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.

Nondiscrimination Clause

Federal law prohibits discrimination on the basis of race, color, religion, sex, national origin, age, or disability in any educational programs or activities receiving federal financial assistance. (Title VI and VII of the Civil Rights Act of 1964; Title IX of the Education Amendments of 1972; Section 504 of the Rehabilitation Act of 1973; and the Americans with Disabilities Act of 1990.)

It is the policy of the Idaho State Department of Education not to discriminate in any educational programs or activities, or in employment practices.

Inquiries regarding compliance with this nondiscriminatory policy may be directed to the State Superintendent of Public Instruction, P.O. Box 83720, Boise, ID 83720-0027, (208) 332-6800, or to the Director, Office of Civil Rights, Department of Education, Washington, D.C.
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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.
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.

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.

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 on the Idaho Special Education Manual Page.

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 full description of the eligibility of Deaf or Hard of Hearing can be found under the “Chapter 4” section of the Idaho Special Education Manual Resource Materials on the Idaho Special Education Manual Page.
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 student 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. More information can be found on the Idaho Response to Intervention Page.

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

- **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?

- **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?

- **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?

- **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?

Throughout this document, examples like below found in the Idaho State Department of Education Forms will be referenced.

SECTION 5: OTHER CONSIDERATIONS

A. Indicate if the student’s learning difficulty in the area(s) of suspected disability is impacted by any of the following:
- 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

B. For any boxes checked above, summarize the team’s consideration of whether it is a primary or contributing factor to the student’s academic difficulties.

Source: Eligibility Report, Idaho Special Education Forms
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 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 for specific details. (Title 33, Chapter 34, Section 33-3410)

Areas to Assess

If an evaluation is warranted, the team must identify the student’s present level of performance in all the areas of concern and determine what additional areas need to be assessed.

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 information 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?

**DATA REVIEWED**

<table>
<thead>
<tr>
<th>(Check all that apply and attach documentation, if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Information from parent/guardians</td>
</tr>
<tr>
<td>□ Progress monitoring</td>
</tr>
<tr>
<td>□ Achievement data</td>
</tr>
<tr>
<td>□ Psychological evaluation(s)</td>
</tr>
<tr>
<td>□ Speech-language data</td>
</tr>
<tr>
<td>□ Hearing/Vision screening data</td>
</tr>
<tr>
<td>□ Attendance records</td>
</tr>
</tbody>
</table>

*Updated: August 2017*

Source: Referral to Consider a Special Education Evaluation, *Idaho Special Education Forms*

### Review of Age Appropriate Skills

- In which area(s) is the student performing at an age-appropriate level?
- For areas of concern, is more information needed?
- Indicate the student’s current level of performance as determined by the review of all available records identifying the process that led to making the determination of assessment.
### REVIEW OF AGE APPROPRIATE SKILLS

Review each of the following areas and determine if the student is performing at age expectations:

<table>
<thead>
<tr>
<th>Areas</th>
<th>Student demonstrates age-appropriate skills</th>
<th>Need More Information</th>
<th>Current Level of Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intellectual/Cognitive Functioning</td>
<td>Yes ☐ No ☐</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td>Academic Performance (including grades)</td>
<td>Yes ☐ No ☐</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td>Communication (Speech/Language)</td>
<td>Yes ☐ No ☐</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td>Motor Development</td>
<td>Yes ☐ No ☐</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td>Hearing/Vision</td>
<td>Yes ☐ No ☐</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td>Developmental/Medical History</td>
<td>Yes ☐ No ☐</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td>Results from Statewide or Districtwide Assessments</td>
<td>Yes ☐ No ☐</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td>Emotions/Social/Behavioral Development</td>
<td>Yes ☐ No ☐</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td>Transition/Vocational/Occupational</td>
<td>Yes ☐ No ☐</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td>Adaptive Skills</td>
<td>Yes ☐ No ☐</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
</tbody>
</table>

Source: Referral to Consider a Special Education Evaluation, Idaho Special Education Forms
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

- **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.?

- **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).

- **Options Considered But Rejected**
  - Are there other options that the evaluation team has considered, but rejected and why were those options rejected?

