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THE MAINE EDUCATIONAL CENTER FOR THE DEAF AND HARD OF HEARING
THE GOVERNOR BAXTER SCHOOL FOR THE DEAF

Access, encouragement, and direction for lifelong learning...



Report on the Feasibility of Establishing an Educational Bill of Rights for Deaf and Hard-of-Hearing Children

As Authorized by LD 1901, Item 3
123rd Maine State Legislature

“Resolve, To Analyze the Feasibility of Establishing an Educational Bill of Rights for
Deaf and Hard-of-Hearing Children”

March 20, 2008

Prepared by:
The Working Group
Submitted by:

The Maine Educational Center for the Deaf and Hard-of-Hearing
The Governor Baxter School for the Deaf
The Department of Education

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Introduction

During the first session of the 123rd Legislature, Representative Herb Adams presented to the Legislature Legislative Document (“LD”) 1901, entitled “An Act to Establish the Deaf and Hard-of-hearing Children’s Educational Bill of Rights. That bill proposed making amendments to Maine’s statutes to establish basic educational rights for Deaf and Hard-of-Hearing students predicated on three facts: (1) hearing loss is a disability that is known to impede the natural acquisition of a full and fluent first language, (2) unlike any other disability category, the impediment to a full first language resulting from deafness or hearing loss is completely remediable with an early intervention focus that goes beyond audiological services to include specific focus on language acquisition, and (3) a full and fluent first language is both the basic foundation on which education is built and the vehicle for its delivery. As such, unremediated language delays have a lasting impact on the Deaf and Hard-of-Hearing child’s right to a free and appropriate public education.

At the public hearing before the Joint Standing Committee on Education and Cultural Affairs on May 23, 2007, Superintendent Larry S. Taub of the Maine Educational Center for the Deaf and Hard of Hearing and the Governor Baxter School for the Deaf (collectively referred to here as “MECDHH”) and parents of and professionals who serve children who are Deaf or Hard-of-Hearing presented testimony about the need for special educational rights for Deaf and Hard-of-Hearing students, but also heard concerns about doing so raised by the Maine State School Superintendents Association, the Maine Principals’ Association and the Maine Association of Directors of Special Education for Children.

In order to address this, the Education Committee crafted an amendment to LD 1901 directing MECDHH and the Maine Department of Education (“MDOE”) to jointly convene a working group to analyze the feasibility of establishing a set of basic education rights for Deaf and Hard-of-Hearing children. Passed by the Maine Legislature as amended on June 15, 2007, the amended LD 1901, “Resolve, To Analyze the Feasibility of Establishing an Educational Bill of Rights for Deaf and Hard-of-hearing Children” (referred to herein as “the Resolve”) was signed into law by Governor John Baldacci on June 20, 2007.

Executive Summary

A. The Charge of the Work Group

The first section within the Resolve set forth nine specific issues raised in the original LD 1901 Deaf and Hard-of-Hearing Students' Bill of Rights proposal that the Work Group should address and analyze:

1. The eligibility of any infant with a documented hearing loss, prior to demonstration of any developmental delay, for early intervention services through the Child Development Services System;
2. The establishment of an individualized communication plan as part of the individualized family service plan or the individualized education plan established for each deaf and hard-of-hearing child who has been determined to be a child with a disability;
3. The involvement of experts in the field of Deaf and Hard-of-Hearing education in the individualized family service plan teams and the individualized education plan teams for each Deaf and Hard-of-Hearing child who has been determined to be a child with disability;
4. The qualifications of teachers, interpreters and other educational personnel who provide professional services to Deaf and Hard-of-Hearing children;
5. The extent to which the basic education rights considered by the working group for Deaf or Hard-of-Hearing children are consistent with or exceed current federal and state rules and laws for Deaf and Hard-of-Hearing children who have been determined to be children with disabilities;
6. The clarification and definition of all terms that pertain to the basic education rights proposed for Deaf and Hard-of-Hearing children;
7. The recodification of all existing provisions contained in Maine Department of Education Chapter 101 special education rules that pertain to Deaf and Hard-of-Hearing children into a single section of the rules to increase the accessibility of these rules and minimize confusion regarding these provisions;
8. The special challenges that confront small schools and schools located in rural areas of the State pertaining to the fiscal and human resource capacity of these schools to provide education programs for Deaf and Hard-of-Hearing children, including the availability of consultation services, distance learning and telecommunications resources available to schools through the Maine Educational Center for the Deaf and Hard of Hearing and the Governor Baxter School for the Deaf; and

9. The status of current laws or pending legislation in other states that pertain to the provision of basic education rights for the Deaf and Hard-of-Hearing children, including any analysis of current laws or pending legislation that may be available from the National Conference of State Legislatures [].

B. The Work Group Itself

Membership in the Work Group was well-suited to this task, as it included a diverse mix of representatives from state agencies, parents, and stakeholders who represent agencies within the scope of services mandated by the Individuals with Disabilities Education Act, 20 U.S.C. §1400 *et seq.*, and Maine Education Regulations Chapter 101, the Maine Special Education Regulations. The Working Group utilized professional facilitators from the Maine Support Network, and also utilized American Sign Language interpreters and real-time captioning for the Group's Deaf and Hard-of-Hearing members. The members of the LD 1901 Work Group included the following:

Anne Banger, Parent of a Deaf or Hard-of-Hearing child; also representing Cued Speech Association of Maine
Teresa Barrow Berkowitz, Pine Tree Society
Brent Colbry, Maine School Superintendents Association
Pamela Dawson, hear ME now! Executive Director
Nicole Dobson, Cued Speech Association of Maine
Jim Gemmell, MECDHH Director of Communications
Jaci Holmes, Maine Department of Education Federal Liaison
Barbara Keefe, Northeast Technical Assistance Center and MECDHH Director of Distance Learning
Vivian Mikhail, Parent of a Deaf or Hard-of-Hearing Child
Joan Nason, Special Education Director of Freeport Schools; also representing Maine Association of Directors of Special Education
Mary Beth B. Richards, The Warren Center
Lynn Schardel, MECDHH Statewide Educational Services
Phyllis Shubert, Maine School Board Association
Amy Sneirson, Maine Center on Deafness Civil Rights Program
Lisa J. Smith, AllTech
Romy Spitz, Maine Newborn Hearing Screening Program
David Noble Stockford, Maine Department of Education, Special Services
Larry Taub, Superintendent of MECDHH and Governor Baxter School for the Deaf
Erica Thompson, Child Development Services ("CDS")

C. The Process Used by the Work Group

The Work Group assigned subcommittees to each of the nine specific inquiries posed by the Education Committee. Subcommittee members were selected on the merits of their depth of knowledge and experience as it relates to the information required for each of the nine points of analysis. Some groups either met or communicated by means of

emails or web log (“blog”) sites to evaluate each of the nine points and formulated recommendations with support data.

The Work Group met formally on four occasions (September 20, 2007, November 15, 2007, January 10, 2008 and February 11, 2008) to review the work of the subcommittees for each of the nine points upon which the Education Committee requested analysis, and to establish a set of recommendations relating to each point.

This Report back to the Joint Standing Committee on Education and Cultural Affairs is the culmination of the Work Group’s efforts.

Findings and Recommendations

The Work Group reviewed the original set of proposals within LD 1901, which sought a “Deaf and Hard-of-Hearing Students’ Educational Bill of Rights”. The Work Group then reviewed existing federal law under the Individuals with Disabilities in Education Act, 20 U.S.C. §1400 *et seq.* (the “IDEA”), and the then-existing Maine Education Regulations Chapter 101, the Maine Special Education Regulations (“Chapter 101”). After extensive analysis and discussion of existing law, the Work Group came to consensus on the framework for our analysis of the nine specific points set forth for analysis within LD 1901.

First, the Group acknowledged that, as originally drafted, all of the proposals within the original LD1901 do exceed that which is required by the federal IDEA law. States may choose to amend its state education laws to offer students and parents more benefits than federal law offers, and doing so may be a valid exercise of state authority. However, under existing Maine and federal law, the State of Maine would have to explain the reason for doing so in each instance to Maine and federal education authorities. The Group then acknowledged that some of the proposals within the original LD 1901 address standards that may be encompassed now within Chapter 101, but came to agree that those standards are not now applied appropriately or properly understood. Many of those standards, which are the subject of LD 1901 proposals such as Points 2 and 3, can be properly understood and applied so long as the MDOE commits to clarify to its constituents and provide training on the proper understanding and implementation of the existing Chapter 101 provisions. There were a number of proposals from the original LD 1901 that some in the Work Group felt would be improvements to Chapter 101 with appropriate legislative action, but the MDOE was not in favor of recommending change to Chapter 101 and instead more discussion was needed on these points. Finally, the Work Group agreed that some of the proposals within the original LD 1901, such as Point 5, simply are not feasible.

The Work Group’s specific recommendations on each of the nine points which LD 1901 set forth for analysis are set forth below. The Report Forms each subcommittee filled out on each separate point are available in section (b) of the Appendix to this report. The Work Group encourages readers to review the Report forms, as each Report form identifies the subcommittee members involved with analysis of that point and also identifies the rationale for and resources used in analyzing each point.

At the Work Group’s final formal meeting, on February 11, 2008, the entire Work Group ratified these reports and recommendations. As a result of the Work Group’s hard work, collaborative spirit and willingness to keep our ultimate goal – to improve the educational experience for Maine’s Deaf and Hard-of-Hearing children based on a communication and language driven plan – we are pleased to say that the Work Group speaks with one voice and with one goal in making the following Recommendations.

1. The eligibility of any infant with a documented hearing loss, prior to demonstration of any developmental delay, for early intervention services through the Child Development Services System.

The Work Group recommends that the Maine Legislature clarify and emphasize that Maine's Chapter 101 *already* provides that any infant/child with documented hearing loss is automatically eligible for early intervention services through the CDS system, regardless of whether the infant/child demonstrates a developmental delay.

The Work Group further recommends that CDS and the MDOE clarify that any infant/child with a documented hearing loss then qualifies for specific, individualized services that will afford the infant/child easy and natural access to language, given his/her specific, individual language and hearing support needs. Testing utilized by CDS to determine service needs must therefore have specific relevance to early communication and language milestones during the Part C time span and not be limited to indicating delay as the child approaches age 3.

2. The establishment of an individualized communication plan as part of the individualized family service plan or the individualized education plan established for each deaf and hard-of-hearing child who has been determined to be a child with a disability.

The Work Group recommends that the Maine Legislature require MDOE to provide guidance to local education agencies, school administrative units, unorganized territories, regional school units, and CDS sites regarding the provisions of the Individuals with Disabilities In Education Act, 20 U.S.C. §1400 *et seq.* (amended 2004), and 34 C.F.R. 300.324(a)(2)(iv), which require that, for each child who is Deaf or Hard-of-Hearing, the IEP or IFSP team must consider primary language(s); primary mode(s) of communication; proficiency in the primary language; and academic, extracurricular, and peer supports/instruction needed. Such guidance shall specify that one method for meeting these IDEA-mandated specialized requirements for Deaf or Hard-of-Hearing students in the IEP/IFSP process is to create a formal, individualized Communication Plan that becomes part of the IEP/IFSP.

The Work Group also recommends that MDOE provide guidance regarding two communication plans that may be utilized to meet the requirements of the federal IDEA. One plan would address the communication needs for children who are identified as Deaf or Hard-of-Hearing who receive special education and related services under Part C of the IDEA, and one plan would address the needs of Deaf and Hard-of-Hearing children receiving services under Part B of the IDEA. The Work Group created two sample Communication Plans (one for children who fall under Part C of the IDEA and one for children who fall under Part B of the IDEA), both of which are included in part (c) of the Appendix to this report.

The Work Group recommends that MDOE and CDS establish a Memorandum of Understanding with MECDHH's Early Childhood and Family Services stipulating that MECDHH's Early Childhood and Family Services program ("ECFS") will complete the communication plan for children with hearing loss who are eligible for Part C services and receive ECFS services.

The Work Group recommends that MDOE provide a template(s) of a communication plan(s) on its website, and also as part of its computerized IEP/IFSP format, to be available to all school and CDS administrators.

The Work Group recommends that MDOE issue an informational or advisory letter to all Maine local education agencies, school administrative units, unorganized territories, regional school units, and CDS sites regarding the use of a communication plan(s) as a means to fulfill their obligations under federal IDEA.

The Work Group recommends that MDOE provide statewide training to districts reporting Deaf and Hard-of-Hearing students as part of the annual Child Find process regarding the specialized requirements under federal IDEA with respect to Deaf and Hard-of-Hearing students' language and communication issues, and also to include in such training information about the availability and use of the template(s) communication plan(s).

The Work Group recommends that the Maine Department of Education include the communication plan(s) in their program review process to determine the degree to which the inclusion of such plans enhances the consistency and quality of the overall IEP and IFSP process.

3. The involvement of experts in the field of Deaf and Hard-of-Hearing education in the individualized family service plan teams and the individualized education plan teams for each Deaf and Hard-of-Hearing child who has been determined to be a child with disability.

The Work Group recommends that the Maine Legislature require MDOE to issue to local education agencies, school administrative units, unorganized school units, regional school units and CDS sites guidance regarding the involvement of specialists in the field of Deaf and Hard-of-Hearing education in IEP or IFSP Planning Teams.

The Work Group recommends that such guidance must inform school personnel that, when deemed necessary by families or IEP/IFSP teams, a specialist in Deaf and Hard-of-Hearing education may be included in an IEP/IFSP team in an advisory capacity, so as to provide additional information for the IEP or IFSP of each and every Deaf or Hard-of-Hearing child who has been determined to be a child with a disability in need of special education and/or related services.

