



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

Based on 511 IAC Article 7, 2019

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*First person language used throughout this revised document per NDC and APA (the term “Deaf and Hard of Hearing Children” has now been changed to *children who are deaf and hard of hearing*)

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

This guide is made possible by the teamwork and collaboration of audiologists, psychologists, speech pathologists, language specialists, social workers and parents. We also thank additional contributors, including (but not limited to):

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The 2017 Revisions to Guidelines for the Assessment and Educational Evaluation of Deaf and Hard of hearing Children in Indiana, based on the Article 7 changes of 2014, was modified by Assessment staff at the Center for Deaf and Hard of Hearing Education. The staff includes diverse professionals and parents including those who are Deaf, hearing, and hard of hearing; those raised in environments using spoken English; and others, who grew up as proficient users of American Sign Language (ASL) in the Deaf community. This guide represents a consensus of this diverse population. Comments or questions regarding these guidelines may be addressed to The Center for Deaf and Hard of Hearing Education, 2 North Meridian, Indianapolis, Indiana 46204, 317-232-7349, cdhhe@isdh.in.gov.

Notice

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

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PREFACE

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

In December 2010, Indiana's special education rules were promulgated in Indiana Code 511 IAC 7-32 through 7-47. The eligibility requirements changed to look at evaluation data most impacted by the child's "disability." Cognitive evaluations are no longer required for the more than 2,000 students who are deaf or hard of hearing in the state of Indiana. Absence of hearing does not cause cognitive delays. However, professionals and families must keep in mind that a lack of exposure to language early in life can affect cognitive functioning.

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

The caveat is that many students do not perform as well as we would anticipate, and they will continue to need a comprehensive evaluation to develop specific, appropriate academic goals unique to each student. Expectations for these students should align with hearing peers for all facets of language and achievement. Perhaps an additional concern, such as a specific learning disability or emotional challenges, interferes with the child's learning. It is important to look at the whole child so that academic and methodology decisions are not based solely on a child's audiogram and communication skills. Parents and professionals need to consider the child's cultural background, cognitive potential, thinking skills, preferred mode of communication, learning style, and academic abilities when making critical decisions. All factors need to be considered to raise the bar for academic success, and all children need to meet their full potential.

This guide is in accordance to the *Indiana State Board of Education Special Education Rules, Article 7* found at the following web address:

<https://www.doe.in.gov/sites/default/files/specialed/art-7-english-may-2019-update-index.pdf>

Deaf or hard of hearing defined:

- a) "Deaf or hard of hearing," which may be referred to as a hearing impairment, means the following:
 - 1) a disability that, with or without amplification, adversely affects the student's:
 - A) ability to use hearing for developing language and learning,
 - B) educational performance
 - C) developmental progress
 - 2) the hearing levels may be:

- A) permanent or fluctuating
 - B) mild to profound
 - C) unilateral or bilateral
- 3) students who are deaf or hard of hearing may use:
- A) spoken language,
 - B) sign language
 - C) a combination of spoken language and signed systems

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

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

The first five components are included with the initial eligibility determination. The last component may be the most overlooked and the most critical. This provides for the educational evaluation of areas that are most relevant for students who are deaf or hard of hearing, such as cognition, motor and sensory abilities, and obtaining relevant medical information. To determine if the language and communication skills are commensurate with the student's cognitive abilities, especially for children identified early, information regarding cognitive potential is important. Because of the particularly high incidence (40 to 50 percent) of accompanying exceptionalities in this population, it is especially important that attention be given to these areas as well. Though not included in this guide, occupational and physical therapy evaluation may provide invaluable information for some students and can be included under the last component.

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

EDUCATIONAL EVALUATION GUIDELINES

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

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

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

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

PERSONS CONDUCTING THE EDUCATIONAL EVALUATION

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

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

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

To better facilitate collaborative testing between the Center Assessment Team and local school assessment professionals, we recommend using the DHH Evaluation Delegation Sheet (see page 35 of this document).

AREAS THAT MAY BE EVALUATED

Auditory Abilities and Skills

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

An assessment should provide necessary information regarding the nature and degree of hearing, the child's auditory perception skills and abilities, use and benefit from amplification and assistive technology, and specifics related to their auditory and listening performance in the typical classroom. To ensure appropriate expectations, consider the overall needs of the student with respect to chronological age, age of full-time device use, and language and academic skills

expected of their same aged peers. Speech perception testing should be completed under ideal listening conditions, as well as under simulated classroom conditions and may include traditional sound booth testing, classroom observation and input from the student’s instructors. In addition, these skills should be assessed in auditory-only and combined auditory and visual conditions to determine how the child is accessing academic information. The following is a guide for assessment and is not an exhaustive list.

Areas of Audiological Evaluation	
Areas of Assessment	Assessment Tools
<i>Case History Review</i>	<ul style="list-style-type: none"> • <i>Universal Newborn Hearing Screening results</i> • <i>Medical history, including pre-, peri-, and post-natal history</i> • <i>Family history</i> • <i>Additional risk factors for hearing loss</i>
<i>Otoscopy</i>	<ul style="list-style-type: none"> • <i>Visual inspection of the structure of the outer ear, ear canal and eardrum</i>
<i>Physiologic Assessment or Objective Measures of Auditory System</i>	<ul style="list-style-type: none"> • <i>Immittance measures</i> <ul style="list-style-type: none"> -<i>Tympanometry</i> -<i>Acoustic reflexes</i> • <i>Otoacoustic Emissions</i> <ul style="list-style-type: none"> -<i>Distortion product otoacoustic emissions (DPOAEs)</i> -<i>Transient evoked otoacoustic emissions (TEOAEs)</i> • <i>Auditory Brainstem Response (ABR)</i>
<i>Measures to Determine Nature and Degree of Hearing loss</i>	<ul style="list-style-type: none"> • <i>Pure tone testing (air and bone conduction)</i> • <i>Speech Awareness Threshold (SAT) or Speech Detection Threshold (SDT)</i> • <i>Speech Reception Threshold (SRT)</i> • <i>Word recognition testing</i>
<i>Assessments of Auditory Function with amplification and assistive technology– Speech Perception</i>	<ul style="list-style-type: none"> • <i>Emerging Auditory Perception Skills</i> <ul style="list-style-type: none"> ○ <i>Ling Seven-Sounds Test (Detection and Recognition)</i> ○ <i>Early Speech Perception (ESP) test</i> ○ <i>Environmental Sound Recognition tests</i> <ul style="list-style-type: none"> ▪ <i>Sound Effects Recognition Task</i> ▪ <i>Familiar Sounds Test</i> • <i>Word Recognition- Open- and Closed-Set Tests</i> <ul style="list-style-type: none"> ○ <i>Northwestern University Children’s Perception of Speech (NU-CHIPS)</i> ○ <i>Word Intelligibility by Picture Identification (WIPi)</i> ○ <i>PB-Kindergarten Lists</i> ○ <i>Lexical Neighborhood Test (LNT)</i> ○ <i>Multisyllabic Lexical Neighborhood Test (MLNT)</i> ○ <i>CID W-22 Lists</i> ○ <i>NU-6 Lists</i> • <i>Speech Recognition for Sentences and Phrases</i> <ul style="list-style-type: none"> ○ <i>Pediatric Speech Intelligibility Test (PSI)</i> ○ <i>Bamford-Kowal-Bench Speech in Noise Test (BKB-SIN)</i>