- **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 on the Idaho Special Education Forms Webpage.
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

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

<table>
<thead>
<tr>
<th>Team Membership Responsibilities and Contributions</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Parent/Guardian or Student</strong></td>
<td><strong>Contributions to team decisions may include:</strong></td>
</tr>
</tbody>
</table>
| 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.  
This person makes educational decisions for the student.  
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. | • Providing input on their child’s or his/her strengths and needs within the area(s) of concern.  
• Providing information regarding what has worked and not worked for their child or self in the past.  
• Providing information regarding previous testing or medical information (e.g., diagnosis from physician).  
• Communicating and advocating high expectations for the child and school team conducting the evaluation and possibly implementing an IEP. |
| **Administrator/District Representative** | **Contributions to team decisions may include:** |
| The district representative or designee must be:  
a. Qualified to provide or supervise the provision of special education to meet the unique needs of students with disabilities  
b. Knowledgeable about the general education curriculum and  
c. Knowledgeable about the availability of resources within the school and district.  
Examples of the district representative include the building principal, the special education director, the district superintendent, and others who meet the criteria described above. | • Providing information regarding the array of services available in the district.  
• Representing the interests of the district and district/school personnel, including regular and special education.  
Committing resources to ensure that services identified within the IEP will be provided as agreed upon by the IEP team. |
| **Special Education Teacher/Teacher of the Deaf and Hard of Hearing** | **Contributions to team decisions may include:** |
| The special education teacher/teacher of  |
## Team Membership Responsibilities and Contributions

<table>
<thead>
<tr>
<th>the Deaf or Hard of Hearing is able to explain the results of academic assessments, instructional implications, and the recommendations of the evaluation.</th>
<th>include:</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>• Providing current information, research, student assessment and progress reporting data to guide the eligibility team in making evaluation decisions.</td>
</tr>
<tr>
<td></td>
<td>• Interpreting and explaining academic achievement assessment results.</td>
</tr>
<tr>
<td></td>
<td>• 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.</td>
</tr>
<tr>
<td>Making recommendations regarding specialized instruction, which may include learning strategies, teaching methodology or effective accommodations within the classroom.</td>
<td></td>
</tr>
</tbody>
</table>

### General Education Teacher

<table>
<thead>
<tr>
<th>The general education teacher has knowledge and expertise about the content of the grade-level curriculum. The teacher can also provide input on the classroom structure, environment, expectations, and daily schedule.</th>
<th>Contributions to team decisions may include:</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>• Providing information about the student's participation, performance, and interaction with his/her peers within the general education classroom.</td>
</tr>
<tr>
<td></td>
<td>• Sharing information regarding the general education curriculum and grade-level expectations for the student and peers.</td>
</tr>
<tr>
<td></td>
<td>• 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.</td>
</tr>
</tbody>
</table>

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### Idaho Educational Services for the Deaf and the Blind

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## Team Membership Responsibilities and Contributions

### Consulting Teacher

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.

Contributions to team decisions may include:
- Providing current information, research, student assessment, and progress reporting data to guide the team in making evaluation decisions.
- Participating in assessments, informal and formal testing such as: checklists, observations, and when necessary or requested, ASL Proficiency Assessment.
- Interpreting and explaining academic achievement assessment results including review of the audiogram.
- 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.
- Making recommendations regarding specialized instruction for students with hearing loss supporting all modes of communication. These recommendations may include learning strategies, teaching methodology, or effective accommodations within the classroom.

Can address the student’s social/emotional and self-advocacy needs.

### Student

Whenever appropriate, the evaluation team should include the student with a disability.

Contributions to team decisions may include:
- Providing input regarding his/her preferences, interests, strengths and needs.
- Participating in assessments that the team has identified as
<table>
<thead>
<tr>
<th>Team Membership Responsibilities and Contributions</th>
<th>necessary to determine eligibility for special education services.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Other</strong></td>
<td>Contributions to team decisions may include:</td>
</tr>
<tr>
<td>Individuals invited by the parents or school who have knowledge or special expertise about the student.</td>
<td>• Providing input using their knowledge or special expertise regarding the student.</td>
</tr>
<tr>
<td><strong>School Psychologist</strong></td>
<td>Contributions to team decisions may include:</td>
</tr>
<tr>
<td>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:</td>
<td>• Interpreting and explaining assessment results within their area of expertise.</td>
</tr>
<tr>
<td>• 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.</td>
<td>• 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.</td>
</tr>
<tr>
<td>• 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 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.</td>
<td></td>
</tr>
<tr>
<td>• 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</td>
<td></td>
</tr>
<tr>
<td>Team Membership Responsibilities and Contributions</td>
<td></td>
</tr>
<tr>
<td>---------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
</tbody>
</table>

**Speech and Language Pathologist**

The SLP is on the evaluation team to explain, recommend, and discuss assessment results and specialized instruction that may be necessary for the child:

- 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).
- Speech-language pathologists should select assessments that evaluate the child’s performance in a variety of communication settings. SLPS must consider the communication modality of the student and select norm- and criterion-referenced assessments accordingly.
- 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.

<table>
<thead>
<tr>
<th>Contributions to team decisions may include:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Language sample discrepancy errors specific to children who are DHH</td>
</tr>
<tr>
<td>• Explaining how hearing loss impacts communication</td>
</tr>
</tbody>
</table>
Team Membership Responsibilities and Contributions

- SLPs should understand how hearing loss impacts communication development. For example, vocabulary can be limited due to lack of incidental exposure.
- 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.