4. The qualifications of teachers, interpreters and other educational personnel who provide professional services to Deaf and Hard-of-Hearing children.

The Work Group recommends that the Maine Legislature convene a group to study the issue of qualifications for Educational Interpreters, Cued Speech Transliterators, and Educational Technicians who provide services for deaf students. We further recommend this group should include representatives from, but not be limited to, the Maine Department of Education, the University of Maine System, the Interpreter Training Program at USM, the Office of Licensing and Registration, the Maine Registry of Interpreters for the Deaf, and the Maine Cued Speech Association, as well as representation from stakeholders such as school administrative units, parents, and students. This study group would be tasked with determining the necessary qualifications for each provider specialty, the service delivery model for the professional preparation needed to ensure sufficient numbers of highly qualified professionals are available, and a process for professional development through which current Educational Interpreters, Transliterators, and Educational Technicians can obtain the necessary skills to meet the standards decided upon.

5. The extent to which the basic education rights considered by the working group for Deaf or Hard-of-Hearing children are consistent with or exceed current federal and state rules and laws for Deaf and Hard-of-Hearing children who have been determined to be children with disabilities.

The Work Group acknowledges that all of the proposals within the previously submitted LD 1901, Educational Bill of Rights for Deaf and Hard-of-Hearing Children, would exceed current state or federal law requirements.

6. The clarification and definition of all terms that pertain to the basic education rights proposed for Deaf and Hard-of-Hearing children.

The Work Group recommends that, in order to clarify terminology relating to the education of Deaf and Hard-of-Hearing students, the Maine Legislature require MDOE to issue an Informational or Advisory Letter to all Maine local education agencies, school administrative units, unorganized territories, and CDS sites, in which the MDOE advises the use of the listing of definitions that is attached to this report as part (d) of the Appendix.

7. The recodification of all existing provisions contained in Maine Department of Education Chapter 101 special education rules that pertain to Deaf and Hard-of-Hearing children into a single section of the rules to increase the accessibility of these rules and minimize confusion regarding these provisions.

The Work Group does not recommend that the Legislature recodify the Maine Special Education Regulations, Chapter 101 of the Maine Education Regulations, in order to collect all regulations that relate to Deaf and Hard-of-Hearing issues in one place within Chapter 101.

The Work Group recommends instead that the Maine Legislature require that MDOE partner with advocates for Deaf and Hard-of-Hearing children (including, but not limited to, the Maine Chapter of Hands and Voices, the Maine Parent Federation, and/or the Maine Center on Deafness) to develop a parent-friendly informational pamphlet for parents that explains their rights under federal and Maine special education laws, and describes the various program issues and services that might impact their children.

8. The special challenges that confront small schools and schools located in rural areas of the State pertaining to the fiscal and human resource capacity of these schools to provide education programs for Deaf and Hard-of-Hearing children, including the availability of consultation services, distance learning and telecommunications resources available to schools through the Maine Educational Center for the Deaf and Hard of Hearing and the Governor Baxter School for the Deaf.

The Work Group recommends wider use of information and communication technology to connect remote sections of the state through existing technology at MECDHH. Such technology can be used for consultation and observation (to formulate a communication plan and to have specialists at IEP meetings), to provide specialized services (interpreters, cued speech transliterators, or remote captioning) to the classroom, and to achieve critical mass (to bring Deaf and Hard-of-Hearing students together for educational, social or after-school programming). Already, MECDHH is connected to 100 sites across the state through the ATM network. Other electronic communications networking possibilities include ITV, cable access, and Skype. The Work Group recommends that MDOE, MECDHH and other organizations search out funding for the purchase of such informational technology from organizations such as the Rural Education Achievement Program and like funding streams.

9. The status of current laws or pending legislation in other states that pertain to the provision of basic education rights for the Deaf and Hard-of-Hearing children, including any analysis of current laws or pending legislation that may be available.

The Work Group recommends that the Legislature consider the status of existing and proposed Deaf and Hard-of-Hearing students' bills of rights around the country to the Maine Legislature. A report summarizing that status is included as part (e) of the Appendix to this report.

Conclusions

As charged, The Work Group analyzed regulatory language and data related to the nine points requested by the Joint Standing Committee on Education and Cultural Affairs and established a set of recommendations relating to each point. As originally proposed, LD 1901, “An Act to Establish a Deaf and Hard-of-hearing Educational Bill of Rights”, proposed making a number of amendments to Maine’s statutes in order to ensure basic educational rights relating to language acquisition and language access for Maine’s deaf and hard-of-hearing children. The Work Group recommendations, reached in consensus, do not propose major substantive changes to Chapter 101, the Maine Unified Special Education Regulations. Instead the recommendations acknowledge that some proposals can be accomplished within existing regulations so long as there is a commitment from the Maine Department of Education to clarify to its constituents, and provide training on, the proper understanding and implementation of the existing Chapter 101 provisions.

We would like to take this opportunity to thank the work group members for their insight, collaborative spirit, and dedication to this very important issue – to improve the educational experience for Maine’s Deaf and Hard-of-Hearing children – as well as those who provided timely and valuable information to this effort.

Appendix

Appendix A

Original version of LD 1901 and LD 1901 as passed

**State of Maine
123rd Legislature
First Regular Session**

**An Act to Establish the Deaf and Hard-of-hearing
Children's Educational Bill of Rights**

Sec. 1. 20-A MRSA, Chapter 303-A is enacted to read:

Chapter 303-A

**Educational Bill of Rights:
Deaf and Hard-of-hearing Children**

§7321. Purpose.

The purpose of this chapter is to encourage the development of a communication-driven and language-driven educational delivery system in Maine for children who are deaf and hard of hearing. It is essential for the well-being and growth of students who are deaf or hard of hearing that educational programs recognize the unique nature of deafness and hard-of-hearing condition and ensure that all students who are deaf or hard-of-hearing have appropriate, on going, and fully accessible opportunities. Every deaf or hard of hearing student should have the opportunity to develop proficiency in English, including oral and manual visual methods of communications, and American Sign Language. The Educational Bill of Rights for deaf and hard-of-hearing children is essential to accomplish the purpose established in this chapter.

§7322. Basic Educational Rights.

1. Rights established. Deaf and hard-of hearing children must have an education in which their communication mode is respected, used, and developed to an appropriate level of proficiency. Deaf and hard-of hearing children should be ensured of the following rights:

- A. A quality, on-going, and fluid communication, both in and out of the classroom,
- B. Placement in the least restrictive educational environment and services based on their unique communication, language, and educational needs, consistent with the federal Individuals with Disabilities Education Act,
- C. An education in which teachers, related service providers and assessors understand the unique nature of deafness, who are specifically trained to work with hard of hearing and deaf pupils and can communicate spontaneously and fluidly with these children,
- D. An education in which there are a sufficient number of age-appropriate peers and adults with whom they can interact and communicate in a spontaneous and fluid way,
- E. Eligibility for early intervention services. Any infant with a documented hearing loss, prior to demonstration of any developmental delay, will categorically qualify for services as defined by that infant's early childhood team,
- F. An education in which they are exposed to deaf and hard of hearing role models,

- G. Direct and appropriate access to all components of the educational process, including recess, lunch, and extracurricular, social, and athletic activities,
- H. Educational programs with transitional planning as required under the federal Individuals with Disabilities Education Act , which focus on their unique vocational needs,
- I. The opportunity to choose a variety of language modes and languages and technologies to enhance language learning,
- J. Teachers or interpreters proficient in appropriate language modes and certified in appropriate language modes if certification is available
- K. Balanced and complete information for families of deaf and hard-of-hearing children regarding their child's
 - 1) Educational and communication needs,
 - 2) Available programmatic, placement, and resource options,
 - 3) Support services and advocacy resources from private and public agencies and institutions, and
 - 4) Resources knowledgeable about hearing loss and the needs of children who are deaf or hard-of-hearing,

2. Right of Parents and legal Guardians. Parents and legal guardians of deaf or hard-of-hearing children and their advocates shall be given the opportunity to be involved determining the extent, content, and purpose of educational programs for these children.

§7322. Adoption of rules to implement this Chapter.

1. Department of Education responsibility. The Department of Education shall amend the Maine Special Education rules embodied in Chapter 101 of the Department's rule to incorporate in a separate section all provisions relating to deaf and hard of hearing children that exist this in Act and in rules or statute.

2. Content of rules. In implementing the provisions of this chapter, the Department of Education shall adopt, at a minimum, rules relating to:

- A. Qualifications of personnel providing professional services to deaf and hard of children within the school system,
- B. Composition of the Individual Family Service Plan and the Individualized Education Plan Team,
- C. The individualized communication plan for every deaf and hard of hearing student,
- D. Procedures and materials for assessment and placement,
- E. Psychological counseling and mental health services, and
- F. Evaluation of the effectiveness of programs of the district for students who are deaf or hard-of-hearing

Sec. 2. Rule-making and the Maine Center for the Deaf and Hard of Hearing. The Department of Education shall include the Maine Educational Center for the Deaf and Hard of Hearing in developing rules regarding the implementation of this chapter. The Maine Educational Center for the Deaf and Hard-of-hearing shall be provided with the opportunity to present proposed rules to be considered for adoption by the Department.

SUMMARY

This bill establishes an Educational Bill of Rights for deaf and hard-of-hearing children. These rights are based on current federal and State rules and laws, and are codified by this bill. This bill also proposes that all State Department of Education rules relating to deaf and hard-of-hearing children be codified into a single chapter, Chapter 101. By codifying rules and statutes relating to deaf and hard-of-hearing children, school districts will be able to become more knowledgeable about all the rules and provisions that relate to these children. Currently, school district professionals and officials as well as parents and families of deaf and hard-of-hearing children must refer to many different rules and regulations adopted by the federal government and the Maine Department of Education which are dispersed throughout the codes of rules and regulations of these organizations. Hence, a single chapter will minimize confusion for the layperson unfamiliar with such education law pertaining to deaf or hard of hearing students.

PLEASE NOTE: Legislative Information **cannot** perform research, provide legal advice, or interpret Maine law. For legal assistance, please contact a qualified attorney.

Amend the bill by striking out the title and substituting the following:

**'Resolve, To Analyze the Feasibility of Establishing an
Education Bill of Rights for Deaf and Hard-of-hearing Children'**

Amend the bill by striking out everything after the title and before the summary and inserting the following:

'Sec. 1 Analysis of basic education rights proposed for deaf and hard-of-hearing children. Resolved: That the Department of Education and the Maine Educational Center for the Deaf and Hard of Hearing and the Governor Baxter School for the Deaf shall jointly convene a working group to analyze the feasibility of establishing basic education rights for deaf and hard-of-hearing children. The working group shall consider the legislative initiatives proposed during the First Regular Session of the 123rd Legislature, including analyses of the following issues:

1. The eligibility of any infant with a documented hearing loss, prior to demonstration of any developmental delay, for early intervention services through the Child Development Services System;
2. The establishment of an individualized communication plan as part of the individualized family service plan or the individualized education plan established for each deaf or hard-of-hearing child who has been determined to be a child with a disability;
3. The involvement of experts in the field of deaf and hard-of-hearing education in the individualized family service plan teams and the individualized education plan teams for each deaf or hard-of-hearing child who has been determined to be a child with a disability;
4. The qualifications of teachers, interpreters and other education personnel who provide professional services to deaf and hard-of-hearing children;
5. The extent to which the basic education rights considered by the working group for deaf and hard-of-hearing children are consistent with or exceed current federal and state rules and laws for deaf and hard-of-hearing children who have been determined to be children with disabilities;
6. The clarification and definition of all terms that pertain to the basic education rights proposed for deaf and hard-of-hearing children;
7. The recodification of all existing provisions contained in the Department of Education Chapter 101 special education rules that pertain to deaf and hard-of-hearing children into a single section of the rules to increase the accessibility of these rules and minimize confusion regarding these provisions;
8. The special challenges that confront small schools and schools located in rural areas of the State pertaining to the fiscal and human resource capacity of these schools to provide education programs for deaf and hard-of-hearing children, including the availability of consultation services, distance learning and telecommunications resources available to schools through the Maine Educational Center for the Deaf and Hard of Hearing and the Governor Baxter School for the Deaf; and

9. The status of current laws or pending legislation in other states that pertain to the provision of basic education rights for deaf and hard-of-hearing children, including any analyses of current laws or pending legislation that may be available from the National Conference of State Legislatures; and be it further

Sec. 2 Report. Resolved: That, no later than January 31, 2008, the Department of Education and the Maine Educational Center for the Deaf and Hard of Hearing and the Governor Baxter School for the Deaf shall jointly submit a report to the Joint Standing Committee on Education and Cultural Affairs that includes their findings and recommendations, including suggested legislation, regarding any necessary changes to the current statutes and rules pertaining to early intervention services and the education delivery system for deaf and hard-of-hearing children; and be it further

Sec. 3 Legislation. Resolved: That the Joint Standing Committee on Education and Cultural Affairs may submit a bill to the Second Regular Session of the 123rd Legislature to implement its recommendations on matters relating to the report submitted pursuant to section 2.'

SUMMARY

This amendment replaces the bill with a resolve to require the Department of Education and the Maine Educational Center for the Deaf and Hard of Hearing and the Governor Baxter School for the Deaf to jointly convene a working group to analyze the feasibility of establishing a set of basic education rights for deaf and hard-of-hearing children. The amendment requires that, no later than January 31, 2008, the Department of Education and the Maine Educational Center for the Deaf and Hard of Hearing and the Governor Baxter School for the Deaf jointly submit a report that includes their findings and recommendations, including suggested legislation, to the Joint Standing Committee on Education and Cultural Affairs. The amendment also authorizes the Joint Standing Committee on Education and Cultural Affairs to submit a bill to the Second Regular Session of the 123rd Legislature to implement its recommendations on matters relating to the report.

