



*in*Forum

In Depth Policy Analysis

Deaf and Hard of Hearing: State Infrastructures and Programs

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Deaf and Hard of Hearing: State Infrastructures and Programs

The purpose of this policy analysis is to describe and compare state infrastructures and programs for serving children and youth who are deaf or hard of hearing (D/HH)¹ served under the Individuals with Disabilities Education Act (IDEA). Nearly 80,000 students with disabilities were included in this category during 2003.² Project Forum at the National Association of State Directors of Special Education (NASDSE) conducted this study as part of its cooperative agreement with the U.S. Department of Education's Office of Special Education Programs (OSEP).

Information Gathering

Information for this document was gathered in three phases: First, a three-question survey was sent out to all 61 states and non-state jurisdictions. By November 30, 2004, 46 state education agencies (SEAs) had responded (42 states and four non-state jurisdictions).

Based on their responses, 10 SEAs were selected for in-depth interviews during the months of December 2004 and January 2005. Selection of SEAs was based on Project Forum's desire to capture the diversity of state infrastructures and programs currently in place. SEAs included in the interview portion of this study were *Alaska; Arizona; Arkansas; Colorado; Iowa; Michigan; New Jersey; Ohio; Pennsylvania; and Virginia*. Two additional states that reported having no state schools for the deaf were also selected to participate in abbreviated interviews – *Massachusetts and Nevada*. Interview protocols were developed in consultation with several experts in the field. They covered a wide range of topics relating to how states serve children and youth who are D/HH including schools for the deaf, personnel preparation, licensure options, interpreted education, newborn hearing screenings and cochlear implants. See Appendix A for a copy of the interview protocol. Part C coordinators from the 10 states participating in in-depth interviews were then asked to respond to brief surveys on the topic of Part C services for infants and toddlers who are D/HH. By February 18, 2005, seven states had responded.

Interview data and Part C survey responses were analyzed using ATLAS.ti – a software program designed to aid in the analysis of qualitative data.

Findings

Findings from the state surveys are reported first, followed by findings from interviews and Part C mini-surveys. Data collected via surveys and interviews revealed a wide range of state infrastructures for handling issues related to children who are D/HH as well as a broad array of

¹ IDEA uses the term "hearing impairment" to identify individuals who are deaf or hard of hearing. For the purposes of this document, however, Project Forum uses the term "deaf or hard of hearing" to describe this population.

² Information retrieved from www.ideadata.org.

programs currently in place. Summaries of findings from related studies on D/HH issues are included in Appendix B.

Survey Findings

State-level Personnel

According to survey data, 37 out of the 46 responding SEAs have one or more state-level personnel dedicated to issues relating to students who are D/HH. Thirty-three of the 37 included information on full-time equivalency (FTE). Eight SEAs reported having exactly one (1.0) FTE staff person. Sixteen SEAs reported having less than one FTE staff person—the range was from .1 FTE to .95 FTE. Nine SEAs reported having more than one FTE staff person—the range was from 1.2 FTE to 11 FTE. These results are displayed in Table 1.

Table 1 – State Personnel Devoted to Deaf and Hard of Hearing Issues (n = 33)

1.0 FTE	< 1.0 FTE	> 1.0 FTE
CA, GU, IA, KS, MN, NY, NC, OH	AL, AK, CT, DE, FL, GA, HI, ID, IL, ND, PA, RI, SC, UT, WV, WI	AR, KY, MD, NE, NJ, OR, TX, VA, WY
Total = 8	Total = 16	Total = 9

State-operated Schools for the Deaf

As depicted in Table 2, 36 of the 46 responding SEAs reported having one or more state-operated schools for the deaf; 10 reported having no state-operated school for the deaf.³ Of the 36, 25 reported that the state school board has jurisdiction over the school for the deaf and seven reported that other departments or agencies (e.g., Department of Health and Human Services, Department of Rehabilitative Services, Board of Regents or the state legislature), have jurisdiction over the state school for the deaf. Four states described “other” types of jurisdiction:

- *Maryland* and *South Carolina* reported that their schools for the deaf constitute their own state agencies;
- *Arkansas* reported that a Board of Trustees provides immediate jurisdiction, but ultimate jurisdiction lies with the state board of education (e.g., supervision and accreditation).
- *New Hampshire* reported that the board of education has authorized the school for the deaf as a public charter school and the Bureau of Accountability and the Bureau of Special Education serve as consultants to the school.

³ According to correspondence with Joe Finnegan from the Conference of Educational Administrators of Schools and Programs for the Deaf (CEASD), May 15, 2005, 11 states operate “dual sensory” schools (e.g., the school for the deaf is jointly operated with the school for the blind). Seven states have more than one state-operated school for the deaf and six states and the District of Columbia have one or more *privately* operated schools for the deaf.

Table 2 – Jurisdiction Over State-operated Schools for the Deaf (N = 46)

State School Board	Other Department/Agency	Other Entity	No State-operated School for the Deaf
CA, CO, DE, FL, GA, HI, ID, KS, KY, MI, MN, MO, MT, NJ, NY, ND, OH, OR, PA, RI, TX, UT, VA, WV, WI	AL, AZ, IL, IA, MD, NC, OK, SC, SD	AR, NH	AK, AS, CNMI, CT, DODEA, GU, MA, NE, NV, WY
Total = 25	Total = 9	Total = 2	Total = 10

State-level Initiatives

Thirty-nine of the 46 responding SEAs reported having one or more current state-level initiatives in place related to D/HH issues. Of the 39, 26 reported initiatives related to the licensure and preparation of educational interpreters; 14 reported initiatives related to other types of personnel preparation; five reported initiatives related to cochlear implants; and 29 reported other types of state-level initiatives (e.g., initiatives related to the school for the deaf; task forces, advisory councils or commissions on D/HH; hearing aid loan bank; and a statewide network of audiologists or consultants). Seven states reported having no initiatives currently in place related to D/HH issues. Responses to this question are summarized in Table 3.