	<ul style="list-style-type: none"> ○ <i>QuickSIN</i> ○ <i>Hearing In Noise Test (HINT)</i> ○ <i>Hearing In Noise Test-Children (HINT-C)</i> ○ <i>Pediatric AzBio Sentence Test</i> ○ <i>AzBio Sentence Test</i>
<i>Auditory Performance and Development Checklists</i>	<ul style="list-style-type: none"> ● <i>Children’s Auditory Performance Scale (CHAPS)</i> ● <i>Functional Auditory Performance Indicators (FAPI)</i> ● <i>LittleEars Auditory Questionnaire</i> ● <i>Parent’s Evaluation of Aural/Oral Performance in Children (PEACH)</i> ● <i>Infant-Toddler Meaningful Auditory Integration Scale (IT-MAIS) and Meaningful Auditory Integration Scale (MAIS)</i> ● <i>Listening Inventory for Education -Revised (LIFE-R)</i> ● <i>Screening Instrument for Targeting Education Risk (SIFTER)</i> <ul style="list-style-type: none"> ○ <i>Preschool</i> ○ <i>Elementary</i> ○ <i>Secondary</i> ○ <i>Spanish</i>
<i>Verification and Validation of Hearing Technology</i>	<ul style="list-style-type: none"> ● <i>Visual inspection</i> ● <i>Listening Check</i> ● <i>Electroacoustic analysis of technical function</i> <ul style="list-style-type: none"> ○ <i>Device alone and device coupled with FM technology</i> ● <i>Textbox verification of special features (noise suppression, transposition, directional microphones, etc.)</i> ● <i>Real-ear or simulated real-ear measurements</i> ● <i>Consideration of Speech Intelligibility Index (SII)</i> ● <i>Validation Instruments</i> <ul style="list-style-type: none"> ○ <i>Children’s Outcomes Worksheet (COW)</i> ○ <i>Client Oriented Scale of Improvement (COSI)</i> ○ <i>LittleEars Auditory Questionnaire</i> ○ <i>Parent’s Evaluation of Aural/Oral Performance in Children (PEACH)</i>

Communication Evaluation

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

- Articulation and phonological skills or sign production accuracy
- Augmentative/Alternative communication needs
- Conversational Informal Language Fluency (CILF)/ Basic Interpersonal Communication Skills (BICS)
- Executive function skills as it relates to language
- Expressive and receptive language

- Fluency
- Formal Academic Language Fluency (FALF)/ Cognitive Academic Language Proficiency (CALP)
- Functional communication skills
- Intelligibility of connected speech or sign production
- Listening skills
- Metacognitive language skills
- Narrative skills
- Oral motor function as needed
- Phonemic awareness
- Play skills
- Pragmatics/discourse
- Prelinguistic skills
- Printed language skills
- Prosodic features: intonation, pitch, rhythm, and stress
- Self-advocacy and independence with communication
- Thinking and reasoning skills
- Visual supports for language (e.g., lipreading, pantomime, etc.)
- Voice quality, including nasality

The child's performance on the communication evaluation provides information regarding the child's language skills and language learning style on a battery of age-appropriate standardized test measures, informal evaluations, and observations, as well as the need for the case conference committee to investigate interventions and approaches to education. The evaluation needs to interpret the findings to provide information on strategies to assist the child on mastering skills, prognosis of improvement with current interventions, and suggestions for modifications and accommodations to encourage language development and growth. The evaluation should follow guidelines as stated in Individuals with Disabilities Education Act (IDEA) to be culturally and linguistically appropriate, as well as paint a picture of the child's language abilities, strengths, and weaknesses. Current best evidenced-based practices as set forth by the American Speech Language and Hearing Association (ASHA) should be followed. As age-appropriate language is essential to reading development, consideration of the student's skills is an important component with the development of an Individualized Education Plan (IEP). Additionally, the evaluation needs to investigate a student's functional social language and the cognitive language essential to school success; therefore, informal observations or other tools are beneficial. Evaluators' decisions should not be invested in only one tool or instrument when determining eligibility or intervention. Individuals conducting the evaluations should be intimately familiar with normal language developmental milestones for 3-21 years and expect students who are deaf or hard of hearing to meet these milestones without lowering expectations.

As student backgrounds become more diverse, it is important for communication evaluations to incorporate guidelines from sources such as IDEA and ASHA regarding bilingual evaluations. These guidelines are applicable to varied dialects present in the state of Indiana. Many available standardized language assessments provide information for the most common

dialectal variations (Black American English, Spanish-Influenced English, Chinese-Influenced English, and Southern American English). Language differences are to be acknowledged when assessing speech and language skills.

The following list of instruments for the evaluation of speech and language skills is intended to serve as a guide and is not an exhaustive list. When in doubt, contact the Center for Deaf and Hard of Hearing Education for consultation or for an evaluation at no cost.

Areas of a Communication Evaluation	
Areas of Assessment	Assessment Tools
<p>Early Childhood Developmental Assessment: The role of the assessment team will include assessing children becoming 3 to determine eligibility for services</p>	<ul style="list-style-type: none"> • <i>Clinical Evaluation of Language Fundamentals Preschool-3</i> • <i>Developmental Assessment of Young Children -2</i> • <i>Early Learning Accomplishment Profile</i> • <i>Evaluating Acquired Skills in Communication (3rd)</i> • <i>Language Sample</i> • <i>Language Use Inventory</i> • <i>MacArthur – Bates Communicative Development Inventory</i> • <i>Preschool Language Scale Fifth Edition</i> • <i>Revised Concise Symbolic Play Scale</i> • <i>Test of Early Communication and Emerging Language</i> • <i>Test of Early Language Development - 4th Edition</i> • <i>The Devereux Early Childhood Assessment</i> • <i>The Learning Accomplishment Profile Third Edition – Diagnostic</i> • <i>Visual Communication and Sign Language Checklist for Deaf and Hard of Hearing Children (VCSL)</i>
<p>Auditory Perception: The ability to recognize and understand what is heard</p>	<ul style="list-style-type: none"> • <i>Auditory Phoneme Sequencing Test</i> • <i>Cottage Acquisition Scales for Listening, Language & Speech</i> • <i>Developmental Test of Auditory Processing</i> • <i>Functional Auditory Performance Indicators (FAPI)</i> • <i>Infant–Toddler Meaningful Auditory Integration Scale (IT-MAIS)</i> • <i>Ling 7 sound check</i> • <i>Listening Comprehension Test 2/ Listening Comprehension Test Adolescent: Normative Update</i> • <i>Listening Inventory for Education (L.I.F.E.)</i> • <i>Oral Passage Understanding Scales</i> • <i>Screening Instrument for Targeting Educational Risk (S.I.F.T.E.R.)</i> • <i>Test of Auditory Processing Skills 4</i> <p><i>Note: many auditory perceptual skills with students should be monitored with ongoing intervention and tracking tools and are not appropriately assessed with a onetime assessment measure</i></p>
<p>Articulation and Speech Production: The ability to form and produce words</p>	<ul style="list-style-type: none"> • <i>Arizona Articulation Proficiency Scale 4th edition</i>

<p>accurately and the ability to improve production with feedback, including prosodic features (i.e., intonation, pitch, rhythm, and stress), voice quality (including nasality), and the intelligibility of connected speech</p>	<ul style="list-style-type: none"> • <i>Clinical Assessment of Articulation and Phonology Second Edition</i> • <i>Glaspey Dynamic Assessment of Phonology</i> • <i>Goldman-Fristoe Test of Articulation 3rd Edition</i> • <i>Phonological Awareness Test – 2: Normative Update</i> • <i>Sunny Articulation Phonology Test (iPad app)</i> • <i>Linguisticsystems Articulation Test – Normative Update</i> • <i>Kahn-Lewis Phonological Analysis, Third Edition</i> • <i>Photo Articulation Test – Third Edition</i> • <i>Test of Language Development Primary – Fifth Edition</i>
<p>Semantics: Vocabulary mastery and the ability to understand multiple meanings and basic concepts, both receptively and expressively. Semantics may also include comprehension of situational concepts and contexts</p>	<ul style="list-style-type: none"> • <i>Clinical Evaluation of Language Fundamentals Fifth Edition</i> • <i>Clinical Evaluation of Language Fundamentals Fifth Edition Metalinguistics</i> • <i>Clinical Evaluation of Language Fundamentals Preschool-3</i> • <i>Comprehensive Assessment of Spoken Language Second edition</i> • <i>Comprehensive Receptive and Expressive Vocabulary – Third Edition</i> • <i>Expressive Language Test 2: Normative Update</i> • <i>Expressive One Word Picture Vocabulary Test – Fourth Edition</i> • <i>Expressive Vocabulary Test, Third Edition</i> • <i>Language Processing Test 3: Elementary</i> • <i>Language sample analysis</i> • <i>Listening Comprehension Test 2/ Listening Comprehension Test Adolescent: Normative Update</i> • <i>The MacArthur-Bates Communicative Developmental Inventory</i> • <i>Montgomery Assessment of Vocabulary Acquisition</i> • <i>Peabody Picture Vocabulary Test, Fifth Edition</i> • <i>Preschool Language Scales Fifth Edition</i> • <i>Receptive, Expressive & Social Communication Assessment</i> • <i>Receptive One Word Picture Vocabulary Test -Fourth Edition</i> • <i>Test of Adolescent and Adult Language – Fourth Edition</i> • <i>Test for Auditory Comprehension of Language – Fourth Edition</i> • <i>Test of Early Language Development – Fourth Edition</i> • <i>Test of Expressive Language</i> • <i>Test of Integration of Language and Literacy Skills</i> • <i>Test of Language Development -Primary: Fifth Edition and Test of Language Development - Intermediate: Fifth Edition</i> • <i>Test of Preschool Vocabulary</i> • <i>Test of Semantic Reasoning</i> • <i>Test of Semantic Skills- Primary and Intermediate: Normative Update</i> • <i>The Word 3 Test Elementary & The Word 2 Test Adolescent</i>