FISCAL NOTE REQUIRED (See attached)

Appendix B

Individual Subcommittee Final Reports on the Nine Points of Analysis

Education Bill of Rights for Deaf and Hard-of-Hearing Report Form

Point Number 1: The eligibility of any infant/child with a documented hearing loss, prior to demonstration of any developmental delay, for early intervention services through the Child Development Services system.

Committee Members: Pamela Dawson, Vivian Mikhail, MaryBeth Richards, Lynn Schardel, Romy Spitz, David Stockford, Erica Thompson

Recommendations:

1. The Working Group should recommend that the Maine Legislature clarify and emphasize that Maine's Special Education Regulations, Chapter 101 of the Maine Education Regulations, provides that any infant/child with documented hearing loss is automatically eligible for early intervention services through the Child Development Services system (CDS), regardless of whether the infant/child demonstrates a developmental delay.
2. The Working Group should recommend that CDS and the Department of Education clarify that any infant/child with a documented hearing loss then qualifies for specific, individualized services that will afford the infant/child easy and natural access to language, given his/her specific, individual language and hearing support needs. Testing utilized by CDS to determine service needs must therefore have specific relevance to early communication and language milestones during the Part C time span and not be limited to indicating delay as the child approaches age 3.

Rationale:

1. Because access to language and communication are crucial to the successful language acquisition, overall development, and education of Maine's deaf and hard-of-hearing children, and because it is the nature of the disability of hearing loss to hinder the natural acquisition of a full first language, Maine must ensure that every infant/child with a documented hearing loss is automatically eligible for early intervention services, even if the infant/child does not demonstrate a developmental delay.

Given that birth to age six is the critical period for language development and acquisition, the potential for delay that is inherent to the nature of hearing loss shall be sufficient to qualify an infant/child for early intervention services. Moreover, the existing regulations require that the measures of eligibility for services for deaf and hard-of-hearing children already should mandate the approach of not waiting for a child to fail first before deeming him/her eligible for services.

2. The disability of hearing loss, across the spectrum of severity from mild to profound, hinders easy, natural access to language that all young children need in order to develop a

full first language. CDS must address not only the existence of hearing loss itself, but also the consequences of hearing loss, which include a language delay that is avoidable with appropriate, individualized supports and services.

If the determination of what *specific* services infants/children with hearing loss qualify for is grounded on audiological testing alone, "automatic eligibility" is rendered virtually meaningless in many cases, because children who typically do not demonstrate a delay (e.g., those with mild to moderate losses, who are deafened after birth, or those who use cochlear implants) historically do not qualify for all the services their hearing loss nevertheless requires. These infants/children are still in need of language and hearing supports to achieve full access to language before a delay develops. The tests currently employed by CDS do not measure early language development, and must be supplemented with appropriate measures to document milestones for young children with hearing loss to determine what services will succeed toward preventing a language delay.

Resources Utilized:

1. Expertise and experience of the group members.
2. Maine Regulations 05-071, Chapter 101 S (VII)(1)(A)(1).
3. The National Agenda: Moving Forward on Achieving Educational Equality for Deaf and Hard-of-Hearing Students (April 2005).
4. "Early Hearing Diagnosis Key to Language Skills", Shafer, D.N. (October 2006), *The ASHA Leader*.
5. Pilot Program between ECFS and CDS (three sites).
6. Research by Dr. Christine Yoshinaga-Itano, including "Early Identification and Intervention: It Does Make A Difference"
7. Research by Kegl, Senghas and Coppola re: critical period effects on language acquisition.
8. Materials by Hands & Voices, a nationwide parent-professional collaborative organization whose mission it is to support families of children with hearing loss to support their children in reaching their full developmental, academic, social, and overall potential, including "A Question of Automatic Eligibility: Does My Deaf/HOH Child Need An IEP?"
9. "Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs," *Pediatrics, The Official Journal of the American Academy of Pediatrics*, Joint Committee on Infant Hearing

Constituencies consulted and by what means:

Early Childhood & Family Services, parents of deaf/hard-of-hearing children, professionals in the fields of linguistics and speech language pathology, teachers of the deaf.

Form of decision making (consensus vs. majority):

Consensus of committee members who responded.

Pros and Cons:

Pros:

1. An emphasis on automatic eligibility for all deaf and hard-of-hearing infants/children will assure that services will be provided as soon as an infant/child is identified as having a documented hearing loss, thereby reducing the occurrence or severity of a developmental delay. Automatic eligibility, in turn, will minimize the detrimental impact on language acquisition and overall development that could otherwise result. The obvious benefit to the infant/child of automatic eligibility also will result in reduced need for services and intervention by State systems later in the child's life.
2. A correlative focus on each infant/child's qualification for those services specific to his/her individual needs for natural, easy access to language will avoid (or keep closed) the gap that would otherwise result in an inevitable language delay.

Cons:

1. No cons to Recommendation 1.
2. Recommendation 2 will require a time investment by CDS participants. However, this con is mitigated by the fact that ECFS currently is conducting the testing recommended by this Work Group as part of ECFS's services, and ECFS will provide those tests, along with the data and results generated by them, to CDS in order to avoid any unnecessary duplication of efforts and reduce the impact on CDS.

Education Bill of Rights for Deaf and Hard-of-Hearing Report Form

Point Number 2: The establishment of an individualized communication plan as part of the individualized family service plan, or the individualized education plan, established for each deaf or hard-of-hearing child who has been determined to be a child with a disability.

Committee Members: Anne Banger, Theresa Berkowitz, Nicole Dobson, Vivian Mikhail, Lynn Schardel, Amy Sneirson, Romy Spitz, Erica Thompson

Recommendation 1:

1. The Working Group should recommend that the Maine Legislature require the Maine Department of Education to provide guidance to School Administrative Units, unorganized territories, regional school units, and Child Development Services sites regarding the provisions of the Individuals with Disabilities In Education Act, 20 U.S.C. §1400 *et seq.* (amended 2004), and 34 C.F.R. 300.324(a)(2)(iv), which require that, for each child who is deaf or hard-of-hearing, the IEP or IFSP team must consider primary language(s); primary mode(s) of communication; proficiency in the primary language; and academic, extracurricular, and peer supports/instruction needed. Such guidance shall specify that one method for meeting these IDEA-mandated specialized requirements for deaf or hard-of-hearing students in the IEP/IFSP process is to create a formal, individualized Communication Plan that becomes part of the IEP/IFSP.

Rationale:

Because language and communication are crucial to the successful education of Maine's deaf and hard-of-hearing children and whereas it is the nature of the disability to hinder the natural acquisition of a full first language, Maine must ensure that educational service plans fully address the issue of language acquisition and ensure access to education in a communication mode that will be successful for the learner. Currently formal Communication Plans are either required or recommended in other states.

Resources Utilized:

Expertise of the group members. Recommendations from the National Association of State Directors of Special Education (NASDSE). Communication plans from other states including Colorado, New Mexico, Iowa, and Nebraska.

Constituencies consulted and by what means:

Discussion with Child Development Services directors via ECFS.

Discussion with Early Childhood and Family Services.

Discussion with Statewide Educational Services Public School Outreach.

Discussion with constituents in the field of Speech Language Pathology.

Form of decision making (consensus vs. majority):

Consensus

Pros and Cons:

Pros:

1. A formalized communication plan would clarify the communication needs and support of each child regardless of how many communication modes were used.
2. The plan would provide a formal schema for discussion through which teams can ensure that each part of the deaf or hard-of-hearing learner's communication and educational needs are specifically addressed and are being met as stipulated in the IDEA.
3. The plan would clarify the child's proficiency in each of their primary language/communication modes and identify those learners whose proficiency is below expectation so that intervention could be provided.

Cons:

1. Completing the communication plan would require some additional time on the part of IFSP or IEP team members, and some elements of the plan may be redundant with the current IEP forms.

Recommendation 2:

1. The Working Group should recommend that the Maine Department of Education provide guidance regarding two communication plans that may be utilized to meet the requirements of the federal Individuals with Disabilities Education Act. One plan would address the communication needs for children who are identified as deaf or hard-of-hearing who receive special education and related services under Part C, and one plan would address the needs of deaf and hard-of-hearing children receiving Part B services. Sample plans are provided in Appendix C.

Rationale: IDEA Part C addresses educational and therapeutic services for learners during the Birth-2 period which is a crucial period for language acquisition. IDEA Part B addresses the educational needs of children during the period after the language acquisition process is typically complete. Given the different foci in services provided under Part B and Part C, two plans would be necessary. A separate Part C plan would allow additional emphasis on language acquisition during the most important period for language development, and would ensure that the full array of communication and educational options are presented to families.

Resources Utilized:

Expertise of the group members and knowledge of existing collaborations between CDS and ECFS.

Constituencies consulted and by what means:

Discussions with MECDHH Statewide Educational Services, and Early Childhood and Family Services

Form of decision making (consensus vs. majority):

Consensus

Pros and Cons:

Pros:

1. The provision of a separate Part C communication plan will ensure that emphasis is correctly placed on those therapies and resources needed for B-2 children to acquire the fluent first language skills that form the underpinnings of all future education.
2. A separate Part C communication plan would provide a formal schema to ensure that neutral discussion regarding language/communication and educational options occurs as a required part of the IFSP process, and that families have all the necessary information to make informed choices on behalf of their child.

Cons:

1. There are no con statements to consider.

Recommendation 3:

1. The Working Group should recommend that MDOE's Child Development Services establish a Memorandum of Understanding with MECDHH's Early Childhood and Family Services stipulating that ECFS will complete the communication plan for children with hearing loss who are eligible for Part C services and receive ECFS services.

Rationale:

MDOE's CDS, while tasked with ensuring provision of appropriate Part C services, lacks the necessary expertise to complete a specialized communication plan for deaf and hard-of-hearing children. ECFS is currently the entity tasked with providing information and resources regarding hearing loss, communication skills, and language acquisition for families of B-5 children and would be ideally placed for completing this plan.

Resources Utilized:

Expertise of the group

Constituencies consulted and by what means:

Discussions with MECDHH Statewide Educational Services, and Early Childhood and Family Services

Form of decision making (consensus vs. majority):

Consensus

Pros and Cons:

Pro:

1. The forms and protocols for a Part C Communication Plan that considers family needs and family choices, as well as the child's abilities and needs, is already in place as part of ECFS's services. The MOU would place responsibility for completion of the plan on the existing statewide entity that has both expertise and responsibility in this area rather than on the state entity with more generalized knowledge regarding child development.

Con:

1. There are no con statements to consider. ECFS already completes a Family Communication Plan as part of the services provided to each family of a deaf or hard-of-hearing child under the age of five. This document can be added to the IFSP form. The ECFS form, and a sample CDS form for those families that do not receive ECFS services, are provided in Appendix C.

Recommendation 4:

1. The Working Group should recommend that Maine Department of Education provide a template(s) of a communication plan(s) on its website, and also as part of its computerized IEP/IFSP format, to be available to all school administrators.
2. The Working Group should recommend that the Maine Department of Education issue an informational or advisory letter to all Maine School Administrative Units, Unorganized Territories, regional school units, and Child Development Services sites regarding the use of a communication plan(s) as a means to fulfill their obligations under federal IDEA.
3. The Working Group should recommend that the Maine Department of Education provide statewide training to districts reporting deaf and hard-of-hearing students as part of the annual Child Find process regarding the specialized requirements under federal IDEA with respect to deaf and hard-of-hearing students' language and communication issues, and also to include in such training information about the availability and use of the template(s) communication plan(s).
4. The Working Group should recommend that the Maine Department of Education include the communication plan(s) in their program review process to determine the degree to which the inclusion of such plans enhances the consistency and quality of the overall IEP and IFSP process.

Rationale:

Recommendation 4 describes and clarifies the process through which Maine DOE will provide the guidance recommended in Recommendation 1, and ensures that standard forms and protocols are applied uniformly in all districts.

Resources Utilized:

Expertise of the subcommittee members

Constituencies consulted and by what means:

N/A

Form of decision making (consensus vs. majority):

Consensus

Pros and Cons:**Pros:**

1. All IEP/IFSP team members would be aware of their responsibility to fulfill the provisions of federal IDEA and be aware that the template(s) for the communication plan constitutes a means of compliance that has the additional benefit of providing quality assurance data.

Cons:

1. There are no con statements to consider.

Education Bill of Rights for Deaf and Hard-of-Hearing Report Form

Point Number 3

Committee Members: Larry Taub, Joan Nason, Lynn Schardel

Recommendation:

The Working Group should recommend that the Maine Legislature require the Maine Department of Education to issue to school administrative units, unorganized school units, regional school units and Child Development Services sites guidance regarding the involvement of specialists in the field of deaf and hard-of-hearing education in IEP or IFSP Planning Teams. Such guidance shall inform school personnel that, when deemed necessary by families or IEP/IFSP teams, a specialist in deaf and hard-of-hearing education may be included in an IEP/IFSP team in an advisory capacity, so as to provide additional information for the IEP or IFSP of each and every deaf or hard-of-hearing child who has been determined to be a child with a disability in need of special education and/or related services.