Table 3 – State-level Initiatives Relating to Deaf and Hard of Hearing (N = 46)

Initiatives Relating to Licensure & Preparation of Educational Interpreters	Other Personnel Preparation Initiatives	Cochlear Implant Initiatives	Other	No Current Initiatives
AL, AK, AS, AZ, AR, CO, GA, ID, IL, IA, KS, MD, MA, MI, MT, NE, NV, NJ, NY, NC, OH, PA, TX, UT, VA, WV, WY	AR, CNMI, FL, IL, MD, MA, NE, NJ, OH, PA, UT, TX, VA, WV	CO, FL, NJ, OH, RI	AK, AS, AR, CO, CT, GA, IL, KS, KY, MD, MI, MN, MO, MT, NE, NH, NJ, NY, NC, ND, OH, OK, PA, RI, TX, VA, WV, WI, WY	CA, CT, DODEA, GU, HI, OR, SD
Total = 26	Total = 14	Total = 5	Total = 29	Total = 7

Interview Findings

State-level Personnel

Of the 10 states interviewed, 9 reported designating at least one state-level staff person to handle issues related to D/HH issues although three of these individuals were not dedicated full-time to the position. The tenth state, *Arizona*, reported that issues relating to D/HH issues were handled by non-categorical specialists. In addition to state-level positions, three states—*Arkansas*, *Pennsylvania* and *Virginia*—also indicated that they have state-funded and/or supervised cadres of from 10 to 30 D/HH consultants in place to assist local education agencies (LEAs) throughout the state.

Interviewees described a wide range of responsibilities associated with these state-level positions. Most commonly, personnel were responsible for representing the department of special education on task forces and advisory boards relating to D/HH issues, serving as liaisons to the state school for the deaf, providing policy guidance, overseeing professional development and offering technical assistance to LEAs. Less commonly, states listed needs analysis, grant coordination and interagency coordination as job activities of these staff. *Arkansas*, *New Jersey* and *Virginia*, all of which have more than 1.0 FTE working on D/HH issues, described staff configurations wherein one person handled administrative responsibilities relating to D/HH issues and another was responsible for providing technical assistance and training.

Seven of the states interviewed provided information on funding sources for these positions. Four states listed federal funding only (*AK*, *CO*, *NJ*, *OH*); two described a combination of federal and state funding (*AR*, *PA*); and one described a combination of federal and Board of Regents funding (*IA*).

Six of the states interviewed listed specific job criteria for these positions (*AR*, *CO*, *IA*, *NJ*, *OH*, *VA*). Most commonly, states required a master's degree, teaching experience and/or a teaching license, administrative endorsement and/or experience working with students who are D/HH. Two other states (*AK*, *PA*) described the job criteria merely as "generic."

State Schools for the Deaf

Of the 10 states interviewed, nine have state-operated schools for the deaf.⁴ This section describes the relationship between state schools for the deaf and the rest of the K-12 public education system. The final sub-section addresses how states operate when there is no state school for the deaf.

⁴ In several cases, these schools were combined with the state-operated school for the blind.

Governance

Of the nine states interviewed that have state-operated schools for the deaf, five are governed by the state's board of education. *Michigan*, however, reported that while the state school for the deaf *technically* falls under the jurisdiction of the state's board of education, day-to-day operations are handled by its department of education. The four other states describe a range of governance structures for the state school for the deaf:

- *Arkansas* – Although the state board of education is responsible for accreditation and ensuring that the school for the deaf meets all of the standards required of public schools, a board of trustees appointed by the governor handles day-to-day operations, admissions criteria, etc.
- *Arizona* – The state legislature governs the school for the deaf and appoints a board as a governing body. There are seven voting members, six appointed by the legislature and a representative of the SEA.
- *Colorado* – Governance of the school for the deaf changed in 2004. The school still falls under the state's department of education, but now has its own governing board, allowing it to operate more autonomously. This change will enable the school to become a chartering authority with the freedom to create charter regional satellites, for example, as the state moves towards a more regionally driven service model.
- *Iowa* – A board of regents made up of nine citizen volunteers appointed by the governor oversees the school for the deaf, the school for the blind and the university system that includes three state universities.

These four states described a number of challenges relating to having a governing body for the school for the deaf that is different from the rest of the K-12 system. These challenges included communication between the SEA and the school's governing body; the fact that the SEA has no real control over how the school for the deaf chooses to operate; and differences in regulations between the state board of education and the school's governing body.

In-service Personnel Preparation

Three of the states interviewed (*AZ, IA, MI*) reported that in-service personnel preparation is almost always conducted separately for teachers at the school for the deaf and teachers within the K-12 public school system. Exceptions to this include occasions when teachers from the school for the deaf are included in regional or state-level trainings sponsored by the SEA, or when the school for the deaf opens up its trainings to non-campus personnel.

The remaining six states (*AR, CO, NJ, OH, PA, VA*) reported that some in-service personnel preparation is conducted jointly with the K-12 public school system and some is conducted separately. Significantly, in four of the states (*CO, NJ, OH, VA*) where joint efforts are common,

the school for the deaf plays an active role with respect to in-service personnel preparation activities throughout the state. Examples of ways in which states conduct joint in-service personnel preparation efforts include the following:

- *New Jersey* – Several years ago, representatives of mainstream and regional programs for the deaf and the school for the deaf approached the SEA about forming a professional development group for service providers. This resulted in the creation of a non-profit organization called NJDEAF – a professional development organization that sponsors two large conferences each year geared toward meeting the needs of all teachers, speech and language specialists and child study team personnel who serve students who are D/HH.
- *Virginia* – Annual summer conferences are held on the grounds of the school for the deaf and there are also on-campus opportunities for training of educational interpreters. The SEA also provides separate trainings for all teachers of the D/HH and is discussing the option of offering a state-wide conference on D/HH issues.
- *Ohio* – The school for the deaf operates an outreach program that provides professional development, in-service training and technical assistance to K-12 schools throughout the state. The school has designated one full-time teacher who is able to make on-site visits and plans to expand this to a team of teachers in upcoming years. In order to avoid duplication of personnel preparation efforts, representatives from the school for the deaf meet regularly with other providers of in-service training (e.g, the state department of education).
- *Pennsylvania* – Some in-service preparation is provided at the school itself and some is provided jointly though the Pennsylvania Training and Technical Assistance Network (PaTTAN), an agency operated by the state’s department of special education.
- *Colorado* – The department of education and the state school for the deaf jointly sponsor an annual Symposium on Deafness, Language and Learning. There is also an Annual Deaf Education Summer Institute, sponsored by the department of education, that is attended by teachers from public schools and schools for the deaf. Regional meetings throughout the year offer continuing education and the school for the deaf hosts the meeting in its region.

Consultation

Three of the nine states reported that there is only minimal consultation between teachers and administrators at the school for the deaf and teachers and administrators serving the rest of the K-12 public school system (e.g., when the school for the deaf is receiving or discharging a student). The remaining six states described relationships wherein consultation plays a significant role within the state. For example:

- *Virginia* – The school for the deaf provides consultative services to LEAs throughout the state in the areas of curriculum, instruction and psychological assessments.
- *Pennsylvania* – The state department of special education sponsors a panel known as Educational Resources for Children with Hearing Loss (ERCHL). The panel meets four to five times per year to discuss issues related to D/HH students and teachers and includes representatives from the school for the deaf, public schools throughout the state, magnet schools for D/HH, intermediate units (IUs) and related services personnel.
- *Arizona* – The school for the deaf sponsors a regional outreach program to the rest of the K-12 public school system. Consultants assist LEAs in determining whether students who are D/HH can be served in the community or require residential services at the school for the deaf.
- *Michigan* – The principal and assistant principal of the school for the deaf recently began attending meetings of LEA programs for D/HH students.

