

# ODYSSEY



early  
intervention  
& outreach



# ODYSSEY



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## ODYSSEY • CLERC CENTER MISSION STATEMENT

The Clerc Center, a federally funded national deaf education center, ensures that the diverse population of deaf and hard of hearing students (birth through age 21) in the nation are educated and empowered and have the linguistic competence to maximize their potential as productive and contributing members of society. This is accomplished through early access to and acquisition of language, excellence in teaching, family involvement, research, identification and implementation of best practices, collaboration, and information sharing among schools and programs across the nation.

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**On the cover:** *Early intervention and family outreach contribute to deaf and hard of hearing children's lifelong success. Cover photo by John T. Consoli.*

*We would like to thank all of our student models from the Clerc Center's Early Childhood Education program for their assistance in illustrating this issue.*



# FEATURES

**2** **LETTER FROM THE VICE PRESIDENT**  
*By Edward Bosso*

**3** **HOW FAR WE'VE COME:  
HOW FAR WE'VE YET TO GO**  
*By Barbara Raimondo*

**6** **REACHING OUT TO FAMILIES OF DEAF  
AND HARD OF HEARING CHILDREN IN  
ILLINOIS: A COLLABORATIVE EFFORT**  
*By Karen Aguilar, Marcia Breese, Gail Olson,  
Cheri Sinnott, and Michele Westmaas*

**10** **ISD OUTREACH: BUILDING CONNECTIONS  
TO EMPOWER INDIANA FAMILIES WITH  
YOUNG DEAF AND HARD OF HEARING  
CHILDREN**  
*By Cindy Lawrence*

**14** **IT'S ABOUT LISTENING TO OUR FAMILIES  
AND THE NEEDS OF THEIR CHILDREN:  
THE FAMILY EDUCATION AND EARLY  
CHILDHOOD DEPARTMENT AT THE  
MARYLAND SCHOOL FOR THE DEAF**  
*By Cheri Dowling, Deborah Marquez, Lori Moers,  
Mary Ann Richmond, and Maryann Swann*

**20** **EFFECTIVE PARTNERING OF STATE  
AGENCIES TO ACHIEVE EARLY HEARING  
DETECTION AND INTERVENTION  
BENCHMARKS**  
*By Joanne Corwin*

**24** **DEAF ROLE MODELS MAKING A CRITICAL  
DIFFERENCE IN NEW MEXICO**  
*By Stacy Abrams and Rosemary Gallegos*

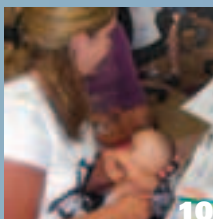
**28** **A TEAM APPROACH TO QUALITY  
PROGRAMMING FOR DEAF AND HARD OF  
HEARING STUDENTS**  
*By Priscilla Shamon Gutiérrez*

**34** **BLENDED OUTREACH: FACE-TO-FACE  
AND REMOTE PROGRAMS**  
*By Diana Poeppelmeyer*

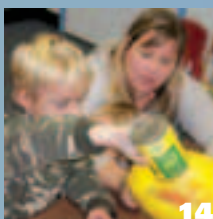
**38** **THE TIME IS NOW: WISCONSIN'S  
JOURNEY TOWARDS IMPROVING EARLY  
INTERVENTION SERVICES**  
*By Marcy Dicker*



6



10



14



24



28



34



38

**44** **PREPARING PROFESSIONALS TO  
WORK WITH INFANTS, TODDLERS,  
AND THEIR FAMILIES: A HYBRID  
APPROACH TO LEARNING**  
*By Marilyn Sass-Lehrer, Beth S. Benedict,  
and Nicole Hutchinson*

**52** **PICTURING TIME: VISUAL  
TECHNIQUES FOR TEACHING THE  
CONCEPTS OF YESTERDAY, TODAY,  
AND TOMORROW**  
*By Julia Weinberg*

**58** **LETTER FROM THE CEASD PRESIDENT**  
*By Ronald J. Stern*

## CLERC CENTER NEWS

**60** KDES Students Play Tennis on White House Lawn

**60** Artist-in-Residence Touches Lives of Clerc Center Students

**61** MSSD Academic Bowl Team Takes Third Place in National Competition

**61** New Clerc Center Publications and Products

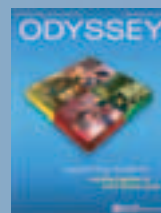
**62** Successful Year in Sports for KDES and MSSD Students; Athletic Director Recognized

**62** Clerc Center Hosts Food Safety Event

**63** New Resources Coming in 2012-2013

## IN EVERY ISSUE

**64** CALENDAR



**Correction:** In the Spring/Summer 2010 issue of Odyssey, a word was inadvertently added to a sentence in Margarita Sweet's article, "Helping Children with Sensory Processing Disorders: The Role of Occupational Therapy," changing its meaning. The sentence should have read as follows: "However, for some people who have intact sensory systems, this experience can be very challenging. They may feel uncomfortable standing close to strangers, lose their balance on unstable surfaces, depend on their eyes or take extra time to find an object inside a bag, or simply avoid taking the train during rush hour." We apologize for the error.



## LETTER FROM THE VICE PRESIDENT

### Early Childhood Intervention: *Foundations for Success*

We all know that plants need water to grow and mature, to establish strong and complex root systems, and to thrive in all kinds of conditions. Although this is a fairly simplistic description, it very much mirrors the brain's need for linguistic input. Research is plentiful and unequivocal in terms of the critical importance of early language acquisition and the impact on linguistic and cognitive development. In short, the brain needs language to grow and mature, to establish complex systems, and to thrive in all kinds of conditions.

In my 27 years in the field of deaf education, one of the most important changes has been the focus on early intervention. The Joint Commission on Infant Hearing (JCIH) position statement released in 2000 set evidence-based goals designed to ensure that babies with hearing loss do not lose valuable time in language development. These goals are to: 1) Screen all babies for hearing loss prior to leaving the hospital, 2) definitively diagnose babies as deaf or hard of hearing by 3 months of age, and 3) enroll them in early intervention programs by 6 months of age.

Schools and agencies that serve deaf and hard of hearing children in states nationwide strongly support these goals, and many of these programs have strengthened their early intervention and outreach efforts in response. Their challenge has been in creating and implementing seamless systems that take families of these children from the screening process through early intervention service delivery. Increasingly limited financial resources, the lack of enough trained professionals to work with these families, and state-specific issues such as rural or transient populations are among the specific barriers that states may face.

Many of these schools and programs have found solutions to their individual challenges in achieving the goals outlined in the JCIH position statement. I am grateful to the authors from schools and agencies in the states of Illinois, Indiana, Maryland, New Mexico, Texas, and Wisconsin for sharing in this issue of *Odyssey* how they found ways to allocate their resources and/or work with other agencies to provide these critical services. You will also find in this issue an overview of early intervention, a description of what Gallaudet University is doing to help with the shortage of trained professionals in the field, and an article about a strategy that a professional uses to help families communicate more effectively with their young deaf or hard of hearing children. We hope that these articles help give you ideas about strategies you can implement in

your program or state.

Here at the Clerc Center, early intervention and early language development are also a top priority. We continue to seek and share best practices in supporting early language development in babies and young children who are deaf or hard of hearing. We are excited about new resources that will be shared as a result of our current strategic plan work. Two Clerc Center teams are working on important goals in early intervention and language development:



- The Early Intervention Action Plan Team has identified evidence-based factors that positively impact linguistic competence in young deaf and hard of hearing children through a review of the research. These factors are essential components in resources and programs for deaf and hard of hearing students. The team will next identify programs that are using these components in practice to support the development of linguistic competence to learn about the strategies they use. By 2012, the team will disseminate evidence-based strategies for early intervention service delivery.
- The Family and Professional Resources Action Plan Team will use established criteria to identify resources for families and professionals that support the development of linguistic competence. The goal is to identify and disseminate resources for service providers and resources for families that support the development of linguistic competence for deaf and hard of hearing students from birth through 21 years of age.

Together, we can work to improve access to effective early intervention services for babies and children who are deaf or hard of hearing in an effort to ensure early linguistic and cognitive development.

Thank you for joining us in this issue of *Odyssey*.

—Edward Bosso  
Vice President  
Laurent Clerc National Deaf Education Center  
Gallaudet University

## OVERVIEW

### EARLY HEARING DETECTION AND INTERVENTION:

# how far we've come, how far we've yet to go

By Barbara Raimondo

*The February 2011 National Early Hearing Detection and Intervention (EHDI) conference marked its tenth annual event. During the opening plenary, speakers looked back and described the progress and accomplishments of past years. They highlighted activities of the various federal agencies, medical organizations, and individuals who helped move EHDI systems to where they are today. In this article, I would like to highlight the progress made towards providing family support and including the Deaf community in these systems.*

Twenty years ago, when she was 11 months old, my daughter was identified as deaf at a national children's hospital. Although I was horrified to know that she had missed nearly a year of language input, I was told how "lucky" it was that she was identified so "early." I left the hospital with no information about what to do next, whom to contact, or what early intervention services were available.

Five years later my son was identified at the same hospital. Since his sister was deaf, I thought it would be a pretty good idea to get his hearing levels checked. He really was identified early—he was only a few weeks old. Again, I left the hospital with no information about what to do next, whom to contact, or what early intervention services were available.

I am grateful that things have changed.

Prior to the proliferation of EHDI services, the average age of identification of a deaf child was 2.5. A hard of hearing child might have been identified as late as age 4 or 5. For many children, late identification impacted language-learning ability.

Today, it is not uncommon for a child to be identified within the first few months of birth and for the child and family to be on a good path early on. Now, nearly 100 percent of all babies born in American hospitals have their hearing screened within the first day or two of life. So EHDI's task is complete, right?

Not so fast.

EHDI systems are based on a "1-3-6" plan. By 1 month old, the child should have his or her hearing screened. If the screen indicates that he or she needs a confirmatory hearing assessment, then that assessment should take place by the time the child is 3 months old. If the child is found to be deaf or hard of hearing, he or she and his or her family should be enrolled in a quality early intervention program by the time the child is 6 months old.

Unfortunately, this is not happening in many cases.

First, data from the Centers for Disease Control and Prevention indicate that many children who are referred from the screen for confirmatory testing do not receive this follow-



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*Photos by John T. Consoli*



up. Next, of the children who receive follow-up and are identified as being deaf or hard of hearing, many of those children and families are not connected with early intervention (Centers for Disease Control and Prevention, 2007). Third, one study showed that while most early intervention programs have professionals on staff with an early childhood special education background, less than half have professionals who received their training in the education of deaf children (Stredler-Brown & Arehart, 2000). This indicates that many families are not receiving the specialized services necessary.

Research documents that early identified children who receive appropriate early intervention services from qualified providers achieve significantly higher language outcomes than those who do not (Yoshinaga-Itano et al., 1998). These critical elements—“early identified,” “appropriate early intervention services,” and “qualified providers”—must be in place. In their absence, early identification may be detrimental. This is because families may feel confused and helpless about

finding information and services, and they may even feel angry. These feelings can affect their sense of well-being and even the child’s development because the parent-child relationship can be impacted by the family’s sense of well-being (Sass-Lehrer, 2002).

So, things aren’t so great. On the other hand, it is not all gloom and doom either. State systems do recognize the need for screening, follow-up, information for parents, and links with early intervention. While families in the past either missed early intervention all together or found it only by chance, systems today are working towards a seamless transition from screening to identification to early intervention and are starting to take into account the quality of

that intervention.

In my view, one of the most important pieces to look at is the representation of the Deaf community in these systems. This is for several reasons. First, when systems value and respect deaf adults enough to make them key players in their work, that shows they value and respect deaf babies as well. Every parent wants his or her child to be valued and respected. Second, who better to inform hearing people about the lives of deaf people than deaf folks themselves? The most caring and well-intentioned hearing person cannot fully know what it is like to experience life as a deaf person in our society. The third reason is based on simple justice and common sense. Would there be, say, an important movement to improve the education and lives of women that is run solely by men?

While other elements are critical—such as accurate evaluation of the child’s hearing levels and parent-to-parent support—in my view the area of biggest lack is involvement of the Deaf community. In other words, it is well

understood that families need the support of other families and that hearing assessment technology must be reliable. However, it has taken longer for decision makers in EHDI systems to recognize the need for Deaf community involvement. Let’s review the progress.

### **National EHDI Conference**

During the first National EHDI conference, attended by several hundred people, there was one deaf presenter—who was also the only deaf attendee—and a handful of parents. The rest of the conference-goers were professionals (i.e., state EHDI coordinators, pediatricians, audiologists, etc.). At the 2011 conference, there were dozens of Deaf community members and allies and many parents. This recent EHDI conference had a greatly increased number of presentations by deaf individuals. There were also presentations by hearing speakers that were focused on supporting deaf children, such as through the use of visual communication. One of the keynote speeches was given by Howard Rosenblum, the new director of the National Association of the Deaf. Last year the Antonia Brancia Maxon Award for EHDI Excellence was presented to Dr. Beth Benedict, the first deaf recipient of this award.

### **National Center on Hearing Assessment and Management (NCHAM) E-Book**

NCHAM has been publishing an on-line resource guide for EHDI issues. The latest version (National Center on Hearing Assessment and Management, 2011) includes a chapter on the importance of, and strategies for, including members of the Deaf community in EHDI programs.

### **Consensus Report**

Several years ago a group of stakeholders came together to identify critical elements in EHDI systems (Marge & Marge, 2005). Among them were



representatives from Gallaudet University, the U.S. Department of Education, state EHDI systems, parent organizations, and others. That meeting resulted in a report, *Beyond Newborn Hearing Screening: Meeting the Educational and Health Care Needs of Infants and Young Children with Hearing Loss in America*. Recommendations from that report included:

- EHDI systems should subscribe to the wellness model upon which the physical and psychosocial integrity of children and adults who are deaf or hard of hearing is based.
- Early interventionists and health care providers must become knowledgeable about different models of the deaf experience...as a life experience and/or cultural community...
- Early intervention programs should recruit trained adults who are deaf or hard of hearing to serve on the coordinated service team.

### Joint Committee on Infant Hearing (JCIH)

JCIH, composed of medical, audiological, and educational organizations, has published seven position statements on EHDI since 1971. Its 2007 paper (Joint Committee on Infant Hearing, 2007) advised that “adults who are deaf or hard of hearing should play an integral part in the EHDI program” and families “should be offered opportunities to interact with other families who have infants or children with hearing loss as well as adults and children who are deaf or hard of hearing.” It also noted that “Almost all families choose at some time during their early childhood programs to seek out both adults and child peers” who are



deaf or hard of hearing. It stated “... intervention programs should include opportunities for involvement of individuals who are deaf or hard of hearing in all aspects of EHDI programs.”

JCIH is working on a position statement on early intervention that is expected to be completed in 2011. This paper includes further recommendations on Deaf community involvement; language development, including signed language; and skills of the early intervention provider.

### Information for Parents

EHDI systems are providing families with more information, and many positive resources are available. For

example, the California Department of Education, along with others, recently released a video on the benefits of using American Sign Language with young children (*Through Your Child's Eyes*, 2011).

Despite these movements in the right direction, EHDI systems have yet to maximize partnerships with Deaf community members. These statements from these influential professional bodies are encouraging, yet there still are very few—if any—deaf individuals with decision-making authority in these systems.

EHDI programs and EHDI Deaf community involvement have come a long way in 10 years, but there is much room for improvement in both areas.

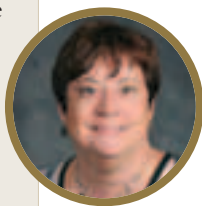
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**Cheri Sinnott** is the director of the Illinois Service Resource Center (ISRC), a statewide agency in Illinois that provides behavior support for students who are deaf and hard of hearing.



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## REACHING OUT TO FAMILIES OF DEAF AND HARD OF HEARING CHILDREN IN ILLINOIS:

# a collaborative effort

By Karen Aguilar, Marcia Breese, Gail Olson, Cheri Sinnott, and Michele Westmaas

In Illinois, several organizations collaborate to provide a comprehensive approach to family outreach for families of students who are deaf and hard of hearing. Some of the agencies that work together in this effort are CHOICES for Parents, Illinois Hands and Voices, Guide By Your Side, Illinois Service Resource Center, Illinois School for the Deaf Outreach, and Hearing and Vision Connections. This network of support provides such services and resources as parent-to-parent networking, in-home individual support, training, parent groups, and conferences.

**CHOICES for Parents** is a statewide coalition of parents and professionals that provides parents of children who are deaf or hard of hearing with support, resources, information, and advocacy. CHOICES for Parents provides one-on-one parent support as well as activities throughout the year for parents and families.

Through collaboration with the Illinois Deaf Latino Association, outreach and support to Latino families is provided. A Deaf Awareness Day event and parent workshops occur annually, and sign language classes are taught in Spanish to parents who primarily speak Spanish.

The CHOICES for Parents READ Program ensures that children with hearing loss and their schools have books available to them. Through collaboration with the American Library Association, Hall-Erickson and GES Exposition Services, CHOICES for Parents distributes books throughout the state to programs and schools with deaf and hard of hearing children to promote early literacy.

*Children and Hearing Loss* is a free resource manual that is filled with information about hearing loss, early intervention, technology, education, pediatricians, and more. Produced by CHOICES for Parents, the resource is available in English and Spanish.