### Educational Audiologist

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 resources; and advocate on behalf of the students.

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.

Contributions to team decisions may include:
- Conduct diagnostic assessment and/or review of audiological data
- Review of functionality of hearing technology including residual limitations
- Observations
- Collaborates with medical professionals, including clinical audiologist
- Collaborates with educational teams related to educational needs secondary to auditory function
- Specific information for the type of loss
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?
- Has an IESDB consulting teacher been invited to your meeting?

### EVALUATION TEAM INFORMATION

<table>
<thead>
<tr>
<th>Names of All Evaluation Team Members Invited to Attend</th>
<th>Position or Title</th>
<th>Agreement with Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student (whenever appropriate)</td>
<td>26 CFR 300.524</td>
<td>Yes  No  NA</td>
</tr>
<tr>
<td>Parent/Guardian</td>
<td>26 CFR 300.524</td>
<td>Yes  No</td>
</tr>
<tr>
<td>District Administrator or Designee</td>
<td>26 CFR 300.200</td>
<td>Yes  No</td>
</tr>
<tr>
<td>General Education Teacher</td>
<td>26 CFR 300.524</td>
<td>Yes  No</td>
</tr>
<tr>
<td>Special Education Teacher</td>
<td>26 CFR 300.524</td>
<td>Yes  No</td>
</tr>
</tbody>
</table>

**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.

**Source:** Eligibility Report, Idaho Special Education 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.

**Parent Input Guiding Questions**

- Was there opportunity for the parent(s)/adult student to provide 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.

### 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?

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

A student cannot be determined eligible for special education if the deterrent factor is lack of instruction in 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: Eligibility Report, [Idaho Special Education Forms](#)

### Section C: Assessment Results

#### Determining Appropriate Assessments

### Unique Factors to Consider Guiding Questions

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

### 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.

See Appendix A and Glossary for more information about Terminology in reports.

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

Assessment Measures
- Do you 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)
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?

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?

Areas of Concern

Medical/Background

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?

Impact on students who are DHH

Children who have other challenges/delays other than hearing loss may need additional accommodations.

Audiological

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.

Receptive Language

Language comprehension is the understanding of the implicit and explicit meanings of words and sentences of spoken language.

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

Children who are DHH may exhibit the following challenges in receptive language:
- Phonological awareness, letter recognition, sound-letter matching
- Following complex or multi-step directions (in quiet and/or in noise)
- Understanding details of oral narratives and text
- Answering comprehension questions about the content of information
### Areas of Concern

<table>
<thead>
<tr>
<th>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.</th>
</tr>
</thead>
</table>

### Impact on students who are DHH

<table>
<thead>
<tr>
<th>Given</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Critical thinking and problem-solving leading to logical answers</td>
</tr>
<tr>
<td>- Word associations such as antonyms/synonyms, categorizing, and classifying</td>
</tr>
<tr>
<td>- Understanding morphological markers’ relationship to meaning</td>
</tr>
<tr>
<td>- Note-taking or dictation</td>
</tr>
</tbody>
</table>

### Expressive Communication

<table>
<thead>
<tr>
<th>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.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Children who are DHH may exhibit the following challenges in expressive communication:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Substitution, omission, and/or distortion of phonemes, reduced or changes in intelligibility over time</td>
</tr>
<tr>
<td>- Rhyming, word segmentation and blending</td>
</tr>
<tr>
<td>- Formulating complete, semantically, and grammatically correct sentences (spoken, signed, or written)</td>
</tr>
<tr>
<td>- Omission of high frequency morphemes (on assessment items and/or in language samples) such as plurals (regular and irregular), third person singular, possessive /s/, pronouns, and past tense verb morphology</td>
</tr>
<tr>
<td>- Explaining and defining words and their associations such as antonyms/synonyms</td>
</tr>
<tr>
<td>- Learning specific vocabulary (categories, object-function, classroom)</td>
</tr>
<tr>
<td>- Retelling stories, giving directions, making inferences and predictions</td>
</tr>
<tr>
<td>- Asking for clarification when the message is not understood</td>
</tr>
<tr>
<td>- Reduced abilities may inhibit a child’s ability to participate in Common Core methods of discussing how an answer</td>
</tr>
</tbody>
</table>
### Areas of Concern

<table>
<thead>
<tr>
<th>Influence on students who are DHH</th>
</tr>
</thead>
<tbody>
<tr>
<td>was obtained.</td>
</tr>
<tr>
<td>• 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.</td>
</tr>
</tbody>
</table>

### Social/Emotional/Behavior

<table>
<thead>
<tr>
<th>Social/Emotional/Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