Shared Staffing

None of the nine states had formal policies in place regarding shared staffing between the school for the deaf and the rest of the K-12 public school system during work shortages. Two states, however, described examples of shared staffing in *practice*:

- *Colorado* – In rural areas, where public schools have difficulty recruiting and retaining deaf educators, LEAs contract with the school for deaf for outreach teachers.
- *Iowa* – For the past 15 years, the school for the deaf and the Area Education Agency (AEA) that surrounds it have jointly shared staff – i.e., three school for the deaf teachers work in K-12 settings and a school psychologist and audiologist from the AEA are assigned to the school for the deaf.

A third state, *Arkansas*, is considering the possibility of instituting “rotationals” where a teacher from the school for the deaf would rotate out to the public schools for a period of six to eight weeks and vice versa.

Placement

Eight of the nine states (*AR, AZ, IA, MI, NJ, OH, PA, VA*) reported that initial placement at the state school for the deaf was determined by the student’s district of residence during Individualized Education Program (IEP) meetings. Most of these states reported that placement was based on least restrictive environment (LRE) and/or instructional need. The ninth state, *Colorado*, reported that placement was determined either by the students’ IEP team or as a result

of parental choice.⁵ In *Colorado*, if the placements result from parental choice, parents are responsible for paying transportation costs to and from the school for the deaf. Several states reported that representatives from the school for the deaf attend IEP meetings whenever the school for the deaf was being considered as a placement option. *Arkansas* and *Colorado* reported that, because the schools for the deaf in their states primarily use American Sign Language (ASL), students who access communication via signed English and/or oral approaches are generally not considered appropriate candidates for placement in these facilities.

State Role

One of the major trends observed in the course of this analysis, was the shifting role of many state-operated schools for the deaf from more insular stand-alone entities to statewide resources providing leadership to the rest of the K-12 public school system, usually in the form of technical assistance (TA) and outreach to LEAs and/or participation by school representatives in state-wide task forces and advisory boards. In some cases, as with *New Jersey*, the school for the deaf has already assumed a strong leadership role. In other states, administrators are beginning to initiate reform efforts. *Arkansas* would like its school for the deaf to offer “cradle to grave” resources for individuals who are D/HH. *Arizona* state staff described its school for the deaf as currently having “more interface with the community at large.” *Michigan* stresses the importance of school for the deaf staff beginning to “think outside the box.” *Ohio* state staff noted that the school for the deaf was “moving away from recruitment” and focusing instead on the provision of outreach services to children being educated in their schools of residence.

Several states described friction between administrators at the school for the deaf and SEA staff, particularly regarding the tendency of schools for the deaf to emphasize ASL at the expense of other communication modes (e.g., total communication, oral/aural communication or Signing Exact English).

States Without State-operated Schools for the Deaf

Project Forum contacted three states that do not have state-operated schools for the deaf: *Alaska*, *Massachusetts* and *Nevada*. These three states employ a range of approaches to ensure the availability of a full full range of services for students who are D/HH in the absence of any state-operated schools for the deaf.

- *Alaska* – Although there is technically no state-operated school for the deaf, the SEA contracts with the Anchorage school district to operate a school for the deaf. Alaska’s school for the deaf operates as a school within a school at three separate sites that include an elementary, middle and high school.

⁵ The Colorado legislature is currently considering legislation that would permit parents to use parental choice as a justification for placing their child in the school for the deaf.

- *Massachusetts* – Although there is no state-operated school for the deaf, the SEA approves a number of private schools for the deaf where public schools may place students. These schools are required to receive approval from the SEA prior to accepting any publicly funded students and the approval process is quite extensive. Public schools may also create separate schools for the deaf, either by a single school district or a collaborative formed by multiple school districts. Public separate schools must also receive approval from the SEA prior to operating outside of the general education program. At least five public or private schools in the state are designed to meet the needs of students who are D/HH.
- *Nevada* – The state is able to provide services to students who are identified as D/HH in accordance with IEPs based upon each student’s identified need. Services are typically provided within districts in specialized programs taught by certified teachers and qualified interpreters. Districts that may not have the resources to provide the services identified in a student’s IEP may apply to the state for financial support in placing the student in an appropriate program outside of the student’s district. Such a placement may include an in-state or out-of-state school. Students in Nevada who are D/HH have the full continuum of placement options available for IEP teams to consider.

Significantly, none of the three SEAs was concerned about the lack of a state-operated school for the deaf and all felt that they were able to provide a full full range of services within the state. *Massachusetts* state staff added that the presence of so many public and private schools for the deaf within the state created even more opportunities for parental choice.

Leadership Positions

Five of the ten states interviewed reported that one or more individuals who are D/HH currently hold and/or recently held leadership positions at the SEA or state school for the deaf (*AR, AZ, NJ, OH, PA*). In *Ohio* and *Pennsylvania*, the superintendent of the state school for the deaf is D/HH; in *Arkansas, Arizona* and *New Jersey* one or more members of the board of directors/trustees for the school for the deaf is D/HH; in *Pennsylvania* the regional director for the Office of D/HH is deaf; in *New Jersey*, the state had a D/HH consultant for the past eight years who was deaf; and in *Arizona*, one of the SEA’s data specialists is hard of hearing.

Interviewees from several states also listed a number of non-leadership positions at the SEA or state school for the deaf held by individuals who are D/HH (e.g., teachers, paraprofessionals, social workers, school psychologists, communication specialists and dormitory staff at the state school for the deaf [*IA, MI*]; Chair of D/HH Advisory Board [*AK*]; and Chair of the Society for the Advancement of the Deaf [*PA*]).

Personnel Preparation Programs

Of the 10 states interviewed, eight reported having one or more personnel preparation programs at state institutions of higher education (IHEs) for teachers of students who are D/HH: four states

have one program (*AR, AZ, CO, VA*), one state has two programs (*NJ*), one state has three programs (*MI*) and two states have four programs (*OH, PA*). The two remaining states have no programs (*AK, IA*), although one (*IA*) reports that the state university does offer a D/HH endorsement, enabling individuals to meet the licensure requirements if they are already teachers. Several states also volunteered information about interpreter training programs. (See the section below titled *Educational Interpreters*.)

