listening to speech). Sometimes, these measures are not able to be obtained (e.g. the child is too young to participate or there are ear anomalies which prevent measurement). Additional measures may also be obtained (e.g. acoustic reflexes, speech discrimination in noise, aided testing, etc.). It may be necessary to adapt “standard” procedures to ensure accurate and comprehensive testing; the audiogram should include a “key” to indicate procedures utilized. The key may resemble the following:

Procedure:	Reliability:
Standard	Excellent
Conditioned Play	Good
Behavioral Observation	Fair
Visual Reinforcement	Poor
Converted from eHL	

The key to decipher results of puretone testing may resemble the following:

Right	Stimulus	Left
O	Air Conduction	X
Δ	Masked Air Conduction	□
<	Bone Conduction	>
[	Masked Bone Conduction	]
HA <sub>R</sub>	Aided Response	HA <sub>L</sub>
CI <sub>R</sub>	CI Response	CI <sub>L</sub>
S	Soundfield Response	
↙	No Air Conduction Response	↘

The report that follows hearing testing should include several sections including “participant” information, case history, objective data, and interpretation of results. The participant information should include information such as the child/student’s name, his date of birth, the date of testing, name of the audiologist providing testing (please note that pediatrics/children under the age of 18 must be seen by an audiologist per FDA law), etc. Case history encompasses information reported by the student and/or his family; this may include information regarding concerns related to hearing, achievement of developmental milestones, results from questionnaire(s), etc. Objective data should be indicated in “raw” or interpreted format along with explanation of results. While some clinics may provide a printout of raw

results on the day of testing, it is critical that analysis by an audiologist, accompany the audiogram. The finalized report may need to be requested to ensure the interpretation of results be provided for the Eligibility/IEP Team consideration.

**\*Note:** Depending on the nature of the child’s auditory system and stability of hearing abilities, a test may be considered recent if conducted within one calendar year unless the child is known to experience fluctuations in hearing abilities, in which more recent testing may better represent current abilities. In such cases of fluctuation or significant change, it is advisable to include historical data when feasible.

## Appendix C: Personal Hearing Technology and Assistive Listening Systems

Personal hearing technology refers to device(s) that are specifically programmed for the individual listener. Programming is completed by an audiologist. If applicable, ear, nose, and throat physicians support the surgical and medical components of the auditory system and auditory intervention. These devices are the personal property of the child but may be maintained/supported by district staff. Devices may include:

- Hearing aid(s)- a type of personal hearing technology which makes sounds louder per the listener’s needs. Hearing aids are programmed by an audiologist.
- Bone-Anchored Hearing Aid (BAHA)- a type of personal hearing technology in which a microphone transmits sounds to the inner ear via vibration. May be used with a soft headband or in conjunction with surgical implantation by an ear, nose, and throat physician. The BAHA is programmed by an audiologist.
- Cochlear Implant- a type of personal hearing technology in which an ear, nose, and throat surgeon has implanted an electrode array within the inner ear to directly stimulate the auditory nerve. An audiologist programs or “maps” the cochlear implant processor which is worn externally on the head.

**Assistive Listening Systems** support a child’s auditory access in a manner that is not specifically programmed to his/her auditory function. Device selection must be based on individual student needs as each style of device carries pros and cons. Assistive listening systems include a variety of methods to transmit the signal (e.g. FM, infra-red, electromagnetic/telecoil/loop, Bluetooth). Considerations for device selection may include physical size, ease of use, ease of monitoring/troubleshooting, cost, ability to integrate with personal hearing technology (when appropriate), amount of sound increase (signal-to-noise ratio –SNR- improvement). Devices may integrate with personal hearing technology or serve as a stand-alone system for children who do not utilize personally-owned devices. Potential devices may include personal/ear-level delivery of amplification or larger distribution, such as a classroom amplification distribution system. Personal amplification provides sound directly to the listener via direct audio input (DAI) to the hearing technology, as an ear-level device, loop, or via headphone/earbuds. Sound field systems may refer to a classroom/installed system, a large tower, or a portable speaker (similar to the size of a lunchbox).