### Intellectual/Cognitive

<table>
<thead>
<tr>
<th>Intellectual/Cognitive</th>
</tr>
</thead>
<tbody>
<tr>
<td>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 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.</td>
</tr>
</tbody>
</table>
| Hearing loss may impact the following:  
  • Auditory (receptive) and spoken (expressive) communication;  
  • Crystallized intelligence, including vocabulary development and incidental learning;  
  • Auditory working memory;  
  • Writing skills (English grammar);  
  • Verbally mediated abstract reasoning skills. |

### Adaptive Behavior

<table>
<thead>
<tr>
<th>Adaptive Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>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</td>
</tr>
</tbody>
</table>
| Hearing loss may impact the following:  
  • 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 settings. |
### Areas of Concern

Informal measures and observations should also be taken into consideration when assessing adaptive behavior skills.

### Impact on students who are DHH

- Communication and socialization domains on an adaptive measure are typically lower compared with hearing counterparts.
- 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.)

### Academic

<table>
<thead>
<tr>
<th>Areas of Concern</th>
<th>Impact on students who are DHH</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Reading:</strong></td>
<td>Children experiencing difficulties in reading may exhibit the following challenges:</td>
</tr>
<tr>
<td>Reading refers to the process of simultaneously extracting and constructing meaning through interaction and involvement with written language. (Snow)</td>
<td><strong>Vocabulary:</strong> Often, students with hearing loss have a smaller vocabulary than their same-age peers and may have difficulty accessing vocabulary introduced in the classroom.</td>
</tr>
<tr>
<td></td>
<td><strong>Decoding:</strong> Students who are Deaf or Hard of Hearing struggle with decoding. Look for:</td>
</tr>
<tr>
<td></td>
<td>- difficulty with associating sounds with letters,</td>
</tr>
<tr>
<td></td>
<td>- challenges sounding-out words and</td>
</tr>
<tr>
<td></td>
<td>- comparing the novel words to familiar words</td>
</tr>
<tr>
<td></td>
<td>- slow decoding</td>
</tr>
<tr>
<td></td>
<td>- difficulties with comprehension</td>
</tr>
<tr>
<td></td>
<td><strong>Fluency:</strong> 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.</td>
</tr>
<tr>
<td></td>
<td><strong>Phonology:</strong> Due to a child’s hearing loss,</td>
</tr>
</tbody>
</table>

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**REVIEWED JUNE 2020**

Idaho Deaf or Hard of Hearing Guidance Handbook / Special Education / SDE / 33
### Areas of Concern

<table>
<thead>
<tr>
<th>Impact on students who are DHH</th>
</tr>
</thead>
<tbody>
<tr>
<td>he/she is unable to distinguish the sounds used in spoken language. This creates difficulty in decoding, fluency, reading and comprehension.</td>
</tr>
</tbody>
</table>

**Morphology:** 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.

Morphological knowledge predicts reading comprehension when phonological skills are controlled.

**Reading Comprehension:** Students who are Deaf or Hard of Hearing struggle with reading comprehension because it is a complex integration of tasks.

### Written Language:

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 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.

**Children who are Deaf or Hard of Hearing may experience difficulties in written language and may exhibit the following challenges:**

- Difficulty with grammatical constructions, cohesion of ideas, elaborating and/or providing details in their writing.
- Excessive repetition using simple vocabulary.

Writing samples may be uninteresting, uninformative, and not comprehensible.

### Math:

Math refers to the study of number, quantity, shape and space and their interrelationships by using a specialized notation. Children experiencing mathematical computation difficulties may exhibit the following
### Areas of Concern

- Understanding of abstract concepts involved with mathematical computations
- Fluency/mental math with memorizing facts
- Number sense
- Problem solving skills related to mathematical computations
- Semantics related to math processes (story problems)

### Impact on students who are DHH experiencing mathematics challenges:

- Understanding of abstract concepts
- Fluency with memorization of math facts
- Understanding language specific to the content area
- Understanding the language specific to the content area
- Understanding of abstract concepts involved with mathematical computations
- Fluency/mental math with memorizing facts
- Number sense
- Problem solving skills related to mathematical computations
- Semantics related to math processes (story problems)

---

### 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.

#### 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?

D. Did Limited English Proficiency inhibit the access to and progress in the general curriculum?

A student cannot be determined eligible for special education if the determinate factor is limited English proficiency.

☐ Yes  ☐ No

If Limited English Proficiency in academic language is a consideration, summarize the indicators, assessments, and results.

Source: Eligibility Report, Idaho Special Education Forms

Section E: 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 ensure that the student has a disability according to established Idaho criteria.

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)

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**

**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

Summary: 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.