Three of the states interviewed reported that their personnel preparation needs were adequately met via existing programs (*AR, NJ, PA*), but the remaining seven reported that their needs are *not* being met (*AK, AZ, CO, IA, MI OH, VA*). The most common complaint was a shortage of qualified personnel. *Arizona* described “severe” shortages, and *Iowa* described a “potential crisis.” Several states mentioned that the new requirements of the No Child Left Act of 2002 Behind (NCLB) regarding highly qualified teachers meant that many teachers of the D/HH would have to return to school for additional coursework. *Michigan* reported that because two of its three personnel preparation programs were orally-based, the state’s IHEs struggle with producing enough graduates to meet the needs of students using ASL. *Colorado* also described the challenge of providing adequate preparation when programs are restricted by the numbers of courses that can fit in to a given program. *Alaska* and *Iowa*, the two states without any personnel preparation programs, stressed the difficulty of recruiting and retaining adequately prepared personnel to meet the needs of D/HH students in largely rural areas. Both states rely upon out-of-state recruitment; *Alaska* reported offering practicum experiences to students from out-of-state programs as a way of attracting teachers to the state.

Of the eight states with personnel preparation programs, seven (*AR, AZ, CO, NJ, OH, PA, VA*) describe collaborative relationships between the SEA and one or more of the state’s institutions of higher education (IHEs). Several states described including representatives from D/HH personnel preparation programs in state- and local-level planning meetings. Other common ways in which SEAs work together with D/HH personnel preparation programs are by providing financial support (e.g., helping underwrite the cost of faculty, providing tuition stipends to help recruit/retain students and sponsoring intensive summer programs, which are usually held on IHE campuses). For example, *Arkansas* state staff described a collaborative relationship that effectively “saved” the D/HH program at the University of Arkansas. The program had been losing both staff and students until the SEA stepped in and helped the dean rebuild the program. The SEA helped recruit and train additional faculty and now helps pay faculty salaries and offers full tuition reimbursement to students willing to commit to work in Arkansas public schools serving students who are D/HH. Other examples of collaboration include a partnership between *Ohio’s* Department of Education and Kent State University. They received a federal grant called *Joined Together*, which has supported implementation of a nationwide online community of practice and professional development school dedicated to D/HH education.⁶ Also, the College of New Jersey (TCNJ) has received funding from the U.S. Department of Education for several grant projects including “Preparing Tomorrow’s Teachers to Use Technology” and “Authoring

⁶ See www.deafed.net for more information on this collaborative initiative.

with Video.” TCNJ implements these research projects with the staff and students at the *New Jersey* school for the deaf.

A number of states also described additional personnel preparation programs unrelated to IHEs. For example:

- *Ohio* is planning a summer conference and follow-up video distance learning on autism and deafness or other sensory disabilities and continuing its deaf awareness training for general educators (now in its 5th year).
- *Arkansas* is currently working with the Southeast Regional Resource Center (SERRC) on a multi-state project to share coursework across states in order to increase the availability of training options related to D/HH. The state has begun certifying its own INSITE project trainers (a program which originated in Utah) in order to better engage parents in working with preschool and primary-aged children who are D/HH and have multiple disabilities.

Certification/Licensure Options

Of the ten states interviewed as part of this study, all offer one or more certification options for D/HH although terminology varies, (e.g., “hearing disabled,” “hard of hearing,” “deaf or hearing impaired.”)⁷ Three states also reported offering certification for audiologists (CO, IA, OH).

Five interviewees reported that their states’ needs were adequately met via the existing certification/licensure system (AK, AR, AZ, NJ, OH). Three of the remaining states expressed reservations about their existing systems, citing concerns about NCLB and the tightening up of certification/licensure requirements, which is making recruitment and retention of students more difficult.

Five states (CO, IA, NJ, OH, VA) described recent or planned changes to their certification/licensure systems for teachers of the D/HH. For example:

- *Iowa* changed its certification/licensure system in 2003, requiring teachers to meet general education standards as well as deaf education standards. Also, Iowa originally had four licenses for D/HH – preschool, elementary, secondary and itinerant. These were combined into a single K-12 license which is based on the Council for Exceptional Children (CEC)/Council on Education of the Deaf (CED) competencies.
- *New Jersey* adopted a new professional licensure and standards code, effective January 2005. This includes a new Teacher of American Sign Language certification and a revised Teacher of the Deaf certification. The Teacher of the Deaf/Hard of Hearing now

⁷ According to Geiger, Crutchfield and Mainzer (2003), a total of 47 states offer certification for D/HH – more than for any other disability category.

has two distinct endorsements – “Teacher of the Deaf: Signed Communication” and “Teacher of the Deaf/HH: Oral-Aural Communication.” Teachers of the D/HH: Signed Communication must now have scores of “intermediate” or higher on the Signed Communication Proficiency Interview (SCPI). To be eligible for either endorsement, teachers of the deaf must also complete requirements for a New Jersey instructional certification in the subject area or grade level to be taught.

- *Virginia* is in the process of changing its certification system and ASL proficiency was recently added to state standards.

Several states also noted that although changes are not currently planned, they are prepared to make any necessary changes in order to be in compliance with the requirements for highly qualified teachers under NCLB.

Educational Interpreters

All ten states reported having some type of state regulations pertaining to interpreted education. Eight (*AK, AR, AZ, CO, IA, NJ, PA, VA*) require a passing score based on some type of assessment instrument; two (*CO, NJ*) require coursework in areas such as child development, language development, curriculum development and the learning process of D/HH children; and one (*AR*) specifies a minimal level of education. At least five states (*AK, CO, IA, NJ, VA*) offer waivers, emergency certificates or temporary licenses in the events that an LEA is unable to find an educational interpreter who meets the specified requirements. However, in most cases, these options are only available for a limited time, after which time the educational interpreter must meet all basic requirements.

Four states interviewed require some type of licensure for educational interpreters: *Colorado, New Jersey, Iowa* (which requires all sign language interpreters, including educational interpreters, to be licensed) and *Ohio* (which requires *national* certification for all sign language interpreters, including educational interpreters). One state requires that educational interpreters be included on a state-wide registry (*AR*) and another (*PA*), is in the process of creating a registry for all interpreters, although educational interpreters scoring at a certain level on the state’s assessment will be exempted from having to register.