## Appendix D: Assessment Materials and Red Flags in Testing

Possible assessments to use with children who are Deaf or Hard of Hearing

- Communication
- Academic achievement
- Social/Emotional
- Adaptive Behavior

## **IQ/Cognitive Functioning:**

Depending on the student's level of hearing loss and language skills, the examiner will need to determine the most appropriate IQ/Cognitive assessment to administer. Children with a hearing loss are not a homogeneous group. They can be broadly divided into subgroups: a) Students who are prelingually identified Deaf and whose primary mode of communication is through sign language; b) A student with a hearing loss that was identified at birth and amplification was begun immediately. Early intervention services may also have begun within the first few months. The primary mode of communication may be aural/oral communication; c) Students with an identified hearing loss and living in a home environment where the language is different from the language in the school environment (i.e., Spanish speaking families); d) Students with an identified hearing loss and other medical conditions. Best practice in IQ test administration is when the school psychologist can work directly with the individual. If this is not possible (e.g., student signs and the psychologist does not) it is imperative that a qualified interpreter be used. However, this is not recommended for legal situations or when major decisions will be based on test results. This is because interpreters will sign exactly what is spoken by the psychologist, it is not their job to ensure comprehension on part of the person.

### **Standardized Assessments:**

*Kaufman Assessment Battery for Children-Second Edition (KABC-II)* - an individually administered measure of processing and cognitive abilities of children between the ages of 3 and 18 years. The Nonverbal Scale was specifically developed for students with hearing loss, moderate to severe speech or language delays and those with limited proficiency in English.

*Wechsler Nonverbal Scale of Ability (WNV)* - specifically created for: individuals from diverse linguistic groups; individuals with limited language skills; individuals who are deaf or hard of hearing; individuals with language disorders; identification of gifted children from linguistically and culturally diverse populations. It is used for individuals ages 4:0 – 21:11.

*Universal Nonverbal Intelligence Test (UNIT-II)* - a set of individually administered specialized tasks. These tasks are designed to measure fairly the general intelligence and cognitive abilities of children and adolescents from ages 5- 21 years who have speech, language, or hearing impairments; have different cultural or language backgrounds; or are verbally uncommunicative.

*Test of Nonverbal Intelligence-Third Edition (TONI-3)* - language free measure of cognitive ability. It is used for individuals ages 6:0-89:00.

*Battelle Developmental Inventory-2 (BDI-2)* - is an early childhood instrument based on the concepts of developmental milestones in children from birth to 7-11 years-of-age. The BDI-2 measures: Personal-Social, Adaptive, Motor, Communication, and Cognitive abilities.

## Additional Testing Considerations

**Administration of the Assessments:** The use of standardized tests to determine the cognitive abilities, academic achievement, and mental status of people who are Deaf or Hard of Hearing may result in inaccurate or misleading results. Few tests have been normed on Deaf and Hard of Hearing populations. Comparison norms are often made to English speaking, same-aged students without a hearing loss. Assessment results need to be considered and interpreted in this light. Misdiagnosis can follow an individual throughout his/her lifetime. Scores from standardized tests should be interpreted in conjunction with other assessment information.

**Testing Accommodations:** Evaluations should be given in a quiet test environment. If the student uses hearing technology, the technology should be checked prior to initiation of the test to ensure that it is functioning appropriately. The test should be given according to the examiner's manual. This means that if the examiner's manual requires that only one repetition is offered, then the examiner only gives one repetition. If the examiner uses multiple repetitions and/or gestures to see if this improves the child's response, this information may be used as part of testing of limits, not for scoring purposes. This information may provide insight into types of accommodations within the classroom.

In the process of evaluating a student with hearing loss, the examiner often needs to modify the administration or directions. The examiner may also accept responses, such as a point or a gesture, different from the specified responses of the test. The provision of the additional examples or practice items may also be considered. These actions can weaken the validity of the test results and should be discussed in the evaluation report. The way in which instructions are given can affect the performance of the student and the results of the test. It may be necessary to alter standardized administration directions to ensure comprehension of the task and then this needs to be noted in the report.