<p>Syntax: Receptive and expressive abilities in the use of word order and morphemes to create grammatically correct sentences</p>	<ul style="list-style-type: none"> • <i>Wigg Assessment of Basic Concepts</i> • <i>Clinical Evaluation of Language Fundamentals Fifth Edition</i> • <i>Clinical Evaluation of Language Fundamentals Preschool - 3</i> • <i>Comprehensive Assessment of Spoken Language, Second Edition</i> • <i>Expressive Language Test 2: Normative Update</i> • <i>Oral and Written Language Scale 2</i> • <i>Receptive, Expressive & Social Communication Assessment</i> • <i>Test of Auditory Comprehension of Language – Fourth Edition</i> • <i>Test of Integration of Language and Literacy Skills</i> • <i>Text of Expressive Language</i>
<p>Pragmatics and Discourse: The ability to use language for self-advocacy and independence; the ability to hold a socially appropriate conversation at the basic interpersonal level as well as the abstract, complex level</p>	<ul style="list-style-type: none"> • <i>Children’s Communication Checklist – Second Edition</i> • <i>Clinical Assessment of Pragmatics</i> • <i>Clinical Evaluation of Language Fundamentals Fifth Edition – pragmatic profile</i> • <i>Clinical Evaluation of Language Fundamentals Preschool-3 – pragmatic profile</i> • <i>Conversational skills checklist</i> • <i>Comprehensive Assessment of Spoken Language, Second Edition</i> • <i>Functional Communication Profile-Revised (ages 3–adult)</i> • <i>Interviews and/or observations</i> • <i>Language sample analysis</i> • <i>Narrative informal assessment and analysis</i> • <i>Pragmatic Language Skills Inventory (PLSI)</i> • <i>Pragmatic Skills Checklist</i> • <i>Receptive, Expressive & Social Communication Assessment</i> • <i>Social Language Development Test – Elementary: Normative Update & Adolescent: Normative Update</i> • <i>Social Responsiveness Scale Second Edition</i> • <i>Test of Integration of Language and Literacy Skills</i> • <i>The Devereux Early Childhood Assessment</i> • <i>Test of Narrative Language – Second Edition</i>
<p>Thinking and Reasoning: The ability to use language to reason solutions, solve problems, and other executive function skills that include, but are not limited to: organization, abstract concepts, humor, planning, attention and memory</p>	<ul style="list-style-type: none"> • <i>Clinical Evaluation of Language Fundamentals Fifth Edition Metalinguistics</i> • <i>Comprehensive Assessment of Spoken Language, Second Edition</i> • <i>Language sample analysis</i> • <i>Listening Comprehension Test 2/ Listening Comprehension Test Adolescent: Normative Update</i> • <i>Oral Passage Understanding Scale</i> • <i>Preschool Language Assessment Instrument</i> • <i>Receptive, Expressive & Social Communication Assessment</i> • <i>Ross Information Processing Evaluation, Primary & 2</i> • <i>Story Recall Test</i> • <i>Test of Adolescent and Adult Language Fourth Edition</i>

	<ul style="list-style-type: none"> • <i>Test of Auditory Processing Skills - 4</i> • <i>Test of Early Language Development 4th Edition</i> • <i>Test of Language Development -Primary: Fifth Edition and Test of Language Development - Intermediate: Fifth Edition Test of Integration of Language and Literacy Skills</i> • <i>Test of Narrative Language – Second Edition</i> • <i>Test of Problem Solving 2: Adolescent</i> • <i>Test of Problem Solving 3 Elementary: Normative Update</i> • <i>Test of Written Language—Fourth Edition</i> • <i>Wigg Assessment of Basic Concepts</i> • <i>Wh? Comprehension Test</i> • <i>Written and oral language samples</i>
<p>Functional Language: When students are in need of a more functional or life skills approach but still need a description or assessment of their language skills</p>	<ul style="list-style-type: none"> • <i>Assessment of Language Related Functional Activities</i> • <i>Assessment for Persons Profoundly or Severely Impaired</i> • <i>Developmental Assessment for Individuals with Severe Disabilities 3</i> • <i>Early Functional Communication Profile</i> • <i>Informal observations and assessments</i> • <i>Functional Communication Profile</i> • <i>Ross Information Processing Evaluation, Primary & 2</i>
<p>American Sign Language (ASL): A visual-spatial language used in the United States and parts of Canada. In the brain, linguistic information is processed through the eyes and conveyed by the movement of hands and nonmanual signals. ASL has its own rules of grammar, phonology, morphology, semantics, syntax and pragmatics; therefore, signing a test intended for spoken English will often result in difficulties and invalid results, particularly if grammar and vocabulary are significant portions of the test. This practice is not recommended. Some tests that focus on language reasoning can be signed and provided essential formal academic language fluency</p>	<ul style="list-style-type: none"> • <i>American Sign Language Assessment Instrument</i> • <i>American Sign Language- Receptive Skills Test</i> • <i>Kendall Conversational Proficiency Level</i> • <i>Language sample analysis The MacArthur Communicative Developmental Inventory: Shine Vocabulary Checklist, ASL Version</i> • <i>The Toolkit: Starting with Assessment: A Developmental Approach to Deaf Children’s Literacy</i> • <i>Sign Language Proficiency Interview</i> • <i>Visual Communication and Sign Language Checklist for Deaf and Hard of Hearing Children</i> <p><i>Though the following tests are normed on hearing children, if given by an ASL Specialist, they can provide useful information about a student’s sign language:</i></p> <ul style="list-style-type: none"> • <i>Assessment of Language Related Functional Activities</i> • <i>Language Processing Test 3: Elementary</i> • <i>Oral Passage Understanding Scales</i> • <i>Receptive, Expressive & Social Communication Assessment</i> • <i>Ross Information Processing Assessment Primary & 2</i> • <i>Test of Narrative Language 2</i> • <i>Listening Comprehension Test 2/ Listening Comprehension Test Adolescent: Normative Update</i> • <i>Test of Problem Solving 2: Adolescent</i> • <i>Test of Problem Solving 3 Elementary: Normative Update</i> • <i>Wiig Assessment of Basic Concepts (WABC)</i>

Areas of a Psychoeducational Evaluation

A psychological evaluation includes the testing and interpretation of human development and learning domains (i.e., cognitive, achievement, adaptive behavior, emotional, social, behavior, language, and perceptual-motor) within a collaborative, databased frame, respecting the diversity of student strengths, needs, learning styles, and cultures. Standardized evaluations may provide information regarding the student's skills and abilities in comparison with that of hearing peers. It is important to consider the evaluation results, both qualitative and quantitative, in conjunction with other evaluation information (e.g., criterion-referenced educational evaluations, portfolio educational evaluations, informal assessments, observations, longitudinal data, medical diagnoses, etc.) when developing the Individualized Education Plan/Program (IEP). In addition to taking part in academic achievement testing for initial and re-evaluations, students who are deaf and hard of hearing should participate in the age-appropriate statewide and local educational evaluation programs unless they qualify for alternative forms of testing as determined by established criteria.

If a child is delayed in any area, a test of *intellectual functioning* may be conducted as part of the evaluation, if deemed appropriate by the team. Current best practices recommend the assessment of both verbal and nonverbal abilities as language reasoning is considered a good indicator of academic functioning. Verbal reasoning abilities should be considered along with the student's performance on the language skills measures. An educational evaluation of *visual perceptual skills* is of great significance for a student who relies heavily on the visual channel for communication. Early identification of areas of weakness is important. Areas evaluated may include visual discrimination, visual memory, visual-motor integration, visual figure-ground, visual closure, and spatial relations.