Every spring on Early Hearing Detection & Intervention (EHDI) Day, CHOICES for Parents honors those who have gone above and beyond in infant identification and follow-up. CHOICES for Parents works with the Illinois Governor's Office to proclaim EHDI Day annually in the state. During the event, parents are invited to share their stories on receiving the news of their children's hearing loss and the support that they received.

*Photos courtesy of Carrie Balian*





As a result of CHOICES for Parents' collaboration with Illinois Hands & Voices and the Illinois EHDI program, the Illinois Guide By Your Side Program was implemented in 2009. Illinois Hands & Voices is a parent-driven organization dedicated to supporting families who have children who are deaf and hard of hearing without a bias toward communication modes or methodologies. Illinois families receive support in order to improve communication access and educational outcomes for their children through workshops, parent gatherings, and the national newsletter, *Hands & Voices Communicator*.

The Illinois EHDI program works to implement mandated newborn hearing screening no later than 1 month of age, diagnosis no later than 3 months of age, and intervention no later than 6 months of age. The EHDI program encompasses outreach and support to parents, hospitals, family physicians, state agencies, and providers regarding the diagnosis and follow-up of children with hearing loss. The Illinois EHDI program state partners are the University of Illinois at Chicago Division of

Specialized Care for Children, the Illinois Department of Public Health, and the Illinois Department of Human Services. In addition, the program collaborates with numerous groups to increase newborn hearing follow-up, diagnosis, intervention, parent support, and continued surveillance of hearing prior to entering school.

**Guide By Your Side** provides unbiased emotional support and resources by trained parent guides to families with children who have a hearing loss. Parent guides are parents whose children have hearing loss with varying modes of communication and educational paths chosen. Parent guides represent different cultures and ethnicities; are deaf, hard of hearing, or hearing; and are, in many cases, bilingual. In Illinois, this fills a much needed gap of individual parent-to-parent support.

What do parents have to say about Guide By Your Side? One parent commented, "I'm learning sign language to communicate with my son and I wondered if there were other parents out there who wanted to learn, too. My parent guide encouraged me

**Above left:** During Guide By Your Side's Family Fun Day event, families participated in games, face painting, and other fun activities.

**Above right:** During a family social event for children with hearing loss, children had the opportunity to meet Monkey Joe.

*to reach out to other parents and explained ways that I could network with them. I started a deaf coffee chat in my town for people to come together to learn sign language and it's been a great way to meet other parents who have deaf or hard of hearing kids!"*

Another parent said, "*The Guide By Your Side mentor program has helped me tremendously! My relationship with my mentor started when I was literally in a 'survival mode' dealing with the news of my son's hearing loss. Over a period of six months, my mentor has taken the time out to speak to me about everything that was on my mind. We talked about how to recognize personal emotions, deal with close friends who have not experienced a similar life-changing event and hence cannot connect on the same level, build a stronger relationship with the spouse and allow one another the time to accept the new challenge in our life. As time progressed, our*

conversations also took on a new life. We talked about schooling options, various auditory therapy methods widely used and the benefits and flaws of each, American Sign Language and other resources that are available to the parents. My mentor sends me regular updates on upcoming national or state events on hearing loss and we have even talked about the cultural dimension around hearing loss and helpful ways to deal with it. I feel I have a friend I can talk to any time; someone who gives me a very unbiased view about everything.”

### **The Illinois Service Resource Center (ISRC)**

is a component of the Illinois State Board of Education’s Illinois Statewide Technical Assistance Center. ISRC provides behavior support for schools and families of students who are deaf and hard of hearing. Meaningful parent involvement in a child’s education can be an important factor in student behavior.

In an effort to address the issue of increasing meaningful parent involvement, ISRC has hired five regional parent facilitators. The parent facilitators can assist with locating speakers for parent groups, help connect parents with resources such as service providers and educational programs, help parents learn about Deaf culture, and facilitate connections between home and school and parent to parent.

Parent facilitators also coordinate a Parent Café, at which parents have the opportunity to come together while their children are provided with an activity. The Parent Cafés take place on the same date in all five regions of the state.

Another resource for parent-to-parent support is the ISRC Family Network. ISRC maintains a directory of parents and families with children who are deaf and hard of hearing. ISRC parent facilitators are able to connect parents with other parents facing similar circumstances, such as parents of children who are “deaf plus,” meaning



**Meaningful parent involvement in a child’s education can be an important factor in student behavior.**

that in addition to being deaf the children also have a secondary challenge such as autism, Down syndrome, learning disabilities, vision impairment, or behavior challenges. One Family Network member said, “Some of these children are so unique, it is rare to find another parent with a similar experience.”

The ISRC Resource Library includes over 75 items specifically tailored to parent/family needs. This is in addition to over 1,000 other items with a focus on deafness and behavioral issues. Families may request items via phone, e-mail, or fax, and the items are mailed to the

families with return postage included.

While providing behavior support to schools, ISRC assists with the development of Positive Behavior Interventions and Supports (PBIS) for deaf and hard of hearing programs. Parent involvement is a significant aspect of PBIS, and ISRC encourages programs to have a parent member on the PBIS Leadership Team, to incorporate home-school activities and behavior incentives, and to invite families to PBIS annual kickoff events.

Individual support for families of students who are experiencing behavior challenges at home is provided by ISRC. A member of the team visits the family and assists in the development of a Home-School Team. This team identifies behavior support strategies that can be consistent at both school and home.

The ISRC website ([www.isrc.us](http://www.isrc.us)) includes a page specifically for parents. The page includes contact information for the parent facilitators and helpful information such as tip sheets for summer survival, potty training, basic sign language, and sample behavior charts.

Each year ISRC sponsors a bus trip for families that would like to visit the Illinois School for the Deaf (ISD). Families who are considering sending their child to the school but have never had an opportunity to visit are able to participate in this one-day free bus trip and experience a day at the residential school.

### **Illinois School for the Deaf (ISD) Outreach**

is the statewide resource center which supports the education of students who are deaf or hard of hearing from birth to age 21. Utilizing the wealth of knowledge and experience related to hearing loss and related issues available at ISD, ISD Outreach offers consultation and technical assistance free of charge to teachers, parents, support staff, and



other service providers who work with children who are deaf or hard of hearing.

ISD Outreach services are free. Parents often request in-service presentations for educators in general education classrooms as well as observations, phone or e-mail consultations, and written correspondence. Free trainings are provided upon request to parent groups on a variety of topics related to hearing loss.

Parents have fewer opportunities for summer activities for their children with hearing loss, and that can cause stress. ISD Outreach offers summer camp opportunities for students with hearing loss, an open house, "Taste of ISD" for parents of ISD students, and collaborates on parent conferences held throughout



PHOTO BY CATHERINE VALCOURT-PEARCE

the state. Another resource for parents of children newly diagnosed with hearing loss is a one-week institute for parents of preschool children.

Free assessments to identify educational and vocational needs are provided by the ISD Evaluation Center. Evaluations and assessments are available in the areas of school psychology, audiology, and communication skills. Vocational evaluations that identify career interests

and abilities are available to high school students. Evaluations are free; however, the family or referring school is responsible for transportation, meals, and lodging, if needed.

ISD Outreach offers a new Cochlear Implant Program to support the education of students with cochlear implants by providing training and technical assistance specific to cochlear implants. These services are provided by a person who is a late deafened adult and cochlear implant user. General cochlear implant information is also available on the ISD Outreach website.

In addition to the services offered to parents, ISD provides a variety of services for educators and other professionals. For information about the full range of services offered by ISD Outreach, visit the website at [http://morgan.k12.il.us/isd/outreach\\_services.html](http://morgan.k12.il.us/isd/outreach_services.html).

### Hearing and Vision

**Connections** (HVC) is a statewide training and technical assistance program serving infants and toddlers who are deaf, hard of hearing, or visually impaired. HVC is funded by the Illinois Department of Human Services, Bureau of Early Intervention.

HVC offers:

- Free training opportunities throughout the state for early intervention service providers and collaborates to provide annual conferences for parents of children with hearing and vision loss. Parent conferences are held in the northern, central, and southern parts of the state.
- Resource and referral services to help early intervention service coordinators find vision and hearing specialists to serve the children on their caseloads. In addition, HVC answers families' and providers' questions specific to hearing and vision in infant/toddler development or service delivery.
- Many free resources to parents and providers. Resource guides are available for parents of young children

with hearing loss, vision loss, and dual sensory impairment. Free quarterly newsletters offer current information related to hearing and vision loss in young children.

- Networking opportunities for developmental therapists hearing and developmental therapists vision, early intervention providers specially trained to meet the needs of young children with hearing or vision loss, and deaf mentors, trained adults with hearing loss who provide support and information for families of young children with hearing loss. HVC also provides support for the credentialing of service providers in order to ensure adequate providers are available to meet the needs of children throughout the state.

The HVC website ([www.morgan.k12.il.us/isd/hvc](http://www.morgan.k12.il.us/isd/hvc)) offers newsletters, resource guides, and a training calendar as well as vision and hearing screening tools and early intervention service guidelines related to hearing and vision impairment. HVC works closely with the Bureau of Early Intervention to create and maintain the screening tools and service guidelines ensuring that young children with hearing or vision loss are identified and receive appropriate early intervention services as soon as possible.

There are many organizations in Illinois supporting parents on their journey of raising a child with hearing loss. However, instead of this being seen as a confusing overlap, all of these organizations are strong supporters of each other, working collaboratively for the benefit of the child and family needing support.

When hearing parents find out that their child is deaf or hard of hearing, the support of professionals and other parents is critical in navigating this new path. By reaching out to these parents, and to parents who themselves are deaf or hard of hearing, these agencies in Illinois provide not only a network, but a safety net for families.



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## ISD OUTREACH:

# building connections

## to empower indiana families with young deaf and hard of hearing children

*By Cindy Lawrence*

*At the time of this printing, the Indiana First Steps and Early Hearing Detection and Intervention programs are undergoing system changes due to budget constraints. The Outreach Department at the Indiana School for the Deaf (ISD) is proposing changes that may result in a more seamless service delivery. To learn more about these changes, visit [www.deaf-kids.org](http://www.deaf-kids.org).*

In Indiana, families with newly identified deaf and hard of hearing children may have varying experiences in discovering the support systems available to them. Indiana has a Part C early intervention (EI) program, known as First Steps, that serves all children at risk or identified with a disability. This program, however, is not yet seamless in taking families from the newborn screening and identification stages through the EI and service delivery stages. ISD's Outreach Department, mandated by Indiana Code 20-22-2 to serve as a statewide resource providing outreach services and consultation to public schools serving deaf and hard of hearing children, has taken a multifaceted approach to helping create a more fluid experience for families in need of EI services.

### **Collaboration Efforts**

A critical factor in ISD Outreach's ability to provide this support to families of newly identified deaf or hard of hearing children has been a strong relationship with other state agencies. When the Universal Newborn Hearing Screening (UNHS) mandate passed in 1999, it was crucial that First Steps, ISD Outreach, and the Indiana State Department of Health (ISDH) work together in the implementation of a statewide Early Hearing Detection and Intervention (EHDI) program. ISDH oversees early hearing detection programs in the state. First Steps had the funding for an appropriate intervention, but lacked the comprehensive specialized services that ISD Outreach had. All three agencies, working in tandem, have been able to make progress towards developing a more unified statewide system of EI service delivery.

*SKI-HI training photos courtesy of Cindy Lawrence*





**Left:** Indiana professionals participate in SKI-HI training.

ISD Outreach EI staff began planting seeds of collaboration long before formal systems of the EHDI program were implemented. Examples include:

- ISD audiologists and speech-language pathologists had been, and continue to be, involved with their state professional organizations. They also provide in-service training workshops to other EI agencies and centers serving deaf and hard of hearing children, and attend state and national conferences.
- The ISD Outreach director, EI coordinators, and other Outreach staff participated in various First Steps committees and initiatives.
  - The director was involved in the task force that brought the UNHS legislation to Indiana and then partnered with the Department of Health in initial efforts to implement the program.
  - Outreach coordinators and staff participated in the formation of committees and workgroups that then created protocols and materials for professionals and parents with participation from varying perspectives at all stages.

As an example of a successful collaborative effort, the inclusion of all perspectives and an effort to achieve consensus resulted in the creation of a balanced and comprehensive *Family*

*Resource Guide* that helps guide parents through their journey and identify resources available.

### **Building Capacity Statewide and in Rural Indiana**

ISD Outreach has led several efforts to grow the state's capacity to provide services for newly identified and young deaf and hard of hearing children in the state, and the families and professionals working with them.

In 2001, the ISDH received a federal grant that included funds for regional outreach audiologists, which ISD Outreach administered through an agreement with the ISDH. Seven audiologists were hired to provide part-time regional supports to their local hospitals in the implementation of the UNHS program. They also provided technical support to the ISDH during development of the EHDI program. Today, these regional audiologists report to the ISDH. They continue to provide support, technical assistance, and resources for birthing hospital staff and other audiologists. The networking between ISD Outreach and these audiologists continues to benefit families statewide by ensuring a connection between ISD Outreach staff and audiologists in every part of the state.

The same 2001 grant also funded a Family Conference, coordinated by ISD Outreach. As the result of a keynote

presentation by Leeanne Seaver, executive director of Hands & Voices, at the 2003 Family Conference, two co-chairs agreed to start up an Indiana chapter of Hands & Voices. This chapter now runs the Family Conference.

ISD Outreach used a second grant awarded in 2004 by the ISDH to launch the Training for Early Language Development (TELD) project. The TELD project is based on the curriculum created by the SKI-HI Institute at the Utah State University to design state-of-the-art family-centered programming for infants and young children with hearing loss. Parent advisors (PAs) visit families at home to provide activities that support early language development as outlined in the SKI-HI curriculum. The grant funded the following:

- The costs for SKI-HI trainers to come to Indiana and provide six full days of training twice in the first two years of the grant; up to 25 professionals were trained each time.
- The costs of ordering several copies of the two-volume set of curriculum materials, which are passed among PAs and returned to ISD Outreach whenever PAs leave the program.

ISD Outreach knew the grant funds were finite. They successfully aimed to “grow” their own trainers within the state who were qualified to provide training for the PAs. They used ISD’s budget to send a trainer to “Train the Trainer” sessions in Utah. By the time the grant funds ran out, before the third training session was scheduled, one of the EI coordinators at ISD Outreach had become a SKI-HI trainer. This coordinator, the only deaf SKI-HI trainer, has since been joined by another ISD Outreach staff member as an eligible SKI-HI trainer in the state of Indiana. This capacity allows ISD Outreach to add to the four cohorts of PAs already trained as additional potential PAs are identified in every part of the state, well after the grant money has run out. Having eligible SKI-HI trainers on staff at ISD Outreach also allows them to keep up with high turnover in the EI field and the part-time nature of PA work, and the trainers provide ongoing professional development to the current PAs.

Not all participants who attended the PA training sessions went on to become PAs or EI providers for First Steps for various reasons, including the complex process of applying for and becoming an official PA (PAs are supervised and paid for by First Steps). However, many are professionals working with families in various capacities and, therefore, support the approach and goal of empowering parents with comprehensive information. ISD Outreach has been tailoring their approach in recruiting potential PAs and determining who would be most



likely to follow through with delivering the curriculum. In doing so, it was found that existing teachers of the deaf and current EI providers working with deaf and hard of hearing children are the best candidates.

The two SKI-HI trainers provide another important service. First Steps in Indiana is divided into regional System Point of Entry (SPOE) clusters, where service coordinators provide intakes and develop and update Individual Family Service Plans (IFSP) for families. The two SKI-HI trainers provide several forms of support to each of the seven SPOE’s in the state:

- Direct training in the needs of deaf and hard of hearing infants and children and their families
- A training packet that includes general information about EI for deaf and hard of hearing children and the critical need to provide accessible language.
- Information about the role of SKI-HI PAs for families (this is crucial since the system doesn’t have service definitions that are disability specific), specifically that PAs empower parents to provide language-rich environments through interaction with other children and adults who provide accessible language.

The TELD project has had a significant impact on increasing the availability and the quality of services throughout Indiana, both in terms of direct services to families and the education of the professionals who work with them. The effect has been especially profound in parts of rural Indiana, where it can be difficult to find professionals who are experienced in working with young deaf or hard of hearing children.

### **Empowering Parents Through Collaboration Between the Deaf Community and Families**

The TELD project gradually built capacity throughout Indiana for PAs and, more importantly, built awareness statewide of the specific needs for families with deaf and hard of hearing children. The SKI-HI program provides unbiased comprehensive information about all areas of language and communication and, most importantly, about how children develop and acquire skills within their natural environment. A survey conducted in 2008 confirmed that parents were very satisfied with their PA and the SKI-HI program and felt more confident about parenting their child. However, parents still benefit from a team of supports as illustrated in the Family Support diagram developed by Hands & Voices and the National Center for Hearing Assessment and Management. As ISD Outreach continues to increase its capacity to provide comprehensive services for families, they seek to find support in



all areas, including parent-to-parent support, information, adults who are deaf or hard of hearing and existing communities, and support provided by professionals.

In 2009, ISD Outreach began a pilot Deaf Role Model (DRM) Program in response to the need they saw to provide a Deaf adult role model to families in the comfort and natural setting of their homes. What began with a few families and one DRM has grown to a current caseload of 25 families served by nine DRMs. The DRMs are ISD staff and community members that want to share their life experiences and assure parents that their deaf children can grow to become successful adults, too. The feedback has been very positive:

*“When Lethia came to my home, I saw that there was hope for my child. We learned how to communicate with our son and we felt welcomed into a whole new community that is opening the doors of communication for my son,”* one parent reported.