Of the eight states requiring assessment of educational interpreters’ competency, seven use the Educational Interpreter Performance Assessment (EIPA). The EIPA was designed in 1993 in response to requests for an assessment tool specifically for educational interpreters.⁸ Currently, nearly 25 percent of states use the EIPA to determine educational interpreter competencies. Minimum cut-off scores for the EIPA vary from state to state. One of the seven states using the EIPA (*AR*) also permits educational interpreters to be assessed by using the Quality Assurance Screening Test (QAST). Another (*NJ*) requires the EIPA for educational interpreter

⁸ The EIPA was designed and piloted in Colorado by Boys Town National Research Hospital staff members Dr. Brenda Schick and Kevin Williams.

certification/sign language endorsement; a passing score on a national assessment for the oral interpreting endorsement; and a passing score on the national cued speech evaluation for the cued speech endorsement. *Virginia*, the eighth state requiring assessment of educational interpreters, specifies that they be assessed using the Virginia Quality Assurance Screening (VQAS).

Five states interviewed (*AK, AZ, AR, CO, IA*) also belong to the Assessment System for K-12 educational interpreters (ASK-12), a partnership of 14 states, the Bureau of Indian Affairs (BIA) and the Mountain Plains Regional Resource Center (MPRRC).⁹ The ASK-12 consortium provides educational interpreters with the opportunity to evaluate their skills and knowledge using the EIPA. In addition, diagnostic results from the evaluation give member states the tools to provide appropriate training for improvement. The ASK-12 consortium is made up of state special education directors or their designees from each participating SEA. States participating in the consortium pay a fee based on the number of K-12 students in the state/territory.

Eight states (*AK, AZ, CO, MI, NJ, OH, PA, VA*) mentioned that they currently offer some type of training or personnel preparation for educational interpreters. Four of these are currently participating in the Distance Opportunities for Interpreter Training Center (DO IT Center).¹⁰ The DO IT Center which offers distance learning options for educational interpreters using a combination of state and federal funding. States purchase a certain number of “slots” within the program. Educational interpreters in training usually participate in a 3-4 week onsite summer intensive program and the rest of the program is conducted via online distance learning which results in a certificate of completion. The DO IT Center is currently applying for additional federal funds that would eventually lead to a four-year degree program for educational interpreters. Several states mentioned the importance of having distance options available to educational interpreters working in remote areas.

Four states (*AZ, NJ, PA, VA*) also mentioned training programs for educational interpreters at IHEs, usually at community colleges. In addition, both *Alaska* and *Ohio* describe summer institutes for educational interpreters. *Ohio*, for instance, brings in 100 interpreters for four days of intensive professional development and training. Furthermore, in order to assist educational interpreters in meeting new certification requirements, *New Jersey* has established two Educational Interpreter Professional Development Centers (EIPDCs) through a discretionary grant project. Each EIPDC offers performance assessments, workshops and mentoring to currently employed educational interpreters and substitute educational interpreters in sign language, oral interpreting and/or cued speech transliteration at no charge.

⁹ For more information on ASK-12 and the EIPA go to www.usu.edu/mprrc/curproj/ask12.

¹⁰ The DO-IT Center was founded by Dr. Leilani Johnson in 1996 and is housed at Front Range Community College in Colorado. For more information on the DO IT Center go to <http://au.frcc.ccoes.edu/~doit/>.

Part C Programs

Most states reported that there were no specific state policies or guidelines related to service coordination for children in the birth to 3 range who are D/HH. However, *Alaska* and *Colorado* reported that they do have specific guidelines and *Michigan* reported that guidelines were currently being developed.

Seven of the 10 states described how information gets transferred to the Part C program when newborns do not pass the newborn hearing screening and a full hearing evaluation indicates that the child is D/HH. Most states described a system where the primary care physician or audiologist is responsible for referring children to the appropriate Part C agency.

- *Iowa* described a process whereby the results of a child's newborn hearing screening are reported on his/her electronic birth certificate and children requiring referral are then automatically connected to Iowa COMPASS, a referral system that links families with Part C providers in their area.
- *Colorado* also requires recording on the electronic birth certificate and referrals are made to the audiologist for diagnosis. Once diagnosed, the audiologist refers the child to one of 10 regional Colorado Hearing Resource Coordinators who are employed by the state school for the deaf. The Colorado Hearing Resource Coordinator transfers data to the Part C program.

Seven states listed one or more challenges to serving children birth to 3 who are D/HH. Most commonly, states described a lack of qualified early childhood professionals trained to handle D/HH issues. Less commonly, states described challenges relating to:

- rural and remote communities throughout the state with few onsite resources for serving infants and toddlers who are D/HH;
- newborn hearing screenings that are voluntary on the part of the hospital and where no formal tracking is in place to ensure that the primary care physician or audiologist follows up; and
- the need to educate audiologists and physicians to improve reporting and referrals to the Part C program.

Cochlear Implants

Six states interviewed described specific efforts to address the needs of students with cochlear implants. Most commonly, states provided some type of personnel preparation. For example, *New Jersey* has offered a variety of 3-5 day summer institutes in collaboration with educational programs for the D/HH, cochlear implant centers and the College of New Jersey. These institutes have been developed for parents and professionals who want to learn more about how to meet the pre- and post-operative educational needs of children and youth with cochlear implants.

Alaska provided 10 weeks of out-of-state training on cochlear implants for an SEA staff person and *Colorado's* Cochlear Implant Consortium sponsors annual trainings.

Other state-level efforts include the following:

- *Ohio* has a Cochlear Implant Task Force that is currently in the process of drafting guidelines for best practices related to students with cochlear implants.
- *Virginia* has a specialized preschool program for children with cochlear implants enabling them to receive oral auditory rehabilitation. The program is housed at one of the state school for the deaf sites.
- *Colorado* offers a cochlear implant mentorship program that provides up to 10 hours of individual mentoring for teachers and/or speech language pathologists in a school where a child has been newly implanted. Ten mentors are located throughout the state.
- *Arkansas* is currently working on a legislative initiative that will ensure that sound field systems within new school facilities are built to benefit all users, including students with cochlear implants.

Seven of the ten states interviewed reported that students with cochlear implants are classified as either deaf or hearing impaired (*AR, AZ, CO, MI, OH, PA, VA*). Interviewees from two other states (*AK, NJ*) said that classification was determined by the IEP team and the decision was based upon each child's abilities and educational needs. The tenth state (*IA*) is a noncategorical state and therefore does not classify students with cochlear implants.

Interviewees expressed a number of concerns regarding students with cochlear implants. Most commonly, states were concerned about whether or not mapping¹¹ was considered assistive technology or a related service and whether LEAs are expected to pay for the procedure.¹² None of the interviewees reported any legal cases related to who pays for mapping within their states. Other concerns related to cochlear implants included the growing number of students with cochlear implants, lack of preparedness on the part of educators for serving this population, lack of oral/auditory approach, need for appropriate curriculum modifications and the importance of serving students within their home schools and communities.