**Use of Interpreters:** The best practice is when the examiner can work directly with the student. To ensure the student's rights to an evaluation in his or her primary language, an examiner proficient in the student's preferred language or communication mode should be utilized. When such a professional is not available, a qualified interpreter should be enlisted as a last resort. Due to the diversity of the communication needs of the students who are Deaf or Hard of Hearing, the examiner must ensure that the interpreter is qualified to interpret for a specific student and has experience with educational assessments. The examiner is responsible for training the interpreter to serve in an ancillary examiner role and must be able to determine the validity of the test data collected (National Association of State Directors of Special Education, 1992).

## **Early Childhood:**

### **Standardized Assessments:**

Expressive-One-Word-Picture-Vocabulary-Test (EOWPVT-4)-ages-2-80-assesses expressive vocabulary

Peabody Picture Vocabulary Test (PPVT-5)-ages 2:6-90assesses receptive vocabulary

Boehm Test of Basic Concepts (Boehm-3 Preschool)-ages 3-5:11 months-assess basic relational concepts

Preschool Language Scale-5 (PLS-5)- ages birth-6-comprehensive developmental language assessment with items that range from pre-verbal, interaction-based skills to emerging language to early literacy

Goldman Fristoe Test of Articulation (GFTA)- assessing an individual's articulation of consonant sounds

### Arizona

Comprehensive Assessment of Spoken Language (CASL-2)- Ages 3-21 A norm-referenced oral language assessment. It provides a thorough evaluation regarding the processes of comprehension, expression, and retrieval in four language categories: (1) lexical/semantic skills, (2) syntactic knowledge, (3) supralinguistic knowledge, and (4) pragmatic abilities

Clinical Evaluation of Language (CELF-3)- ages 3 to 6:11 years-assesses aspects of language necessary for preschool children to meet the language demands of the classroom

ASL Receptive Skills Test (RST)-ages 3-13-assesses grammatical structures (number/distribution, negation, noun/verb distinction, spatial verbs, size/shape specifiers, handling classifiers, role shift, and conditionals)

ASL Expressive Skills Test (EST)-ages 4-13- Ability to use expressive ASL telling a narrative story using appropriate ASL grammar

Visual communication and Sign Language Checklist (VCSL)-ages birth-5- early assessment of a signing child's mastery of linguistic milestones

Developmental Assessment of Young Children (DAY-C 2) – Birth to 5- Identifies developmental delays and deficits in children birth to 5

Brigance **Developmental Inventory (BDI-3)**- Pre-K/First grade- screening tool

Language Samples-may offer insight to the child's typical language productions and provide information regarding a child's language skills (morphological markers, syntax structure, utterance length, articulation abilities, comprehension, perspective, narrative and direction following abilities) in relation to access auditory input

Theory of Mind Scale (Wellman and Liu in Child Development, 2004)-identifying a progression of conceptual achievements that mark social cognitive understanding in typically developing preschool children

**Monitoring:** Early Childhood Outcomes, progress reports, parent report, outside agency data

**Red Flags:** Receptive vocabulary/language is lower than expressive vocabulary/language may indicate that students does not have full access to the sounds of speech and therefore struggling with listening. Students with hearing loss struggle to learn through incidental learning and therefore may show a delay in vocabulary and concepts compared to their hearing peers. High frequency sounds in speech may be missing due to the inability to hear those sounds in speech because of the child's hearing loss. Syntax and grammatical marker errors may show the child's inability to hear speech sounds in speech clearly. Incorrect pronoun usage may also be attributed to hearing loss due to the inability to learn these incidentally through multiple exposure opportunities. Behaviors may indicate the child's ability to communicate effectively with others.

## **Academic Achievement:**

Center on Literacy and Deafness (CLAD) reports that DHH children are at risk for reading deficits due to limited language competence (CLAD, 2015). Language competence includes multiple factors that are noted above in Communication Development (phonological, morphological, vocabulary, syntactical, content, and pragmatics). Deficits in Communication Development impact a DHH child's ability to achieve grade level proficiency across all academic domains. Assessments from the Communication Development "roadmap" can also be used to determine areas that require specially designed instruction.