Rationale:

The members of the Working Group acknowledge that IEPs and IFSPs for deaf and hard-of-hearing children must address many issues, but the primary issue for these children is language acquisition; the most debilitating fallout from deafness and hearing loss is the inability to access language. Without the benefit of language acquisition, deaf and hard-of-hearing children are deprived of the ability to process information. This potential delay can be avoided by having specialists in educating deaf and hard-of-hearing children be asked to be part of IFSP and IEP teams to assist those teams in implementing the best educational practices for this population group when deemed necessary. The purpose of this Recommendation is to ensure that all participants present at IEP or IFSP team meetings have all the information needed to make fully informed decisions. In the event that additional information is lacking, the IEP or IFSP teams need to be aware that they can exercise the option of involving additional professional specialists as deemed necessary.

To make this Recommendation practical, when a parent or IEP/IFSP team includes a deaf education specialist in the IEP/IFSP process, the deaf education specialist needs to be more than just a yearly visitor to the team meeting. Additionally, the qualifications and expertise of the specialist must be based on credentials recognized by the Maine Office of Licensing Regulation. An example of specialists suitable for consultation at IEP/IFSP team meetings include, but are not limited to,

educational audiologists, educational interpreters, teachers of the deaf (as defined by Maine law), speech and language pathologists who have experiences working with children who are deaf and hard-of-hearing, auditory verbal therapists, cued speech transliterators, and psychologists or school psychological service providers who work with the target population. Parents and IFSP/IEP teams might also seek specialist consultation regarding use of assistive devices such as C-Print (captioning), remote interpreting, and FM systems.

Resources Utilized:

Technology

- ☐ It is possible, given the limited resources in this area of expertise; bring such experts to the table in remote parts of the state by utilizing video-conferencing or tele-conferencing equipment.

Professionals

- ☐ MECDHH Early Childhood Family Service Consultants
- ☐ MECDHH Public School Outreach Consultants
- ☐ MECDHH Assessment Team, including the following professionals as needed:
 - ☐ Educational Audiologists
 - ☐ Speech and Language Therapists
 - ☐ School Psychological Services Provider
 - ☐ Educational Assessment Provider
 - ☐ MECDHH Educational Technology Resource Person
- ☐ Maine Cued Speech Association
- ☐ Maine Audiological Association
- ☐ Other

Constituencies consulted and by what means:

Maine Educational Center for Deaf and Hard-of-Hearing; Maine Department of Education; MADSEC

Form of decision making (consensus vs. majority):

Consensus.

Pros and Cons:

None

Education Bill of Rights for Deaf and Hard-of-Hearing Report Form

Point Number 4: The qualifications of teachers, interpreters, and other educational personnel who provide professional services to deaf and hard-of-hearing children.

Committee Members: Larry Taub, Romy Spitz, Phyllis Shubert, MaryBeth Richards

Recommendation 1:

That the Working Group acknowledge that the state certification programs for Teachers of the Deaf, and Speech Language Pathologists, are established by the Office of Licensing and Registration (OLR) and no changes are currently needed by the OLR in order to ensure that students achieve a Free and Appropriate Education. It is the responsibility of school administrators to find professional resources when needed on a case-by-case basis to address individual student needs, including the need for direct educational and language remediation and support services in the primary language of the student.

Recommendation 2:

The Working Group should recommend that the Maine Legislature convene a group to study the issue of qualifications for Educational Interpreters, Cued Speech Translitterators, and Educational Technicians who provide services for deaf students. We further recommend this group should include representatives from, but not be limited to, the Maine Department of Education, the University of Maine System, the Interpreter Training Program at USM, the Office of Licensing and Registration, the Maine Registry of Interpreters for the Deaf, and the Maine Cued Speech Association, as well as representation from stakeholders such as school administrative units, parents, and students. This study group would be tasked with determining the necessary qualifications for each provider specialty, the service delivery model for the professional preparation needed to ensure sufficient numbers of highly qualified professionals are available, and a process for professional development through which current Educational Interpreters, Translitterators, and Educational Technicians can obtain the necessary skills to meet the standards decided upon.

Rationale:

Educational Interpreters, Cued Speech Translitterators, and Educational Technicians are the primary vehicles through which deaf, signing, or cueing students access their educational curriculum. Unlike other states, Maine does not currently have a process through which service providers are required to demonstrate proficiency in providing the necessary services in the classroom via American Sign Language or Cued Speech.

Educational Interpreters: Educational Interpreting is a recognized subspecialty within the profession of interpreting requiring specialized skills beyond the more generic skill set

referred to as Community Interpreting. This knowledge includes a background in child development, language acquisition, education practices, and the culture of the school. Because of these specialized skills, and in recognition of the fact that the interpreter is also often the student's primary language model, at least twenty-five states currently require some form of national test for educational interpreters and the nationally recognized Educational Interpreter Performance Assessment (EIPA) is increasingly becoming the standard as an assurance of proficiency (Level 3.5 or higher).

Current MDOE practices require only a basic licensure in community interpreting; a licensure which is based on class or workshop hours and involves no assessment of performance. Without some form of quality assurance in the ability to perform interpreting duties in the classroom, Maine DOE cannot ensure that deaf students have equal access to and can participate equally in the high quality educational programs provided to all students in Maine. The criteria for "highly qualified provider" should be part of the discussion of the study group but could include demonstrating a score of 3.5 or high on the EIPA.

MDOE and the University of Southern Maine's Interpreter Training Program currently have a professional development project in place that allows a small number of working Educational Interpreters to participate in the Educational Interpreter Certificate Program. As part of this certification process, participants are required to pass the EIPA with a score of 3.5 or higher. In order to develop a larger pool of such highly qualified providers, a similar online program could be developed at less cost using local resources.

Cued Speech Translitterators: Cued Speech is a form of English-to-English translation that adds cues or signals that visibly distinguish between the sounds of English. Unlike interpreters, the State of Maine does not license Cued Speech Translitterators and there is currently no established means of demonstrating basic proficiency in cueing. While the number of students requiring cued transliteration is very small, it exceeds the number of skilled providers and few professional development opportunities are provided in Maine. The Study Group would be tasked with defining "highly skilled provider" as well as considering mechanisms that would: a) increase the number of potential translitterators, and b) provide opportunities for professional development that would assist existing translitterators to meet the qualifications decided on. A version of the EIPA specifically directed at assessing the quality of Cued Speech Translitterators in educational settings has been created and will be available this year in both Northern and Southern Maine, and could be used to demonstrate proficiency in cueing.

Educational Technicians working with signing students: Some deaf or hard-of-hearing students require access to education and educational supports via sign language but do not require formal classroom interpreting services due to additional disabling conditions. As with students who can hear but who have disabilities requiring more one-on-one support, public schools typically provide those services via educational technicians who meet the DOE standards for endorsement as a Educational Technician Level 1, 2 or 3. The DOE endorsement is based on the applicant's education, not their ability to communicate with the student in the student's primary language. As a result, deaf and hard-of-hearing

students may be receiving most, if not all, of their education via a technician who cannot effectively communicate even basic information. The Working Group is not recommending a separate endorsement for Educational Technicians working with deaf, signing students. Rather, the Group recommends that the charge of the study group should include discussion of the need to determine qualifications in both the person's educational background and their signing skills in order to ensure that deaf children with additional handicapping conditions are provided with a Free and Appropriate Education. Possible options that could be discussed include demonstrating a score of 2.5 or 3.0 on the EIPA or score of at least an intermediate plus on the Sign Language Communication Proficiency Interview (SCPI). Both of these nationally recognized assessments are available in both Southern and Northern Maine. As part of that discussion, the Study Group would form recommendations for a) determining which students require an Educational Technician versus an Educational Interpreter, and b) limiting the use of Technician services to deaf students with additional learning disabilities in categories other than language or reading disability in order to ensure that the roles of educational interpreter (professional conduit for academic information) and educational technician (paraprofessional for academic and functional support) remain separate.

Resources Utilized:

Expertise of committee members, University of Southern Maine's Interpreter Training Program, EIPA administrators in Maine, Minutes from Maine Registry of Interpreters for the Deaf.

Constituencies consulted and by what means:

Discussions with the University of Southern Maine's Interpreter Training Program.
Discussions with Maine Registry of Interpreters for the Deaf.
Discussions with Maine Cued Speech Association.
Discussions with stakeholders including parent and students.

Form of decision making (consensus vs. majority):

Consensus

Pros and Cons:

Pros:

1. Recommendation 2 has the potential for establishing a minimum standard for Educational Interpreters, as well as identifying mechanisms for professional development that would allow those interpreters who are currently working in schools to gain skills toward meeting that standard.
2. Recommendation 2 has the potential to establish an endorsement or credentialing of Educational Cued Speech Translitterators.
3. Recommendation 2 has the potential to assist SAUs to provide FAPE to students who are deaf or hard-of-hearing with additional disabilities who require more one-on-one supports to access their educational goals. In addition, it provides a venue

for discussion regarding the types of services Educational Technicians may provide for deaf or hard-of-hearing students, versus those best left to professional Educational Interpreters. Clarification of these roles would be of invaluable guidance to Special Education Directors and others who are tasked with meeting individual student needs.

Cons:

None.

Education Bill of Rights for Deaf and Hard-of-Hearing Report Form

Point Number 5
Committee Members: Amy Sneirson, Phyllis Shubert, David Noble Stockford
Recommendation: That the Working Group acknowledge that all of the proposals within the previously submitted Educational Bill of Rights for Deaf and Hard-of-Hearing Children would exceed current state or federal law requirements.
Rationale: A comparison of statutory and regulatory language existing in federal special education law and Maine special education law, as compared to the proposals included in the Educational Bill of Rights for Deaf and Hard-of-Hearing Children, demonstrates that the proposals exceed existing statutory and regulatory requirements.
Resources Utilized: Expertise of Committee members, review and comparison of language in existing state and federal statutes, and regulations to that language proposed in pending Educational Bill of Rights for Deaf and Hard-of-Hearing Children.
Constituencies consulted and by what means: Maine Department of Education-Special Services Division; Maine School Board Association; Child Development Services (contacted via e-mail); Maine Center on Deafness Civil Rights Program; Maine School Board Association
Form of decision making (consensus vs. majority): Consensus
Pros and Cons:

Education Bill of Rights for Deaf and Hard-of-Hearing Report Form

Point Number 6
Committee Members: Amy Sneirson, David Noble Stockford
Recommendation: The Working Group should recommend that the Maine Legislature require the Maine Department of Education to issue an Informational or Advisory Letter to all Maine school administrative units and/or unorganized school areas, and all Child Development Service sites, in which the MDOE advises the use of the listing of definitions that is attached hereto as Appendix D to clarify terminology relating to the education of deaf and hard-of-hearing students.
Rationale: Maine school administrative units, unorganized school areas, and Child Development Services sites require assistance understanding and clarifying terminology that relates to the education of deaf and hard-of-hearing students. Providing a MDOE Informational or Advisory Letter that offers such clarification would be helpful to that end, at virtually no expense to the State of Maine.
Resources Utilized: National Association of the Deaf; the 1994 "Deaf and Hard-of-Hearing Students Educational Service Guidelines" published by the National Association for State Directors of Special Education; and state bills of rights for deaf and hard-of-hearing children from California, Colorado, Georgia, Hawaii, Louisiana, Montana, New Mexico, Rhode Island, South Dakota, and Texas.
Constituencies consulted and by what means: Families of deaf and hard-of-hearing children (personally); language and communication experts (personally); Child Development Services; Maine Department of Education - Special Services Division; Maine Educational Center for Deaf and Hard-of-Hearing; Maine Center on Deafness Civil Rights Program.
Form of decision making (consensus vs. majority): Consensus
Pros and Cons: <u>Pros:</u> <ul style="list-style-type: none"> • More clarity for school administrative units on appropriate credentials for service providers for deaf and hard-of-hearing children. • More uniformity throughout Maine with appropriately credentialed providers. • Better programming for deaf and hard-of-hearing children. <u>Cons:</u> None.

Education Bill of Rights for Deaf and Hard-of-Hearing Report Form

Point Number 7
Committee Members: Amy Sneirson, Phyllis Shubert, David Noble Stockford
Recommendation: That the Working Group determine not to recommend that the Legislature recodify the Maine Special Education Regulations, Chapter 101 of the Maine Education Regulations, in order to collect all regulations that relate to Deaf and Hard-of-Hearing issues in one place within Chapter 101.
Rationale: Recodifying Chapter 101 in order to collect all portions of the regulations that pertain to Deaf or Hard-of-Hearing issues into one section seems, at first, as though it would assist parents in determining their children's rights and issues that might affect them. However, the Working Group feels that doing so would actually be counterproductive. The inevitable result of grouping regulations that relate to deafness or hearing loss together is that this would lead to a "Balkanization" of Chapter 101, as each disability would then end up broken out into its own category. Many provisions of Chapter 101 that are facially neutral, but are significant to procedural and substantive rights (such as due process or IEP meeting protocols), would have to be repeated in each grouping for each disability. This would lead to Chapter 101 being repetitive, confusing, and unwieldy (even more so than it is now). Additionally, a high percentage of children who are Deaf or Hard-of-Hearing also have co-occurring disabilities that are addressed in an IEP; having to address more than one issue in an IEP would mean that categorizing Chapter 101 by disability might lead IEP teams to miss out on services that are appropriate for multiply-disabled students.
Resources Utilized: Expertise of subcommittee members
Constituencies consulted and by what means: Maine School Board Association; Maine Department of Education-Special Services Division; Maine Center on Deafness Civil Rights Program
Form of decision making (consensus vs. majority): Consensus
Pros and Cons: <u>Pros:</u> Organizing the regulations to isolate Deaf and Hard-of-Hearing issues would provide a quick reference for parents to consider different issues/rights that relate to their children's educational programs. <u>Cons:</u> End result for Chapter 101 is unusability; missing issues/services appropriate for multiply-disabled students.
Recommendation: That the Working Group recommend that the Maine Legislature request that the Maine Department of Education partner with advocates for Deaf and Hard-of-Hearing children to create an informational pamphlet for parents that explains their rights under federal and Maine special education laws, and describes the various program

issues and services that might impact their children.
Rationale: That this would provide the same benefit to parents as recodifying Chapter 101 theoretically would: to identify for parents the parts of Chapter 101 that impact their children, and to inform parents how to utilize Chapter 101.
Resources Utilized: Consultation with Maine Department of Education-Special Services Division, as well as Maine Educational Center for the Deaf and Hard-of-Hearing, and Maine Center on Deafness Civil Rights Program
Constituencies consulted and by what means: Same (personally)
Form of decision making (consensus vs. majority): Consensus
Pros and Cons: Pros: Extremely helpful information provided for parents and children about federal and state special education laws. Cons: Very small cost for State of Maine for printing.