¹¹ Cochlear implants must be programmed individually for each user. This process is called "mapping" and is performed by an audiologist trained to work with cochlear implants. The audiologist sets threshold and comfort levels based on information given by the user.

¹² The notice of proposed rulemaking (NPRM) for IDEA 2004, issued June 20, 2005, includes the following exception under related services §300.34(b): "Related services do not include a medical device that is surgically implanted, the optimization of device functioning, maintenance of the device, or the replacement of that device."

Mental Health

All 10 state interviewees reported concerns regarding mental health services for students who are D/HH. Most commonly, states reported that in-state services, including services at the state school for the deaf, were inadequate to meet the needs of students with serious mental health conditions. Several reported having to send students out of state to receive appropriate care. Interviewees also reported a lack of mental health experts who are proficient in American Sign Language (ASL). For instance, an interviewee from *Iowa* explained that students who are D/HH frequently receive mental health services with the assistance of an interpreter. Other concerns expressed by individual states included unwillingness on the part of Medicaid to pay for out-of-state placements (*CO*) and hesitancy on the part of schools for the deaf to serve students with mental health needs (*AZ*).

Eight states (*AR, AZ, CO, MI, NJ, OH, PA, VA*) described state-level efforts to address the mental health needs of students who are D/HH. For example:

- *Arkansas* awarded an \$80,000 grant to the state school for the deaf, using sliver grant funds, to work collaboratively with the community mental health center that serves the school and the Department of Behavioral Health to develop appropriate school-based mental health services for children who are D/HH. Funding is also intended to help the school locate mental health experts who are fluent in ASL. Additional money coming from the State Improvement Grant (SIG) is being used to implement positive behavioral support (PBS) programs in public schools as well as in the state school for the deaf.
- *Colorado* contracted with a psychologist who is hard of hearing to work with children who are D/HH with more severe psychiatric disorders. Colorado is also trying to provide training at the LEA level, including a mental health mentoring program, to help students avoid residential treatment whenever possible.
- *New Jersey* implemented a substance abuse prevention and intervention initiative for students who are D/HH. Substance abuse counselors, employed by the state school for the deaf and student leadership teams go out to the school districts to teach students about HIV/AIDS, drugs and alcohol and empowerment skills. In addition, the state school for the deaf was awarded a \$100,000 grant from the SEA to begin the PLUS program for students who are D/HH and who have additional emotional and behavioral needs. Day and residential program options are available.
- *Arizona* awarded a capacity building grant to the school for the deaf to better serve students with mental health needs.
- *Ohio* held a conference in 2004 on mental health and D/HH issues. A collaboration between its Departments of Education and Mental Health ensures that the emotional needs of students with D/HH are met at the LEA level.

- *Michigan* has a separate alternative program for behaviorally challenged students who are D/HH that focuses on positive behavioral supports, academic and behavioral interventions and re-integration when students no longer require specialized supports and instruction.

Other efforts reported included representation by D/HH individuals on *Alaska's* Mental Health Board. Although not yet implemented, *Virginia* has proposed a new state school for the deaf that would include a mental health program by Fall of 2008.

Guidelines for Parents

Interviewees from three states reported publishing and distributing policy/procedural guidelines to ensure that parents are aware of the range of special education services for children who are D/HH (e.g., oral versus sign; school for the deaf versus inclusion with hearing peers). *Pennsylvania* has a 50-page handbook available in both English and Spanish; *Colorado* has a resource guide developed jointly by all its local education agencies (LEAs) and private and public organizations that serve children who are D/HH; and *Virginia* has a state code requiring dissemination of an information packet to every family of a child who is D/HH. A fourth state, *New Jersey*, reported that D/HH consultants frequently used the NASDSE guidelines to help parents make decisions.¹³

Most states also described a process to inform parents about various options during evaluation and Individual Family Service Plan (IFSP)/IEP team meetings. Several interviewees stressed that decisions are based on the most appropriate program options for each individual child as determined by the IFSP/IEP team and not solely on parental preference. Two states without policy/procedural guidelines (*AR, IA*) said that such resources would be beneficial in helping parents better understand the range of program and communication options available to them.

Accountability

Four states (*AK, AR, CO, VA*) disaggregate state assessment scores for students who are D/HH at the state and/or local level. Of these, two states described efforts to use the data to improve outcomes for students who are D/HH:

- *Colorado* – In addition to disaggregating by disability, the state disaggregates by age, test and school district. Performance on a nonmandatory test, the Colorado Individual Performance Profile which compiles assessment data on academic, social and communication skills is also used for approximately 200 out of 500 D/HH students in the state each year. A five-year longitudinal study of students in Colorado and Arizona is looking at the performance of mainstreamed students who are D/HH.

¹³ The NASDSE *Deaf and Hard of Hearing Students: Education Service Guidelines* are currently being revised and will be available in late 2005.

- *Virginia* – In response to disproportionately low scores for students who are D/HH, a task force is making plans for remediation for this population.

One additional state (*PA*) will soon begin to disaggregate scores by disability and one state (*IA*) does not disaggregate scores by disability. Representatives from the two remaining states (*AZ*, *OH*) did not specify how state assessment scores for D/HH students are handled.

Four states (*AK*, *AR*, *MI*, *PA*) reported that some or all LEAs have transitioned to an electronic IEP; several mentioned that the electronic IEP will enable closer monitoring of the progress of students who are D/HH.

Miscellaneous Programs and Initiatives

Seven states described initiatives and/or programs relating to D/HH issues that did not easily fit into any of the categories discussed above.

Three states (*AR*, *CO*, *PA*) described advisory councils or task forces intended to address issues related to D/HH:

- *Arkansas* has convened a Deaf Education Task Force initiated by the school for the deaf. Based on work being done in New Mexico, task force members are creating a mission statement and action plan for fully integrated birth-to-grave, state-level services for individuals who are D/HH. The task force is made up of representatives from the SEA, governor's office, IHEs, related services, consumer groups and parents. The task force is currently developing a white paper that will address a variety of topics, including identification and intervention, language and communication access, accountability, high stakes testing and standards based environments, technology, personnel preparation and research. The paper will be used to inform legislators and others about the needs of the D/HH population.
- *Colorado* started a Deaf Education Reform Task Force that produced a series of recommendations suggesting that the state work toward regionalizing program options. Starting in 2004, *Colorado* instituted three regional pilots exploring the task force's recommendations. The task force generated 36 quality indicators – from early identification to family involvement. The purpose of the pilot projects is to determine which of these indicators have the greatest impact on outcomes for children who are D/HH.