Parents receiving support from DRMs see the tremendous potential of their child, learn to communicate more effectively with him or her, and so much more. Regardless of the educational setting or

communication path chosen by families, those who have a positive and enriching experience in EI and have access to the Deaf community demonstrate an open and positive attitude toward their child and the Deaf and hearing communities. We believe the impact DRMs have on the families will last a lifetime.



### Additional Services

ISD Outreach also provides several other forms of early supports:

- A lending resource library
- A home demonstration room
- Playgroups, including Language Enrichment and Play (LEAP) and Families Learning in Play (FLIP)
- Family and professional workshops

ISD Outreach maintains an *Outreach Resource Manual* that lists the array of services and the model of early supports they use at [www.deaf-kids.org](http://www.deaf-kids.org). Programs evolve based on collaboration efforts and on the needs of families of deaf and hard of hearing children. Parents benefit from the variety of services available,

**“When Lethia came to my home, I saw that there was hope for my child. We learned how to communicate with our son and we felt welcomed into a whole new community that is opening the doors of communication for my son,” one parent reported.**

as shown in this comment:

*“I just wanted to let you know how much we have enjoyed the LEAP Program for our son! Even though we are only there for a short time, it gives Braden a chance to play with other kids his age and get exposed to ASL. The instructors are so friendly and welcoming! I am so glad we have been able to get involved. We really enjoy interacting with the staff, kids, and parents!”* (Parent of a 2-year-old, receives First Steps services, DRM, attends LEAP, and benefits from the lending library)

As this article goes to press, ISD Outreach is working with all three state agencies responsible for various components of the system on new initiatives due to budget challenges in Indiana state government and changes in the state’s First Steps system. During difficult economic times or when required to provide something that isn’t funded, collaboration becomes crucial to creating programs and initiatives. Lack of funding can lead to some synergistic results that ultimately benefit families. The best that can be done for families as professionals and

“systems” is to work together inclusively. To serve families in a state without a seamless system, the following tips are critical:

- As an outreach or EI service provider, get to know the system, including funding streams and relevant policies and protocols.
- Become involved in the system through committees, work groups, and professional organizations.
- Build relationships with all families and with other professionals who also serve families you work with.
- Be a bridge between the Deaf and hearing communities. Most hearing families have never had experience with the Deaf community and some find it overwhelming, yet they can appreciate learning a new culture and language.
- Never assume where others stand. Seek to understand and to find common goals for the benefit of families.

For more information about ISD Outreach, visit [www.deafboosiers.com/Outreach/](http://www.deafboosiers.com/Outreach/). To learn more about the SKI-HI curriculum, visit <http://www.skibi.org/>.

### Resource

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**Right:** Children in the FEEDC program get hands-on experience as they learn about how things grow.

IT'S ABOUT LISTENING TO  
OUR FAMILIES AND THE NEEDS  
OF THEIR CHILDREN:

# the family education and early childhood department

AT THE MARYLAND SCHOOL  
FOR THE DEAF

*By Cheri Dowling, Deborah Marquez, Lori Moers,  
Mary Ann Richmond, and Maryann Swann*

Current trends and issues surrounding birth screening, early intervention services, and deaf children's varying access to language and literacy demonstrate a critical need to improve our understanding of how to involve families as partners in their children's education. In the past decade, increasing numbers of deaf children have been identified through birth screening within the first few months of life (Yoshinaga-Itano, 2004; Marge & Marge, 2005). Between 8,000 and 12,000 infants are identified as deaf or hard of hearing each year (<http://infanthearing.org/resources/fact.pdf>). By six months of age, they are in intervention programs and receive intensive language services (Yoshinaga-Itano, 2004).

The family and school partnership provides critical support for children in all areas of language, cognition, social-emotional, and physical development from early childhood to the high school years. It is essential that schools and programs draw on research on best practices in family involvement to establish the type of effective communication between

*Photos courtesy of the Maryland School for the Deaf's  
Family Education and Early Childhood Department*





school and home that contributes to the positive impact of family involvement on children's learning experiences. At the Maryland School for the Deaf (MSD), various research-based approaches, tools, and techniques are used to promote families as partners in their children's education.

### **Program Overview**

The Family Education and Early Childhood Department (FEECD) at MSD, established in 1968, is a recognized service provider in the state of Maryland for deaf and hard of hearing children and their families. FEECD serves deaf and hard of hearing children (including those who have additional disabilities) from birth until the child's fifth birthday at no cost to families. The only requirements are that the child has a documented hearing loss and that the child and his or her family are residents of Maryland.

The single point of entry for early intervention services in Maryland is via each local Infants and Toddlers Program. The 24 local lead agencies and MSD have a memorandum of understanding to ensure that families with deaf and hard of hearing infants access all services that are available to them. The FEECD has made a concerted effort to establish networks of referral with these local lead agencies so that accurate information is provided to families regarding early language learning and educational opportunities for their children.

Direct services to families are provided by FEECD educators, who have the training and expertise to handle the varied linguistic, social-emotional, and academic needs of the birth-age 5 population of deaf and hard of hearing children in the state. They travel extensively throughout the state to provide services to these children and their families in natural environments such as the



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**Mary Ann Richmond** is a parent group facilitator and itinerant teacher working for MSD's Columbia campus Family Education and Early Childhood Department. One of her endeavors is to build bridges to connect families with the Deaf community.



**Maryann Swann** is the director of MSD's Family Education and Early Childhood Department. She has been a member of the MSD faculty for 33 years. Swann welcomes questions and comments about this article at [maryann.swann@msd.edu](mailto:maryann.swann@msd.edu).





home, daycare centers (both private and public), libraries, and other settings as requested by the family. The goal is to have children and families learn in their community settings and to focus on the opportunities that these various social learning events can provide.

FEECD also offers center-based services. Children participate in FEECD programs at either the Columbia or Frederick campus. Play groups are offered for infants 6 months to 2 years old two mornings a week while 2- and 3-year-old children may attend preschool classes five mornings a week. The services provided are based on either an Individualized Family Service Plan (IFSP) or an Individualized Education Program (IEP). Three-year-old children attending preschool at MSD also have the opportunity to participate in “specials” as provided on each campus and those may include physical education, art, drama, computer, and/or library classes.

The FEECD program uses the Maryland State Department of Human Resources Child Care Administration, the Healthy Beginnings curriculum, and the Creative Curriculum. These curricula are compatible with the Maryland Model for School Readiness and the Maryland

State Curriculum, and they are endorsed by the Maryland State Department of Education (MSDE) as appropriate curricula for early childhood settings. Coupled with an integrated early literacy thematic units/project approach, the curricula provide a strong early childhood curriculum. The focus is on preparing students to enter school ready to learn, and the following domains are covered:

- Personal and Social Development
- Language and Literacy
- Pre-reading
- Pre-writing
- Cognition and General Knowledge
- Physical Development
- Self-Help

A key component of FEECD services is a focus on ensuring that educational program decisions are based on sound evidence of each child’s strengths and needs. The following assessment tools and procedures are maintained for each child:

- Developmental scales using the Early Learning Accomplishment Profile
- Learning Accomplishment Profile; Ages and Stages Questionnaire (6-60 months)
- Language scales using the MacArthur Bates Communicative

Inventory Scale

- Work Sampling System (ages 3 and above)
- Auditory learning scales
- Portfolio assessment (18 months-3 years)
- An American Sign Language (ASL) checklist

The assessment protocol is reviewed annually to ensure use of current best practice tools as well as compliance with requirements set by the MSDE. This evidence-based practice of assessment-driven instruction using approved early childhood curricula leads families and teachers to develop outcomes that are functional, meaningful, specific, and family identified.

Another critical component is the emphasis placed on establishing communication between the child and his or her family using a bilingual approach:

- ASL is used to build language skills as early as possible since the prime time for language acquisition is between birth and 3 years of age. Direct ASL instruction is provided to families weekly at each campus. Opportunities for parents to learn ASL during the home visits allows for individual support for each family

in establishing critical early communication bonds with their infant. Children are provided direct instruction in ASL during center-based play groups and classes, and during the home visits.

- Spoken English language learning groups are available for small group instruction and one-to-one instruction. This support for spoken English development is available during home visits and on each campus. The spoken English language services are part of the instructional paradigm based on IFSP outcomes or IEP goals.
- Families are supported in the use of amplification with their deaf child, which may include hearing aids or cochlear implants. FEECD regularly works with children who are in the process of acquiring or who may already have a cochlear implant. The FEECD program audiologist and MSD campus audiologist coordinate services between implant center staff and MSD staff.

Families need support so they can gain information and access resources that will support them in maximizing their children's potential. FEECD provides this support in a variety of ways:

- Weekly parent support meetings are provided at each campus of MSD. These meetings provide opportunities for parents to meet and share common experiences in raising their children. These meetings are facilitated by an educator who can provide information related to a variety of topics at the request of the families.
- Siblings up until age 4 attend classes and playgroups with their deaf or hard of hearing sibling during these meeting times. This allows the parent to attend the parent meeting and supports the sibling relationship.
- To help families meet within their own geographical area, FEECD hosts regional meetings around the state
- FEECD plans individually designed home visits based on guided

discussions with each family. MSD service providers use a coaching model when working with families. This model supports a family in sharing their feelings, ideas, and goals. This dialogue guides the home visitor in providing the unique individual supports for each family to be actively involved in their child's educational program.

### **Deaf and Hard of Hearing Professionals Provide Support and Hope**

The Joint Committee on Infant Hearing's *Year 2007 Position Statement* emphasizes that early intervention programs should include opportunities for involvement of individuals who are deaf or hard of hearing in all aspects of early intervention programs. Deaf and hard of hearing adults can be significant assets, and almost all families choose at some time during their early childhood programs to seek out both adults and child peers with hearing loss. When families are provided opportunities to interact and work with deaf or hard of hearing professionals, they are given the hope that their deaf or hard of hearing child can become a contributing member of society.

A national survey conducted by Meadow-Orlans, Mertens, and Sass-Lehrer (2003), published in their book *Parents and Their Deaf Children—The Early Years*, listed 13 potential sources of help for parents and asked them to indicate the helpfulness of each source. Teachers received the highest score, spouses came in second, therapists came in third, and deaf adults came in fourth. The *Beginnings Parent Manual*, offered by Beginnings for Parents of Children Who are Deaf or Hard of Hearing (2007), also provides this guidance: "Adults who are deaf or hard of hearing are tremendous resources for parents who are wondering what will happen as their child grows up." MSD has applied this to practice by having the MSD deaf and hard of hearing family education and early childhood teachers provide families with a bridge to the Deaf community.

The Deaf community is extremely diverse, coming from all socioeconomic levels, educational backgrounds, and ethnic groups. Deaf individuals may use different types of technology; they may use sign language, spoken language, or both. They come from all walks of life. FEECD aims to support a Deaf community experience that gives

**Top left:** FEECD students and their parents participate in a cooking activity.

**Right:** After a cooking activity, children have the opportunity to taste what they've helped prepare.



families and their children a sense of belonging and identity knowing they are not alone in this world, having met others with similar challenges and experiences in several ways:

- FEECD staffers regularly share information about Deaf community organizations and events via e-mail lists and web-based announcements.
- Deaf professionals from FEECD have cultivated roles as mentors. The teacher-mentors offer to meet families at events to help them connect with other deaf and hard of hearing adults in attendance.
- Deaf professions from FEECD also provide weekly support to families during parent support meetings, ASL classes, home visits, and regional community meetings.
- Various Deaf community members are invited to parent group meetings and family ASL classes offered by MSD.

These deaf and hard of hearing teachers serve as role models that deaf and hard of hearing children can succeed with appropriate support from their family and school. Finally, the mentoring provided by the deaf professionals gives families the opportunity to gain an understanding of the importance of their children's whole development, the human need to and importance of developing friends, and the importance of not losing this perspective.

### Family Support and Resource Center

The Family Support and Resource Center is a parent-driven resource center. The center is managed by a parent coordinator, who is a parent of a deaf child. The center is funded in part by a grant through the MSDE and is housed at MSD. Established in October 1999, the center provides support to families with deaf and hard of hearing children birth through age 21.

The center's mission is to give parent-to-parent support and help families to support their children in reaching their full potential. It has served thousands of families and professionals over the years.

The parent coordinator role is integral in providing support to families. Parent-to-parent support provided via personal contacts, as well as by matching families with trained parent mentors upon request, provides families with individual problem-solving skills and resources. The parent coordinator works with FEECD educators to host various events and programs around the state. This helps model working relationships between parents and professionals. The parent coordinator also collaborates with other agencies in Maryland in providing workshops and information.

The center provides an extensive lending library, a monthly newsletter, a resource/referral system, and parent

## American Society for Deaf Children

The American Society for Deaf Children (ASDC) is a national, independent, nonprofit parent organization that supports and educates families of deaf and hard of hearing children and advocates for high quality programs and services.



### Parent Choices: Key to Your Child's Future

June 22-26

The ASDC Biennial Conference provides families with five days of information and fun! Daytime workshops captivate parents while children participate in educational and recreational activities. Evening events bring families together, providing the opportunity to form new friendships and peer support.

Mark your calendar now for the 2011 conference hosted by the Maryland School for the Deaf.

Plans are underway for an exciting conference that will focus on exploring opportunities and building a strong foundation in five key areas: family, communication, education, community, and extracurricular opportunities.

For more information or to register for the conference, visit [www.deafchildren.org](http://www.deafchildren.org).



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trainings. Services are aimed towards empowering parents with advocacy skills. Special interest support groups meet in the evenings to provide support and information to families on a variety

of topics, e.g., children who have cochlear implants, children who have additional special needs, enhancing positive parenting techniques for children ages 3-5, and other topics based on parent request.

“Systems and structures are things. They are programs. They have no freedom to choose. So the leadership comes from people. People design systems and all systems get the results they are designed

and aligned to get.”

The early intervention system in Maryland is an organization of structure and relationships both formal and informal. MSD is committed to building relationships with the local lead agencies within the state early intervention system and to empowering families with information and support so they can make decisions about their children’s education, language, and social development. When we listen to families and design systems to get the results they need, then we will have succeeded in providing a coordinated statewide system with a full range of opportunities for all deaf and hard of hearing children and their families. It is about listening to a family’s hopes and dreams for a bright future for their child.

If you would like more information about MSD, please visit [www.msd.edu](http://www.msd.edu).

### Conclusion

In Covey’s *The 8th Habit: From Effectiveness to Greatness* (2004), he tells us:

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**Right:** An infant takes part in newborn hearing screening.

## EFFECTIVE PARTNERING OF STATE AGENCIES TO ACHIEVE

# early hearing detection and intervention benchmarks

*By Joanne Corwin*

New Mexico is geographically the fifth largest state in America, and its relatively small population of 1.95 million people is widely scattered. The city of Albuquerque is the sole major urban center, and only six other cities have populations of over 30,000. The state's poverty rate remains one of the highest in the nation. An estimated 20 percent of New Mexico children are born to immigrant parents, many of whom are of undocumented status. And, although the state's population continues to grow, the number of licensed health care professionals per capita is decreasing. (Chacon, 2009)

Relative to Early Hearing Detection and Intervention (EHDI), New Mexico struggles with multiple points of referral into early intervention in the same way most states do. Referrals are not systematized through a single point of entry. The Step\*Hi (statewide Parent-Infant) Program of the New Mexico School for the Deaf (NMSD) receives referrals from sources such as hospitals, doctors, audiologists, Part C programs, the Department of Health, parents self-referring, and audiologists. Babies may or may not receive timely early intervention based upon the system they are moving through.

Given these demographics, it is probably not surprising that the EHDI standards of screening by 1 month of age, diagnosis by 3 months, and entrance into early intervention specific to hearing loss by 6 months have not completely been met. What is surprising, amazing actually, is that, even given all of the barriers New Mexico faces, the average age of entry into early intervention is currently 11 months and continues to slowly decline.

So how has New Mexico, with multiple barriers, continued to reduce the age at which children receive early intervention? New Mexico state agencies, as key stakeholders in the success of the EHDI system, do more than just "play nicely in the sandbox" together. There is a systemic commitment to decrease the number of children "lost to follow-up" and to decrease the age at which a child receives early intervention. This commitment has led to strategic interagency planning and implementation of these plans. Following are some of the strategies that New Mexico has found to be successful.

*Photo of newborn hearing screening courtesy of Joanne Corwin*



### **Make Collaborative Relationships Official**

Bringing together key players in the EHDI process, such as medical home providers, pediatric audiologists, parent advocacy programs, and state agencies, and meeting with them often, is critical. This allows for creating strategic plans to assure EHDI benchmarks are met. However, if relationships are person dependent, they can be short-lived given the potential turnover in staff. In New Mexico, the decision was made to create a Procedures and Protocol document as well as a Memorandum of Agreement that would ensure collaborative services through the state school for the deaf, the Part C program, and the Newborn Hearing Screening Program. (It is

important to note that in New Mexico both the newborn hearing screening program and the Part C lead agency are housed within the Department of Health.) This document ensures that young children identified through EHDI are able to receive early intervention from providers specifically trained to work with young children who are deaf or hard of hearing and their families.

The Procedures and Protocol agreement has been in place since 2001 and is periodically reissued and signed by both the superintendent of NMSD and the cabinet secretary of the New Mexico Department of Health. (For copies of this document, please e-mail [joannecorwin@gmail.com](mailto:joannecorwin@gmail.com).)