Education Bill of Rights for Deaf and Hard-of-Hearing Report Form

Point Number 8: The special challenges that confront small schools, and schools located in rural areas of the state, pertaining to the fiscal and human capacity of these schools to provide education programs for deaf and hard-of-hearing children, including the availability of consultation services, distance learning and telecommunications resources available to schools through the Maine Educational Center for the Deaf and Hard-of-Hearing and the Governor Baxter School for the Deaf.

Committee Members: Jim Gimmell, Barbara Keefe, , MaryBeth Richards

Recommendation:

Three points to consider are as follows:

1. Consultation/observation - for the purpose of formulating a communication plan and to have specialists at IEP meetings.
2. Services - how technology can bring specialized services such as interpreters, cued speech transliterators, or remote captioning to the classroom in remote parts of the state.
3. Critical mass - how technology can be used to bring deaf and hard-of-hearing students together for educational, social, or after-school programming.

The group recommends wider use of information and communication technology to connect remote sections of the state through existing technology at MECDHH/GBSD.

MECDHH/GBSD is connected to 100 sites across the state through the ATM network.

Other electronic communications networking possibilities mentioned were ITV, cable access, and SKYPE.

Rationale:

Because Maine is an exceptionally large state geographically, MECDHH has acquired and come to rely on Interactive Videoconferencing Distance Learning (IVDL) technology.

Polycom is the leader in the development and production of this technology, which allows for real time instruction from a central hub to many schools simultaneously and allows for student/teacher interactions. MECDHH has used this technology to deliver ASL instruction to students and families throughout the state.

Resources utilized:

Expertise of group members

Constituencies consulted and by what means:

In order to determine roughly what the need would be, Joan Anson and MaryBeth Richards surveyed their constituents to determine the following:

- What school systems currently have in terms of technology and how it is used?
- Do these school systems use specialized service providers in person, CART, C-print,

SKYPE or webcam?

Form of decision making (consensus vs. majority):

Consensus

Pros and Cons:

Pros:

1. The technology would work well with the consultation aspect of the Bill in terms of specialists being present at IEP meetings. These specialists could conceivably be brought in from anywhere in the world. IVDL technology could also work well with the observation needed to determine appropriate placement and services for D/HH students from and to remote parts of the state.
2. Remote captioning capabilities could serve a broad range of communication modalities in the classroom.
3. IVDL or ATM technology could be used to connect D/HH students in a critical mass across the state for after school programming or for special education events.

Cons:

1. Polycom systems are costly, approximately \$18,000 per site. One system would be required for each district where a D/HH student was in attendance.
2. Technology becomes dated and must be replaced/updated, usually within five years. However, the costs associated with purchasing technology are generally less than hiring a full-time or part-time service provider to be on-site. Also, it is difficult to locate specialized service providers for D/HH students in remote parts of the state.
3. Unless the special education director or other service provider in the public schools has made inquiries, they are usually not aware of networking possibilities. CDS providers, for example, may have limited experience with ATV for the university setting.
4. No virtual or technological visit by a specialist/consultant can compare to a real live person for observation, assessment, and consultation. However, technology can expand the possibilities and bridge some gaps in providing services to small or remote schools. Through IDVL or ATM technology a specialist can, after an initial 'in person' visit to the school, develop a relationship with the school personnel and provide virtual follow-up visits throughout the year.

Technology is ideal only in its use as a bridge to fill the gaps between actual visits by specialists. It is also, in the absence of an actual critical mass of students, an adequate tool for connecting students to one another for after-school or extra curricular activities.

Education Bill of Rights for Deaf and Hard-of-Hearing Report Form

Point Number 9
Committee Members: Amy Sneirson and David Noble Stockford
Recommendation: That the Working Group report the status of existing and proposed deaf and hard-of-hearing students' bills of rights around the country to the Maine Legislature, via submission of a report like that attached in the Appendix E hereto.
Rationale: That it would be helpful for the Maine Legislature to be informed as to what other states in the U.S. have done, or are doing, with regard to the educational rights of deaf and hard-of-hearing children.
Resources Utilized: National Association for the Deaf; National Deaf Education Project
Constituencies consulted and by what means: Internet research into status of other states' actions on educational rights of deaf and hard-of-hearing children.
Form of decision making (consensus vs. majority): No decision made. Report only.
Pros and Cons: Pros: Helpful information that tells Maine Legislators what is happening in other states with respect to educational rights for deaf and hard-of-hearing children. Cons: None.

Appendix C

Sample Communication Plans

Communication Considerations For Children Birth-to-two who are Deaf or Hard of Hearing

In developing each child's IFSP, the IFSP team shall also consider—the communication needs of the child, and in the case of a child who is deaf or hard of hearing, consider the child's language and communication needs, opportunities for direct communication with peers and professional personnel in the child's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the child's language and communication mode. Individuals with Disabilities In Education Act, 20 U.S.C. §1400 *et seq.* (amended 2004), and 34 C.F.R. 300.346(a)(2)(iv).

NOTE:

This team *must not* deny instructional or therapeutic opportunity based on the amount of the student's residual or aided hearing, or the ability of the parent(s) to communicate, or the child's experience with various communication modes.

The following plan is intended to be filled out by the family of the child with assistance from the Early Childhood and Family Services Consultant or CDS Case Manager for those families that do not receive ECFS Services.

This family has been notified that all families of children with hearing loss under age 5 are eligible to have a consultant from Early Childhood and Family Services (ECFS) to provide information about hearing loss, and communication and educational options in the State of Maine.

This family ____ chooses ____ does not choose to receive ECFS services at this time.

Family Communication Plan

Child's Name _____

Date of Plan _____

Step 1: We have discussed the following with _____ and IFSP
Team:

Name, Title of relevant consultant if any

Language Development Opportunities ☐

Communication Features and Modes ☐

Early Intervention Program Options in Maine ☐

Step 2: We have identified the communication features we want to use with our child:
(check all that apply)

☐ Speech

☐ Maximal use of residual hearing (Audition)

☐ Spoken Language

☐ English based sign system

☐ Visual/Gestural

☐ Augmentative Communication

☐ Speech Reading

☐ Conceptual Sign (ASL)

☐ Cued Speech

☐ Fingerspelling

☐ Sign supported speech

Comments:

Step 3: We discussed using amplification with _____ and our
audiologist.

Name, Title of relevant consultant if any

We realize that our child cannot learn spoken language or speech to the best of
his/her ability unless as much speech as possible can be heard everyday by using
amplification for all waking hours. (Check all that apply):

☐ Hearing Aids

☐ Cochlear Implant

☐ Used all waking hours

☐ No amplification at this time.

☐ Used _____ hours per day

Family Communication Plan

Child's Name _____

Date of Plan _____

Step 1: We have discussed the following with _____ and IFSP
Team:

Name, Title of relevant consultant if any

Language Development Opportunities ☐

Communication Features and Modes ☐

Early Intervention Program Options in Maine ☐

Step 2: We have identified the communication features we want to use with our child:
(check all that apply)

☐ Speech

☐ Maximal use of residual hearing (Audition)

☐ Spoken Language

☐ English based sign system

☐ Visual/Gestural

☐ Augmentative Communication

☐ Speech Reading

☐ Conceptual Sign (ASL)

☐ Cued Speech

☐ Fingerspelling

☐ Sign supported speech

Comments: _____

Step 3: We discussed using amplification with _____ and our
audiologist.

Name, Title of relevant consultant if any

We realize that our child cannot learn spoken language or speech to the best of his/her ability unless as much speech as possible can be heard everyday by using amplification for all waking hours. (Check all that apply):

☐ Hearing Aids

☐ Cochlear Implant

☐ Used all waking hours

☐ No amplification at this time.

☐ Used _____ hours per day

Communication Considerations For Children Birth-to-two who are Deaf or Hard of Hearing

In developing each child's IFSP, the IFSP team shall also consider—the communication needs of the child, and in the case of a child who is deaf or hard of hearing, consider the child's language and communication needs, opportunities for direct communication with peers and professional personnel in the child's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the child's language and communication mode. Individuals with Disabilities In Education Act, 20 U.S.C. §1400 *et seq.* (amended 2004), and 34 C.F.R. 300.346(a)(2)(iv).

NOTE:

This team *must not* deny instructional or therapeutic opportunity based on the amount of the student's residual or aided hearing, or the ability of the parent(s) to communicate, or the child's experience with various communication modes.

The following plan is intended to be filled out by the family of the child with assistance from the Early Childhood and Family Services Consultant or CDS Case Manager for those families that do not receive ECFS Services.

This family has been notified that all families of children with hearing loss under age 5 are eligible to have a consultant from Early Childhood and Family Services (ECFS) to provide information about hearing loss, and communication and educational options in the State of Maine.

This family ____ chooses ____ does not choose to receive ECFS services at this time.

Communication Considerations For Students who are Deaf or Hard of Hearing

In developing each student's IEP, the IEP team shall also consider—the communication needs of the child, and in the case of a child who is deaf or hard of hearing, consider the child's language and communication needs, opportunities for direct communication with peers and professional personnel in the child's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the child's language and communication mode. Individuals with Disabilities In Education Act, 20 U.S.C. §1400 *et seq.* (amended 2004), and 34 C.F.R. 300.346(a)(2)(iv).

NOTE: This team *must not* deny instructional opportunity based on the amount of the student's residual or aided hearing, or the ability of the parent(s) to communicate, or the student's experience with various communication modes.

Section I. The child's language and communication mode.

A. The student's primary language is (check all that apply):

English	Receptive	Expressive	
American Sign Language	Receptive	Expressive	
Other	Receptive	Expressive	Explain: _____

B. The student's primary mode of communication is (check all that apply):

<i>Receptive</i>	<i>Expressive</i>	<i>Mode</i>
_____		Auditory (receptive mode only)
_____	_____	Augmentative and Alternative Communication
_____	_____	Conceptual signs (American Sign Language)
_____	_____	Cued Speech
_____	_____	English signs (Signed English, SEE, PSE)
_____	_____	Fingerspelling
_____	_____	Oral (expressive mode only)
_____	_____	Speechreading (receptive mode only)
_____	_____	Tactile
_____	_____	Visual Gestural Communication (limited signs, self created signs)
_____	_____	Other, please explain _____

Comments: _____

Section II. The child's academic level.

A. Is the student's language proficiency adequate to enable him/her to succeed in acquiring grade level skills and concepts of the general curriculum?

If yes: What supports are needed to assure access to the general curriculum?

- B. For Part C Services: What language(s) and mode(s) of communication do the parents use with their child? If different than the languages/modes used at school, is there a need for remediation, or parent training, regarding those parent-used language(s)/modes(s)?

Section V. The child's full range of needs.

- A. Direct instruction in the child's language and communication mode(s):

Type of instruction: _____	Type of instruction: _____
Frequency: _____	Frequency: _____
Instructor credentials: _____	Instructor credentials: _____
Setting: _____	Setting: _____
Goal and objectives created? Y N	Goals and objectives created: Y N

- B. Teaching of content via direct instruction:

Type of instruction: _____	Type of instruction: _____
Frequency: _____	Frequency: _____
Instructor credentials: _____	Instructor credentials: _____
Setting: _____	Setting: _____
Goal and objectives created? Y N	Goals and objectives created: Y N

- C. Accommodations:

- D. Assistive Technologies used for access in the learning environment:

____ Hearing Aid(s) or Cochlear Implant(s), Manufacturer and Model
 Right _____ Left _____

____ Hearing Assistive Technologies
 ____ Receiver(s) – Manufacturer and Model
 Right _____ Left _____

____ Soundfield Manufacturer/Model _____

____ Transmitter (s) -- Frequency? _____

____ Visual Assistive Technologies
 ____ Speech to Text _____

____ CART _____

____ C-Print or Typwell _____

____ Laptop – Classroom use or personally assigned to student? _____

____ Augmentative & Alternative Communication Device(s)
 Format ____ pictures/icons ____ text to voice output ____ mixed icons and text
 Manufacturer and Model(s) _____

Nicole Dobson

9. Could we put "Auditory / Speechreading" or does Speechreading stand alone?
10. Section III Part C This question is very difficult to answer - "how successful". could we say something like "what difficulties, if any, is the student experiencing communicating in..."? Also who is responsible for "Part C services" for school age kids? What if the language / mode are the same as the school? For example, if the parent needs training in ASL who would pay for / provide that service? Should we have resources provided to school for each mode or is this parent responsibility?
11. SECTION V. PARTS A & B - could we combine direct instruction in the child's language and communication mode and content via direct instruction since we have "type of instruction" specified? I assume direct instruction might be in a content area?
12. PART C. - Accommodations -would this be where we include interpreter or transliterator? if so, should we make that note? Actually, I believe that under the new state forms, accommodations and assistive technologies are under the same section.