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

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

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

Social-emotional maturity should be considered as a component of the educational evaluation process for a student who is deaf or hard of hearing. Communication challenges that result from lack of access to meaningful language contribute toward the development of personality and social/emotional adjustment. Emotional factors have a direct influence on the learning behavior. Social-emotional evaluations examine self-image, social/interpersonal skills, emotional adjustment, self-concept, and lifestyle expectations.

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

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

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

Follow-up with qualified medical professionals is needed to establish additional deaf-blind eligibility for appropriate programming. Identified students should be reported to the Indiana Deaf-Blind Registry for additional services as this combination limits access to auditory and visual information and creates unique challenges for communication and education.

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

Areas of a Psychoeducational Evaluation	
Areas of Assessment	Assessment Tools
<i>Cognitive/Intellectual</i>	<ul style="list-style-type: none"> • <i>Comprehensive Test of Nonverbal Intelligence—II (CTONI-2)</i> • <i>Delis-Kaplan Executive Function System (DKEFS)</i> • <i>Detroit Tests of Learning Abilities, Fifth Edition (DTLA 5)</i>

	<ul style="list-style-type: none"> • <i>Kaufman Assessment Battery for Children, Second Edition Normative Update (KABC-II NU)</i> • <i>Leiter International Performance Scale, Third Edition (Leiter-3)</i> • <i>Neuropsychological Assessment, Second Edition (NEPSY-II)</i> • <i>Test of Memory and Learning, Second Edition (TOMAL-2)</i> • <i>Test of Nonverbal Intelligence, Fourth Edition (TONI-4)</i> • <i>Universal Nonverbal Intelligence Test, Second Edition (UNIT 2)</i> • <i>Wechsler Adult Intelligence Scale, Fourth Edition (WAIS-IV)</i> • <i>Wechsler Intelligence Scale for Children, Fifth Edition (WISC-V)</i> • <i>Wechsler Preschool and Primary Scale of Intelligence, Fifth Edition (WPPSI-V)</i>
Developmental/Pre-Academic (birth to 3)	<ul style="list-style-type: none"> • <i>Brigance Inventory of Early Development—III (selected tests)</i> • <i>Bayley Scales of Infant Development-III</i> • <i>Bracken Basic Concept Scale—Third Edition</i> • <i>Conners Early Childhood</i> • <i>Developmental Assessment of Young Children-2</i> • <i>Developmental Profile 4 (DP-4)</i> • <i>Developmental Indicators for the Assessment of Learning, Fourth Edition (DIAL-4)</i> • <i>Learning Accomplishment Profile-Diagnostic (LAP-D)</i>
Achievement <i>*required for initial eligibility for Deaf/Hard of Hearing</i>	<ul style="list-style-type: none"> • <i>Kaufman Test of Educational Achievement, Third Edition (KTEA-III)</i> • <i>Wechsler Individual Achievement Test, Third Edition (WIAT-III)</i> • <i>Wide Range Achievement Test 5 (WRAT5)</i> • <i>Woodcock-Johnson Tests of Achievement, Fourth Edition (WJ-IV)</i> • <i>Stanford 10 Achievement Test (SAT-10)</i>
Adaptive Behavior <i>*required for initial eligibility for Deaf/Hard of Hearing</i>	<ul style="list-style-type: none"> • <i>Adaptive Behavior Assessment System, Third Edition (ABAS-3)</i> • <i>Scales of Independent Behaviors—Revised (SIB-R)</i> • <i>Vineland Adaptive Behavior Scales, Third Edition (Vineland-3)</i>
Social/Emotional (Behavior Rating Scales)	<ul style="list-style-type: none"> • <i>Behavior Rating Inventory of Executive Function, Second Edition (BRIEF 2)</i> • <i>Behavioral Assessment System for Children, Third Edition (BASC-3)</i> • <i>Children’s Depression Inventory Second Edition (CDI 2)</i> • <i>Conners Comprehensive Behavior Rating Scales</i> • <i>Conner’s Rating Scales - Third Edition</i> • <i>Devereux Scales of Mental Disorders</i> • <i>Matson Evaluation of Social Skills - D/HH Version</i> • <i>Meadow-Kendall Social-Emotional Assessment Inventories for Deaf Students</i>

	<ul style="list-style-type: none"> • <i>Multidimensional Anxiety Scale for Children, Second Edition (MASC 2)</i> • <i>Personality Inventory for Children, Second Edition (PIC-2)</i> • <i>Piers-Harris Children’s Self-Concept Scale, Second Edition (Piers-Harris 2)</i>
<i>Specialized Testing</i>	<ul style="list-style-type: none"> • <i>Autism Diagnostic Observation Schedule 2 (ADOS 2)</i> • <i>Children’s Color Trails Test (CCTT)</i> • <i>Checklist for Autism Spectrum Disorder (CASD)</i> • <i>Gilliam Autism Rating Scale, Third Edition (GARS-3)</i> • <i>Learning Disabilities Diagnostic Inventory (LDDI)</i> • <i>McDowell Vision Screening Kit</i> • <i>Reading-Free Vocational Interest Inventory: Second Edition (R-FVII:2)</i> • <i>School Motivation and Learning Strategies (SMALSI)</i>
<i>Visual Perceptual Skills</i>	<ul style="list-style-type: none"> • <i>Beery-Buktenica Developmental Test of Visual-Motor Integration, Sixth Edition (VMI-6)</i> • <i>Bender Visual Motor Gestalt II</i> • <i>Developmental Test of Visual Perception-3 (DTVP-3)</i> • <i>Motor-Free Visual Perception Test-4 (MVPT-4)</i> • <i>Test of Visual Perceptual Skills—Fourth Edition (TVPS-4)</i>

Collaborative Play-Based Assessment

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

Indiana Deaf Education and Assessments of Language (IDEAL)

This bill (HEA 1484: <http://iga.in.gov/legislative/2019/bills/house/1484>) relates to children who are deaf and hard of hearing and are less than 11 years of age in the State of Indiana (Section 1 & 6). Deaf or hard of hearing is defined as a disability that, with or without the use of an amplification device, adversely affects the student’s ability to use hearing for developing language and learning, educational performance, and developmental progress. Hearing loss may be permanent or fluctuating; mild to profound; unilateral or bilateral. Students may use spoken language, sign language or a combination. The IDEAL Parent Document, List of Tools and Assessments, Technical Assistance flyers, and reporting portal can be located under the IDEAL tab found on the Center website (www.cdhhe.isdh.in.gov).

TESTS ADMINISTERED IN THE PRIMARY LANGUAGE AND PREFERRED LANGUAGE MODE

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

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

Communication Mode

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

- If hearing levels (with or without hearing technology) will allow a child sufficient access to learn language through audition in a manner and time-frame that will allow for communicative competence, basic interpersonal communication skills and cognitive academic language proficiency
- Whether American Sign Language will enhance a child's communicative competence and potential to develop basic interpersonal communication skills and cognitive academic language proficiency
- If the addition of visual supports and systems provide sufficient access to auditory language

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

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

For some of their educational evaluation needs, local educational agencies may decide to refer students who are deaf and hard of hearing to the Center for Deaf and Hard of Hearing Education. Assessments may occur at the central location in Indianapolis or one of the Center's regional locations. In 2012, the Center was established by legislation. The purpose of the Center is "to support parental choice, including the full continuum of communication options [including American Sign Language, other forms of sign language, cued speech, listening and spoken language (oral), or any combination of these skills]." Per Article 7, the Center's goal is "to ensure that children who are deaf and children who are hard of hearing acquire optimal language skills and academic abilities, regardless of the mode of communication used."

The Center's Assessment Team professionals provide testing of students who are deaf and hard of hearing in their communication mode - sign language, spoken communication, or a combination. Referrals to the Center are made for a variety of reasons, including questions regarding eligibility for special education, concerns regarding lack of progress, behavioral challenges, specific educational struggles, or a need for the Center's participation in the case conference. The Center typically works in conjunction with the director of special education at the local school level or another local education agency representative. The referral form is available on the Center website and in the appendices of this document. Referrals are received directly from parents, schools, physicians, and other agencies.