### **Heighten Awareness/ Be Part of the Community**

The number of children served by NMSD's early intervention program has grown exponentially in the last 10 years. The primary reason for the growth of the program is directly attributable to NMSD's commitment to outreach. The Outreach Department at NMSD is dynamic and includes:

- Early intervention birth through age 6
- Outreach to School-aged Children
- Deaf Role Model Program
- The AmeriCorps Project

The early intervention program has eight full-time and 14 part-time staff members positioned in every part of the state. Five of the full-time positions are





PHOTO BY SUSAN FLANGAN

filled by regional supervisors, who supervise the early interventionists in their regions of the state, serve families directly, and provide community supports. Providing community supports means that each month the regional supervisors are involved in activities such as: working on committees at the community level; providing trainings to doctors, agencies, Head Start programs, etc.; lending expertise related to screenings and

language evaluations; and working on state initiatives for young children. Consequently, when someone in the community learns of a child who is deaf or hard of hearing or who is going through the diagnostic process, he or she knows who to call—the regional supervisors. They know them and they trust them because the regional supervisors are seen as part of the community.

### Create Safety Nets

Given the rural nature of New Mexico and the transient population of the state, the medical home and Newborn Hearing Screening Program can quickly lose track of families, even with careful tracking. New Mexico has made a concerted effort, therefore, to ensure that at least some of the hearing screening equipment placed at the Part C agencies around the state is compatible with the auditory brainstem response (ABR) screening equipment used for newborn hearing screening. This means that in any region of the state, a child and family should have access to a second ABR screen if they refer on their newborn hearing screening and have somehow fallen outside of the medical home or hospital rescreen.

Part C agencies have made the added commitment to hearing health by implementing new standards that encourage yearly screening of hearing for the Part C population. This population is at high risk for progressive hearing loss and, given that the number of cases of pediatric hearing loss doubles by the age of 9, this safety net has helped identify about eight children a year who were missed by other primary systems. NMSD has contributed to this net by helping write numerous grants for equipment, and the school has lent audiological and early intervention staff to Part C programs for initial and ongoing trainings.

### Collect and Share Data

There is a problem when you don't know what you don't know. Shared data across agencies allows the state's EHDI system to be assessed for effectiveness, especially as it relates to child outcomes. In New Mexico, the state school for the deaf, the Part C program, and the Newborn Hearing Screening Program all collect data for different purposes. This data is shared at least twice a year as these three programs meet to plan. The Newborn Hearing Screening Program collects data on the number of children screened and diagnosed. NMSD keeps data on age of



entry into early intervention and longitudinal information about the developmental trajectory of the children. The Part C program analyzes their data to insure that children with hearing loss who are referred to generalized services are quickly referred to the school for the deaf for specialized follow-up.

As a result of shared data, New Mexico has been able to chart progress in systems development and child outcomes. In 2001, NMSD was providing services to an average of 36 children, birth to age 3, each month. In 2010, NMSD provided services to an average of 142 children each month in this same age category. Likewise, in 2001, only 12 percent of children without global delays and within the birth to age 3 population were maintaining a typical developmental trajectory. In 2010, assessment and evaluation data indicated that 71 percent of children without global delays who were identified and into early intervention before the age of 6 months maintained a typical developmental trajectory.

### Create Solutions Based on Your State's Demographics

New Mexico has a tiny handful of pediatric audiologists with the equipment and expertise to diagnosis young children with hearing loss. Almost all of these audiologists are located in the city of Albuquerque, which is eight hours from some towns in the state. In a state challenged by poverty, the resources needed for a family to travel this distance with their



newborn for diagnosis are prohibitive. For children in the more rural parts of New Mexico, diagnosis of hearing loss frequently takes between 12-13 months, which is clearly well behind EHDI standards. Part of the problem has been not just the lack of diagnostic resources but also the multiple steps involved before a child is referred for early intervention. A lot of time is lost with so many steps and with the lack of resources. Therefore, referral to early intervention is now happening on a more frequent basis after a failed second screen. This not only cuts out additional steps, but often shaves six to eight months off of the time between the newborn hearing screen and entry into the early intervention system.

New Mexico agencies were initially reticent to make these early referrals because of the concerns that they might overload the state school for the deaf with children whose screens were false positives. There were additional fears that families would be unduly concerned about a potential hearing loss and burdened with early intervention even before a hearing loss was accurately confirmed. Happily, families have reported just the opposite. Far from having their concerns about a potential hearing loss heightened, they felt supported and calmed through the diagnostic process by a knowledgeable provider. Families whose child ended up not having a hearing loss after all

reported that they enjoyed early intervention services and gained a lot of applicable information related to supporting early language development and creating good listening environments. Timely referrals are still a great challenge in New Mexico because of the many private systems spread out across a rural state, but with the public system creating procedures and protocol as well as increasing awareness throughout the state, we are making progress.

New Mexico is committed to the understanding that if a child does not enter into early intervention in a timely manner, regardless of what other outcomes have been achieved, EHDI



PHOTO BY SUSAN FLANIGAN

benchmarks have not been met. It is clear that as the last step in the system, early intervention is the primary indicator of the health of the entire EHDI system and its effectiveness. If children are not screened or diagnosed, if medical and audiological professionals are unfamiliar with how to make appropriate referrals, early intervention cannot happen in a timely fashion.

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**Rosemary Gallegos** is the assistant superintendent of NMSD responsible for IDEA compliance, early intervention, and outreach services. She has over 26 years of experience as an early interventionist, early childhood teacher, and administrator for a wide variety of programs in the education of children who are deaf or hard of hearing. Gallegos has also co-authored and authored curricula and video materials.

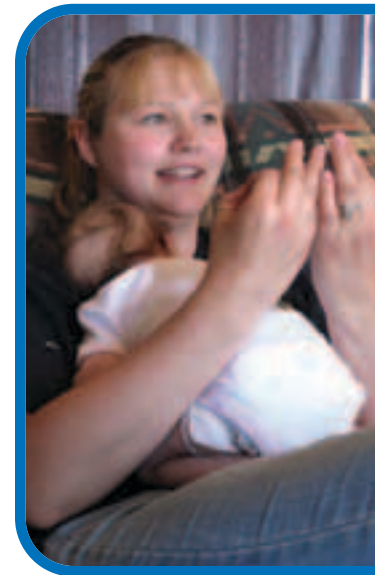
# deaf role models

## making a critical difference in new mexico

By Stacy Abrams and Rosemary Gallegos

*In this issue of Odyssey, Joanne Corwin describes New Mexico's statewide partnership among several agencies for the provision of early intervention services to infants and children who are deaf or hard of hearing and their families (Effective Partnering of State Agencies to Achieve Early Hearing Detection and Intervention Benchmarks, p. 20). One of these services is the Deaf Role Model Program, operated as a statewide Early Intervention Program through the New Mexico School for the Deaf (NMSD).*

With greater understanding in the field of deaf education of the critical nature of early and accessible language and communication, Deaf Role Model Programs have played a significant role in early intervention services for families across the nation. A recent national survey conducted in the spring of 2010 (Gallegos & Lawrence, 2010) indicates that at least 18 states, through their state schools for the deaf, are utilizing deaf role models. In some states, programs are expanding in response to families' requests for more frequent visits from a deaf role model and for services beyond the Early Intervention time frame. Establishing and expanding a Deaf Role Model Program involves careful planning, collaborative partnerships, and visionary leadership.



### Vision and Mission

Many deaf and hard of hearing children are born to parents who do not have experience or information that will help them open up their deaf child's world visually and make language available to their child at all times. Due to the importance of early and accessible language and communication and the development of positive self-esteem, it is critical that parents have resources that allow them to help their child develop language and have full interaction with their family. NMSD has the vision that, given adequate resources, parents can build a community of signers and role models for their child as they themselves

Photos courtesy of Stacy Abrams





**Left:** A father and daughter involved in the Deaf Role Model Program learn how to sign *I love you*.

**Far left:** A mother learns the sign *family* from a deaf role model.

negotiate learning a new language. Deaf adults are a valuable resource in supporting this vision.

The mission of the program needs to be clearly defined for all stakeholders. In New Mexico, the Deaf Role Model Program is statewide and serves families with children who are deaf or hard of hearing in the birth through 6 age range. Deaf role models use the following strategies to implement the mission of the program:

- Share experiences about growing up as a deaf or hard of hearing person
- Encourage the family to attend special activities that broaden their community of deaf and hard of hearing contacts, enhance their communication/language model, and provide opportunities for interaction using sign language
- Share career goals, work experiences, and enthusiasm about the future potential of the child
- Model natural communication and teach sign language
- Focus on language and communication, making the child's world accessible, Deaf culture, literacy, and building community
- Encourage the inclusion of all family members in learning to communicate

## Program Components

### Effective Leadership

Various leaders comprise the successful implementation of a Deaf Role Model Program. Key to growth and quality of the program is a coordinator who can build a team of deaf role models through extensive networking and his or her enthusiasm of the program. The impact of a deaf role model can significantly influence a family's perspective, shifting it to a "can do" and "anything is possible" attitude for their child. In New Mexico, our coordinator travels to all areas of the state, interviewing potential deaf role models, meeting families, doing joint home visits with other NMSD School-age Outreach and Early Intervention Programs, assigning deaf role models, assuring that services are consistent and meet standards, and providing direct services to families when no deaf role model is available.

Upper administration plays a vital role by expecting communication, teaming, and resource sharing among the budget and personnel resources in its various programs such as early intervention, instruction, and School-age Outreach. Superintendents, directors, and other administrators travel to meet families and regional

providers at family events designed to bring families into proximity to each other and to more deaf adults.

### Requirements of Deaf Role Models

Qualifications and requirements are clearly communicated to deaf role models during the hiring process. They understand that they must attend a series of trainings regarding program procedures and mission, the Shared Reading Project, and an annual statewide meeting of NMSD's Early Intervention Program. They are expected to be flexible in working with hearing people with and without an interpreter. Deaf role models must be gainfully employed, established homemakers or college students, and must receive clearance on a background check as required by state law. They are also expected to submit required monthly documentation substantiating the content and frequency of home visits. For services to children in the birth to age 3 category, a college degree is required in order to attain New Mexico Developmental Specialist Certification.

Training and supervision also involve regular contact from the program coordinator in the form of a review of all paperwork, check-ins with families as to satisfaction of services, frequent videophone contact, joint home visits, and individual work sessions to address any problem areas identified by either the deaf role model or the program coordinator.

### Curriculum and Resources

Curriculum and resources used by the New Mexico Deaf Role Model Program include the SKI-HI Deaf Mentor Curriculum (SKI-HI Institute, 2001),



**Above:** A child and his mother sign together.

the Shared Reading Project (Laurent Clerc National Deaf Education Center, 1995), and Signing Time (Coleman, 2005). Also, invaluable are the human and program resources embedded within NMSD. The Deaf Role Model Program regularly interacts and teams with the School-age Outreach Program, the NMSD AmeriCorps Sign Language Model Program, and the Step\*Hi Early Intervention Program. The Deaf Role Model Program also relies on its relationship and network with professional deaf adults employed at NMSD for recruitment of its deaf role models. NMSD alumni are valued for their knowledge of the Deaf community in their areas of the state.

### Referrals

Information about the Deaf Role Model Program is provided to families through the well-established NMSD statewide Step\*Hi Early Intervention Program and NMSD satellite preschools. These programs have multiple entry points from the state public system including the state's EHDI (Early Hearing Detection and Intervention) project, local educational agencies, audiologists, early intervention agencies, and doctors. As children enter Step\*Hi or preschool, they are informed about the Deaf Role Model Program. This allows the Deaf Role Model

Program to capitalize on a network already recognized by the state system and to begin working with families as quickly as possible.

### Meeting Diverse Needs

Meeting diverse cultural and language demographics must be considered so that families agree to participate in the program and are served effectively. Over 50 percent of families seen by the NMSD Early Intervention Program are Hispanic. When needed, Spanish language interpreters as well as sign language interpreters are provided for initial home visits when a family is still adjusting to communicating directly with the deaf role model in American Sign Language. Spanish language interpreters are also provided for all events sponsored by the program. Providers live in the communities where they work so they are accustomed to and knowledgeable about the traditions and values of the community and possible social boundaries when visiting families in their homes. Deaf role models know

that Hispanic and Native American cultures are highly inclusive of extended families and ensure strategies are used that allow them to interact with and involve all members of the immediate and extended family.

### Monitoring Program Effectiveness

Feedback from families—and the gathering of their stories—on a regular basis helps the program monitor its impact. One such story involves a primarily Spanish-speaking family living in a small farming community in southern New Mexico. Their son was referred to Step\*Hi at 2 months old, and by 3 months old he had been introduced to the Deaf Role Model Program and begun receiving periodic visits from the coordinator. He started receiving regular visits from a deaf role model by his first birthday. The family has participated in Outreach learning events on NMSD’s main campus and has been introduced to other families and a number of deaf adults. The child is now 1.5 years old, and his assessments show his progress at or above his developmental age for language and communication. This story helps the program identify areas of strength, such as early referral resulting in timely provision of services, expected child outcomes, family involvement, and the ability to reach families in rural areas of the state. One weakness of the program when analyzing the story is the time lapse between entering NMSD’s Early Intervention Program and the regular services from the Deaf Role Model Program, most likely caused by the paucity of deaf role models in that area of our state.

Keeping a record of various types of data helps inform the program of the next steps and viability and provides justification for additional resources. The Deaf Role Model Program hired a full-time coordinator in 2008 with the goal of expanding the number of deaf role models and the number of families served. As can be seen from the simple data collected below, this goal was

achieved with the number of families almost doubled within two years. Clearly, the addition of a full-time coordinator and a full-time provider has increased the program’s ability to expand the number of part-time deaf role models recruited and to provide services to more families.

difference not a disability, and that building a rich, natural language and communication environment for a child is critical to realizing his or her potential in life, including becoming a full member of his or her family and community.

2008-2009	2009-2010	2010-2011
<ul style="list-style-type: none"> <li>• Full-time coordinator</li> <li>• 15 part-time deaf role models</li> <li>• 33 families in the program</li> <li>• 29 families on the waiting list</li> </ul>	<ul style="list-style-type: none"> <li>• Full-time coordinator</li> <li>• 20 part-time deaf role models</li> <li>• 45 families in the program</li> <li>• 22 families on the waiting list</li> </ul>	<ul style="list-style-type: none"> <li>• Full-time coordinator</li> <li>• 1 full-time deaf role model</li> <li>• 23 part-time deaf role models</li> <li>• 62 families in the program</li> <li>• 17 families on the waiting list</li> </ul>

### Partnerships and Public Awareness

In order for a Deaf Role Model Program to be successful in meeting its goals and reaching the targeted population, it operates with the awareness that it is one part of multiple systems at the family, community, state, and national levels and, as mentioned before, key programs within NMSD. The NMSD Deaf Role Model Program is a recognized service of New Mexico early intervention Part C. It derives a network of contacts and referrals as well as funding by operating within this structure. As a member of this recognized mandated state service, the Deaf Role Model Program benefits from additional quality control related to required documentation of services and qualifications of staff it can employ. In turn, the presence of the Deaf Role Model Program informs the Part C (birth through age 3) state system that a deaf child is to be celebrated. It becomes a resource in facilitating understanding of the fact that with early and ongoing access to language, being deaf is a

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**Right:** Parents take a break during an NMSD Outreach workshop.

# a team approach to quality programming

## FOR DEAF AND HARD OF HEARING STUDENTS

By Priscilla Shannon Gutiérrez

*In this issue of Odyssey, Joanne Corwin describes New Mexico's statewide partnership among several agencies for the provision of early intervention services to infants and children who are deaf or hard of hearing and their families (Effective Partnering of State Agencies to Achieve Early Hearing Detection and Intervention Benchmarks, p. 20). A key agency in the network of early intervention and school-age services is the Outreach Department at the New Mexico School for the Deaf. This article describes a successful endeavor initiated by that department.*

Many parents of deaf or hard of hearing children are overwhelmed by the Individualized Education Program (IEP) process and struggle to understand what it means for their children. As they try to work within the school system, comprehend federal and state regulations, and negotiate a wealth of academic information and testing data, parents find themselves confused about how to be a contributing member of the IEP team. Their concerns can be further complicated by school district staff that may not have a lot of experience or expertise in working with deaf or hard of hearing children.

An important goal within the Outreach Department at the New Mexico School for the Deaf (NMSD) is helping parents feel better able to participate in the IEP process for their child. One of the tools that the NMSD Outreach Department uses to achieve this is the Communication Considerations (CC) Dialogue Form or

*Workshop photo courtesy of Priscilla Shannon Gutiérrez*



**An important goal within the Outreach Department at the New Mexico School for the Deaf (NMSD) is helping parents feel better able to participate in the IEP process for their child.**

addendum to the IEP. The impetus for this form was the New Mexico Deaf Bill of Rights passed in 2004. The form was developed through collaboration between the NMSD Outreach Department and the Special Education Department from Albuquerque Public Schools using an already established addendum from Colorado as a guide. Since then, the New Mexico Public Education Department's *IEP Technical Assistance Manual* has included the CC addendum. Regardless of placement, or level of hearing loss, the form is a required part of the IEP process for any student in New Mexico who is deaf or hard of hearing.

### **A Quality Tool to Support Quality Programming**

A critical part of the IEP discussion about quality programming is the unique language and communication needs of the student and how these affect his or her access to classroom activities, as well as the student's ability to achieve state standards and benchmarks. The CC addendum is designed to ensure these

needs are addressed during the discussion. It addresses the following major points:

- Determining how fluid the student's communication is within a variety of settings.
- Determining if the student's proficiency in a particular language has been adequately assessed.
- Determining if the mode of communication being used with the student is fostering his or her ability to attain higher level academic and language skills.
- Identifying the types of supports the student requires to achieve grade-level skills.
- Determining if the student has opportunities to interact with fluent language users and/or models (both adults and peers).
- Identifying what options are available on the continuum of placement options for the student.
- Identifying what parts of the current school program can be adjusted to meet the needs of the student.