## **Reading:**

**Standardized Assessments:** Woodcock Johnson IV Tests of Achievement (WJ-IV): Letter-Word Identification, Word Attack, Passage Comprehension. Reading Recall, Test of Early Reading Ability (TERA-3), Wechsler Individual Achievement Test (WIAT-4): administer all reading sub-test being cognizant of the child's hearing level when administering Listening Comprehension sub test



**Supplemental Assessments:**

John's Basic Reading Inventory

Signed Reading Fluency Rubric (ASL as first language)

Kaufman Test of Educational Achievement (KTEA-3): Phonological Processing – for children using Listening and Spoken Language

**Monitoring:** Have child identify main idea, details, implicit and explicit information, repeated reading, story re-tells, grade level spelling lists, morpho graphic awareness.

**Red Flags:** omissions, substitutions of similar words that have the same initial letter, limited background knowledge, comprehension, disfluent fingerspelling, saying, "I don't know," completely skipping over unfamiliar vocabulary

## Written Language:

**Standardized Assessments:**

Woodcock Johnson IV Tests of Achievement: Writing Samples, Writing Fluency, Spelling, Wechsler Individual Achievement Test (WIAT-4): essay composition, sentence composition, alphabet writing fluency, and spelling

**Supplemental Assessments:** Writing sample, district approved rubrics

**Monitoring:** AIMS web - Correct Writing Sequence (CWS), AIMS web-Total Words Written (TWW), prompted writing samples, dialogue journals, considered tiered vocabulary, scoring rubrics

**Red Flags:** using ASL grammatical structures and rules in written English, repeated use of familiar vocabulary, pictures within sentences, omissions, substitutions, no clear organization

## Mathematics:

**Standardized Assessments:** Woodcock Johnson IV Tests of Achievement: Calculation, Math Facts Fluency, Applied Problems, Number Matrices, Test of Early Mathematical Ability (TEMA-3), Key Math

**Supplemental Assessments:** Curriculum-based measures

**Monitoring:** AIMS web-Math Computation (MCOMP) & AIMS web Math Concepts and Applications (MCAP); Easy-CBM, read aloud story problems, everyday math (real life scenarios)

**Red Flags:** story problems, multiple meaning words, ability to read and understand symbols, 1:1 correspondence, understanding that story problems are constructed

differently than typical informative paragraphs (main idea at the end rather than the beginning).

## **Social/Emotional/Behavior:**

Social/Emotional/Behavior assessments are used to assess social skills, emotional levels, and behavior problems in students through a multimethod and multidimensional system. Rating scales are typically given to parents, teachers and students to assess levels of strengths and needs across a wide variety of areas. Most assessments' normative sample represent that general U.S. population and are not specifically normed on students with hearing loss.

*Behavior Assessment System for Children-3 (BASC-3)* - assesses externalizing and internalizing behavior problems and adaptive behaviors in children/adults between the ages of 2:0 - 21:11. There is a Spanish version available.

*Achenbach System of Empirically Based Assessment* - for children between the ages of 1 ½ to 18 years.

*Conners 3rd Edition* - offers a thorough assessment of ADHD. The Conners 3 now addresses comorbid disorders such as Oppositional Defiant Disorder and Conduct Disorder with an age range of 6–18 years for parent and teacher forms and 8–18 for self-report forms.

*Behavior Rating Inventory of Executive Function-2 (BRIEF-2)* - assesses executive function in children and adolescents between the ages of 5 and 18 years.

## **Adaptive Behavior:**

*Vineland Adaptive Behavior Scales-Third Edition (Vineland-3)* - instrument used for supporting the diagnosis of intellectual and developmental disabilities in individuals from birth to 90 years in three domains--Communication, Daily Living Skills, and Socialization--that correspond to the three broad domains of adaptive functioning. Normed on students with hearing loss. Spanish version available.

*Adaptive Behavior Assessment System, Third Edition (ABAS-3)* - Provides a complete assessment of adaptive skills in individuals from birth to 90 years. It is particularly useful for evaluating those with developmental delays, autism spectrum disorder, intellectual disability, learning disabilities, neuropsychological disorders, and sensory or physical impairments.