Appendix D

Definition of Terms

APPENDIX TO POINT 6

TERMS THAT PERTAIN TO THE BASIC EDUCATION RIGHTS PROPOSED FOR DEAF AND HARD-OF-HEARING CHILDREN

Acoustics: Pertaining to sound, the sense of hearing, or the science of sound. As used in relation to children with hearing loss or who are deaf, the term refers to the qualities of an auditorium, classroom or other space that determine how well sounds can be heard.

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.

Acquired Hearing Loss: An acquired hearing loss is one not present at birth. It is sometimes referred to as an adventitious loss.

Air Conduction: Sound from the ear is delivered through the ear canal, the eardrum and middle ear to the inner ear.

Ambient Noise: Ambient noise is background noise that competes with the main speech signal.

American Sign Language (“ASL”): ASL is a visual/gestural language used by deaf people in the United States and Canada with semantic, syntactic, morphological and phonological rules that are distinct from English. It is insulting to refer to ASL as “manual” communication.

Amplification: The use of hearing aids and other electronic devices to increase the loudness of sound so that it may be more easily received and understood.

Assistive Listening Devices: Any and all types of electronic hearing aids including personal aids, frequency modulation (“FM”) systems, infrared, special inputs for telephone or television and amplified alarms and signals.

Audiogram: A graph which shows the intensity or value at which a person can just detect sounds at different frequencies (pitches). Detection of sound at a given intensity or frequency is not an indicator of how well speech will be perceived or understood at that intensity or frequency.

Audiological Assessment: A hearing test consisting of identifying pure-tone thresholds, impedance testing, speech recognition and speech discrimination measurements, that shows the type and degree of hearing loss.

Audiologist: A person who holds a degree in audiology and is a specialist in testing hearing and providing rehabilitation services to persons with hearing loss. The American Speech-Language Association is the only organization that certifies audiologists.

Audiology: The study of the entire field of hearing, including the anatomy and function of the ear and the auditory pathways of the brain, evaluation of sound detection and processing for different age groups, and knowledge of and treatment for persons with hearing loss.

Auditory Brainstem Response (ABR): A method used for testing “hearing” by testing the response of the student’s brainwave activity in response to sounds. An array of sensors is placed on the head. Earphones are used to deliver sounds at various frequencies (pitches) or intensities (volumes) and a computer is used to analyze the electrical activity generated by the sound. A “normal” ABR signifies that the external parts of the hearing system, such as the inner ear are able to send a synchronized signal to the auditory nerve. A normal ABR does not inform as to how well the student processes or interprets what they hear.

Auditory Neuropathy/Dysynchrony: A hearing disorder caused by the abnormal conduction of auditory nerve impulses between the cochlea and the auditory centers in the brain. With AN/AD, the basic parts of the ear, such as the cochlea, are able to detect sound and appear “normal” when tested, but there is a “bad connection” between the external parts of the hearing system and the auditory nerve that prevents sounds from being sent to the brain in an synchronized or organized way. The student will present with a hearing loss, ranging from mild to severe with poor speech processing abilities. Students with this disorder may be able to hear that sounds are present at times, but the sounds will not be heard clearly or consistently and may not be processed as meaningful for communication; spoken words may “fade in and out” for these students resulting in loss of auditory access to education. The degree of the impact of AN/AD varies for each student and can fluctuate from day to day and moment to moment. An infant diagnosed with AN/AD may show improved sound detection and sound processing skills as the auditory system matures or may show no resolution of the disorder resulting in a permanent deficit in auditory detection and processing.

Auditory/Oral: A method of training communication that focuses on the use of hearing, using cochlear implants or hearing aids, in order to learn English. Speech reading is discouraged during therapy sessions in order to teach the student to “listen” and use what hearing they have. Sign language is not used.

Auditory Training: The process of training a person’s residual hearing in the recognition, identification and interpretation of sound.

Auditory/Verbal Education: The development of speech and verbal language through the maximized use of residual hearing.

Aural Rehabilitation: Training designed to help a person with hearing loss to make productive use of residual hearing. Sometimes includes training in speechreading.

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

Bilateral versus Unilateral: Bilateral hearing loss means both ears are affected. Unilateral hearing loss means only one ear is affected.

Bilingual: Being fluent in two languages. For some deaf children, this will include the use of ASL and English.

Bilingual-Bicultural: Bilingual-Bicultural refers to the establishment of an environment in which ASL and English through print are utilized so that the deaf or hard-of-hearing child has full visual access to both languages. ASL is used for language acquisition and instruction, and print English is used for literacy development.

Binaural Hearing Aids: Hearing aids worn in both ears.

Bone Conduction: Sound received through the bones of the skull.

C-Print: C-Print ® is a speech-to-text system developed at the National Technical Institute for the Deaf (“NTID”) at the Rochester Institute of Technology (“RIT”) as an access service option for some deaf or hard-of-hearing students in educational environments. The basis of C-Print is printed text of spoken English displayed in real time, which is an effective means of acquiring information for some individuals who are deaf or hard-of-hearing.

Captionist: The person who provides real-time captioning for a student using either C-Print or CART (“Communication Access Realtime Translation”).

CapTel®: CaptionedTelephone® is a specialized amplified telephone connected to a specific type of relay service that allows the listener to hear the conversation using their residual hearing while reading a transcription of the conversation on a small display. Because the type of relay service provided by CapTel employs computer based sound recognition software, the delay between the spoken message and the transcript of the message is reduced.

CART: The instantaneous translation of the spoken word into English text using a stenotype machine, notebook computer and realtime software and displaying the text on a laptop computer, monitor or screen. CART service is often provided in classroom settings for a student who is deaf or hard-of-hearing.

Central Auditory Processing Difficulties/Disorder (“CAPD”): A condition in which the student’s ability to detect sounds (hearing test) is “normal” while the student’s ability to process or make sense of the sounds they hear is impaired. CAPD is not a “hearing” disorder. It is a disorder of the auditory and language processing centers in the brain. CAPD differs from AN/AD in that there is no hearing loss, instead there is a deficiency in the ability to interpret what is heard. Ability to process spoken words and sentences varies with each student and may worsen with extrinsic factors (background noise, loss of visual cues due to inadequate lighting or poor positioning, lack of contextual information)

and intrinsic factors (stress, tiredness, other medical conditions). Depending on the severity and classroom factors, students may require educational programs that include the use of sign language or sign-supported speech. Many students with CAPD benefit from use of an FM system that allows relevant sounds, such as the teacher's voice, to be highlighted for processing and also allows irrelevant sounds, such as background noise, to be diminished.

Cochlear Implant: An electronic device surgically implanted to stimulate nerve endings in the inner ear (or cochlea) in order to receive and process sound.

Conceptually Accurate Signed English ("CASE"): CASE refers to a signing system in which semantic rules follow the structure of ASL and the syntactic rules follow the structure of spoken English. CASE is not a language in and of itself; it is a means of visually representing the words used in English.

Conductive Hearing Loss: A conductive hearing loss is caused by a problem in the outer or middle ear. Sound has difficulty being "conducted" to the nerves in the inner ear. In a purely conductive hearing loss, the actual nerves of hearing are intact and ready to accept incoming sounds. Sound, however, does not adequately reach these nerves as something is blocking the sounds from being adequately "conducted" to the nerves. Sounds are therefore heard at a reduced level. The amount of loss depends on the nature of the problem that is causing the sound conduction issue.

Configuration of Loss: The configuration or shape of the hearing loss refers to the extent of hearing loss at each frequency and the overall picture of hearing that is created. For example, a hearing loss that only affects the high frequencies would be described as a high-frequency loss. Its configuration would show good hearing in the low frequencies and poor hearing in the high frequencies. On the other hand, if only the low frequencies are affected, the configuration would show poorer hearing for low tones and better hearing for high tones. Some hearing loss configurations are flat, indicating the same amount of hearing loss for low and high tones.

Congenital Hearing Loss: Hearing loss present at birth or associated with the birth process, or which develops in the first days of life.

Consultation: A process based upon an equal relationship characterized by mutual trust and open communication, joint approaches to problem identification, the pooling of personal resources to identify and select strategies that will have some probability of solving the problem that has been identified and shared responsibility in the implementation and evaluation of the program or strategy that has been initiated.

Critical Mass: The term has been borrowed from the field of physics and is intended to mean a sufficient number of children functioning in the same language or communication mode, or age group, to ensure that appropriate opportunities for social and intellectual interaction occur.

Cued Speech: A communication method combining speech reading and the provision of visual cues that enables the deaf or hard of hearing student to learn and process spoken English. Cued Speech is based on the phonemes of English. Cues are specific hand shapes and movements that help the student differentiate between sounds that “look alike” on the lips. Cued Speech providers, referred to as Cued Speech transliterators, must demonstrate specialized training in both clear production of the oral movements related to English and fluency in cuing and receiving cued speech.

Deaf: A hearing impairment that is sufficiently severe as to block the understanding of spoken language through listening alone without access to visual information, such as speech reading or sign language, or technology to bypass the non-functioning portion of the auditory system, such as a cochlear implant. Within the medical field it can be defined as a sensorineural, primarily bilateral hearing loss of 91 decibels or more. For those students who do not use or benefit from cochlear implant technology, the student’s primary communication mode will be visually-based, utilizing either sign language or speechreading, and auditory information may or may not be used to supplement visual information.

Deaf-Blind, or Dual Sensory Impairment – Sight and Sound: Significant loss of vision and hearing.

Deaf Community: The community of people whose primary mode of communication is signed language and who share a common identity, a common culture and a common way of interacting with each other and the hearing community.

Deaf Studies: The study of the history, culture, language, and literature of the deaf and cross-cultural relationship between the deaf and hearing communities.

Deaf Interpreter, or Reverse Skills Interpreter: A Deaf Interpreter is a deaf or hard-of-hearing individual whose primary language is American Sign Language and who has had expertise in other forms of signed communication including Visual Gestural Communication, and experience in communicating with deaf or hearing students who have minimal language skills. In Maine, Deaf Interpreters must be licensed by the State. Deaf Interpreters who pass nationally recognized testing are identified by the words, Certified Deaf Interpreter or Reverse Skills Interpreter. Often a Deaf interpreter works with a hearing interpreter in order to ensure communication between the student, the Deaf Interpreter and the hearing members of the student’s educational team

Decibel (“dB”): The unit of measurement for the loudness of sound. The higher the dB, the louder the sound.

Decoder: An electronic device or computer chip that can display closed captions encoded in television programs, cable television programs, DVDs and video cassettes. Also called a telecaption adapter.

Degree of Hearing Loss: Degree of hearing loss refers to the severity of hearing loss. There are seven categories that are typically used. The numerical values are based on the average of the hearing loss at three frequencies (500 Hz, 1000 Hz and 2000 Hz) in the better ear without amplification. Some people may use slightly smaller or slightly larger numbers for each of the following categories:

- Normal range or no impairment = -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

See www.Asha.org

Ear Mold: A custom-made plastic or vinyl piece that fits into the outer ear to interface with a hearing aid.

Educational Interpreter: A professional member of the educational team, fluent in the languages used by deaf and hearing persons, who works with the team to implement the IEP. The educational interpreter uses sign language/communication systems and spoken languages in public school settings for purposes of providing access to the general curriculum, special education and related services, classroom dynamics, extracurricular activities and social interactions. This team member must document appropriate academic training, demonstrate the interpreting competencies and knowledge sets necessary to provide quality interpreting services in public schools and be appropriately credentialed through state and/or federal evaluation systems. In Maine, any person who provides interpreting in a Maine school for pay must be licensed by the State of Maine as an interpreter.

Educational Technician: An Educational Technician is a paraprofessional member of the student's educational team who works with a student with special needs who requires more intensive support in the classroom or resource room in order to access education. Educational Technicians must be licensed by the State of Maine at one of three levels. Level 1 Technicians work in the classroom under teacher supervision to review and reinforce educational materials taught in the classroom. Level 2 Technicians have additional responsibilities to introduce new educational material that has been planned by the classroom teacher or other credentialed individual. Level 3 Technicians have additional responsibilities to supervise community placements for students outside of classroom or academic settings. Educational Technicians may not provide interpreting services to a deaf or hard-of-hearing student unless the Educational Technician is licensed to do so by the Office of Licensing Regulations of the State of Maine.

English Sign Systems: Sign systems developed for educational purposes that use manual signs in English word order; sometimes with added affixes that are not present in ASL. Some of the signs are borrowed from ASL, and others have been invented to represent

elements of English visually. Signing Exact English and Seeing Essential English (“SEE”) are two examples of invented systems.

Fingerspelling: Representation of the alphabet by finger positions in order to spell out words or longer strings of language.

Fluctuating (versus Stable) Hearing Loss: A student’s hearing loss may take one of three forms: fluctuating, progressive, or stable. A fluctuating loss is one in which the severity of the loss changes from day to day and possibly moment to moment. The student may seem as if they are “selectively attending” or “listening when they want to”, however the difference in responsiveness is due to actual, physical changes in which sounds are detected and processed at any given time. In young children, fluctuating hearing loss may be caused by otitis media or fluid in the middle ear. In older children with known hearing loss, it may simply be a feature of the overall disorder of the auditory system.

FM System: An assistive listening device that transmits the speaker’s voice to an electronic receiver in which the sound is amplified and transmitted to the student’s ears via small earphones on the student’s personal hearing aids. The device reduces the problems of background noise interference and distance from the speaker.

Frequency: The number of vibrations per second of sound. Frequency, expressed in hertz (“Hz”), determines the pitch of sound.

Full Inclusion: When all students, regardless of disability, are in a general education classroom/program full-time. All services are provided to the child in that setting.