Other examples of state-level initiatives and/or programs relating to D/HH issues include the following:

- *Alaska* held a Deaf Summit in 2003 that addressed a variety of issues, including education, employment, housing and mental health services for individuals who are

D/HH. Approximately 300 people attended, including consumers, professionals and teachers.

- *Iowa* recently implemented a project, *Quality Programs for Students Who are D/HH*. This project is essentially a continuous improvement model for D/HH services. It is a process for documenting, developing and improving services and programming for students who are D/HH.
- *Colorado* is expanding its early intervention program from birth-to-three to birth-to-five and is attempting to identify which components of home- and school-based services are most effective for infants and toddlers who are D/HH. The state is offering a teacher training academy to promote research-based practices.
- *Ohio* has developed an ASL curriculum based on the state's K-12 foreign language standards. The curriculum was developed in collaboration with interpreter training programs and D/HH personnel preparation programs. As part of a pilot project, the curriculum is currently being field tested in K-12 programs throughout the state by ASL teachers teaching ASL as a foreign language.
- *New Jersey* instituted child study teams many years ago to provide onsite evaluation services for children who are D/HH throughout the state. Through a contract with the SEA, the school for the deaf coordinates the child study teams and now LEAs contract with the school for the deaf to receive services. The teams are supported by the fees for services and IDEA Part B discretionary funds. The two teams conduct approximately 120 evaluations per year and New Jersey is considering adding a third team to meet increasing demand.

Barriers

States described a variety of barriers to serving students who are D/HH. Most commonly, states mentioned their concerns relating to personnel shortages and the challenge of finding both teachers of the D/HH and educational interpreters who are "highly qualified" as defined by NCLB and the newly reauthorized IDEA. Other barriers mentioned include the following:

- lack of a full continuum of placements for students who are D/HH;
- difficulty meeting the mental health needs of students who are D/HH;
- challenge of serving students who are D/HH residing in remote areas of the state;
- poor communication/collaboration between the school for the deaf and the rest of the K-12 public school system;
- high cost of operating the school for the deaf;
- high cost of maintaining personnel preparation programs at IHEs;
- tensions within the state relating to politics of deafness;
- lack of preparation for handling the influx of students with cochlear implants;

- lack of preparation for meeting the needs of very young children being identified as D/HH as a result of the newborn hearing screening; and
- inability to determine the exact number of students who are D/HH because of noncategorical service models.

Policy Recommendations

States also offered a number of policy recommendations for better serving students who are D/HH:

- provide more distance education training opportunities for both teachers of D/HH and educational interpreters;
- move toward standardization of assessments to determine educational interpreters' competency across states – i.e., use of EIPA;
- earmark additional funds for IHE programs that prepare personnel for working with children who are D/HH;
- encourage schools for the deaf to assume greater leadership throughout the state as a whole – including outreach to LEAs;
- support research to identify evidence-based best practices for teaching students who are D/HH;
- implement web-based IEPs to enable improved monitoring of student outcomes according to disability category and location;
- provide clarity regarding financial responsibility of states for cochlear implants.

Concluding Remarks

Based on Project Forum's analysis, states appear to have a variety of different infrastructures in place and a wide range of programs for serving students who are D/HH. For example, some states have one or more staff specifically designated to work with D/HH issues. Some have a state-operated school for the deaf, some of which are under the jurisdiction of the state school board and others of which are under the jurisdiction of different entities. In some cases, inservice training of personnel at schools for the deaf is conducted jointly with other public K-12 personnel and in other cases inservice training is handled separately.

State infrastructures addressing the needs of students who are D/HH issues have significant implications for the quality of services and range of options available to students and their families. For example, in states where the school for the deaf is under the jurisdiction of a board of trustees or other governing entity besides the state school board, individuals making decisions regarding school for the deaf policies and procedures may not have close ties and knowledge of the LEA structures from where their students come. This may compromise the quality of services available to students who are D/HH.

Most states described ongoing reform efforts relating to the role of the school for the deaf within the state as a whole. For example, schools for the deaf are increasingly conducting outreach and

serving as state-wide TA resources. In many cases, however, additional changes may still be needed. For example, states report that sharing of staff between the state school for the deaf and the rest of the K-12 public school system rarely takes place. In rural areas, where children who are D/HH tend to be widely dispersed, school districts often cannot afford to hire their own staff to provide services. In cases such as this, the school for the deaf can play a critical role by contracting with LEAs to provide trained and certified personnel. States also report that schools for the deaf frequently do not provide a full range of communication options, opting instead to focus exclusively on ASL. Given that the rest of the K-12 public school system is expected to provide a full continuum of options, the state schools for the deaf may not be prepared to receive D/HH students who have been taught using a different communication system.

States are moving to address a number of issues, including insufficient numbers of appropriately trained staff; NCLB and IDEA accountability issues; the need to implement standards for educational interpreters; increasing numbers of students with cochlear implants; inadequate programming options for students with mental health issues; and the importance of ensuring a seamless transition between service coordination for birth-to-three year olds and children being served under Part B-619. It is critical that SEAs continue to involve appropriate stakeholders in addressing these important issues.

Appendix A

Deafness and Hard of Hearing: State Infrastructure & Initiatives Interview Guideline Project Forum at NASDSE

The purpose of this study is to describe state-level infrastructure for serving children who are deaf or hard of hearing and to highlight state-level initiatives that are either currently in place or being planned to serve this population. (*Italicized sections are only for interviewer and are not intended to be read aloud to interviewee.*)

SECTION A – STATE-LEVEL INFRASTRUCTURE

(1) According to your survey responses, your state DOES/DOES NOT have one or more state-level staff people designated to handle issues relating to students who are deaf or hard of hearing.

If state “DOES”:

- What is the source of funding for the position(s)?
- What are the responsibilities associated with the position(s)?
- What are the job criteria (e.g., academic credentials, experience, etc.)?

If state “DOES NOT”:

- How are state-level issues and inquiries handled relating to students who are deaf or hard of hearing?

(2) According to your survey responses there IS/IS NOT a state-operated school for the deaf in your state.

If there “IS NOT” a state-operated school for the deaf:

- What are the policies/procedures regarding sending a child to a private school for the deaf or an out of state state-operated school for the deaf?
- Does your policy differentiate between state-operated and private schools for the deaf?

If there “IS” a state-operated school for the deaf:

According to your survey responses, school governance for the state-operated school falls under the jurisdiction of the STATE SCHOOL BOARD/OTHER _____. The next few questions relate to the relationship between the school for the deaf and the rest of the K-12 public education system:

- Is inservice personnel preparation conducted jointly or separately?
- Do teachers and administrators from the state-operated school for the deaf and the rest of the K-12 public education system consult with one another? If so, how?
- How is movement of students back and forth between the school for the deaf and other public K-12 settings handled?
- Are there any policies or procedures regarding shared staffing during workforce shortages?