## Resources

American Annals of the Deaf: <http://muse.jhu.edu/journal/213>

American Association of Deaf-Blindness: <http://www.aadb.org/>

Alexander Graham Bell Association: <https://www.agbell.org/>

American Speech-Language-Hearing Association: <https://www.asha.org/>

American Society for Deaf Child: <http://deafchildren.org/>

Avenue PM: Monitor DHH Student's Progress: <http://avepm.com/info>

Center for Accessible Technology in Sign (CATS): <http://cats.gatech.edu/>

Center on Literacy and Deafness: <https://clad.education.gsu.edu/>

- Vocabulary for Success DHH: <http://clad-vocab.coe.arizona.edu/>

Center for Parent Information and Resources: <https://www.parentcenterhub.org/>

Classroom Interpreting: <https://www.classroominterpreting.org/eipa/>

Council for the Deaf and Hard of Hearing Idaho: <https://cdhh.idaho.gov/>

Council for Exceptional Children: <https://www.cec.sped.org/>

- Division for Communicative Disabilities and Deafness:  
<http://community.cec.sped.org/dcdd/home>

DeafTec: Technological Education Center For DHH students: <http://deaftec.org/>

Educational Audiology Association: <https://edaud.org>

Educating Deaf Children: <http://www.rit.edu/ntid/educatingdeafchildren/>

Gallaudet University: <https://www.gallaudet.edu/>

Hands and Voices: <http://www.handsandvoices.org/>

- Idaho Hands and Voices: <https://www.idhandsandvoices.org/>

Helen Keller Center: <https://www.helenkeller.org/hknc>

Idaho Educational Services for the Deaf and Blind: <https://www.iesdb.org/>

Idaho Division of Vocational Rehabilitation: <https://vr.idaho.gov>

Idaho Special Education Parent Guide: <https://prepparents.org/resources/for-parents/special-education-parent-guides/idaho-special-education-parent-guide/>

Journal of Deaf Studies and Deaf Education: <https://academic.oup.com/jdsde>

Laurent Clerc National Deaf Education Center: <http://www3.gallaudet.edu/clerc-center.html>

National Association of the Deaf: <https://www.nad.org/>

National Association of Interpreters in Education: <http://naiedu.org/>

National Association of School Psychologist: <https://www.nasponline.org/>

National Association of State Special Education of Special Education, Inc: <http://www.nasdse.org/docs/nasdse-3rd-ed-7-11-2019-final.pdf>

National Black Deaf Advocates: <http://www.nbda.org/>

National Center on Deaf-Blindness: <https://nationaldb.org/>

National Cued Speech Association: <http://www.cuedspeech.org/>

National Deaf Center on Postsecondary Education: <https://www.nationaldeafcenter.org/>

National Family Association for Deaf-blind: <https://nfadb.org/>

National Federation of the Blind: Deafblind Resources [https://nfb.org/deaf-blind-resources?gclid=EAlaQobChMIw7mfwN3K3AIV0gOGCh1WAQisEAYASAAEgJQwvD\\_BwE](https://nfb.org/deaf-blind-resources?gclid=EAlaQobChMIw7mfwN3K3AIV0gOGCh1WAQisEAYASAAEgJQwvD_BwE)

National Technical Institute of the Deaf: <https://www.ntid.rit.edu/>

Parent Advocacy Coalition for Educational Rights (PACER) Center: <http://www.pacer.org/>

Raising and Educating Deaf Children: <http://www.raisingandeducatingdeafchildren.org/>

Registry of Interpreters for the Deaf: <https://www.rid.org/>

Supporting Success for Children with Hearing Loss: <https://successforkidswithhearingloss.com/>

Understanding Special Education (understood.org): <https://www.understood.org/en/school-learning/special-services>

US Department of Education: Deaf Students Education Services:  
<https://www2.ed.gov/about/offices/list/ocr/docs/hq9806.html>

Visual Phonics: <http://seethesound.org/>

Wrightslaw: <http://www.wrightslaw.com/>

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