Gesture: While gesture can be broadly defined as a movement of any part of the body to express or emphasize a thought, an emotion, or a function, gesture is more narrowly defined as a communication system often referred to as Visual Gestural Communication (“VGC”). VGC is a form of communication that relies on a set of “homesigns”, which are self-created signs or gestures from the larger culture that are used to refer to actions, emotions, and objects, some of which may be combined with signs from signed languages, spoken words, or pictures. VGC is not a conventional, formal language such as American Sign Language; it is a set of mutually-agreed upon signals that convey messages between the student and others and that rely heavily on the context in which they are used in order to be interpreted correctly.

Hard-of-Hearing: A hearing impairment, whether permanent or fluctuating. The person’s linguistic development is primarily auditory, with vision serving as a secondary and supplemental channel. No satisfactory definition has been drawn between deaf and hard-of-hearing, other than a behavioral one, because hearing loss exists on a continuum and is influenced by many other external factors.

Hearing Aid: An electronic device that conducts and amplifies sound to the ear. The function of a hearing aid is to make sounds louder; they do not necessarily make sounds more clear or more easily processed for meaning.

Hearing Impaired: Refers to persons with any degree of hearing loss, from mild to profound, including deaf and hard-of-hearing persons. This term is disfavored by many deaf persons because of the term “impaired”.

Hearing Loss: Hearing loss was originally defined in medical terms before the development of modern audiology. Today, professionals tend to use the consistent, research-based terminology of a audiology, as well as less-defined educational and cultural descriptions.

Hearing Screening: A hearing screening is an audiometric testing of the ability to hear selected frequencies at intensities above the threshold of normal hearing. The purpose is to identify individuals with significant hearing loss, with minimal time expenditure, and to refer them for further testing.

Idiosyncratic Communication System: As applied to the education of children who are deaf, an invented communication form developed within a small group of individuals such as VGC, gestures, or “home signs” (invented signs used in the home prior to formal sign language instruction).

Inclusion: Generally, inclusion is educating a child, to the maximum extent appropriate, in the school and classroom he or she would otherwise attend if not disabled. It involves bringing the support services to the child (rather than moving the child to the services) and requires only that the child will benefit from being in the class (rather than having to keep up academically with the other students). The general education teacher has primary responsibility for the student’s education while in the mainstream class, although the school administrative unit remains ultimately responsible for providing a free appropriate public education.

Inflection: Inflection is a change in the pitch of the speaking voice to add meaning or emphasis to a word or phrase.

Intensity: Intensity is the loudness of a sound measured in decibels.

Interpreter or Transliterater for the Deaf: A person who facilitates communication between hearing and deaf or hard-of-hearing persons through interpretation into a signed language or ASL, or transliteration of a language into a visual/phonemic code by an oral interpreter or Cued Speech interpreter. An educational interpreter specializes in classroom interpreting.

Interpretation: The process of conveying a message from one language into another.

Intervener: An intervener is a paraprofessional who is specifically trained to work with deafblind children. This person is responsible for facilitating access to environmental information usually gained through vision and hearing, assisting with the development of

receptive and expressive communication skills, and fostering a trusting relationship with the child that promotes social and emotional well-being.

Intonation: The aspect of speech made up of changes in pitch and stress in the voice. The voice may go higher or lower during speech to emphasize certain words or parts of words more than others.

Invented English Sign Systems: Sign systems developed for educational purposes that use manual signs in English word order with added prefixes and suffixes not used in traditional sign language. Some of the signs are borrowed from ASL and others have been invented to represent elements of English visually. Signed English and Signing Exact English (“SEE”) are two examples of invented systems.

Language Facilitator: This is a paraprofessional who can provide a form of educational assistance in the classroom. A language facilitator is *not* an interpreter or a Teacher of the Deaf.

Manually Coded English: A term applied to a variety of systems that use signs, fingerspelling or gestures separately or in combinations to represent English manually.

Mixed Hearing Loss: A mixed hearing loss has a combination of characteristics associated with both conductive and sensorineural hearing losses. The extent of the conductive and sensorineural components of each mixed loss will determine the overall implications of the loss. With a mixed hearing loss, the conductive component may be permanent or temporary. If the conductive component is due to fluid or some other treatable condition, the conductive component of the hearing loss may resolve with medical attention, leaving only a sensorineural hearing loss.

Monaural amplification: The use of one hearing aid instead of two.

Morpheme: A level of linguistic analysis of a word that yields the smallest unit of meaning. Morphemes consists of smaller units of sound or phonemes, such as *t*, *a*, and *i*, that are combined to produce a relatively stable unit of meaning, such as “ta” or “ti” as in taller or tiller.

Native Language: The language used in a child’s home. A child’s natural language is learned through the typical, neural-based language *acquisition* process, which occurs from birth to five, rather than through a language *learning* process, which is when a language is taught or acquired after the critical period for language acquisition has closed. The native language of children who are deaf with parents who are deaf typically is ASL.

Natural Language: Language acquired primarily through the least impaired sensory channel.

Ophthalmologist: A physician specializing in the treatment of diseases of the eye.

Otoacoustics Emissions (“OAE”): A method used for testing “hearing” by testing the ability of the cochlea of the inner ear to detect sound events. Otoacoustic emissions are tiny sounds that are reflected by a healthy cochlea in response to noise. A probe containing a small microphone and receiver are placed in the ear canal. When the microphone generates sound, the sound is reflected back from the cochlea and recorded and measured by a computer. No behavioral response on the part of the infant/student is required. A “normal” OAE does not necessarily indicate that no hearing loss is present. Some measure of the functioning of the auditory nerve or auditory centers of the brain may also be necessary to rule out Auditory Dysynchrony or other neural processing disorders.

Oral Education: A philosophy of teaching deaf or hard-of-hearing individuals to make efficient use of residual hearing through early use of amplification, to develop speech and to use speechreading skills.

Oral Interpreter: Communicates the words of a speaker or group of speakers to an individual who is deaf by inaudibly mouthing what is said so that it can be read on the lips.

Otitis Media: Infection of the middle ear. Children with hearing loss have a higher incidence of otitis media than the rest of the population. Children with recurrent attacks may have fluctuating hearing loss and be somewhat at risk for acquiring permanent hearing loss.

Otologist: A physician who specializes in medical problems of the ear.

Otolaryngologist: Also referred to as an “ENT” or Ear, Nose, and Throat specialist. A physician specialized in diagnosing and treating diseases of the head and neck, especially those involving the ears, nose, and throat

Paraprofessional: A noncertified person who is employed by a school administrative unit to assist a student with a disability in the general education classroom or in a special education or related service setting. The person must work under the direction of a qualified professional (*e.g.*, a certified teacher, board certified behavior analyst) and is expected to carry out the certified professional’s planned instruction, to implement positive behavior supports, assist students with personal care needs, provide supervision in group settings, and help with clerical tasks.

Pidgin Sign English (“PSE”): A sign language that combines some features of ASL and of English, sometimes called Contact Signing. PSE is not a formal language in and of itself. It is a means of communication in which key words such as object labels, propositions, and action words can be combined within a system that tends to preserve English word order but not include the elements of English grammar.

Polycom: A specific form of technology that provides videoconferencing capability for communicating and interacting at a distance. With respect to education, the provision of

educational or informational material via videoconference technology across distances. Polycom technology can be made compatible with the student's audiological adaptive equipment and can be used to provide interactive learning for both auditory (spoken) or visual (signed) languages.

Postlingual Deafness: Hearing loss acquired after learning a first language.

Pragmatics: The appropriateness of language use to a given situation, a given speaker and a given audience, with regard to logic and validity.

Prelingual Deafness: Hearing loss present at birth or shortly thereafter that occurs prior to the acquisition of language.

Progressive (versus Sudden) Hearing Loss: A progressive hearing loss is a hearing loss that becomes increasingly worse over time. A sudden hearing loss is one that has an acute or rapid onset and therefore occurs quickly, caused by occurrences such as head trauma or a tumor in the auditory nerve.

Relay: A form of transmitting information between two parties at a distance who are not able to communicate directly. In telecommunications, a relay service is employed to act as a bridge between someone who hears and speaks and someone who employs either typed English or sign language. Teletypewriters or TTYs are used to type messages to the relay operator who then voices the message to the speaker, and then types the speaker's response to the TTY user. Current technology for deaf individuals who use signing as their primary language augments the older style TTY relay service with a video relay service in which the operator can interpret directly from sign language to English.

Residual Hearing: The amount of usable hearing that a deaf or hard-of-hearing person has.

Reverberation: Prolongation of a sound after the sound-source has ceased. The amount of reverberant energy in a room depends on the absorption coefficient of the surface of walls, floor and ceiling.

Rochester Method: A mode of communication in which spoken English is supplemented with simultaneous fingerspelling of each spoken word.

Seeing Essential English ("SEE"): SEE was designed to use ASL signs plus signs invented to represent both root words and the inflectional system of English.

Semantics: The use in language of meaningful referents, in both word and sentence structure.

Sensorineural Hearing Loss: A sensorineural hearing loss is caused by damage to some or all of the nerves in the cochlea of the inner ear. The hearing loss is permanent and generally cannot be reduced or eliminated by medication or surgery. Sensorineural

hearing loss causes both distortion and decreased loudness of sounds. This occurs because some or all of the hair cells or nerves in the inner ear responsible for sensing sounds of different pitches are damaged. The extent of hair cell and nerve damage will cause varying degrees and configurations of hearing loss.

Sign Language: There are two basic types of sign language: SEE and ASL. SEE is an artificial language that follows the grammatical structure of English. ASL is a language that follows its own grammatical rules. It is often taught as a child's first language, with English then taught as a second language.

Signal-to-Noise Ratio: The difference in the intensities of the speech signal (such as the teacher's voice) and the ambient (background) noise.

Signed English: Devised as a semantic representation of English for children between the ages of one and six years of age. ASL signs are used in English word order with 14 sign markers being added to represent a portion of the inflectional system of English.

Sound Field Enhancement: A system for enhancing the acoustical properties of both indoor and outdoor spaces, particularly for unamplified speech, song, and music. Systems are subdivided into those that primarily change the natural reverberation in the room, increasing its level and decay time (reverberation enhancement systems); and those that essentially replace the natural reverberation (sound field synthesis systems). Both systems may use amplifiers, electroacoustic elements, and signal processing to add sound field components to change the natural acoustics. Sound field enhancement is used to produce variable acoustics, to produce a particular acoustics which is not attainable by passive means. The purpose of sound field enhancement systems is not to provide higher speech intelligibility or clarity—in contrast to sound reinforcement systems—but to adjust venue characteristics to best suit the program material and venue, and in such a way optimize the subjectively perceived sound quality.

Speechreading: The interpretation of lip and mouth movements, facial expressions, gestures, prosodic and melodic aspects of speech, structural characteristics of language, and topical and contextual clues.

Speech perception: The ability to recognize speech stimuli presented at suprathreshold levels, or levels loud enough to be heard.

Speech intelligibility: The ability to understand when using speech.

Speech and Language Impairment: One or more of the following communication impairments that adversely affects educational performance: articulation impairment, including omissions, substitutions or distortions of sound, persisting beyond the age at which maturation alone might be expected to correct the deviation; voice impairment, including abnormal rate of speaking, speech interruptions and repetition of sounds, words, phrases or sentences that interferes with effective communication; one or more language impairments, such as phonological, syntactic, semantic or pragmatic use of

aural/oral language, evidenced by both a spontaneous language sample and standardized assessment testing instruments that indicate inappropriate language functioning for age group.

Speech-Language Pathologist: A professional who works with individuals who have specific needs in the area of speech and language. Working with the full range of human communication and its disorders, speech-language pathologists evaluate and diagnose speech, language, cognitive-communication and swallowing disorders, and treat speech, language, cognitive-communication and swallowing disorders in individuals of all ages.

Symmetrical versus Asymmetrical: Symmetrical hearing loss means that the degree and configuration of hearing loss are the same in each ear. An asymmetrical hearing loss is one in which the degree and/or configuration of the loss is different in each ear.

Syntax: The word classes of language (e.g., nouns or verbs) and the rules for their combination (such as which words can be combined, and in what order to convey meaning).

Teacher of the Deaf (“ToD”):

Team Interpreting: Team interpreting is utilization of two or more interpreters functioning as equal members of a team, rotating responsibilities at pre-arranged intervals, and providing support and feedback to each other. The decision to use a team rather than an individual interpreter generally is based on length and/or complexity of the assignment, the unique needs of the persons being served, and the dynamics of the setting. In some situations, more than one interpreter is required. Factors influencing how many interpreters or teams of interpreters are needed include: size of the audience; number of presenters and whether they present individually or as a panel; whether the audience members are deaf, hearing or mixed; whether the speakers are deaf, hearing or mixed; the degree of audience participation; communication preferences of presenters and audience; special needs such as tactile, oral, and close visual range interpreting.

Telecommunication Devices for Deaf People (“TDD”): Originally and often still called TTYs. These electronic devices allow deaf or hard-of-hearing people to communicate by telephone. Also referred to as text telephones.

Total Communication: In this communication system, all methods are combined. Children learn a form of sign communication, and may also use fingerspelling, speechreading, speaking and either hearing aids or cochlear implants.

Transliterating: The process of facilitating communication between persons who are hearing and persons who are deaf or hard-of-hearing. The language base remains the same – the transliteration of spoken English to signed English, or to a form that can be read on the lips.