PHOTO BY JOHN T. CONSOLI

communication and instruction using his or her primary language and mode of communication.

- Whether the student has opportunities for direct peer interaction.
- How accessible school programming is throughout the school day—not just within the classroom.

Once these areas have been discussed and documented on the CC addendum, the IEP team must then design action plans to address any of the identified issues within each area. The action plan must include the necessary accommodations and supports to assist the student with access to learning and communication throughout the school day.

### Helping IEP Teams and Parents Use the CC Addendum

Since the development of the CC addendum in 2004, the NMSD Outreach Department has focused on helping IEP teams understand how to effectively use the form to plan quality programming. Initiatives to support educational teams as well as parents in this endeavor have included:

- A two-day intensive institute in the fall of 2005
- A series of regional trainings around the state for school personnel
- Presentations at meetings for special education directors hosted by the Public Education Department
- Parent-specific workshops
- More individualized on-site/district trainings by the NMSD outreach specialist assigned to that district

To ensure these needs are considered during the discussion, the CC addendum requires that the IEP team:

- Identify the student’s primary language and mode of communication.
- Identify the language and mode the family uses to communicate with their child (they are not always the same).
- Take both of these factors into consideration when determining the supports needed to help the student gain grade-level skills.

However, identifying the student’s primary language and mode of communication is not enough to assure quality programming. The IEP team must also determine the level of communication and access the student has within all aspects of his or her school day, including:

- The ability of staff who work with the student to communicate fluidly with him or her.
- Whether the student has opportunities for direct

### Comments from Educators Who Have Attended the CC Addendum Trainings

*“I learned a lot about how deaf children communicate.”*



*“This workshop helped me realize the importance of looking at many aspects of the students with hearing loss to best serve them.”*



*“Very informative! It made sense for those of us who do not deal with this information frequently.”*



*“I learned that we should be considering many more options and opportunities for our deaf and hard of hearing students.”*



These trainings have especially helped regular education teachers that work with deaf or hard of hearing children in mainstreamed integrated classes, who often are not familiar with their unique needs, understand issues of access for these students. The trainings have also helped special education directors and other school personnel who work with the students to understand and better plan for the types of supports and accommodations they need in order to make progress.

Parents have been invited to attend regional workshops about the CC addendum that focus on understanding the purpose of each component of the form, what a well thought-out form looks like, and how the CC addendum can be used to guide quality programming for their child. Prior experience with parents has taught us the importance of removing obstacles that prevent attendance and to value the time commitment from parents. Interpreting support for parents who use Spanish and for parents who use sign language is provided to ensure access and encourage participation in the workshops. Child care is also provided so that parents do not have to keep an eye on their children at the same time they are trying to learn new information. A pizza lunch, as well as snacks and beverages during break times, gives participants the energy they need to maintain their focus throughout the training.

Initially, IEP teams were encouraged to draft the CC addendum at the beginning of or during the IEP meeting as a way to guide development of the service plan for the student. However, this approach proved to be challenging as an IEP agenda is often packed, causing the CC addendum discussion to be rushed and viewed as just another form to complete. Recognizing the importance of this discussion, the NMSD outreach team developed a more effective approach that allows the discussion the time and energy it deserves.

This approach begins with

an NMSD outreach specialist doing a pre-IEP observation of the student and participating in a pre-IEP dialogue with parents and the educational team who works with the student. Parents can provide a wealth of information about their child that the teacher or educational team may not be aware of. Having a discussion about needed supports also helps parents understand how the unique needs of their child translate into quality programming and enables them to more fully participate in the IEP meeting. A pre-IEP dialogue also helps the team identify questions and/or areas that may need more investigation prior to or during the IEP meeting.

A draft CC addendum is developed as a result of the pre-IEP dialogue, giving all members of the educational team an opportunity to be on the same page because together they have carefully considered the unique individual needs of the child. (See the diagram below for highlights of the process.)

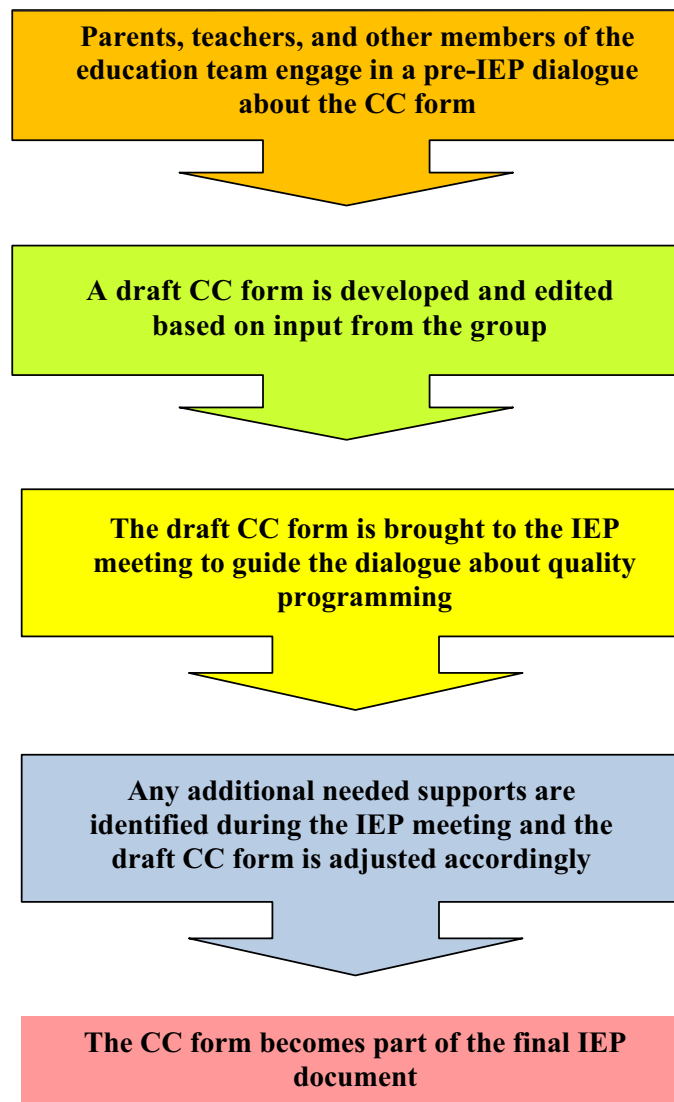
The draft CC addendum provides the IEP team with a working document that guides them toward determining the supports and accommodations the child needs throughout the school day. Including multiple perspectives in the draft form provides a much better picture of the “whole child.”

The process has proven especially helpful for parents who have participated in these pre-IEP dialogues. Comments from parents have included:

*“The dialogue helps address issues beyond the IEP form,” “Helps to ‘educate’ the IEP team about my child,” and “Best done with a TEAM approach, careful thought, a ROUGH draft, and patience!”*

### Next Steps

The NMSD Outreach Department plans to continue helping parents and educational teams understand the CC addendum through the expansion of pre-IEP





dialogues and the drafting of the form prior to the IEP meeting, as well as to continue to provide on-site training to teams who are unfamiliar with the form. One of the goals of this approach is that over time, the need for the parent and the educational team to “use” the outreach specialist to assist with drafting the form will be reduced. Another goal is that parents and the educational staff will be more capable of functioning as a team because they will be able to effectively consider a student’s language and communication needs. The responses from the most recent parent survey regarding NMSD outreach services indicates the approach is indeed having an impact and moving the department towards this goal. Parent responses indicated that by far, the biggest benefit of NMSD outreach services is that they feel an increased ability to participate in their child’s IEP.

As part of our continuing commitment to improve services to public school programs, NMSD seeks to be more diligent and thorough

about measuring student outcomes as well as the impact that NMSD outreach services has on improving program quality. Part of the strategic planning for the department includes the development of a mechanism to measure outcomes for students whose educational team is receiving outreach support.

One of the challenges we face in expanding the pre-IEP dialogue is the high turnover of special education directors in districts around the state. This high turnover often translates into “starting from scratch” in terms of helping newly designated directors understand that the CC addendum isn’t just another piece of paper to fill out at the IEP. Another challenge we face is reaching parents in the more isolated parts of the state to participate in the pre-IEP dialogue. New Mexico is a very rural state with a number of students who reside in extremely isolated areas. Many of their families do not have working telephones or access to the Internet, and reaching them in person can require a four-hour drive. The department is exploring ways to try to reach these families and to expand their participation in the pre-IEP dialogue.

Finally, the NMSD Outreach Department is hoping to share with other outreach departments what they have learned about using the CC addendum as a tool to guide quality programming. We hope the knowledge and experiences we share will help to expand the use of the CC addendum and, ultimately, improve educational outcomes and access for students who are deaf or hard of hearing through a team approach to quality programming.

### NMSD Outreach

The Outreach Department at NMSD provides various forms of support for IEP teams in regard to considering student ability to communicate in academic environments and whether students are ready to use interpreters in a mainstream classroom. Cindy Huff, from NMSD’s Outreach Department, wrote an article for the 2010 issue of *Odyssey* entitled “Determining a Student’s Readiness to Successfully Use Interpreting Services.” This article is available online at [http://clerccenter.gallaudet.edu/Clerc\\_Center/Information\\_and\\_Resources/Publications\\_and\\_Products/Odyssey.html](http://clerccenter.gallaudet.edu/Clerc_Center/Information_and_Resources/Publications_and_Products/Odyssey.html).

NMSD also maintains a website where you may view the Communication Considerations addendum and several technical assistance documents that support its use. Please visit [www.nmsd.k12.nm.us/publications/index.php](http://www.nmsd.k12.nm.us/publications/index.php).



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**CSD** Access ...  
Redefined







**Diana Poeppelmeyer,** PhD, is the director of the Educational Resource Center on Deafness at the Texas School for the Deaf. She has experience teaching at the parent-infant, preschool, middle school, high school, and university levels and has coordinated numerous conferences, workshops, and retreats related to the education of deaf and hard of hearing children. Her current primary interest is helping families become equal partners in the educational process. Poeppelmeyer welcomes questions and comments about this article at [diana.poeppelmeyer@tsd.state.tx.us](mailto:diana.poeppelmeyer@tsd.state.tx.us).

**Right:** An activity leader explains game rules to children and parents during Fun Night at the annual Family Weekend Retreat.

# blended outreach: face-to-face and remote programs

*By Diana Poeppelmeyer*

The Texas School for the Deaf (TSD) has two missions. One is to provide educational services to deaf and hard of hearing students and their families on the Austin campus—this is the traditional, face-to-face, center-based service model. The other is to serve as a resource center for the state, providing information, referral, programs, and services to deaf and hard of hearing children, their families, and the professionals who serve them. That type of service, in a state the size of Texas, may be provided at great distances.

TSD's outreach department, the Educational Resource Center on Deafness (ERCOD), is responsible for spearheading these efforts. Despite the distances involved, ERCOD has historically mirrored the school's model of face-to-face service delivery. Consumers either came to us or we brought staff to consumers wherever they were located. Though we did have a few remote services provided through phone and/or e-mail support and a couple of distance learning classes, our standard operating procedure has been to bring people together for our mainstay programs such as the Family Weekend Retreat, Communication Skills Workshops, Discovery Retreats, and Summer Programs.

In 2004, a simple request for assistance became a catalyst for rethinking our approach to service delivery. A mother called and said, "I want in my hometown what you have at Texas School for the Deaf." Her family had just attended a Family Weekend Retreat, and she saw opportunities at our school that she wanted for her 18-month-old deaf son. What she wanted most and immediately was sign language instruction for her family. It was not readily available in her community so she was calling us for assistance. Though her family lived 260 miles from our campus, her request came at an opportune time for us to span the distance and fill this gap in resources through the use of newly acquired technology. TSD had just installed videophones across much of the campus, and we decided to experiment to see if we could meet this family's needs through remote service delivery. We set up a pilot project using videophones for one-on-one classes

*Photos courtesy of the Texas School for the Deaf*



between an instructor at TSD and the mother, father, and hearing sibling. Not only were we able to bring TSD services to their hometown—we brought them right into their living room! The pilot was such a success that the next year we expanded the program, called it Family Signs, and served 30 parents statewide. Unfortunately, after one year we lost our funding and the program was shelved while we looked for grants and alternatives. Last year the project was resurrected as Family Signs Powered by Skype and ooVoo, and 42 families in 38 cities and towns across Texas received in-home sign language instruction. The program remains a work in progress but has become, for us, an example of positive outcomes resulting from experiments with new models of remote service delivery.

The success of the Family Signs project and the concurrent explosion of new technologies and web 2.0 tools gave us new options for conquering the sheer size of Texas and the challenge of meeting increasing demands in an era of budget reductions. With only nine staff dedicated to outreach and an estimated 6,000 deaf and hard of hearing students in our state, we needed a new approach that allowed us to do more with less. Capitalizing on the abundance of widely available technological tools seemed to be our best prospect to help accomplish our outreach mission.

Consequently, in the last year ERCOD set a new goal of moving towards a blended model of service delivery in which half of our programs are offered remotely and half are offered face to face. Though we already had a number of programs that people could access from a remote location, we have just begun to envision the possibility of providing more remote services that are interactive in nature. With Family Signs as one prototype showing promise, we are paving the way for new directions in service delivery.

As we prepare to create more interactive remote services and resources, some of the questions we must ask ourselves are:

- Does our staff have the knowledge and skills to maximize the technology that is currently available?
- Do our consumers have the knowledge and skills to take advantage of what we offer?
- What technology tools are the most readily available, inexpensive, and easy to use?
- How many consumers do not have access to Internet-based resources?
- Do we have the infrastructure and equipment necessary on both our end and the remote end?
- Can we be nimble enough to keep up with changing technology and consumer preferences?
- Do on-line interactions have the same power to affect outcomes as face-to-face interactions?
- Can programs serving deaf and hard of hearing students work together to coordinate on-line opportunities and resources nationwide?
- What evaluation tools will help us determine which programs are most effective?

Though we don't yet have answers to all of our questions, we know we can't wait to proceed in the direction of offering more remote, interactive services. Technology is rapidly changing the way people communicate, interface, and interact, and programs providing educational services must keep up with these changes or get left behind.

What follows is a description of our current programs categorized by which model of service delivery best describes their format.



## Interactive Remote Services

### Distance Learning:

- Two faculty at TSD teach American Sign Language (ASL) for foreign language credit to hearing and deaf students in 13 school districts throughout Texas.
- Two ASL storytellers at TSD connect with 70 mainstreamed deaf and hard of hearing students in 12 school districts throughout Texas.

**Family Signs** ([www.familysigns.org](http://www.familysigns.org)) is a free sign language instruction program providing Texas parents of deaf or hard of hearing children with one-on-one classes through video technology.

**Phone and e-mail support** is provided for the approximately 2,000 calls and e-mails per year requesting information or referral. There are toll-free lines for both English and Spanish speakers.

## Non-interactive Remote Services

### Resource Websites:

- **TEXAS DEAF AND HARD OF HEARING RESOURCES WEBSITE** ([www.texasdbbresources.org](http://www.texasdbbresources.org))—A portal and resource website for Texas and national services with information for parents and professionals focused on the education of children who are deaf and hard of hearing. Resources for Spanish speakers included.
- **DEAF AND HARD OF HEARING TEXAS TRANSITION WEBSITE** ([www.dbbtexastransition.org](http://www.dbbtexastransition.org))—A collaborative work of the Texas Statewide Transition Team for Deaf and Hard of Hearing Students focusing on resources for transition.

### On-line Materials and Resources:

- **TEXAS MATH SIGN LANGUAGE DICTIONARY** ([www.tsdvideo.org](http://www.tsdvideo.org))—Videos of math vocabulary in ASL and Signing Exact English with English and Spanish captions. This dictionary was developed as a resource for teachers, parents, educators, interpreters, and students using the vocabulary from Texas state-adopted textbooks, curriculum, and assessments.
- **TSD ON-LINE OUTREACH LIBRARY** ([www.tsd.state.tx.us/TOOL](http://www.tsd.state.tx.us/TOOL))—Free lending library for



Texas patrons containing videos and other materials focusing on issues related to education of deaf and hard of hearing children.

- **STATE OF TEXAS ASL REPOSITORY** ([www.tsd.state.tx.us/outreach/star.html](http://www.tsd.state.tx.us/outreach/star.html))—A peer-managed document repository for Texas high school ASL teachers. Teachers of ASL can post activities and lesson plans as well as share videos.
- **TAKE UP THE TASK** ([www.texasdbbresources.org/perspectives/video-library](http://www.texasdbbresources.org/perspectives/video-library))—On-line video and printed resources for parents offering guidance and suggestions for enhancing everyday family routines between parent and child.

### Publications and Information:

- **THE LONE STAR QUARTERLY JOURNAL OF TSD** disseminates information statewide about the school and outreach services.
- **TEXAS EDUCATION CODE** requires that parents and deaf and hard of hearing students statewide receive information about TSD programs and resources at every annual Individualized Education Program meeting. For this purpose, ERCOD produces and distributes approximately 6,000 brochures every year.
- **THE TSD WEBSITE** ([www.tsd.state.tx.us](http://www.tsd.state.tx.us)) provides information about the school, programs, and resources available to statewide stakeholders.