The Center collaborates with local educational, clinical professionals and students' parents to provide a complete evaluation of the student. Professionals at the Center complete a file review of previous educational and medical records, test results already completed by the local schools, and other independent evaluations to determine the need for additional formal and informal testing, observation, and parent/guardian interview. Using recent audiology test results from the student's primary audiologist, spoken English evaluations from their speech-language therapist, and academic testing or progress monitoring administered in the student's educational setting avoids duplication or invalidation of test measures used at the Center and saves the student from unnecessary testing. Any member of the student's educational team is encouraged to be a part of the assessment at the Center and are welcome to provide information that might assist the assessment team in gathering more comprehensive data during the relatively brief, one-day evaluation. Furthermore, the Center gathers observations from teachers or will travel to conduct observations in the natural environment, as appropriate, to include in our comprehensive assessment reports (see form on pages 37-39 of this document). As in all successful educational evaluations, parents are an integral part of the team, providing important social, developmental, communication, and emotional information.

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

APPENDIX I: GLOSSARY

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

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

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

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

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

Ambient noise: background noise that may interfere with the main speech signal

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

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

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

Asymmetrical hearing loss: different degree and/or configuration of hearing loss in each ear

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

Auditory-based intervention: provided by a professional who utilizes specific listening and spoken language strategies to maximize a student's auditory skills to develop their spoken language

Auditory neuropathy spectrum disorder (ANSND): a type of hearing loss in which the outer hair cells within the cochlea are present and functional, but sound information is not adequately transmitted to the brain via the auditory nerve

Auditory/oral: see Listening and Spoken Language definition

Aural habilitation: therapy designed to make use of a child's residual hearing with the potential of closing the gap between their language age and chronological age

Aural rehabilitation: therapy designed to make use of a child's residual hearing who may have a more significant gap between their language age and chronological age that requires more intensive services than aural habilitation

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

Bilateral: refers to two sides (e.g. bilateral hearing loss)

Bilingual: being fluent in two languages

Bilingual Bicultural Education (BiBi): programs that use sign language as the native, or first, language of children who are deaf. English, spoken and/or written, is viewed as a secondary language to be acquired at the same time as the native language. In BiBi education, sign language is the primary method of instruction. The bicultural aspect of BiBi education emphasizes Deaf Culture and strives to create confidence in students who are deaf by exposing them to the Deaf Community

Bimodal: the simultaneous use of two different forms of amplification such as a hearing aid on one ear and cochlear implant on the other ear

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

C-Print: a speech-to-text system (captioning) technology used to provide communication access to individuals

Central Auditory Processing Disorder (CAPD) or Auditory Processing Disorder (APD): a disorder characterized by challenges in the processing of auditory information within the central nervous system

Classroom Audio Distribution System (CADS): electroacoustic distribution of the audio portion of spoken communications and curricular throughout a targeting listening area (formerly referred to as soundfield systems)

Cochlear implant: a surgically implanted electronic device, which receives an acoustic signal from an external speech processor and converts it to an electrical signal to stimulate the cochlea

Communication Access Realtime Translation (CART): also called open – captioning or real time stenography. A captioner/transcriptionist uses a stenography machine, a computer and software to display everything that is being said, word for word. The text is displayed on a computer, television or projection screen. Services can be provided onsite or remote where the captioner is offsite and the text appears on the computer or screen at the student’s location

Conductive hearing loss: hearing loss caused by a problem in the outer or middle ear resulting in a reduction in the sound energy being conducted to the inner ear

Congenital hearing loss: a hearing loss that is present at birth

Cued Speech: is a visual representation of a spoken language using handshapes and hand placements in combination with natural mouth movements of speech

Deaf: (1) hearing levels within the severe to profound range bilaterally **(2)** a cultural, linguistic term that means the person’s communication mode is visually based (e.g. ASL); vision is often the major channel for receiving information

(NOTE) In 2017, the National Deaf Center recognizes that for many individuals, identity is fluid and can change over time or with setting. NDC has chosen to use one term, deaf, with the goal of recognizing experiences that are shared by all members of various diverse communities while also honoring individual differences. The all-inclusive term “deaf” includes people who may identify as Deaf, deaf, deafblind, deaf disabled, hard of hearing, late deafened and hearing impaired

Deaf-Blind: varying degrees of both hearing and vision loss; students should be reported to the Indiana Deaf-Blind Registry for additional services as this combination of losses limits access to auditory and visual information and creates unique challenges for communication and education

Deaf Community: the community of people whose primary mode of communication is American Sign Language and who share a common identity and culture

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

Degree of hearing loss: refers to the severity of the hearing levels. Seven categories are typically used:

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

DM system: an assistive listening device that consists of a transmitter and receiver(s); the speaker's voice is transmitted using a digitally modulated (DM) signal to an electronic receiver worn by the listener or a speaker placed near the listener. The system reduces the negative effects of background noise, reverberation, and distance from the person wearing the transmitter.

Earmold: a custom-made earpiece that fits into the outer ear to transmit sound from a behind-the-ear hearing aid; earmolds may also be used to improve retention of other ear level devices

Fingerspelling: representation of the alphabet by finger positions in order to spell out words

Fluctuating hearing loss: hearing loss characterized by hearing levels that are variable over time

FM system: an assistive listening device that consists of a transmitter and receiver(s); the speaker's voice is transmitted using a frequency modulated (FM) signal to an electronic receiver worn by the listener or a speaker placed near the listener. The system reduces the negative effects of background noise, reverberation, and distance from the person wearing the transmitter.

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

Gesture/Pantomime: movement of any part of the body to express, emphasize or act out an idea, an emotion or a function

Hard of Hearing: range of hearing levels outside of the normal hearing range

Hearing Assistance Technology (HAT): a variety of technologies that improve listening in a variety of situations

Hearing screening: Procedures designed to identify children in need of diagnostic hearing evaluations

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

Interpreter: a trained person who facilitates communication between two people who communicate using two different languages (**Oral interpreter:** a trained person who inaudibly mouths verbal communication to enhance understanding for individuals who read lips)

Intervener: a trained person who facilitates access to environmental information that is usually gained through hearing and vision but is unavailable or incomplete to an individual who is deaf-blind

Language: a formal method of receptive, expressive, and pragmatic communication, including spoken, signed, and printed

Language Facilitator: a special education assistant who adjusts academic and social language to the level of the student for improved access and understanding in the educational environment

Listening and Spoken Language: a communication approach that encourages children to make use of the hearing they have (i.e., residual hearing) through technology (e.g., hearing aids, cochlear implants, FM systems) and educational intervention. In this approach, children are taught to listen and speak through the application of techniques, strategies and procedures that promote optimal acquisition of spoken language through listening

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

Otitis media: an infection caused by a virus or bacteria where fluid is often present in the space behind the eardrum (middle ear)

Otolaryngologist (ENT): physician specialized in medical conditions of the ear, nose and throat

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

Remote Microphone (RM): hearing assistance technology consisting of a microphone worn by a speaker whose voice is transmitted wirelessly to a listener's personal hearing device (i.e. Bluetooth)

Residual hearing: the remaining amount of measurable hearing in an ear with hearing loss

Reverberation: prolongation (echo) of a sound after the sound source has ceased

Sensorineural hearing loss: a hearing loss that is caused by reduced function or abnormalities in the cochlea and/or auditory nerve

Signal-to-noise ratio: the intensity of the speech signal as compared to the intensity of the background noise

Single-sided deafness (SSD): a complete loss of hearing in one ear and normal hearing sensitivity in the opposite ear

Soundfield System: see Classroom Audio Distribution System (CADS) definition

Speechreading: the use of visual cues that accompany verbal communication to understand an intended message

Speech intelligibility: the ability for one's speech to be understood by others

Speech perception: the ability to recognize and understand speech stimuli

Speech recognition: the ability to correctly identify words, phrases or sentences

Symmetrical hearing loss: Similar degree and/or configuration of hearing loss in each ear

Transcriptionist: the person who provides real-time captioning

Transition: a period of time during which 1) a child moves from Part C (Early Intervention) to Part B (school-aged) services 2) coordinated activities and services to prepare a student for school exit that begins the school year in which the child turns 14

Unilateral: refers to one side (e.g. unilateral hearing loss)