*Source: Eligibility Report, Idaho Special Education Forms*

**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.

*Source: Eligibility Report, Idaho Special Education Forms*

**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?
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.

**Otoscopic** - 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 (NICHHD, 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.
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.

![Diagram of the audiogram](image)

Frequency

This is the pitch of the sound. Frequency is measured in Hertz (Hz). While humans can hear a much broader range of sounds, a standard hearing test measures from 250-8000 Hz, which encompasses the range of sounds in verbal communication.

- **Low pitches** (e.g. tuba)
- **Mid-range pitches** (e.g. violin)
- **High pitches** (e.g. flute)

Decibels

The degree of loudness or intensity is measured in decibels (dB). Units of hearing level (HL). Marks closer to the top of the chart represent more auditory access.

- 0
- 10
- 20
- 30
- 40
- 50
- 60
- 70
- 80
- 90
- 100
- 110
- 120

Degrees of Hearing Loss

- Normal Hearing For Children
- Slight Loss
- Mild
- Moderate
- Moderately Severe
- Severe
- Profound 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:

<table>
<thead>
<tr>
<th>Procedure:</th>
<th>Reliability:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard</td>
<td>Excellent</td>
</tr>
<tr>
<td>Conditioned Play</td>
<td>Good</td>
</tr>
<tr>
<td>Behavioral Observation</td>
<td>Fair</td>
</tr>
<tr>
<td>Visual Reinforcement</td>
<td>Poor</td>
</tr>
<tr>
<td>Converted from eHL</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Right</th>
<th>Stimulus</th>
<th>Left</th>
</tr>
</thead>
<tbody>
<tr>
<td>O</td>
<td>Air Conduction</td>
<td>X</td>
</tr>
<tr>
<td>Δ</td>
<td>Masked Air Conduction</td>
<td>□</td>
</tr>
<tr>
<td>&lt;</td>
<td>Bone Conduction</td>
<td>&gt;</td>
</tr>
<tr>
<td>[</td>
<td>Masked Bone Conduction</td>
<td>]</td>
</tr>
<tr>
<td>HA_R</td>
<td>Aided Response</td>
<td></td>
</tr>
<tr>
<td>CI_R</td>
<td>CI Response</td>
<td>CI_L</td>
</tr>
<tr>
<td>S</td>
<td>Soundfield Response</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No Air Conduction Response</td>
<td></td>
</tr>
</tbody>
</table>

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).

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: Letter-Word Identification, Word Attack, Passage Comprehension. Reading Recall, Test of Early Reading Ability (TERA-3)

**Supplemental Assessments:**
John’s Basic Reading Inventory
Signed Reading Fluency Rubric (ASL as first 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

**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,

**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 access 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/adolescents 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.
MEMORANDUM OF UNDERSTANDING BETWEEN
THE IDAHO STATE DEPARTMENT OF EDUCATION
AND
THE IDAHO BUREAU OF EDUCATIONAL SERVICES FOR
THE DEAF AND THE BLIND

WHEREAS:

The Individuals with Disabilities Education Act (IDEA) requires the Idaho State Department of Education (SDE) to maintain general supervision of all agencies serving children with disabilities; establish policies and procedures for developing interagency agreements between the SDE and other appropriate state and local agencies; define the educational and financial responsibility of each agency for providing to children and youth with disabilities a free appropriate public education (FAPE) based on individual needs of the students; monitor each agency serving children with disabilities to ensure compliance with state and federal code; and resolve interagency disputes, and whereas:

Although ultimate responsibility is placed on the SDE for ensuring compliance with the IDEA, the responsibility of agencies, other than local educational agencies (LEAs), is not limited regarding providing or paying for some or all of the costs of FAPE provided to children and youth with disabilities residing in the state, and whereas:

The Idaho Bureau of Educational Services for Deaf and the Blind (IBESDB) has been designated under state statute Idaho Code §33-3402 and State Board of Education Governing Policies and Procedures as that State agency with authority and responsibility for assisting LEAs in providing appropriate educational services, as required, to students with visual and/or hearing losses; and as a recipient of federal funds, IBESDB is mandated to comply with all state and federal statutes and regulations pertaining to special education, and whereas The SDE and IBESDB agree to the following definitions:

**Authorized Entity** – IBESDB is the agency that has a primary mission to provide specialized services relating to training, education, or adaptive reading or information access needs of blind or other persons with disabilities.

**Campus program**-educational services provided at the IBESDB campus in Gooding for day and residential students (as defined by Idaho Code §33-3402(5)).
Campus student—a student who receives educational services at the IBESDB campus. This could be either a day student or a residential student (as defined by Idaho Code §333402(10)).

Day Student—A student who attends the IBESDB program and is transported home daily.