## Face-to-Face Services

While ERCOD plans to expand our remote services, we also have every intention of keeping our face-to-face services going strong. Though much more expensive and labor intensive, these programs offer the greatest rewards as professionals, parents, and students collaboratively work together to accomplish the goals of education for deaf and hard of hearing children.

### Services for Families:

- **STATEWIDE LIAISON TO PARENTS OF DEAF AND HARD OF HEARING CHILDREN:** The position belongs to a parent who responds to parent inquiries, develops family-focused resources, and represents the parent perspective on stakeholder groups.
- **TEXAS HANDS & VOICES** ([www.txbandsandvoices.org](http://www.txbandsandvoices.org)): This organization was established in 2007 with ERCOD support. The Texas chapter of the national organization is dedicated to supporting families and their children who are deaf or hard of hearing as well as the professionals who serve them. This year, ERCOD is working with Texas Hands & Voices to establish a Guide By Your Side program that will focus on providing formal parent-to-parent support and access to deaf and hard of hearing role models.



- **STATEWIDE LIAISON TO SPANISH SPEAKING FAMILIES:** The liaison answers the toll-free line for Spanish-speaking parents, shares information and resources directly, and directs families to print and web resources that are available in Spanish. The liaison also attends our family-focused events and arranges for access through direct service in Spanish or through translation services.

- **FAMILY WEEKEND RETREAT:** ERCOD annually hosts families from across the state for a weekend of learning, networking, and relationship building at the TSD campus. Last summer, we hosted our largest group ever with 54 families (233 individuals) attending. In addition to parent workshops, Sibshops and children's activities are a standard part of our weekend offerings.
- **TRANSITION FAIRS FOR PARENTS:** Held at various locations across the state, these workshops give parents the information they need to navigate the transition from services under IDEA to postsecondary services, options, higher education, training, and/or work.

### Services for Professionals and Pre-professionals:

- **BOTH ERCOD AND TSD STAFF OFFER WORKSHOPS** on a variety of topics including literacy, child development, technology for education, assessment, Deaf culture, transition, and others. The Communication Skills Workshop is our largest workshop endeavor. We offer three week-long camps for sign language immersion and instruction for ASL teachers, deaf education teachers, interpreters, interpreter aides, and parents of deaf and hard of hearing children in Texas. Last summer 521 individuals attended.
- **TOURS AND OBSERVATIONS:** ERCOD routinely plans tours and observations for police cadets, medical residents, and university students in fields such as deaf education, special education, general education, rehabilitation, social work, nursing, and counseling. We consider these opportunities critical for educating people about working with deaf and hard of hearing individuals and explaining the unique learning environment of center-based schools.
- **CO-SPONSOR OF THE BIENNIAL STATEWIDE CONFERENCE ON EDUCATION OF THE DEAF AND HARD OF HEARING:** This biennial event is an educational and networking opportunity for professionals and parents across the state and typically draws between 700-900 participants.
- **INTERNS, STUDENT TEACHERS, AND VOLUNTEERS:** ERCOD actively seeks interns, student teachers, and volunteers through relationships with colleges or universities offering degrees related to the education of deaf and hard of hearing children. Students from Interpreter Training Programs



**Left:** Summer school students enjoy educational and recreational activities with staff.

(ITP) and pre-service deaf education students regularly get community service hours and experience by volunteering for our Family Weekend Retreat and Family Signs programs. ITP students also intern with our Interpreting Services Department and deaf education students do observations and student teaching on our campus.

### Services for Students:

- **SUMMER PROGRAMS** is our largest student-oriented activity. Every summer we run two-, three-, and four-week programs for students from TSD and other programs statewide. Our goal is to enhance academic skills through a variety of enriching activities. Additionally, Drivers Education is offered for students 15 years and older.
- **DISCOVERY RETREAT** is a weekend event offered twice per year for high school students from mainstream or regular education programs. The goal of the retreat is to help students, from both oral and signing backgrounds, discover who they are and develop their leadership skills by interacting with peers in teambuilding activities. Typically 25-30 students attend each retreat.

### Statewide Leadership:

- ERCOD staff members serve on a variety of state-level committees, advisory boards, work groups, and councils to represent our programs and promote interagency collaboration in developing and providing services to deaf and hard of hearing children. Examples of committees include the 0-3 Deaf and Hard of Hearing Leadership Council, Transition Networks, the Department of Assistive and Rehabilitative Services Advisory Council, and Parent Networks.

### Development and Public Relations:

- One final outreach area that has a unique role is that of development and public relations. One ERCOD staff member acts as the liaison to the TSD Foundation and works with the Foundation to find alternative funding sources, plan fundraisers, and establish business and community partners. The same person is responsible for spearheading efforts to promote TSD/ERCOD's image throughout the state as a provider of quality programs and services for deaf and hard of hearing students. We have too often heard that apart from the Deaf community and deaf education professionals, TSD is the state's best-kept secret. Consequently we work hard to create awareness of our programs with the public at large through public relations, media, and marketing efforts. Increased visibility enhances our chances to attract both individuals who can benefit from our services and supporters who can help us achieve our missions.



**Marcy Dicker** is the director of Outreach for the Wisconsin Educational Services Program for the Deaf and Hard of Hearing. Her background is in providing services to young children, birth to age 3, who are deaf, hard of hearing, and deafblind and their families. Dicker welcomes questions and comments about this article at [marcy.dicker@wesp-dhb.wi.gov](mailto:marcy.dicker@wesp-dhb.wi.gov).



**Above:** A two-month-old infant receives her loaner hearing aids through the WISHES program.

# the time is now: wisconsin's journey towards improving early intervention services

By Marcy Dicker

## 1990

*Katie was diagnosed with a profound hearing loss at 26 months of age. Her communication skills were delayed and a hearing loss had been suspected earlier. Her pediatrician, in response to her mother's concerns over the past several months, noted, "Katie laughs out loud, so how could she be deaf?"*

*Several months later, Katie received hearing aids. Her mother was also referred to the county's Birth to 3 Program. In Wisconsin, Birth to 3 Programs were based out of the Department of Health Services, and each county had its own program. Katie was the first deaf child on the service coordinator's caseload. Due to the significant language delay, the Individualized Family Service Plan (IFSP) team determined the need for early intervention. Neither the early interventionist nor the speech therapist on the team had ever worked with a deaf child. The speech therapist, however, knew 10 signs and was assigned to provide services to Katie. Several months later, at 3 years of age, Katie transitioned to the public school system with a vocabulary of 10 signs and behavioral issues stemming from lack of communication.*

Katie was bright and should have entered school with communication skills commensurate to her peers so that she was ready to learn within a classroom environment. Instead, she was linguistically delayed and behavioral challenges were evident. Fortunately for other deaf and hard of hearing children and their families in the state of Wisconsin, early intervention services there have undergone significant changes over the past 20 years.

*Photos courtesy of Marcy Dicker*



**Left:** Early intervention in Wisconsin begins as soon as the child is identified.

Wisconsin faced numerous issues in this evolution. Many of the county Birth to 3 Programs were not able to provide trained and/or experienced personnel to address the unique needs of a child with hearing loss. The low incidence of this population, the size and rural nature of the state, the lack of qualified personnel, and the structure of Wisconsin Birth to 3 services were contributing factors to the challenges in adequately serving this population. This article describes how these challenges were addressed to improve early intervention services in the state.

### **The First Stage**

In 2000, the Joint Committee on Infant Hearing (JCIH) Position Statement established a national evidence-based framework to ensure that all infants born with congenital hearing loss have the opportunity to benefit from early intervention services by 6 months of age. The JCIH goals were to: 1) Screen all babies prior to hospital discharge, 2) diagnose babies as deaf or hard of hearing by three months of age, and 3) enroll them in effective early intervention programs no later than 6 months of age.

The state of Wisconsin aligned with and supported the goals of the JCIH and the national Early Hearing Detection and Intervention (EHDI) efforts. In 1999, the Wisconsin State Legislature passed an unfunded directive that supported the importance of early identification of hearing loss. The Wisconsin State Division of Public Health applied for and received grant funding to assist in the implementation of a comprehensive system of EHDI. A new program—Wisconsin Sound Beginnings (WSB)—was established to develop and implement EHDI standards, protocols, resources, and services in the state. Shortly thereafter, in 2001, the state's outreach program—Wisconsin Educational Services Program for the Deaf and Hard of Hearing (WESP-DHH Outreach)—was established.

WSB hosted a Parent Summit, an invitational conference for Wisconsin families with children between the ages of 0-8 who were deaf, hard of hearing, and deafblind. The newly established WESP-DHH Outreach was invited to participate in this summit. The goal of the summit was to provide a forum for families to make recommendations that would become the foundation for a statewide parent network plan. These



recommendations to increase parent connection arose from the summit:

1. To establish an annual event to connect families
2. To provide direct parent-to-parent support
3. To establish a statewide website and/or listserv for families
4. To provide unbiased information available in one place

Based on these recommendations, WESP-DHH Outreach established a variety of support services for young children and their families. Over the years, other gaps and needs were identified, and additional programs evolved to complement and support Birth to 3 Programs. These programs include:

- **DEAF MENTOR PROGRAM:** Twenty-five to 30 deaf mentors around the state of Wisconsin provide families with in-home sign language instruction using an immersion (bilingual-bicultural) approach.



- **FAMILY CONFERENCE:** Now in its ninth year, this annual statewide conference has grown in attendance to more than 500 participants and includes workshops, family activities, childcare, and support groups. A variety of role models who are deaf, hard of hearing, and deafblind present and/or work at the conference. The first Family Conference, in 2003, resulted in the formation of a Wisconsin chapter of Hands & Voices ([www.handsandvoiceswi.org](http://www.handsandvoiceswi.org)) and a statewide listserv for parents.
- **GUIDE BY YOUR SIDE PROGRAM:** WSB and Wisconsin Families for Hands & Voices collaborated to establish the first Guide By Your Side Program, which matches families of children who have newly diagnosed hearing loss with Parent Guides (trained and more experienced parents of children who are deaf, hard of hearing, and deafblind). Hands & Voices National has since adopted this program model and

helped establish Guide By Your Side programs in other states.

- **BABIES & HEARING LOSS: AN INTERACTIVE NOTEBOOK FOR FAMILIES WITH A YOUNG CHILD WHO IS DEAF OR HARD OF HEARING:** This comprehensive and unbiased overview of options and resources available to families, specific to Wisconsin, is updated and distributed on an ongoing basis.
- **WISCONSIN INFANT/CHILDREN'S STATEWIDE HEARING AID EXCHANGE SERVICE (WISHES):** The WISHES program loans hearing instruments (hearing aids and/or FM systems) for a six-month period to newly identified children who are deaf or hard of hearing. This temporary assistance can bridge the gap between identification of a hearing loss and obtaining the financial means to purchase personal amplification or for children awaiting cochlear implant surgery.
- **IN-HOME EARLY LISTENING PROGRAM (HELP):** HELP provides specific short-term training and guidance for parents in the area of auditory development, by specially trained mentors, in order to support the development of effective listening and spoken language skills.
- **WISCONSIN DEAFBLIND TECHNICAL ASSISTANCE PROJECT (WDBTAP):** WESP-DHH Outreach runs this program with a federal grant award from the Office for Special Education Programs. WDBTAP provides a variety of supports to families of young children who are deafblind and the professionals that work with them, including trainings and workshops, coaching, the Birth to 3 Program, and family support.
- **BIRTH TO 3 PROGRAM CONSULTATION:** WESP-DHH Outreach consultants provide support to Birth to 3 Programs statewide in the assessment process, development of IFSP goals, provision of appropriate resources, and staff training on the specific needs of the child and his or her family. Areas of focus include: communication strengths, needs, and choices; speech, language, and auditory development; the impact of hearing loss on all areas of development; parent education needs; and transition from the Birth to 3 Program to the public school system.

## 2005

*If Katie had been born in Wisconsin 15 years later, she would have been diagnosed within a month of her birth and received an array of services:*

- *She would have been fit with loaner hearing aids by the age of 3 months.*
- *She might have received a cochlear implant at an early age.*
- *Her audiologist would have provided her family with the comprehensive parent notebook, Babies & Hearing Loss.*
- *Her family would have been referred to Birth to 3 and Guide*

*By Your Side. Within two weeks of diagnosis, the family would have met with a parent guide. The parent guide would have reviewed the information covered in the notebook and provided emotional support and guidance to the family as they began to navigate the system, looking for appropriate programming and supports.*

- *Katie would have been enrolled in her county Birth to 3 Program by the age of 6 months (though she demonstrated no developmental delays).*
- *Katie and her family would have had support for her auditory development through HELP, support for visual communication and sign language development through the Deaf Mentor Program, and ongoing parent support via the Family Conference and Wisconsin Families for Hands & Voices.*

Yet despite the many supports through WESP-DHH Outreach, Katie's direct services through the county's Birth to 3 Program may still have been inadequate to help her achieve age-appropriate development by age 3. Although Wisconsin was identifying children who were deaf and hard of hearing in Wisconsin through Universal Newborn Hearing Screening, families were still not consistently receiving direct services within Birth to 3 Programs from professionals who had experience with and understood the unique needs of young children with hearing loss and their families.

### **Identifying and Addressing Systemic Issues**

Given the low incidence of the population and the size of the state, it appeared that a regionalized system of service delivery would more effectively address the issue of service provision from providers with appropriate training and experience. In 2008, personnel from WESP-DHH Outreach and WSB created a document entitled *The Time is Now*. It highlighted key issues and current system strengths and needs required to effectively serve young children who are deaf, hard of hearing, and deafblind and their families. After presenting progress to date, existing systemic needs, and research to support the provision of early intervention services with trained and qualified providers, the document emphasized the need to consider systemic redesign in order to meet the unique needs of these children and families. As a result, WESP-DHH Outreach gained approval from the Wisconsin Birth to 3 Program and the Department of Public Instruction to move forward in a planning process (not implementation) for an alternative regionalized educational service delivery model.



**Above:** Family education and involvement are key components to Wisconsin's programming.

A two-day intensive planning meeting, the Birth to 6 Redesign Summit, was convened to develop and solidify the concepts for redesign. Over 50 participants represented a broad stakeholder group, including parents of children who are deaf, hard of hearing, and deafblind, early interventionists, early childhood educators, childcare representatives, social workers, audiologists, physicians and allied health care providers, policymakers, schools of medicine and education, research institutions, state planning agencies, community service providers, and advocacy organizations. This summit was highly successful; in addition to identifying a variety of success factors





and system variables, it helped connect key stakeholders across the state, from a variety of systems, by their common desire to redesign the system in order to serve better the state's youngest children with hearing loss, their families, and the programs that serve this population. As a result of the energy and direction of the summit, the Wisconsin Birth to 3 Program awarded American Recovery and Reinvestment Act (ARRA) funds to WESP-DHH Outreach to implement the concepts that evolved from the summit and create a two-year pilot redesign of the system.

This ARRA-funded project became the Western Regional Birth to 6 Redesign Pilot. The goal of this pilot project is to show the benefits and efficacy of restructuring the current delivery system. This pilot system differs from the current system in that a regional team composed of providers, recruited from school districts, educational cooperatives, county Birth to 3 Programs, and other programs, will be able to cross county and school district lines in order to provide services within the entire region. Identified providers for the regional team have an interest in serving this population and have some background knowledge and/or experience. This regional system will support

responsibilities of the state outreach program, in conjunction with CESA 10, include:

- Identifying regional team members.
- Hiring and overseeing a regional services coordinator to ensure consistency and linkages within the region as well as assisting in facilitating the necessary creative collaborations between agencies and programs to allow a qualified provider in one county or program to provide services to another county or program.
- Designing and providing training for the regional team.
- Designing of the process for families to obtain services.
- Promoting the project at a state systems level.

The pilot project is now in Year II, the implementation phase. Regional team members have been identified and have received training and materials from the SKI-HI program out of Utah. This year is dedicated to restructuring service provision, ensuring creative collaborations and sharing of resources, as well as data collection to determine the impact of these restructured services. Given positive outcomes for this project, it is hoped that this design can be replicated in all regions of the state.



the overarching goal of ensuring that every child identified with hearing loss in the region with Birth to 3 services receives services from qualified and trained providers.

WESP-DHH Outreach is collaborating with CESA 10, an educational agency in the western area of Wisconsin, to implement this pilot project with a focus on serving the children and families in the western region of Wisconsin. The

## 2010

*Imagine Katie was born 20 years later. She was diagnosed with hearing loss by 1 month of age, fitted with hearing aids by 3 months of age, and connected to parent-to-parent support and Birth to 3 Programming by 6 months of age. Her Birth to 3 providers have been identified (although they are from another county and school district) as individuals who are able to provide support for Katie's development of sign language and auditory skills as well as attend to her overall communication and social-emotional needs. Katie's family also receives support from the WISHES program, HELP, Guide By Your Side, and the Deaf Mentor Program. WESP-DHH Outreach's Birth to 6 consultant has worked with Katie's IFSP team to ensure appropriate expectations and outcomes. Katie is making great strides in her development. Her parents are well educated about their options, and they are involved in supporting Katie's development in all realms. They are also in contact with many area parents through Wisconsin Families for Hands & Voices and the annual Statewide Family Conference as well as with adult Deaf role models. We have every reason to believe that when Katie reaches her third birthday, her communication skills will be commensurate with those of her peers. Katie will enter school ready to learn. Her parents will be prepared to make*



*educated choices and decisions along the way using Katie's strengths and needs to chart her course.*

The past decade has truly been a journey for the state of Wisconsin. New collaborations have been established, and there is a growing awareness of the need to redesign service delivery in order to truly meet the needs of our youngest students who are hard of hearing, deaf, and deafblind. This will not be a short journey, nor will there be easy solutions, but the time to make a change in Wisconsin is now. The National Deaf Education Reform Movement has adopted Victor Hugo's slogan, "There is nothing more powerful in this world than an idea whose time has come." In Wisconsin, our time has come.