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APPENDIX III: SOME SUGGESTED RESOURCE LINKS

- AG Bell-for children with hearing loss, their families and the professionals who support them <http://www.agbell.org/>
- American Society for Deaf Children – an organization dedicated to providing information on the raising of and advocacy for the rights of children who are deaf and hard of hearing <http://www.deafchildren.org/>
- Center for Deaf and Hard of Hearing Education - for updated information regarding parent and educational support for children who are deaf and hard of hearing www.cdhhe.isdh.in.gov
- Gallaudet University Laurent Clerc National Deaf Education Center – offers a variety of programs and resources that meet the needs of children who are deaf and hard of hearing, parents, and professionals regardless of the chosen method of communication <http://www.gallaudet.edu/clerc-center.html>
- Hands & Voices – a parent-oriented organization with resources to assist families on the journey towards language, technology, and education
 - Indiana <http://www.inhandsandvoices.org/>
 - National <http://www.handsandvoices.org/>
- Hear Indiana – an organization dedicated to providing information on the raising of and advocacy and resources for children who are learning language through the Listening and Spoken Language methodology and communicate orally <http://hearindiana.org/>
Listening and Spoken Language Camp <http://www.hearindiana.org/camp>
- Hearing Aid Assistance Program of Indiana (HA-API) – a Center for Deaf and Hard of Hearing Education (CDHHE) and Indiana Department of Health initiative www.HAAPIndiana.org
- Hearing First – Listening and Spoken Language (LSL) makes it possible for children who are deaf or hard of hearing to learn to listen and talk <https://hearingfirst.org/>
- Hearing First. (2019). Mission Probable: Age-Appropriate Listening and Spoken Language Abilities for Children with Hearing Loss. Hearingfirst.org. https://cdn2.hubspot.net/hubfs/4253267/downloadable-documents/Mission%20Probable%20White%20Paper_02.19.pdf
- Indiana Resource Network – The Indiana Resource Network (IRN) is made possible by the Indiana Department of Education (IDOE) special education grants. It is comprised of centers that provide targeted, comprehensive support to schools across the state to improve teaching and learning: <https://www.doe.in.gov/specialed/indiana-resource-network>
- Indiana Secondary Transition Resource Center IU Bloomington - professional development activities and resources to support teachers and students with disabilities as they transition from school to their adult lives <https://instrc.indiana.edu/>
- National Association of the Deaf – an organization with support and resources for the Deaf: <http://nad.org/issues/education>
- National Deaf Center – a transition resource for teens who are deaf or hard of hearing to assist with moving from high school to vocation or college www.nationaldeafcenter.org
- Supporting Success for Children with Hearing Loss – resources for parents and educators, including transition and communication strategy materials: <http://successforkidswithhearingloss.com/>

APPENDIX IV: ELIGIBILITY CHECKLIST

Deaf/Hard of Hearing Eligibility Checklist (Indiana Special Education Rules Article 7)

Criteria Met? Yes/No	Definition:
	<ol style="list-style-type: none"> 1. With or without amplification adversely affects the student's: <ul style="list-style-type: none"> • Ability to use hearing for developing language and learning • Educational performance • Developmental progress 2. The hearing levels may be: <ul style="list-style-type: none"> • Permanent or fluctuating • Mild to Profound • Unilateral or bilateral 3. Students who are deaf or hard of hearing may use spoken language or sign language or a combination of spoken language and signed systems
	<i>I. An assessment of current academic achievement has been completed</i>
	<i>II. Assessments of functional skills or adaptive behavior across various environments from multiple sources have been completed</i>
	<i>III. As assessment of communication conducted in the language or system utilized for the student's instruction or the student's preferred mode of communication that assesses the student's receptive and expressive language skills</i>
	<i>IV. A social and developmental history has been completed that may include, but is not limited to:</i> <ul style="list-style-type: none"> • Communication Skills • Social Interaction Skills • Motor Skills • Responses to sensory experiences • Relevant family and environmental information
	<i>V. A written report from an educational or clinical audiologist, otologist or otolaryngologist is provided with information regarding the etiology of the hearing levels and the student's potential requirement for amplification if appropriate</i>
	<i>VI. Any other assessments and information are provided that were collected prior to referral or during the educational evaluation, necessary to:</i> <ul style="list-style-type: none"> • Determine eligibility for special education and related services and • Inform the student's case conference committee of the student's special education and related service needs
	<i>Developing an individualized education program</i>
	<i>The Case Conference Committee must consider the following special factors</i>
	<i>VII. In the case of a student who is deaf or hard of hearing, the student's:</i>
	<i>A. Language and Communication Needs;</i>
	<i>B. Opportunities for direct communications with peers and professional personnel in the student's language and communication mode;</i>
	<i>C. Academic Level;</i>
	<i>D. Full range of needs;</i>
	<i>Including opportunities for direct instruction in the student's language and communication mode</i> *refer to the Consideration of Special Factors When an Indiana Student is Deaf or Hard of Hearing

APPENDIX V: CONSIDERATION OF SPECIAL FACTORS WORKSHEET



CONSIDERATION OF SPECIAL FACTORS WHEN AN INDIANA STUDENT IS DEAF OR HARD OF HEARING

NOTE: The intent of this form is to guide discussion among all members of the IEP team who review a student’s needs based on language and communication skills and access. The result of this thoughtful discussion about the student’s communication access, social, and instructional needs will be documented and utilized in determining the current performance levels as well as other components of the IEP, including: appropriate, specially designed instruction and IEP goals, and will, as appropriate, result in any necessary action plan to address the student’s needs.

**Indiana State Board of Education Special Education Rules Title 511 Article 7
511 IAC 7-42-6 developing an individualized education program**

- (c) The Case Conference Committee (IEP team) must also consider the following special factors when applicable
 - (4) In the case of a student who is deaf or hard of hearing or a student who is deaf-blind, the student’s:
 - (A) Language and communication needs;
 - (B) Opportunities for direct communications with peers and professional personnel in the student’s language and communication mode;
 - (C) Academic level; and
 - (D) Full range of needs; including opportunities for direct instruction in the student’s language and communication mode.

Date of this Form: _____

Completed By: _____

Child’s Name: _____ Grade: _____

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

NOTE: Identify all necessary assistive devices and environmental accommodations necessary to ensure access to and participation in the general education curriculum or required by the student to benefit from necessary specialized instruction.

What assistive technology devices are used by the child? (HA(s), CI(s), DM system, captioning, VP, etc.)

What age did child receive hearing aid(s)? _____ Cochlear implant(s)? _____

Include hours per day devices are used at home: _____ At school: _____

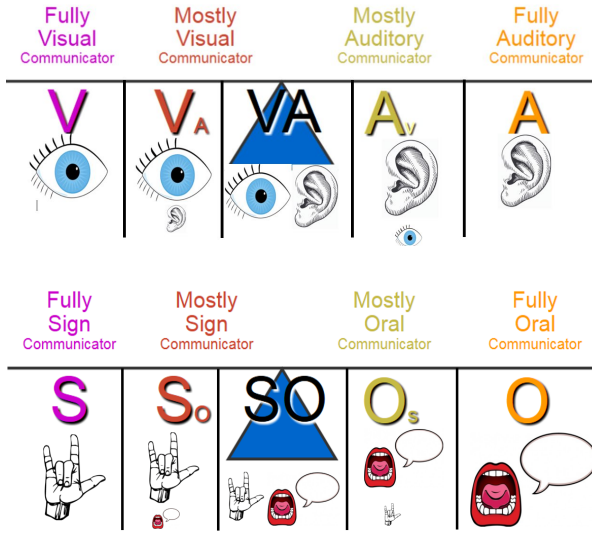
Additional factors impacting communication (e.g. vision, voice, AAC, trach, etc.):

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

(A) The child's language and communication needs;

Expressive/Receptive Communication Continuum

To fill out the table below, please consider the following definitions/illustrations:



- V:** Depends on visual information ASL/signs
- Va:** Depends on ASL/signs; obtains some benefit from auditory information
- VA:** Equally depends on and able to use ASL/signs and auditory information via spoken language
- Av:** Depends on spoken language, sometimes needs sign to clarify spoken language
- A:** Depends on auditory information via spoken language

- S:** Uses signs/ASL only
- So:** Uses signs/ASL; some oral communication
- SO:** Equally able to use sign and oral communication
- Os:** Uses oral communication; signs for clarification
- O:** Uses oral communication only

Please fill out the chart below using the following code(s):

How the student understands: V-fully visual, Va-mostly visual, VA- visual=auditory, AV-mostly auditory, A-fully auditory, not observed

How the student expresses: S-fully sign, So-mostly sign, SO-sign=oral, Os-Mostly oral, O-fully oral, not observed

	How the student understands:	How the student expresses:
In the home with parent(s)/sibling(s):		
In the classroom or childcare setting with teacher(s):		
In the classroom or childcare setting with peer(s):		
In social situations with hearing adult(s):		
In social situations with Deaf adult(s):		
In social situations with hearing peer(s):		
In social situations with deaf peer(s):		

Document any additional communication needs or supports (e.g. pictures, cues, etc.):

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

**Direct language/communication/instruction occurs person to person, not through an additional source (e.g., educational interpreter, class note-taker, etc.)*

Specify opportunities for direct* instruction. _____

Specify opportunities for direct* communication with peers. _____

Specify opportunities for direct* communication with professional staff and other school/childcare personnel.