Deaf-Blindness—A student with deaf-blindness demonstrates both hearing and visual loss, the combination of which causes such severe communication and other developmental and education needs that the student cannot be appropriately educated with special education services designed solely for students with deafness or blindness.

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, as defined in Chapter 4 of the Idaho Special Education Manual and Idaho Code §33-1303

Educational Interpreter—a person employed in the Idaho public schools, kindergarten through grade twelve (12), to provide interpreting services to students who are deaf, hard of hearing, or deaf-blind (as defined by Idaho Code §33-1303(5)).

IEP (Individualized Education Program)—a written document (developed collaboratively by parents and school personnel) which outlines the special education program for a student with a disability. This document is developed, reviewed and revised at an IEP team meeting at least annually.

IFSP (Individualized Family Services Plan)—a written plan that outlines the provision of service for an eligible child and family receiving services from IBESDB and the Idaho Infant Toddler Program.

Interpreting—the process of providing accessible communication between and among persons who are deaf, hard of hearing or deaf-blind, and those who are hearing. The process includes, but is not limited to, communication between American Sign Language or other form of manual communication and English. The process may also involve various other modalities that involve visual, gestural and tactile methods (as defined by Idaho Code §33-1303(9)).

Least Restrictive Environment (LRE)—a practice (as defined in the Idaho Special Education Manual), whereby students with disabilities, including preschool students with disabilities, are educated with students who are not disabled, to the maximum extent appropriate as
determined by each student’s IEP team. Special classes, separate schooling or removal of students with disabilities from the regular classroom environment occurs only if the nature or severity of the disability is such that education in the regular class with supplementary aides and services cannot be achieved satisfactorily.

Local Educational Agency (LEA) are Idaho school districts, charter school or any agency providing public education to students 3 to 21 years of age.

NIMAC—National Instructional Materials Accessibility Center. The Center established pursuant to 20 USC §1474(e), which specifies that the Secretary (USDOE) shall establish and support, through the American Printing House for the Blind (APH), a center to be known as the NIMAC not later than one year after the date of enactment of IDEA 2004.

NIMAS—National Instructional Materials Accessibility Standards. The standard established by the Secretary (USDOE) to be used in the preparation of electronic files suitable and used solely for efficient conversion into specialized formats as provided for in 20 UCS §1412(a)(23)(E)(ii)

Outreach services—IBESDB staff assisting LEAs in implementing IEPs or 504 Plans for students with varying degrees of deafness and/or blindness. As defined in Idaho Code §33-3402, “Outreach services” means off-campus statewide supplemental services provided through IFSP, IEP, or 504 Plans for students by the IBESDB to school districts, students, and families.

Outreach Student—a student who is eligible for services provided by IBESDB Outreach according to the definitions of deafness and/or blindness as defined by the Idaho Special Education Manual or as defined by Idaho Code §33-3401 and §33-3402.

Preschool Programs—programming for 3-5 year olds with hearing or vision loss referred by the school district or LEA, staffed by IBESDB personnel, and located within the campus program or in regional locations established by IBESDB.

Residential Student is a student who attends IBESDB and resides on the IBESDB campus in the cottage program during the week.

Visual Impairment Including Blindness—Visual Impairment refers to an impairment in vision that, even with correction, adversely affects a student’s educational performance. The term includes both partial sight and blindness. Partial site refers to
the ability to use vision as one channel of learning if educational materials are adapted. Blindness refers to the prohibition of vision as a channel of learning, regardless of the adaption of materials (34CFR§300.8(c)(13)

504 Plan—a written plan that documents the necessary accommodations and placement in the least restrictive environment for eligible students under Section 504 of the Rehabilitation Act of 1973.

THEREFORE:

The SDE and IBESDB agree that in order to ensure appropriate services to students with visual and/or hearing impairments, IBESDB Outreach personnel must make reasonable efforts to participate in all initial eligibility meetings, as appropriate. IBESDB Outreach personnel must also make all reasonable efforts to participate in any subsequent IFSP, IEP/504 annual meetings, for students served in an LEA placement, as determined by the LEA team.

The SDE and IBESDB agree that the LEA must be the single point of entry for initial placement into all campus-based and outreach IBESDB programs for school-age students (3-21 years of age). The Parties also agree that the special education directors for the LEAs, or their designees, should be the single points of contact for ongoing communication.