To access the contents of the parent notebook, visit [www.wesp-dbb.wi.gov/wesp/out\\_parent\\_notebook.cfm](http://www.wesp-dbb.wi.gov/wesp/out_parent_notebook.cfm).

To access the contents of *The Time is Now*, visit [www.wesp-dbb.wi.gov/B\\_3/The\\_Time\\_is\\_Now.pdf](http://www.wesp-dbb.wi.gov/B_3/The_Time_is_Now.pdf).

To access more information about the Birth to 6 Redesign Summit, visit [www.wesp-dbb.wi.gov/wesp/out\\_b6summit.cfm](http://www.wesp-dbb.wi.gov/wesp/out_b6summit.cfm) or e-mail [marcy.dicker@wesp-dbb.wi.gov](mailto:marcy.dicker@wesp-dbb.wi.gov).

For more information about WESP-DHH Outreach, visit [www.wesp-dbb.wi.gov/wesp/](http://www.wesp-dbb.wi.gov/wesp/).



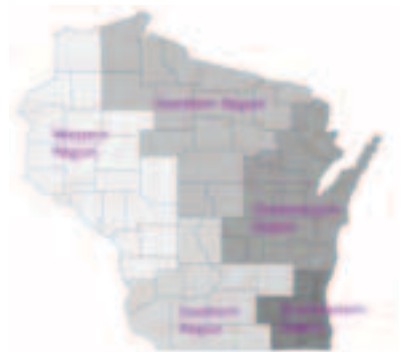
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**Left:** The Western Regional Birth to 6 Redesign team.

**Below:** Children and families served by the Western Region Birth to 6 Redesign Pilot project reside in the western region of Wisconsin.



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# preparing professionals to work with infants, toddlers, and their families:

## A HYBRID APPROACH TO LEARNING

By Marilyn Sass-Lehrer, Beth S. Benedict, and Nicole Hutchinson

Specialists who have been prepared to work with infants and toddlers who are deaf or hard of hearing and their families are hard to find. As a result of the effectiveness of Newborn Hearing Screening Programs, there has been a rapid growth in the number of young children needing early intervention services (White, 2006). The number of infants identified as deaf or hard of hearing has doubled in the last decade, accounting for two to three infants for every 1,000 births or between 8,000-12,000 infants annually (<http://infanthearing.org/resources/fact.pdf>). Many programs struggle to find adequately prepared professionals (Marge & Marge, 2005; White, 2006).

A shortage of well-prepared professionals imposes limits on access to comprehensive and effective early intervention services to deaf and hard of hearing children (JCIH, 2007). The Individuals with Disabilities Education Act (2004) expects states to ensure that professionals working with infants and toddlers have relevant skills (Winton, McCollum, & Catlett, 2008), however, there are very few university programs that provide specialized preparation for working with children who are deaf or hard of hearing (Jones & Ewing, 2002; Rice & Lenihan, 2005; Sass-Lehrer et al., 2010). Many professionals begin their work with limited experiences with this population and depend upon workshops and conferences to acquire the information they need (Sass-Lehrer et al., 2010). Unfortunately, this approach to learning is not ideal and often results in significant gaps and misunderstandings.

Gallaudet University developed an innovative approach to address the need for more well-prepared professionals to work with young children and their families. In the summer of 2007, the Burstein Leadership Institute, under the College of Professional Studies and Outreach at Gallaudet University, launched the Early Education Professional Leadership Certificate Program with a cohort of 12 students. This initial on-line certification program included a series of four courses that were offered for PST credit (professional development credit). Students received a certificate from the

Photos by John T. Consoli

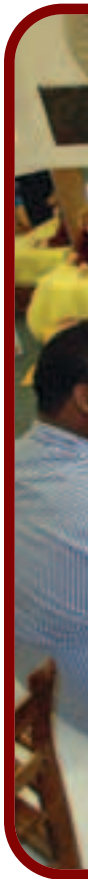






PHOTO BY CHRIS KABUSK



**Nicole Hutchinson**

received her bachelor's degree from the University of California, San Diego in linguistics (American Sign Language). She is a graduate student at Gallaudet University and will graduate in May 2011 with a master's degree in deaf education with a specialization in family-centered early education. Hutchinson has been actively involved in the development of the new on-line certificate program.

College of Professional Studies and Outreach after successful completion of the four-course sequence of studies.

Beginning in the summer of 2011, an expanded version of the program will be offered as a graduate certificate program. This newly revised program will be known as the Deaf and Hard of Hearing Infants, Toddlers and Families: Collaboration and Leadership Interdisciplinary Graduate Certificate Program. Participants in the initial program evaluated their experiences positively and said that they were able to apply what they had learned to their daily work. However, some students indicated that they would like more, and in the years after the development of the certificate program the program directors decided to review and revise the initial program. The newly revised program includes an emphasis on how to work as a member of an interdisciplinary team.

The certificate program addresses the following areas of need:

- The shortage of knowledgeable professionals with expertise in working with infants, toddlers, and their families
- The lack of professionals who are themselves deaf or hard of hearing

- The need for professionals who have knowledge and skills in a range of disciplinary areas
- The barriers to training that early education service personnel may experience, such as distances from learning centers

**Increasing the Number of Deaf Professionals**

Parents and caregivers whose babies are deaf or hard of hearing interact with many specialists over the course of the first months and years of their child's life. These specialists include health care professionals, audiologists, service coordinators from the state early intervention systems, and early intervention specialists. Many families also work with speech-language pathologists, social workers, mental health counselors, and psychologists. The vast majority of these professionals lack experiences with deaf and hard of hearing people, and are therefore unable to help parents understand what it means to be deaf. Professionals who are deaf and hard of hearing are essential to the interdisciplinary team of service providers (Benedict & Sass-Lehrer, 2007; Benedict et al., 2011).

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The guidance that the family receives from professionals can have a dramatic impact on families' responses and the decisions they make (Beazley & Moore, 1995; Eleweke & Rodda, 2000; Young & Tattersall, 2007). For example, if professionals communicate to parents and caregivers that being deaf or hard of hearing is a tragedy, they are likely to feel sad or grieve. On the other hand, parents who are provided with opportunities to get to know deaf people tend to be more optimistic about their child's future and have a better understanding of both the joys and challenges that lie ahead (Hintermair, 2000, 2006; Watkins, Pittman, & Walden, 1998).

Despite the evidence that outcomes are better when infants, toddlers, and their families have meaningful interactions with deaf or hard of hearing adults, there are very few trained specialists who are deaf or hard of hearing. One parent describes the power of working closely with deaf people this way:

*My son was the first deaf person I ever met. As a family we embraced Deaf culture, American Sign Language, deaf role models, and deaf families early in his life.*

*He grew to become a confident, highly educated, tolerant, and patient adult. I am grateful and proud as I reflect on how enriched our lives have become. (Benedict et al., 2011)*

Since the inception of the certificate program, the participants have included professionals from different backgrounds, parents of deaf children, and people who are deaf or who have roots in the Deaf community. The program has also attracted professionals who are newcomers to the field with limited experiences with deaf people. Participants include professionals who are deaf educators, linguists, special educators, counselors and others from health care fields, as well as those who are involved in administration and policy work. Having participants from such diverse backgrounds and varied degrees of hearing loss has resulted in positive outcomes. The deaf and hard of hearing professionals trained through this program become role models for the families they subsequently meet. The participants who are hearing develop an appreciation for the importance of including deaf or hard of hearing professionals on the interdisciplinary team, and develop a network of Deaf

community resources through their participation in the program.

### **Interdisciplinary Preparation**

Recent developments in research and technology have resulted in new demands on professionals with knowledge and skills from a range of disciplinary areas. The role of professionals working with infants, toddlers, and their families has become increasingly complex. Early intervention specialists are consultants, collaborators, family educators, and developmental and language specialists. Families with young children who have developmental challenges underscore the importance of having a team of experts who understand how to work together to provide for their child's and family's needs (Meadow-Orlans, Mertens, & Sass-Lehrer, 2003). It is unrealistic to expect a professional prepared in one discipline (e.g., education, speech-language pathology) to be an expert in all areas. Instead, professionals must be prepared to work in collaboration with other professionals who have expertise in other disciplinary areas. Interdisciplinary training prepares graduates with the knowledge and skills to work in

collaboration with others on an interdisciplinary team. Professionals who take part in interdisciplinary experiences as part of their training are likely to provide interdisciplinary collaborative services to children and their families (Mellon & Winton, 2003).

Interdisciplinary personnel preparation involves collaboration and the inclusion of two or more disciplines such as counseling, deaf education, early childhood special education, speech-language pathology, social work, and psychology. Developing an interdisciplinary program of studies is challenging in a university that has a traditional departmental or division structure (Kilgo & Bruder, 1997). Professional preparation programs are often limited by requirements from their respective accreditation bodies with little flexibility to allow for additional coursework and experiences. Courses are typically offered through one department and are rarely co-taught. University policies and accountability inadvertently often lead to competition among programs rather than collaboration.

Although the initial program included elements of an interdisciplinary approach, the program directors recognized the need to extend and expand interdisciplinary experiences. To do this, an advisory council of experts on and off campus was established to guide the conceptualization of program development work. The advisory council included parents of deaf children, a pediatrician with expertise in working with deaf children, a developmental specialist who has developed on-line programming in early intervention for children with developmental disabilities and delays, and others. The program directors also established an Interdisciplinary Work Group of professionals from the University community, including experts and practitioners from the Laurent Clerc National Deaf Education Center as well

as faculty from the following program areas: American Sign Language (ASL) and Deaf Studies; Communication Studies; Counseling; Education; Hearing, Speech, and Language Sciences; Linguistics; Psychology; and Social Work. The Interdisciplinary Work Group met biweekly (and later weekly) to develop the new Deaf and Hard of Hearing Infants, Toddlers and Families Certificate Program that included the perspectives from the above disciplines as they apply to working with infants, toddlers, and their families.

This work group experience was vital to the strengthening of the interdisciplinary nature of the program. Faculty involved in the development of this new interdisciplinary program found the work both enriching and challenging. Discussions stretched their understanding of new concepts and perspectives. They discovered that professional jargon specific to one professional discipline was not always understood in the same way by those from other specialty areas, and agreed upon common language that helped to promote communication across disciplines (Weston, 2005). They discussed theoretical perspectives to arrive at a shared understanding of the principles that



would frame the revised program development efforts. They also shared their respective knowledge with others in the group.

One example of this type of debate is a series of discussions the work group had on the concepts of *diversity* and *multiculturalism*. Each individual brought his or her own understanding of these concepts to the table. One of the members of the work group had extensive expertise in this area and provided the guidance needed to develop a program of studies that embraced the principles of diversity.

In another example, one of the members of the interdisciplinary work group preferred to use family-first language in the program documents while others proposed child-first language. This difference popped up on several occasions during discussions about the philosophy and learning outcomes of the program as well as related to the name of the program (e.g., Should “Families with Deaf and Hard of Hearing Infants and Toddlers” be used or “Deaf and Hard of Hearing Infants, Toddlers, and Their Families?”). Group discussions revealed that the emphasis on families was needed in some professional disciplines (e.g., speech-language pathology) that have traditionally focused on the child and minimized the role of parents/caregivers, while others believed it was necessary to communicate that the family’s role is to support the needs of their child and, therefore, the focus needs to be on the child. This discussion gave work group members a better understanding of their own, as well as other, disciplines and perspectives.

Discipline-specific expertise was also an important topic of discussion. For example, members of the Interdisciplinary Work Group discussed limitations on their respective areas of expertise. Some were concerned about the extent to which it was appropriate for one professional to assume



responsibilities traditionally restricted to a professional licensed in another area such as social work, counseling, or speech-language pathology without exceeding professional boundaries. To address this potential problem, a unit of instruction on both the roles and expertise of various professionals and professional standards, scope of practice, and ethical behaviors was added.

As a result of the multiple perspectives and the areas of expertise reflected during the program revision process, the new program is truly interdisciplinary in its scope and approach as well as in its emphasis on collaboration with other professionals.

### **On-line Learning**

Traditionally, a significant barrier to the preparation of professionals for this specialized area has been access to learning. The vast majority of potential learners are currently employed, and therefore unable to relocate or take off significant time to attend a program of studies that is on a university campus. Until recently, many learners faced significant technological barriers in pursuit of on-line learning.

Developments in on-line teaching and learning strategies, as well as improvements in technology, have made on-line learning a more interactive and dynamic learning process than ever before. Access to high-speed Internet and visual technologies have also provided more opportunities for both instructors and learners to use face-to-face communication so that instruction can be delivered through both ASL and

English print. Learners—hearing, deaf, or hard of hearing—are not dependent upon classroom interpreters to ensure that everyone has access to the content and course activities, and they can participate fully in class discussions.

As a result of these technological advances, the program has been designed to be conducted through on-line learning, including two short on-campus seminars. This has greatly increased the number and diversity of potential participants, while also affording them the opportunity to interact face to face during the brief on-campus seminars.

### **Expansion of Course Content**

During the review process, many strengths of the content covered in the initial program were identified. Areas that needed to be addressed in more depth included:

- Stronger training for professionals to fully support the development of young children's early language and communication skills

- Additional attention to the areas of listening and spoken language development and the assistive listening technologies that are widely used
- Opportunities for learners in the program to apply the knowledge acquired in their coursework to their work with infants, toddlers, and families (if they did not already have this experience)

In response to these gaps, the revised program has expanded coursework in language and communication and the opportunity for a capstone experience that might include a field experience or mentoring project to help learners implement strategies they are acquiring through their coursework.

### **Deaf and Hard of Hearing Infants, Toddlers and Families: Collaboration and Leadership Interdisciplinary Graduate Certificate Program**

The reworked and renamed program beginning in May 2011 is an interdisciplinary program designed for professionals from different disciplinary fields. These professionals will learn how to apply their unique professional area of expertise to early intervention as well as how to implement an interdisciplinary team approach. The teaching and learning strategies include both ASL and English for optimal access for learners who are deaf, hard of hearing, or hearing. The critical role and contributions of

## **Burstein Leadership Institute**

The Burstein Leadership Institute (formerly the Gallaudet Leadership Institute) provided support to establish an on-line certificate program. The Burstein Leadership Institute "...is a comprehensive unit of the College of Professional Studies and Outreach dedicated to improving the quality of the personal and professional lives of deaf and hard of hearing individuals, by developing the leadership abilities of these individuals, their families, and other individuals in their immediate and extended personal and professional communities, and (2) developing and enhancing the professional and leadership abilities of individuals who administer programs and services in deaf-centric and for-profit agencies and corporations." (Burstein Leadership Institute, 2010)



## DEAF AND HARD OF HEARING INFANTS, TODDLERS AND FAMILIES: COLLABORATION AND LEADERSHIP INTERDISCIPLINARY GRADUATE CERTIFICATE PROGRAM

All courses are being offered for professional studies credit  
and graduate credit.

This is a 6-course (18-credit) graduate certificate program that provides professionals with current evidence-based knowledge and skills for working with families and their very young children who are deaf or hard of hearing. The content and teaching of the program is interdisciplinary and focuses on: professional and ethical practices, communication and language(s), families, and developmental assessment and programming. All courses will be co-taught by two professionals from different disciplines. Candidates will acquire leadership, advocacy, and collaboration skills that promote age and developmentally appropriate outcomes for infants and toddlers. Upon completion of the program, candidates will receive a certificate of completion.

**Course  
1**

**Socio-Cultural and Political Contexts for Deaf and Hard of Hearing  
Infants, Toddlers and their Families**

On campus and online (hybrid), May 20-June 3; May 20-23 on campus

**Course  
2**

**Communication, Language and Cognitive Development: Deaf  
and Hard of Hearing Infants and Toddlers**

Online, June 6-July 29, 2011

**Course  
3**

**Leadership Perspectives on Families with Deaf or Hard of Hearing  
Infants and Toddlers: Their Cultures and Communities**

Online, Fall 2011 (dates TBA)

**Course  
4**

**Strategies for Developing Communication, Language and  
Cognition for Deaf and Hard of Hearing Infants and Toddlers**

Online, Spring 2012 (dates TBA)

**Course  
5**

**A Developmental Approach to Programming for Infants,  
Toddlers and their Families**

On campus and online (hybrid), May 2012 (dates TBA)

**Course  
6**

**Individualized Capstone Experience**

Field Based (dates TBA)



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deaf and hard of hearing people on the interdisciplinary team are a central focus of this program.

The newly revised program, provided through on-line learning, including two short on-campus seminars, includes six courses that address the knowledge and skills that all professionals working with this population should possess. (See page 49 for program sequence of study.) The program focuses on the acquisition of knowledge and skills in four broad content areas:

1. Professional and ethical practices
2. Communication and language
3. Families, cultures, and communities
4. Developmental assessment and programming

Units of instruction are developed and taught by professionals with expertise in working with infants, toddlers, and their families from a wide array of disciplinary backgrounds. Bilingual ASL and English principles and philosophical perspectives influence the curriculum content and delivery of coursework and experiences. An emphasis on ASL and English is infused in the on-line instruction, and courses provide information and resources professionals need to support families and young children as they acquire both ASL and English in the early years. Each course is offered for graduate or professional studies credits.