If the state-operated school for the deaf is under the jurisdiction of “OTHER”:

- How is the governing body for the school for the deaf appointed?
- How do the two governing bodies communicate with each other (i.e., the board governing the public K-12 system and the entity governing school for the deaf)?
- Are there any challenges relating to having a separate governing structure for the school for the deaf?

(3) Do any individuals who are deaf or hard of hearing hold leadership positions at the SEA or state school for the deaf?

SECTION B – PERSONNEL PREPARATION

(4) Based on information from the Personnel Center, it appears that your state has NO/ONE OR MORE higher education programs specifically geared toward students who are deaf or hard of hearing: _____

If “ONE OR MORE”:

- What kind of relationship does the SEA have with this program(s)?
- Are the state’s personnel preparation needs adequately met via this program(s)?

If “NO PROGRAMS”:

- How does your state meet its personnel needs? (Probe: relationships with neighboring states? Alternative certification?)

(5) Based on information from the Personnel Center, it appears that your state has NO/ONE OR MORE certification options relating to students who are deaf or hard of hearing: _____

- Is the existing licensure/certification system adequately meeting your state’s needs?
- Are there currently any plans to change the licensure/certification system?

(6) Now we're going to discuss some issues related to educational interpreters. Based on a database put together by the Distance Opportunities for Interpreter Training Center (DO IT Center) located at Front Range Community College in Colorado it appears that your state has the following laws/regulations relating to interpreted education:

Is this accurate?

(7) According to your survey responses, you DO/DO NOT have an initiative relating to interpreted education.

If your state "DOES NOT":

- Have there been any issues/concerns related to interpreted education in your state?

If your state "DOES":

- Can you please describe your initiative(s) relating to interpreted education.

Ask only of states who listed personnel preparation initiatives on their surveys:

(8) According to Project Forum's survey results, a lot of states have additional personnel preparation initiatives relating to students who are deaf and hard of hearing. You listed the following: _____

Can you please describe this initiative in greater detail.

SECTION C – PART C SERVICES

Ask only of states with an education lead agency for Part C

(9) Is there any policy guidance related to service coordination for children in the 0-3 range who are deaf or hard of hearing?

(10) How is the Part C program involved in tracking newborns who do not pass the newborn hearing screening and the full hearing evaluation? (*Probe for how information from the health department get transferred to education, whether there are adequate number of early childhood development professionals trained to work with this population.*)

SECTION D – OTHER SERVICE-RELATED QUESTIONS

(11) The number of young children with cochlear implants is increasing across the country. Have any issues come up in your state related to students with cochlear implants (e.g., related to educational placement, provision of services, services covered under IDEA)?

(12) How are students with cochlear implants categorized in your state (i.e., deaf, hearing impaired, other)?

(13) What kind of policy/procedural guidelines exist to ensure that parents are aware of the range of special education services for children who are deaf or hard of hearing (e.g., oral versus sign; school for the deaf versus programming with hearing peers)?

(14) Are there any challenges in your state related to Deaf culture or the politics of deafness?

(15) Are there any issues/initiatives regarding emotional/behavioral concerns among students who are deaf or hard of hearing?

SECTION E – OTHER INITIATIVES

Ask only of states listing additional initiatives, not already covered by interview.

(16) Based on your survey responses, we know that your state currently has a number of additional initiatives relating to children who are deaf or hard of hearing:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Probe for details regarding each initiative.

SECTION F – ACCOUNTABILITY/OUTCOMES

(17) Does your state monitor the progress of children who are deaf or hard of hearing (e.g., disaggregate and/or report data relating to this population)?

SECTION G – FUTURE DIRECTIONS

(18) Are there challenges or barriers in your state to serving students who are deaf or hard of hearing that have not come up in this interview?

- If so, please describe.
- What policy recommendations would you make to address these challenges/barriers?

(19) Do you anticipate any changes in the near future regarding issues relating to students who are deaf or hard of hearing?

Appendix B

Summaries of Findings from Related Studies on Deaf and Hard of Hearing Issues

Center for Teacher Quality (CTQ). (2005). *CTQ listserv query regarding states' titles for hearing and visually impaired licenses.*

Twenty-eight states responded to the CTQ listserv query regarding the titles of their licenses for hearing and visual impairment. Sixteen states reported they use deaf and/or hard of hearing; 11 reported they use hearing impaired, one reported their state uses deaf or hearing impaired; and one uses two titles – deaf or hard of hearing: oral/aural communication and deaf or hard of hearing: sign language communication.

Education Commission of the States (ECS). (2004). *Special education teacher certification/licensure and endorsement categories in the states.* Retrieved June 21, 2005 from www.ecs.org/clearinghouse/54/13/5413.htm

According to the ECS study, 46 states offer special education endorsement for deaf/hard of hearing, more than for any other disability category.

Johnson, Leilani. (2004). *Laws/regulations related to educational interpreting.* Denver, CO: Front Range Community College, Distance Opportunities for Interpreter Training Center (DO IT Center).

According to the DO IT Center study, 24 states have standards for educational interpreters; four have pending standards; and 11 have no standards. Information was not available for the remaining 11 states.

National Association of State Directors of Special Education. (2005). *NASDSE member survey on American Sign Language as a foreign language requirement.* Alexandria, VA: NASDSE.

Out of 31 responses received, 17 states allow American Sign Language (ASL) to fulfill the foreign language requirement; four states allow local education agencies (LEAs) to make the determination to allow ASL as a foreign language; four states do not allow ASL as a foreign language; three states have no requirements for a foreign language; two states allow it only as determined by the Individualized Education Program (IEP); and one state only allows ASL as an elective credit.

National Center for Hearing Assessment and Management (NCHAM). *Summary of universal newborn hearing screening legislation in the United States.* Retrieved May 2, 2005 from www.infanthearing.org/legislative/summary/index.html

According to the NCHAM study, 38 states have passed some type of universal newborn hearing screening. Thirteen states passed legislation within the past five years (i.e., between 2000-2005); 23 passed legislation between 1995-1999; and two passed legislation between 1990-1992. Twenty-two states reached full implementation of the universal newborn hearing screening between 2000-2005; four states reached full implementation between 1995-1999, and one state

reached full implementation in 1993 (three states did not specify date of full implementation). Twenty-one states require screening of all babies; seven states require screening of all babies in hospitals with more than a set number of births per year (e.g., more than 50 births); six states require screening of a certain percentage of babies within the state (e.g., 85 percent of newborns); and one state requires screening of babies born in acute care hospitals receiving California Children's Services (CCS) funding.