Any LEA seeking a student placement into a campus based or outreach IBESDB program must follow IBESDB’s referral process for such services, as outlined below:

Referral Process

1. The LEA contacts IBESDB on a prospective referral for Outreach services or Campus services.
    a. For referral to Outreach services:
       i. LEA provides IBESDB a current audiogram or most current eye report (if one is available), preferably from within the last year. If no current audiogram or eye report is available, the child needs to be referred for testing. If an audiogram or eye report needs to be requested from the doctor or audiologist, an exchange of information form will be signed by the family and submitted to the doctor.
       ii. After establishing that the child has a hearing or vision loss, the LEA must provide IBESDB contact information for parents and school information including grade level, teacher, child’s needs and current services.
iii. IBESDB contacts parents to get history of the hearing or vision loss, to explain IESDB services and to learn more about the needs of their child.

iv. IBESDB contacts teacher and other relevant staff to arrange a classroom visit to observe child and to assess further need (i.e. need for assessment, accommodations, type and frequency of services through the IEP/504).

v. IBESDB contacts child’s case manager to get copies of the child’s IEP/504 and to request case manager to add IBESDB staff to the team for meetings.

vi. Child is added to IBESDB caseload and regular IBESDB service is established.

b. For referral to IBESDB Campus services:

i. The LEA schedules the IEP/evaluation team meeting that shall include IBESDB personnel. Upon IBESDB request, the LEA will provide documentation of existing academic, psychological, medical and social evaluation reports, and current eligibility report and IEP/IFSP/504 prior to the meeting.

ii. The LEA schedules an IFSP/IEP/504 team meeting which will include IBESDB personnel.

iii. The IFSP/IEP/504 team, including IBESDB personnel, meets to develop an IEP and determine appropriate placement.

c. If additional evaluations are required:

i. IBESDB must assist the LEA with appropriate no-cost assessments, including the determination of needs for assistive technology devices, for a student who has visual and/or hearing loss. If the assessment is offered at the IBESDB Campus, and should the LEA choose for the assessment to be conducted at IBESDB Campus, transportation, room and board will be provided to the student and parents/guardians by the LEA. Upon completion of an evaluation, a written report from IBESDB will be furnished to the LEA and the parents/guardians.
Outreach Services:

1. IBESDB agrees it must not accept a school-age student without an LEA referral for services. LEA shall initiate the special education process to determine the level of support needed for each student.

2. The Individualized Education Program (IEP) or 504 plan used to secure IBESDB outreach services shall be developed by the LEA IEP team, which shall include IBESDB personnel. IBESDB services shall be listed on the IEP in the Statement of Service Delivery on the Service Page. If IBESDB provides services to a student in an LEA, it shall be at no cost to the LEA. The LEA is responsible for the provision and costs of all other related services.

3. The student(s) must be counted by the LEA for all state and federal attendance and funding purposes.

4. For students attending IBESDB regional preschool programs, the LEA must schedule and hold all eligibility and IEP meetings. The preschool students must be counted by the LEA for all state and federal attendance and funding purposes. The LEA must be responsible for all transportation. The LEA is responsible for assessment and special services, unless other agreements have been established between the LEA and IBESDB. The IBESDB must provide preschool teachers.

5. The LEA is responsible for ensuring that any extended school year services (ESY) or related services are provided, if identified by the LEA. IBESDB must provide consultation to the LEA to ensure continuity between school year and ESY programs.

6. American Printing House (APH) funds, used for the purchase of materials for the blind, will be managed by IBESDB; and the Media Center at IBESDB will distribute these materials for the visually impaired students served by the IBESDB Outreach service who meet the APH quota funds requirements.

7. The IBESDB agrees to serve as an authorized entity in Idaho in accordance with the provisions of 20 USC § 1421(c)(1). As an authorized entity, IBESDB agrees to comply with the terms and procedures established by National Instructional Materials Access Center (NIMAC) for receiving files and for the secure conveyance of files to LEAs.

8. In carrying out the responsibilities of 20 USC §1412(a)(23), SDE, IBESDB and Council for the Deaf and Hard of Hearing (CDHH), shall work collaboratively in regards to assistive technology programs.

9. IBESDB will coordinate with the SDE to track students as defined by Idaho Code §333402 to maintain the registry of students. The SDE will furnish IBESDB with its annual special education child count as well as the students receiving services under
504 plans as recorded in ISEE to update the registry. IBESDB will submit to the SDE an annual revision of the registry.

**Campus Program Services:**

1. The campus program has students enrolled as day students or as residential students.

2. When, as a result of a comprehensive evaluation, programming for a student at campus program may be contemplated, the LEA must involve IBESDB personnel in evaluation team recommendations and IEP/504 team placement decisions, as part of the IEP or 504 team.

3. After development of the IEP goals and benchmarks, if the LEA IEP team decision is to place a student in the campus program at IBESDB, placement will commence, according to IBESDB’s admission policies, within 15 calendar days unless alternative agreement is requested by the IEP Team. Admission processes are available from IBESDB on request or can be found on IESDB website.

4. For a campus student, including students served in the preschool program on the IBESDB campus, IBESDB will schedule and hold Eligibility and IEP or 504 meetings, inviting all required members of the team, including the LEA representative.

