



Position Statement on Education of Deaf and Hard of Hearing (D/HH) Students

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In its advocacy efforts, New Jersey Speech-Language-Hearing Association (NJSHA) emphasizes parents' rights to determine the most appropriate language, communication mode, and education plan for their child who is deaf or hard of hearing based on informed, evidence-based decision-making and the child's and family's needs.

NJSHA supports the following key principles:

1. Early access to language must be provided visual and /or manual (e.g., American Sign Language (ASL), listening-spoken (e.g., English, auditory/oral) or total communication), providing parents with support in the chosen form of communication;
2. The parents' right to choose the most appropriate language and communication modalities for their child and family information is paramount.
3. Assessment of language, communication, academics, must be administered by experts in D/HH, who have specific training in the language and auditory development of D/HH and social-emotional development, provided at an early age and throughout the child's educational experience at appropriate intervals with the parent being informed about actions taken on the student's behalf, to support the educational program.
4. Early intervention services must be provided to support the acquisition of a language base for communication during the child's early, critical years;
5. Assessments and interventions for children who use ASL and/or listening and spoken language as their primary communication and language mode(s) should be implemented by qualified and experienced personnel (e.g., those with training/expertise in the provision of services to D/HH);
6. Evidence-based assessments and interventions should be used with children who use ASL and/or listening and spoken language as their primary communication and language mode(s).
7. Direct access to auditory and visual information necessary for instruction and other school-based programs, services and activities in the child's preferred language and communication mode, must be provided with the appropriate supports and/or accommodations (e.g., assistive technology, interpreters, counseling).

In keeping with its mission and vision statements, NJSHA also supports implementation of communication and educational methods that ensure language acquisition and academic success, prioritizing effective communication and the highest quality of life for D/HH children and their families. A multidisciplinary team, including parents and qualified professionals experienced in working with children who are D/HH, should together determine the assessments, communication methods, language and education plans, and services that are best for the child and family. Rather than creating a new set of requirements pertaining only to those children who are D/HH, NJSHA supports the procedures that are already in place serving all persons with disabilities, namely, those protections provided by the *Individuals with Disabilities Education Act* (IDEA) 2004 and New Jersey's Special Education Code N.J.A.C. 6A:14, supported by the resources of the New Jersey Department of Education and New Jersey Department of Health and Human Services with the addition of an educational audiologist and evaluation by a speech-language pathologist with expertise in the area.

NJSHA recognizes that parents of children who are recently diagnosed with hearing loss are sometimes caught in the cross-hairs of passionate advocacy of proponents at a time when they are reeling with the sadness of learning that their child has a life-changing disability and they require facts to make informed decisions. The reality is that advances in hearing technology including digital hearing aids with vastly flexible frequency response potential, Bluetooth and other wireless technology, voice-to-text capabilities and cochlear implants, providing improved acoustic access to use residual hearing allowing students to avail themselves of critical auditory cues, along with Universal Newborn Hearing Screening (which can result in early diagnosis of a hearing loss), providing amplification and beginning services as young as three weeks of age, all can result in an unprecedented change in the landscape of communication options and education for these children. Parents should be provided information that would allow them to make an informed decision that best meets their individual family needs.

A child's parents must make these choices for their child along with all the other choices parents make on behalf of their children. The New Jersey Special Education Code N.J.A.C 6A:14, based on the federal IDEA, must ensure that all students with hearing loss be evaluated by at least one team member who is knowledgeable in hearing loss. Keep in mind that most professionals on school teams evaluating D/HH students do not have an expertise in that area. Expertise is needed to identify each student's

weaknesses and thus, individualize each of their programs so that reasonable progress is made. To this end, the Office of Special Education



Policy and Procedure (OSEPP) must ensure that evaluation by at least one team member with expert knowledge of D/HH, as mandated in N.J.A.C. 6A:14-2.5(b)6, be carried through by districts. NJSHA recommends an educational audiologist and speech-language pathologist with specific expertise in the area being part of the Child Study Team.

Evaluation by an educational audiologist should take place for all D/HH students. The educational audiologist should demonstrate competencies in the areas of:

1. hearing loss identification and prevention programs;
2. conducting audiologic assessments;
3. selecting appropriate amplification including features compatible for classroom accessibility;
4. making appropriate referrals for services needed for the identification and management of children with hearing loss and/or auditory processing disorder;
5. educational management of children with auditory deficits;
6. providing direct educational audiology services in the child's school/educational environment as identified in *Minimum Competencies for Educational Audiology*, Educational Audiology Association, 1994.

The educational audiologist should demonstrate an understanding of the structure of the learning environment, school systems and multidisciplinary teams, including participation in the Individual Family Service Plan (IFSP), Individualized Education Program (IEP) and transition planning processes and procedures, knowledge of state mandates and laws that concern the health, development and education of children including the implications of the *Americans with Disabilities Act (ADA)*, *IDEA*, *Section 504 of the Rehabilitation Act*, *Family Educational Rights and Privacy Act (FERPA)* and any additional federal, state or local initiatives and mandates. The educational audiologist should have experience with providing direct services in the school environment such as analysis of classroom noise and modifications to improve the listening environment, providing orientation to hearing aids, use and maintenance of appropriate amplification instrumentation and other hearing assistance technologies. All of these factors will enhance and support appropriate language development.



Additional Resources:

<https://www2.ed.gov/about/offices/list/ocr/docs/hq9806.html>

<https://www.state.nj.us/humanservices/ddhh/home/index.html>

<https://www.nj.gov/education/specialed/deaf/deaf.pdf>

<http://hearinghealthmatters.org/hearingandkids/2016/spoken-language-vs-asl-debate-back/>

<http://edaud.org>

<https://www.audiologyonline.com/releases/ag-bell-statement-on-lead-24168->

Guidelines for Audiology Service Provision in and for the Schools. ASHA, 2002.

Audiology: Scope of Practice. American Academy of Audiology.

Standards of Practice for Educational Audiology Services. Colorado Department of Education, Special Education Unit, 1998.

Minimum Competencies for Educational Audiology. Educational Audiology Association, 1994.