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

(C) Academic level;

NOTE: Considering the mode or modes of communication used by the student, identify all supports needed by this student to participate in the general curriculum and extracurricular activities and benefit from other school services available to all students; this information assists with the development of specialized instruction as well as appropriate accommodations and modifications.

1 a. What supports have been provided to this child previously or currently to acquire the age/grade-level academic skills and concepts included in the general education curriculum?

1 b. What strategies are needed to increase the child's proficiency in language and communication to acquire age/grade-level academic skills and concepts?

2 a. What supports have been provided to this child previously or currently to acquire daily living/functional living skills?

2 b. What strategies are needed to increase the child's proficiency in communication and language development to acquire daily living/functional living skills?

(D) Full range of needs

The IEP team has considered the full range of needs, which is defined as encompassing academic, language, and social needs involving opportunities for direct instruction in the student's language and communication mode as well as incorporated this information in the student's IEP and reviewed annually.

Comments: _____

Historical record of document review:

School/District	Participants	Review Date Log

Adapted from "Communication Considerations for Students who are Deaf or Hard of Hearing," New Mexico, "IEP Communication Plan for Students Who are Deaf or Hard of Hearing," Iowa, "Communication Plan for Child/Student Who is Deaf/Hard of Hearing," Colorado, and "Student Language and Communication Profile Summary," Laurent Clerc National Deaf Education Center, Gallaudet University
Revised 4/2020

Fillable document here: <https://www.in.gov/isdh/files/Consideration%20of%20Special%20Factors%20fillable.docx>

APPENDIX VI: DEAF/HARD OF HEARING EVALUATION DELEGATION SHEET



**Deaf/Hard of Hearing Evaluation Delegation Sheet
(Indiana Special Education Rules Article 7)**

Student: _____ DOB: _____ STN: _____

Date consent received: _____ Date report due: _____ Conference scheduled: _____

Send your portion of the report to: _____ E-mail: _____

Personnel entering report into IIEP: _____ E-mail: _____

[NOTE: The Center is available to conduct a comprehensive assessment in collaboration with the local school system to best meet your student's needs.]	School District (Date/Initials)	Center (Date/Initials)
I. An assessment of current academic achievement has been completed		
II. Assessments of functional skills or adaptive behavior across various environments from multiple sources have been completed <ul style="list-style-type: none"> • Classroom Observation: Including, but not limited to a functional listening evaluation, access to instruction, AT evaluation, etc. 	Observation by: _____	
III. An assessment of communication conducted in the language or system utilized for the student's instruction or the student's preferred mode of communication that assesses the student's receptive and expressive language skills; completed by a qualified language specialist such as an SLP		
IV. A social and developmental history has been completed that may include, but is not limited to: <ul style="list-style-type: none"> • Communication skills • Social Interaction skills • Motor skills • Responses to sensory experiences • Relevant family and environmental information 		
V. A written report from an educational or clinical audiologist, otologist or otolaryngologist is provided with information regarding the etiology of the hearing levels and the student's potential requirement for amplification if appropriate		
VI. Any other assessments and information are provided that were collected prior to referral or during the educational evaluation, necessary to: <ul style="list-style-type: none"> • Determine eligibility for special education and related services and • Inform the student's case conference committee of the student's special education and related service needs Other assessments (please list): <ol style="list-style-type: none"> 1. _____ 2. _____ 		

Signature of school/district staff member completing this form: _____

Printed name of school/district staff member completing this form: _____

Signature of Center staff member collaboratively completing this form: _____

Printed name of Center staff member collaboratively completing this form: _____

APPENDIX VII: CENTER REFERRAL FORM



FOR OFFICE USE ONLY
Date Received: _____

REFERRAL FOR ASSESSMENT OR CONSULTATION

SENT VIA: <input type="checkbox"/> E-MAIL [CDHHE@ISDH.IN.GOV, LOBARTLETT@ISDH.IN.GOV, DSALAZAR@ISDH.IN.GOV] <input type="checkbox"/> FAX [317-550-4873]	
<input type="checkbox"/> POSTAL SERVICE [ISDH-Center for Deaf & Hard of Hearing Education, 2 N. Meridian Street, Indianapolis, IN 46204-3021]	
****PLEASE COMPLETE ALL AREAS ON THIS FORM SO THE CENTER MAY BE ABLE TO BETTER PROCESS THIS REFERRAL****	
REFERRAL INFORMATION	
Referral Date:	Referred by: <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> LEA/TOR <input type="checkbox"/> Audiologist <input type="checkbox"/> Doctor <input type="checkbox"/> Other: _____
Teacher of the Deaf/Hard of Hearing (TDHH):	Teacher of Record (TOR): *if different than Teacher of the Deaf/Hard of Hearing
LEA/TOR/TDHH E-mail:	LEA/TOR/TDHH Ph# LEA/TOR/TDHH Fax#
Information included with referral: <input type="checkbox"/> IEP/IFSP <input type="checkbox"/> Audiogram(s) <input type="checkbox"/> Language/Speech Eval. <input type="checkbox"/> School Eval. <input type="checkbox"/> Center Release <input type="checkbox"/> Other	
Previous Services: <input type="checkbox"/> First Steps/Early Intervention <input type="checkbox"/> Private Therapy _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	
<input type="checkbox"/> See attached IIEP Notice of (Re-)evaluation for reason for referral and requested areas of assessment; DUE DATE (Timeline): _____ *	
<input type="checkbox"/> No IIEP Notice of (Re-)evaluation generated.	
REQUIRED-Reason for Referral (Why are you requesting services from the Center?): [be specific]	
STUDENT INFORMATION	
Student's Last Name:	First Name: DOB: Age: Gender: <input type="checkbox"/> M <input type="checkbox"/> F Other: _____
School District:	School of Legal Settlement: School of Service (where child attends):
Does child/student have an IEP?	<input type="checkbox"/> Yes, s/he has an IEP <input type="checkbox"/> No, s/he does not have an IEP Date of Last Case Conference: Why?
STN#:	Current Grade: Primary (IEP) Eligibility: Secondary (IEP) Eligibilities:
Parent/Guardian Names:	
Street Address:	City: County: ZIP:
Parent/Guardian Home or Cell Phone#:	Alternate Contact (Name and Phone #/Email): Parent/Guardian E-mail:
Preferred Contact: <input type="checkbox"/> YES <input type="checkbox"/> NO	Family Member? <input type="checkbox"/> YES <input type="checkbox"/> NO Preferred Contact: <input type="checkbox"/> YES <input type="checkbox"/> NO
Home Language: <input type="checkbox"/> English <input type="checkbox"/> ASL <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____	Student's Language: <input type="checkbox"/> English <input type="checkbox"/> ASL <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____
SPECIAL CONSIDERATIONS FOR THE ASSESSMENT TEAM:	

Was/Is your child a part of an IU/Kronenberger Research Project? NO YES; Dates of Evaluation(s): _____

Indiana State Board of Education Special Education Rules, Article 7 www.in.gov/legislative/iac/T05110/A00070.PDF
511 IAC 7-32-60 LEA: Local Education Agency includes school corporations, charter schools, state-operated schools

*Allow 6-8 weeks for report completion from the confirmed date of assessment, unless there is another agreed upon and documented due date. Assessment dates are set approximately 3-6 months from receipt of all referral paperwork (Center Referral form as well as the student's educational, medical, and audiology records) for the Center Assessment Team to review and plan for the requested evaluation.