5. IBESDB is responsible for the costs of educational and related services for a student placed in the campus program as outlined on the student’s IEP. For a day or residential student, IBESDB and the LEA will work collaboratively in determining transportation responsibilities and will outline these responsibilities on the IEP.

6. IBESDB, the LEA, or parents of a student enrolled in campus program services may at any time request to convene an IEP team to review the student’s placement. All parties involved must receive proper written notice.

7. If IBESDB is considering ESY eligibility, an invitation to an IEP team meeting must be given to the LEA, prior to determination. If a student who is enrolled full-time on the IBESDB campus is determined to be eligible for extended school year (ESY) services, the LEA will provide such services. IBESDB will assist the LEA by providing materials, equipment, or assisting with the development of appropriate goals and benchmarks for ESY services.

8. If a campus student becomes a threat to self or others during school-related or residential-related activities, IBESDB may initiate action to suspend or expel the student consistent with the IDEA and state rules and regulations, including the
Idaho Special Education Manual. IBESDB shall notify the LEA of every suspension or expulsion. The LEA in which the student resides will become responsible for services for the student who is expelled.

A student who is enrolled in IBESDB’s campus program may be eligible under federal law to be placed in an interim alternative educational setting imposed by IBESDB’s superintendent or a hearing officer. IBESDB is responsible to provide FAPE as defined in the Idaho Special Education Manual, Chapter 12.

9. For any student discontinuing educational services from IBESDB, either for placement back to the original LEA, another LEA, or graduation, procedures outlined in the Idaho Special Education Manual that meet state and federal requirements will be followed.

Idaho Educational Interpreter Act

IBESDB is charged with the duties and responsibilities of the Idaho Educational Interpreter Act, as defined in title 33, chapter 13, Idaho Code. IBESDB is responsible for insuring work performed meets the requirement as outlined by IDEA 2004 and appropriate state statute.

The SDE and IBESDB agree that in order to meet requirements of the Idaho Educational Interpreter Act as defined in title 33, chapter 13, Idaho Code, IBESDB must perform duties and responsibilities established, including but not limited to:

- The IBESDB will support the SDE in meeting the minimum standard requirements and continued professional development required in by statute.
- The IESDB will oversee the support and services through TASK-12. The IESDB Interpreter Education Coordinator will oversee the TASK-12 as they work with Education Interpreters throughout the state of Idaho.

Dispute Resolution

In the event of a disagreement between the parties concerning provisions or implementation of this agreement, the parties will attempt to resolve the issues through informal means. Should the parties be unable to resolve their disagreement, they agree to:

1. Seek technical assistance to clarify the policy or system issues from the SDE Special Education Division and IBESDB.
2. If technical assistance does not resolve the issues, the Administrator of IDESDB and the Director of Special Education will meet and confer to reach a consensus decision.
3. If the Administrator and Director are unable to agree, the SDE will provide the services of a trained mediator to assist in resolving the dispute within 30 days. The mediated agreement will be addressed in the next annual renewal of this agreement.

4. The dispute resolution process must be completed within 45 calendar days.

General Provisions

The provisions of this MEMORANDUM OF Understanding (MOU) may be extended, modified or changed by a written amendment signed by both parties and such amendment when signed becomes a part of this MOU. This MOU becomes effective on the date signed by all parties. The MOU is automatically renewed on July 1 of each year unless either party requests a review of the MOU before June 1 of that year.
Resources

American Annals of the Deaf
American Association of Deaf-Blindness
Alexander Graham Bell Association
American Speech-Language-Hearing Association
American Society for Deaf Child
Avenue PM: Monitor DHH Student’s Progress
Center for Accessible Technology in Sign (CATS)
Center on Literacy and Deafness
  • Vocabulary for Success DHH
Center for Parent Information and Resources
Classroom Interpreting
Council for the Deaf and Hard of Hearing Idaho
Council for Exceptional Children
  • Division for Communicative Disabilities and Deafness
DeafTec: Technological Education Center for DHH students
Educational Audiology Association
Educating Deaf Children
Gallaudet University
Hands and Voices
  • Idaho Hands and Voices
Helen Keller Center
Idaho Educational Services for the Deaf and Blind
Idaho Division of Vocational Rehabilitation
References


Center of Literacy and Deafness (2015). CLAD study 1 research report summary.


Idaho State Department of Education, Response to Intervention


Idaho State Department of Education, Special Education Forms, 2017 Special Education Forms

Idaho State Statute (2009). Title 33 Education, Chapter 34 Idaho Bureau of Educational Services for the Deaf And the Blind Act of 2009, Section 33-3410 Reporting of Deaf and Blind Pupils

National Association of State Directors of Special Education (1992) Use of Interpreters