TTY/TDD (Teletypewriter/Telecommunications Device for the Deaf): A user terminal with keyboard input and printer or display output used by the hearing and speech impaired. The device contains a modem and is used over a standard analog phone line. If a recipient does not have a corresponding terminal device, TTY/TDD users dial a relay service composed of operators who receive the typed messages, call the recipients and speak the messages to them. The operators also type the responses back to the TTY/TDD user.

Unilateral Hearing Loss: A mild to profound loss of hearing in one ear. Unilateral loss is believed to adversely affect the educational performance of a significant percentage of students who have it.

Universal Design: The purpose of universal design is to develop, at the design stage, accessible structures that work well for all people of all body types and physical abilities by addressing the communication and mobility needs of persons with disabilities. Curb cuts and close-captioning are an example.

Universal Design for Learning: Using the knowledge that has been gained from brain research coupled with significant improvements in technology, universal design for learning calls for more flexibility and diversity in teaching to accommodate different styles of learning. It provides access for students to practice skill and strategies using a variety of media and improves the accuracy and meaningfulness of the assessment of student learning.

VRS (Video Relay Service): A communications service for the hard-of-hearing or speech-impaired. In a VRS system, a videophone is used, and the user dials a VRS operator who is fluent in sign language. The operator dials up the recipient's telephone, views the signing over the videophone and converts it to speech. The operator also converts the responses back to sign language for the VRS user.

Visual Gestural Communication ("VGC"): A form of communication used by deaf or hard of children who have not had adequate access to either auditory or visual languages and who have formed their own signals for communication either individually or in small groups. Children who can hear but who have auditory processing impairments or severe expressive language impairments may also use VGC as a means of communicating with others. VGC is a form of communication that relies on a set of "homesigns" self-created signs or gestures from the larger culture that are used to refer to actions, emotions, and objects, which may be combined with signs from signed languages, spoken words, or pictures. VGC is not a conventional, formal language such as American Sign Language, it is a set of mutually-agreed upon signals that convey messages between the student and others and rely heavily on the context in which they are used in order to be interpreted correctly.

“Meeting the Needs of Students Who Are Deaf or Hard of Hearing: Educational Services Guidelines”, National Association of State Directors of Special Education, Inc.

Appendix E

Summary of status of other states' Deaf and Hard of Hearing Students' Bills of Rights

APPENDIX TO POINT 9

STATUS OF OTHER STATES' CURRENT LAWS AND PENDING LEGISLATION RELATING TO EDUCATION OF DEAF AND HARD-OF-HEARING CHILDREN

Background

Bills of Rights for Deaf and Hard-of-Hearing Children have been proposed and enacted in a number of states. In 1988, the Commission on Education of the Deaf (COED) report described the unsatisfactory status of deaf education and recommended specific changes to the President and the Congress. In 1992 and 1994 the U.S. Department of Education published policy guidance on how the Individuals with Disabilities Education Act (IDEA) should be applied in order to ensure an appropriate education for deaf and hard of hearing children. Further, the 1997 and 2004 amendments to IDEA require education programs for deaf and hard of hearing children to consider the language and communication needs of these children. In 2005, a coalition of national education, parent, and consumer organizations, including the NAD, released *National Agenda: Moving Forward on Achieving Educational Equality for Deaf and Hard of Hearing Students* (http://www.tsd.state.tx.us/outreach/national_agenda.html). The *National Agenda* sets out a roadmap for deaf education reform at the national, state, and local levels. Since 2005, a national summit has been held annually for states pursuing reform based on the *National Agenda* (<http://www.ndepnow.org/agenda/agenda.htm>). Building on these developments, some states have devised an individual “communication plan” to be used with each deaf and hard of hearing child to ensure that their language and communication needs are met through their education program.

Some states have passed a law known as the deaf children’s bill of rights. Deaf children’s bills of rights have certain elements in common. First, each emphasizes that Deaf and Hard-of-Hearing children’s ability to communicate freely with others – promoting communication needs and not favoring any one particular communication mode or language over another – is paramount. The bills often clarify how critical it is for Deaf and Hard-of-Hearing children to have educational personnel who are qualified and certified to communicate directly and in the children’s primary communication/ language mode with them (teachers, psychologists, speech therapists, assessors, administrators, interpreters, and other personnel), who understand the unique nature of hearing loss and who are specifically trained to work with Deaf and Hard-of-Hearing children. Another common theme is the need for Deaf and Hard-of-Hearing children to be educated with same language peers of the same age and ability level wherever there is a “critical mass”, so that they can communicate directly in the same language or communication mode. This need – to spend time with other Deaf and Hard-of-Hearing people – also appears in the children’s bills of rights in another aspect: that of providing Deaf and Hard-of-Hearing children with opportunities to interact with Deaf and Hard-of-Hearing adult role models, as teachers, mentors and advocates. Equal access to school programs and activities, including lunch, recess, specials, athletics, and other extracurriculars often appears in the children’s bills of rights. Finally, the area of assessments is often addressed in order to ensure that Deaf and Hard-of-Hearing children

are assessed at an early age, by qualified/certified personnel proficient in the student's communication mode, style or language, and in critical language, communication, academic, and social development areas.

Particular States' Laws Passed

California: In 1994 California adopted "The Deaf Children's Bill of Rights". Emphasized the need for D/HH children to have teachers, psychologists, assessment staff and other professionals fluent in the student's chosen language, and the need for D/HH children to be able to be educated with a critical mass of D/HH classmates so as to ensure free, open and spontaneous communication, and also with mainstream peers and teachers. Emphasized the need for D/HH students to be able to participate in extracurriculars, lunch, recess, and vocational programs. <http://www.cde.ca.gov/sp/ss/dh/ab1836.asp>

Colorado: In 1996, Colorado amended its special education statutes to require that teachers, psychologists, speech therapists, assessors, administrators, and support staff be specifically trained to work with D/HH children and be able to communicate in the primary language mode of the children. The bill also required same age and language mode peer communication, D/HH role models, involvement in all extracurriculars (inc. lunch, recess, athletics, other) and vocational training. http://www.ndepnow.org/pdfs/co_dcbr.pdf

Georgia: On May 23, 2007 enacted a "Deaf Child's Bill of Rights Act." Discusses need for specific training of those working with D/HH children and knowledge of their modes of communication, need for access to D/HH role models, need for access to extracurriculars, lunch, recess and direct communication with other similar D/HH peers. Requires consideration of student's specific communication needs, and that school explain options to parents. http://www.legis.state.ga.us/legis/2007_08/sum/sb168.htm

Hawaii: In January 1998, the Hawaii Board of Education adopted a "Rights of Students Who are Deaf, Hard-of-Hearing or Deaf-Blind Policy". It emphasizes the right to associate with peers (age, cognitive and language peers), right to exposure to adult role models who are D/HH or DB, the right to take ASL as an academic subject, and right to extracurriculars with appropriate services. <http://lilinode.k12.hi.us/STATE/BOE/POL1.NSF/85255a0a0010ae82852555340060479d/93a13a21540fbda40a2566a300053324?OpenDocument>

Louisiana: In 1993, Louisiana's legislature recognized a "Deaf Child's Bill of Rights" that emphasized role model access, qualified teachers and resource personnel who communicate directly in the student's mode of communication, peer associations, consideration of "social, emotional, and cultural needs" that include style of learning, motivational level and amount of family support" among other pertinent factors. It also provided that "Deaf and hard-of-hearing children are entitled to have the public fully informed concerning medical, cultural, and linguistic issues of deafness and hearing loss" and that "Children who are deaf or hard of hearing are entitled, where appropriate, to

have deaf and hard-of-hearing adults directly involved in determining the extent, content, and purpose of all programs that affect their education.”

http://www.legis.state.la.us/lss_doc/lss_house/RS%5C17%5CDoc%2080069.html

Montana: Montana’s Board of Public Education adopted a “Bill of Rights For Deaf and Hard of Hearing Children.” This policy noted that D/HH children should have “special education teachers, psychologists, speech therapists, assessors, administrators, interpreters and other personnel” who understand the unique nature of deafness, are specifically trained to work with D/HH children and are proficient in primary language modes of the children. It also called for education with language mode peers who can communicate directly, and that D/HH people, teachers and professionals be involved in determining the extent, content and purpose of programming. The policy calls for D/HH participation in extracurriculars, lunch, recess and athletics, D/HH adult role models, and for a determination of LRE to consider the unique needs of D/HH children. Interestingly, the policy actually requires the state Board of Public Education to at the very least “develop[] written and other materials” describing the new D/HH policies and disseminate them, and also to provide “workshops, symposia, and other procedures to insure [*sic*] that the local educational agencies understand and implement the policy.” It also requires that IEPs “make available services of monitoring, evaluating and training educational interpreters employed by local education agencies.

<http://www.nad.org/atf/cf/{A2A94BC9-2744-4E84-852F-D8C3380D0B12}/BILL%20OF%20RIGHTS%20MONTANA%204.07.DOC>

New Mexico: Enacted into statute in March 2004, New Mexico’s law requires that D/HH children have “quality, ongoing and fluid communication, both in and out of the classroom.” The bill touches on having teachers, related service providers and assessors be knowledgeable about the unique nature of Deafness, be specifically trained to work with Deaf children and to be able to communicate “spontaneously and fluidly” with these children. It also requires appropriate age and communication-mode peer interaction, adult role models, and access to lunch/recess/athletics/extracurriculars.

<http://www.nmsd.k12.nm.us/publications/billeng.html>

Rhode Island: In 1995, Rhode Island amended its laws governing IEPs to require that factors unique to D/HH children be taken into account, such as qualifications for teachers and professionals trained to work with D/HH children, providing same age and language mode peer communication, providing adult D/HH role models, providing access to extracurriculars, and ensuring that the person who assesses the student’s primary communication mode be qualified. The law also required that D/HH students be taught in English and ASL so that they develop an “adult” level of fluency. Rhode Island also specifically recognized the importance of ASL and gave it equal status with other linguistic systems in state public and higher education, and allows ASL courses to count toward foreign language requirements. <http://www.rilin.state.ri.us/Statutes/TITLE16/16-25.2/INDEX.HTM>

South Dakota: In 1993, South Dakota adopted a regulation requiring that IEPs specifically consider communication needs, including individual communication mode

and language, access to same age and communication-mode peers, direct and ongoing language access to teachers, interpreters and other specialists, and accessible extracurriculars.

<http://legis.state.sd.us/statutes/DisplayStatute.aspx?Type=Statute&Statute=13-33B-1>;

<http://legis.state.sd.us/statutes/DisplayStatute.aspx?Type=Statute&Statute=13-33B-2>;

<http://legis.state.sd.us/statutes/DisplayStatute.aspx?Type=Statute&Statute=13-33B-3>

Texas: Texas amended its special education statutes in 1995 to include qualifications/communication requirements for teachers, psychologists, progress assessors, administrators and support staff, and to require same age/language peer communication, adult D/HH role models, and to require that “psychological counseling services ... shall be made available at the student’s school site in the student’s primary mode of communication.” Click here to open the Word document
(back to top)

Other States’ Related Activities

Arkansas Deaf Education Task Force: October 2005. <http://www.arced.org/report.pdf>

Connecticut Summary of Deaf Education Laws: <http://www.cga.ct.gov/2004/rpt/2004-R-0476.htm>

Idaho Deaf and Hard of Hearing Education Resolution: 2007.
http://www.cdhh.idaho.gov/documents/deaf_ed_reform/isba_resolution.pdf Idaho Resolution Recognizing the Unique Needs of Deaf and Hard of Hearing Children (Doc)

Illinois DCBR bill which did not pass:
<http://ilga.gov/legislation/BillStatus.asp?GA=95&DocTypeID=SB&DocNum=1522&GAID=3&SessionID=3&LegID=4534> Illinois Communication Options (Doc) Education Options Task Force

Iowa Individualized Education Program Communication Plan:
http://www.iowa.gov/educate/component/option,com_docman/task,doc_view/gid,2139/

Kansas Ad Hoc Committee on Kansas Deaf and Hard of Hearing Children's Educational Bill of Rights: Final draft of Bill of Rights finished June 2007.
http://www.srskansas.org/kcdhh/text/KCDHH_news.htm

Proposed Massachusetts DCBR: Senate Bill 326 (Doc) House Bill 559 (PDF) SB326-HB559 Status (Doc)

Michigan Language Planning Referent Group:
http://www.michigan.gov/documents/resources_156533_7.pdf

Mississippi Deaf Person’s Literacy Rights and Education Act which did not pass:
<http://billstatus.ls.state.ms.us/documents/1998/sb/2001-2099/SB2049IN.htm>

Missouri DCBR which did not pass:
<http://www.house.mo.gov/bills071/bills/HCR43.htm> House Concurrent Resolution No. 49 (Doc)

New Hampshire establishment of a committee to study/adopt a deaf children's bill of rights into law: <http://www.gencourt.state.nh.us/legislation/1999/HB0456.html>

North Dakota DCBR which did not pass: <http://legis.nd.gov/assembly/55-1997/bill-text/HBGF0100.pdf>

Oregon DCBR which did not pass:
<http://www.leg.state.or.us/95reg/measures/sb0400.dir/sb0476.int.html>

Pennsylvania DCBR which did not pass:
<http://www.pahouse.com/prarchive/122061606.asp>

Utah DCBR which did not pass: Utah Bill Overview (PDF) Utah Bill (PDF)

Virginia resolution requesting a study on DCBR: 1994. <http://leg1.state.va.us/cgi-bin/legp504.exe?941+ful+HJ114> Study document:
[http://leg2.state.va.us/dls/h&sdocs.nsf/By+Year/HD511995/\\$file/HD51_1995.pdf](http://leg2.state.va.us/dls/h&sdocs.nsf/By+Year/HD511995/$file/HD51_1995.pdf)