<https://secure.in.gov/isdh/files/referral-for-consultation-or-assessment-services.pdf>

APPENDIX VIII: CENTER CLASSROOM OBSERVATION FORM



School Age Classroom Observation Form

Student Name: _____ Grade: _____ Age: _____

Date of Observation: _____ Timeframe of Observation: _____ School: _____

Type of Hearing Loss: _____ Type of Amplification: _____

Reason for Observation: _____

Observer (Name, Role, Credentials): _____

Student/Teacher Ratio (please note teacher assistants): _____

Classroom Arrangement: Rows of Desks Grouped Desks Tables Centers Other: _____

Student's Orientation within the Classroom (description and diagram):

Physical Aspects					
Walls	<input type="checkbox"/> plaster	<input type="checkbox"/> wood	<input type="checkbox"/> brick	<input type="checkbox"/> cinder block	<input type="checkbox"/> other: _____
Ceiling	<input type="checkbox"/> acoustical tile	<input type="checkbox"/> plaster	<input type="checkbox"/> wood	<input type="checkbox"/> other: _____	
Flooring	<input type="checkbox"/> carpet	<input type="checkbox"/> wood	<input type="checkbox"/> tile	<input type="checkbox"/> other: _____	
Windows	<input type="checkbox"/> complete wall	<input type="checkbox"/> individual	<input type="checkbox"/> number of windows _____		
Window Covering	<input type="checkbox"/> drapes (none, scanty, full)		<input type="checkbox"/> blinds (none, venetian, shades)		
Smart or Whiteboard	<input type="checkbox"/> on one side of the room		<input type="checkbox"/> on two sides of the room	<input type="checkbox"/> on 3 sides of the room	
Lighting	<input type="checkbox"/> satisfactory		<input type="checkbox"/> unsatisfactory		
Room Size	<input type="checkbox"/> large	<input type="checkbox"/> medium	<input type="checkbox"/> small		
Type of Seating	<input type="checkbox"/> desks	<input type="checkbox"/> tables & chairs	<input type="checkbox"/> other: _____		
Environmental Aspects					
Room location	<input type="checkbox"/> quiet location		<input type="checkbox"/> in proximity to noise source _____		
External Noise Sources	<input type="checkbox"/> traffic	<input type="checkbox"/> adjacent room	<input type="checkbox"/> corridor	<input type="checkbox"/> other: _____	
# of Students in classroom: _____		# of special education students in class _____			
Internal noise level	<input type="checkbox"/> low	<input type="checkbox"/> moderate	<input type="checkbox"/> high		
Constant noise sources	<input type="checkbox"/> students	<input type="checkbox"/> HVAC	<input type="checkbox"/> chairs	<input type="checkbox"/> pipes	
	<input type="checkbox"/> By-product of media		<input type="checkbox"/> other: _____		
Noise treatment	<input type="checkbox"/> rug/carpeting	<input type="checkbox"/> drapes	<input type="checkbox"/> acoustic tile	<input type="checkbox"/> other: _____	

Additional comments about interfering noise sources: _____

Amplification				
Student	<input type="checkbox"/> Hearing aid (R/L)	<input type="checkbox"/> Cochlear implant (R/L)	<input type="checkbox"/> Soundfield System	<input type="checkbox"/> Personal FM/DM <input type="checkbox"/> none
Consistency of use	<input type="checkbox"/> always	<input type="checkbox"/> occasionally	<input type="checkbox"/> Seldom	<input type="checkbox"/> NA
Teacher	<input type="checkbox"/> Personal FM/DM	<input type="checkbox"/> Soundfield system	<input type="checkbox"/> none	
Consistency of use	<input type="checkbox"/> always	<input type="checkbox"/> occasionally	<input type="checkbox"/> Seldom	<input type="checkbox"/> NA
FM/DM brand	_____		Amplification brand/model/color _____	
FM/DM microphone clip location:	_____		FM/DM mic passed to students? _____	
Comments about amplification: _____				

Technology				
1:1 Connectivity	<input type="checkbox"/> iPad	<input type="checkbox"/> Chromebook	<input type="checkbox"/> Apple TV	<input type="checkbox"/> Computer <input type="checkbox"/> Other: _____
Closed Captioning	<input type="checkbox"/> Always	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Seldom	<input type="checkbox"/> None
Comments about technology: _____				

Presentation			
Type of instruction	<input type="checkbox"/> Individual work	<input type="checkbox"/> whole class	<input type="checkbox"/> Small group
Teacher's voice	<input type="checkbox"/> louder than room noise	<input type="checkbox"/> equal to noise	<input type="checkbox"/> softer than noise
Teacher's speech	<input type="checkbox"/> well-articulated	<input type="checkbox"/> under/over articulated	<input type="checkbox"/> accent present
Speech rate	<input type="checkbox"/> too fast	<input type="checkbox"/> appropriate	<input type="checkbox"/> too slow
Language level*	<input type="checkbox"/> complex	<input type="checkbox"/> appropriate	<input type="checkbox"/> too simple
Mobility	<input type="checkbox"/> faces students	<input type="checkbox"/> moves around room	<input type="checkbox"/> faces board

*when compared to the student's language level

Teaching Strategies & Style Observed	
<input type="checkbox"/> repeats responses of other students	<input type="checkbox"/> redundant teaching style
<input type="checkbox"/> uses repetition	<input type="checkbox"/> multi-sensory teaching approach
<input type="checkbox"/> uses paraphrasing	<input type="checkbox"/> some lecture
<input type="checkbox"/> identifies speakers in discussions	<input type="checkbox"/> mostly lecture
<input type="checkbox"/> checks for understanding of verbal directions	<input type="checkbox"/> hands on opportunities
<input type="checkbox"/> provides visual and written information	<input type="checkbox"/> little hands on opportunities
<input type="checkbox"/> stands close to student to aid in audition	<input type="checkbox"/> allows other students to use FM system
<input type="checkbox"/> moves position to be eye to eye	<input type="checkbox"/> center based themes for younger
<input type="checkbox"/> gains attention before speaking	<input type="checkbox"/> use of pictures to aid concept development
Comments on teaching strategies: _____	

Student Characteristics			
Participation:	<input type="checkbox"/> volunteers information	<input type="checkbox"/> answers direct questions	<input type="checkbox"/> rarely participates
Attention to speaker:	<input type="checkbox"/> always	<input type="checkbox"/> usually	<input type="checkbox"/> rarely
Speech:	<input type="checkbox"/> intelligible	<input type="checkbox"/> audible	<input type="checkbox"/> Other: _____
Behavior:	<input type="checkbox"/> appropriate	<input type="checkbox"/> withdrawn	<input type="checkbox"/> very physical
Check all that apply:			
<input type="checkbox"/> wears amplification consistently	<input type="checkbox"/> does not wear amplification consistently		
<input type="checkbox"/> demonstrates comprehension of verbal directions	<input type="checkbox"/> requests clarification/repetition of direction		
<input type="checkbox"/> uses vision to supplement auditory cues	<input type="checkbox"/> uses visual cues inappropriately		
<input type="checkbox"/> turns around to follow comments from classmates	<input type="checkbox"/> completes assignments independently		
<input type="checkbox"/> follows directions: 1 st time 2 nd time	<input type="checkbox"/> interacts with peers		
<input type="checkbox"/> seated near speaker away from noise source	<input type="checkbox"/> Other: _____		
Comments: _____			

Visual Language User Observations	
<input type="checkbox"/> has interpreter	<input type="checkbox"/> interpreter standing near teacher
<input type="checkbox"/> student watches interpreter	<input type="checkbox"/> interpreter interprets students' comments
<input type="checkbox"/> peers available who sign; DHH student peer interaction	<input type="checkbox"/> student can sign directly with teacher
<input type="checkbox"/> interpreter interprets all of teacher instruction	<input type="checkbox"/> interpreter assists student with classwork
<input type="checkbox"/> duration student attends to interpreter _____	<input type="checkbox"/> frequency of attending to interpreter _____
<input type="checkbox"/> uses ASL <input type="checkbox"/> uses SEE	<input type="checkbox"/> uses cued speech <input type="checkbox"/> uses PSE
<input type="checkbox"/> student directs needs with interpreter	<input type="checkbox"/> deaf role models accessible
<input type="checkbox"/> famous deaf people included in displays	<input type="checkbox"/> other: _____

Language Samples (denote language/mode of utterance):

Classroom Activities/Student Participation during Observation:

Descriptive/Narrative of Observation:

Staff Concerns (including impression of the student's hearing levels and communication skills on their classroom performance, both academically and social-emotionally):

Additional Comments:

Were the observed behaviors typical for this student?

YES _____

NO _____