## Conclusion

Gallaudet University recognizes the need to support interdisciplinary programming and currently offers programs that provide elements of interdisciplinary teaching and learning. The University is undergoing an investigation of how interdisciplinary programming can be enhanced to meet current and future needs. The Deaf and Hard of Hearing Infants, Toddlers and Families: Collaboration and Leadership Interdisciplinary Graduate Certificate Program is designed to fill critical gaps in training. Professionals working with this population rarely have specialized preparation that covers the early

developmental needs of young children while providing families with the information and support they need to ensure that their young children have a healthy start and the foundations for later learning. A recent survey of professionals (Sass-Lehrer et al., 2010) asked about the professional training needs in their state. One responded:

*My best guess is that 50 percent of the 0-3 population is served (in my state) by individuals...who have never seen or talked to a deaf or hard of hearing person beyond the age of 6...*

In another context, one mother shared her experiences with early intervention services and the lack of deaf professionals:

*When we found out our daughter was deaf, we began early intervention services. There was no mention of the Deaf community, ASL, or deaf schools and the resources they provided. The only deaf person we knew was our child. It was through our own search that we stumbled upon these valuable resources. After we made these connections, our family's lives became much easier and our daughter's language began to flourish. Deaf professionals employed in every level of EHDI services and the resources that deaf schools provide are a critical missing link in today's early intervention programs. Parents deserve to have all the resources,*



*information, and tools necessary to raise their deaf children. (Benedict, 2011).*

The Gallaudet certificate program hopes to change this situation by providing an accessible preparation program through on-line learning. The program aims to attract professionals who are already providing services and want to improve, expand, or update their knowledge and skills as well as those who are pursuing professional degrees and are interested in working with infants, toddlers, and their families. The program expects to increase the number of deaf and hard of hearing professionals so that families and young children have more opportunities to learn what it means to be deaf and what families can do to ensure that their babies are off to a good start.

## Resources

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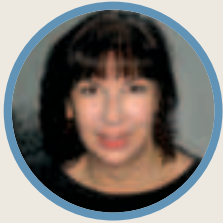
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# picturing time:

## visual techniques for teaching the concepts of yesterday, today, and tomorrow

*By Julia Weinberg*

*“Apple, apple, apple...red, red, red...”* The sound of those words rang in my ears 16 years ago as I listened to our early intervention worker speak and sign them to Shana, my vivacious toddler, day after day, week after week, during home visits. Shana and I enjoyed these visits, but at times I felt so pessimistic. How would we ever have deep conversations about friendship, theater, and all the other topics that I daydreamed about sharing with her?

I began learning sign language immediately after adopting Shana when she was 7 months old, and she began wearing hearing aids by age 1. Like most other hearing parents of deaf children, I was faced with the challenge of learning a second language simultaneously with teaching it to my child, but I used speech and sign language with her as best I could. We participated in home- and school-based early intervention programs, and she subsequently attended a preschool for deaf children. Nonetheless, I could sense the growing gap between her active curiosity about the world and her delayed language development. I was determined to find a solution.

Today, Shana is a mainstreamed junior in high school who takes for granted that we will have long conversations into the night about her relationships, the books she reads, the theater we share, and, of course, her aspirations. Although I attribute my daughter’s progress to a number of factors, the first and most critical step was finding a way to ensure that she did not miss out on **incidental learning**.

A considerable amount of learning, especially in the early years, is incidental learning (Marschark, 2000). What is incidental learning? It is learning that occurs simply through exposure to our environment—what we hear, see, and experience. It takes place in the natural course of events, without intentionally directed instruction about how or what to learn (Calderon & Greenberg, 2003). For example, think about how you learned that grass is green at certain times of the year. You probably cannot remember learning that information because

*Calendar photo courtesy of Julia Weinberg*



you learned it incidentally, i.e., by exposure to green grass over some period of time. It is now well-established that background knowledge is a substantial factor in developing literacy, and the breadth of your child's background knowledge depends largely on incidental learning (Snow, Scarborough, & Burns, 1999).

Incidental learning includes factual information as well as abstract concepts such as categories, cause and effect, symbols, and time.

Hearing children have the opportunity to absorb the meaning of many abstract concepts after hearing or overhearing countless

repetitions of those concepts in the meaningful context of conversation (Levy & Nelson, 1994). However, deaf children of hearing parents do not have the same access to incidental learning due to more limited access to language, both spoken and signed (Calderon & Greenberg, 2003). Parents (and other adults doing caretaking) are

generally not fluent enough in sign language early in their child's development to go about their business and yet ensure that their children are exposed to these terms anywhere near the same extent as hearing kids. Sign language can't be easily parallel processed (despite peripheral vision), i.e., if the child is truly looking elsewhere or distracted, he or she won't absorb the terms. Early on, hearing parents aren't as skilled as deaf parents at communicating so that the juxtaposition of language and situation is maintained (Spencer, 1998). Similarly, even if the child begins to read speech and/or hears with aids, he or she is not going to catch every use of these words the way a hearing child would (Braden, 1994). Also, keep in mind that while hearing children can benefit from overhearing spoken language regardless of who is speaking, deaf children are often in the presence of people who are not even attempting to communicate with them effectively.

I asked myself why Shana's learning had to be held back by her delayed pace of language development. I feared that her intense curiosity would be slowly extinguished. Moreover, as a psychologist evaluating deaf children, I frequently detected behavioral health problems attributable in part to their impoverished language development, particularly with respect to abstract concepts about time and causation. If a child wants something to occur and cannot understand any concept more specific than "later," his or her frustration will eventually lead to passive, impulsive, or aggressive behavior.

## Incidental Learning Doesn't Have to Be Incidental

I resolved to devise visual methods for my daughter and other children to engage in "incidental" learning about abstract concepts and background knowledge despite the impediment of



delayed language. I developed InSIGHT Visual Learning Strategies, which are visually based techniques that can be implemented by parents or teachers without elaborate training or special materials. These techniques afford deaf children the same benefit hearing children derive from incidental learning. For many years, I

have shared these techniques with parents in my psychology practice and also presented workshops to early intervention professionals and teachers.

I applied these techniques to the abstract concepts of *yesterday*, *today*, and *tomorrow*, which are concepts of **conventional time**, i.e., systems of time that our culture has created and which only have subjective definitions, making them difficult to teach directly (Friedman, 1978). Children generally learn these concepts through contextual experience accompanied or followed by spoken language. For example, research has demonstrated a relationship between mother-child conversations about future events and the development of young children's understanding of future time (Hudson, 2006).

In a nutshell, my approach creates simple, routine opportunities for exposure to readily available visual materials that represent a distinctive experience that the child had yesterday or today or will have tomorrow, accompanied by your use of the applicable spoken or signed word. These techniques for teaching time are based on two kinds of visual materials: photographs and calendars. Both types of materials lend themselves to presenting pictorial sequences. The child learns the abstract concepts for time through repeated exposure to these visual sequences, in a clear context, accompanied by language referring to the abstract concepts of *yesterday*, *today*, and *tomorrow*.

### Photographs

This is the simpler of the two techniques, and the easiest to implement. This technique also lends itself to collaboration with your child's early intervention or school program. It is based on an experience that differed (by design) yesterday from today, and will differ tomorrow. You select the experience to photograph, or ask your child's teacher to photograph it. The experience could be one as simple as which color shirt your child wears. For



example, if your child wore a blue shirt yesterday, is wearing a red shirt today, and you ensure that he or she wears a yellow shirt tomorrow, the context will lead to learning the concepts of *yesterday*, *today*, and *tomorrow*. Each time this technique is used, you would show your child one, two, or three photos, signing and/or speaking the appropriate reference to time. The context, in which the particular photo could only be of one of those days, will lead to learning. Incidental exposure to such concepts in context is how hearing children pick up these abstract concepts.



**Materials needed:**

- Digital camera and printer OR
- Camera phone

**How to use the photos:**

1. Select the type(s) of experience you want to use in the photos, one your child would easily recognize. (See the list below for examples.) Keep in mind that you need to ensure that the experience will not be repeated over each of the three days, or that it will vary enough to be very distinctive without additional explanation or description. For example, if your child visited Santa Claus yesterday but your home is filled with decorations that show Santa Claus, the visit would not be a good experience to use.
2. Take photos yourself and/or ask your child’s teachers to send photos home.
3. Find a brief quiet time to sit with your child, showing the photo(s) and signing/speaking the applicable time



- designations: *yesterday*, *today*, *tomorrow*. Feel free to use only one or two, or even all three. For some children, bedtime is an appealing opportunity to look at these photos.
4. Repeat step 3 whenever you have another opportunity.

**Examples of experiences to photograph:**

- Clothes worn
- Special events (pleasant or not)—party at school, in bed sick
- Regular activities for fun—play activities at home
- People—relatives, baby sitters, play dates
- Foods eaten

**Calendar**

Visual techniques can also be applied to more complex concepts such as *sequence* and *organization*. Your child can learn from this calendar even before mastering language skills—it is not necessary to know spoken, written, or signed language, nor is it necessary to know the days of the week or months of the year. Like the photos described above, this calendar is designed around your child’s actual experiences.

**Examples of what can be represented on the calendar:**

- School days
- Special events (pleasant or not)—party, in bed sick
- Regular activities for fun—play activities at home, playground, museums
- Visits to the doctor or other appointments
- People visiting or visited—relatives, baby sitters, play dates
- Foods eaten and/or restaurants visited
- Holidays
- Clothes worn

**Materials needed:**

- Large blank office wall calendar, with large spaces for each day and with pages that can be torn off easily—big enough to see from across the room
- Colored markers to use for simple line drawings
- Stickers representing various routine activities, special



PHOTO BY CHRIS KABUSK

activities, medical appointments, holidays, interests (e.g., favorite toys or foods)

- Brochures and magazine pictures of activities, restaurants, and other community landmarks that your child has visited or will visit—use logos, objects, signs
- Small photos cut out that show the faces of relatives and friends

#### How to use the calendar:

Try to prepare materials ahead of time in batches so that you can use them promptly. Hang the calendar on a wall at your child's eye level in a location where your child will see it frequently, but also make sure that you can remove it easily to work on or to share with your child at a table or on the floor. Whenever you have an opportunity, refer to the pictures using the terms *yesterday*, *today*, or *tomorrow*. Try to make the calendar a fairly regular part of your daily routine. If possible, encourage your child to attach some pictures with your assistance. Even after the month has passed, save the calendar to enjoy later.

Once you get going, the calendar can be fun for your family to maintain. Avoid approaching this activity with rigid expectations of yourself:

- Do not concern yourself with neatness or artistic quality.
- Do not worry about consistency in representing every important event or in the way you represent something.
- Do not worry if you skip some days.
- Even if you don't represent something ahead of time, you can still do so after the fact.
- Remember, this is not a calendar you are using for scheduling.

#### When to Use these Techniques

There is consensus among developmental psychologists that the understanding of time concepts (although not the telling of time) typically develops between ages 3 to 6. Since the concepts of *yesterday*, *today*, and *tomorrow* are learned incidentally, the typical learning process takes place over a longer period than some other concepts. In other words, it occurs through

extensive, frequent exposure to adults' use of these terms in context. Although most toddlers won't develop mastery, they can begin to learn the concepts. Unlike some other concepts such as *truth*, concepts of time do have some physical correlates that a toddler can absorb from context even though a verbal explanation would typically be too convoluted. Since the objective of my techniques is to compensate in part for insufficient incidental exposure, it is advisable to begin as early as the child is capable of briefly attending to the visuals. However, remember, it is never too late to start.

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#### Source for Materials

Dover Catalogue is a good source for stickers.



# New Resources!



Check out the new ASL version of the 15 Principles for Reading to Deaf Children.



Add the adventures of Curious George to your Shared Reading Project Book Bag Library!



Download our newest publications:

- ASL/English Bilingual Programming
- Cochlear Implants and Sign Language

**Check out these resources at  
[clerccenter.gallaudet.edu](http://clerccenter.gallaudet.edu)**

The Clerc Center, a federally funded national deaf education center, ensures that the diverse population of deaf and hard of hearing students (birth through age 21) in the nation are educated and empowered and have the linguistic competence to maximize their potential as productive and contributing members of society. This is accomplished through early access to and acquisition of language, excellence in teaching, family involvement, research, identification and implementation of best practices, collaboration, and information sharing among schools and programs across the nation.



## LETTER FROM THE CEASD PRESIDENT



**Ronald J. Stern**

is the superintendent of the New Mexico School for the Deaf. He is also the president of the Conference of Educational Administrators of Schools and Programs for the Deaf (CEASD).

I hope you have found this *Odyssey* issue informative and helpful. As a native Deaf person, long-time educator, and parent of three deaf children, I must say this issue and what is increasingly happening in the indispensable and critical field of early intervention and involvement is a cause for serious optimism and hope. As important and far-reaching as a quality K-12 education in which there are high expectations for the deaf child who is also allowed to be an active, involved participant in the learning process in and out of the classroom is, schools simply cannot do the job alone and we cannot wait until the deaf child enters school.

The authors' information about their challenges and successes is a clear signal that the entire field of education of the deaf is increasingly taking a much-needed and long overdue unified, comprehensive approach to the normal development and education of the deaf child as a whole person and a full-fledged human being. There simply is no other way than for schools, agencies, and deaf role models to truly partner with the infant's first and ongoing teachers and environment—the home and his or her parents and family—if we are ever to reverse the historic underachievement of the deaf child's human potential.

It is widely understood that to be social and communal are not only attributes that are distinctly human but they are also vital for the normal and quality development of every child. Research shows that, more than anything else, we learn and develop when we have genuine access to communication and language as we interact and are connected with a diversity of people in our environment. There are quality, frequency, spontaneity, duration, diversity, and reciprocity factors of these interactions that must be expected and provided by parents, teachers, and other critical players in the progression of the deaf child's life as an infant from home through his or her years at school. As the authors of this issue have shared, we are taking huge steps in getting today's and tomorrow's deaf child off to a running start.

On behalf of today's and tomorrow's deaf infants and children, I want to express my profound appreciation and gratitude to the Laurent Clerc National Deaf Education Center and Gallaudet University for making this issue and its articles possible, and to the authors and their schools and programs for implementing and sharing meaningful and forward-moving strategies.

Onward to us creating and maximizing possibilities for our most precious human resource—our children—in the years ahead!

With much appreciation and hope,  
—Ronald J. Stern



WORKING SMARTER BY WORKING TOGETHER  
Gallaudet University

Gallaudet University is hosting the first National Outreach Conference on the university's beautiful 99-acre campus. Targeting outreach providers actively involved in education of deaf and hard of hearing children birth through 21, participants will experience three days of workshops, information-sharing and networking! The potential for developing coalitions and gathering information to enrich the quality of your work make this conference 'a must attend' for outreach providers.

**Register today to reserve your space!**



One day of the conference will be held at the Maryland School for the Deaf, Frederick Campus in conjunction with the 22nd Biennial American Society for Deaf Children Conference.

**Early Bird Registration:** \$235 (received/postmarked by 4/8/11)

**Registration after 4/8/11:** \$285

The conference is limited to the first 100 participants.

To register, visit [cpso.gallaudet.edu/noc.xml](http://cpso.gallaudet.edu/noc.xml)

Information regarding lodging, transportation and directions is posted on the conference website.

#### *Friday*

Afternoon check-in  
Welcome reception

#### *Saturday*

**Dr. David Geeslin**

Keynote address to NOC  
and ASDC participants at  
Maryland School for the Deaf

**Dr. Beth Benedict, Jodee Crace  
and Debra Nussbaum**

*Early Intervention and Outreach*

**Barbara Raimondo**

*Legislation and Access*

#### *Sunday*

**Dr. Jay Innes, Joe Finnegan  
and Joe Fischgrund**

*School Viability*

**TBA**

*Marketing & Development*

**Betsy Meynardie**

Update on Online Resources for  
Outreach Providers

#### *Monday*

**Shelley Ardis & Richard Flores**

*Maximizing Technology*

Conference wrap up by noon

For information, contact co-chairs Lisa Jacobs at [lisa.jacobs@gallaudet.edu](mailto:lisa.jacobs@gallaudet.edu)  
or Diana Poeppelmeyer at [diana.poeppelmeyer@tsd.state.tx.us](mailto:diana.poeppelmeyer@tsd.state.tx.us).





## KDES Students Play Tennis on White House Lawn

During the summer of 2010, Kendall Demonstration Elementary School (KDES) students began learning to play tennis through a collaboration with the Capital Region Education And Tennis Experience (CREATE) tennis organization. One result of their participation in the sport was an invitation to a QuickStart Tennis clinic on the South Lawn of the White House, an event designed to support First Lady Michelle Obama's Let's Move! initiative to increase awareness and take preventive actions against childhood obesity.

The KDES students received another happy surprise during the event. President Obama greeted the participants and gave words of encouragement to continue staying active, and KDES students and staff got to shake his hand.



## Artist-in-Residence Touches Lives of Clerc Center Students

Kendall Demonstration Elementary School (KDES) and Model Secondary School for the Deaf (MSSD) students were fortunate to have Chuck Baird, a well-known Deaf artist and one of the founders of the De'VIA (Deaf View/Image Art) movement, come to the Clerc Center for several weeks in the fall of 2010 to serve as artist-in-residence.

KDES and MSSD students learned from Baird that Deaf art is created when the artist intends to express his or her Deaf experience through visual art. During Baird's time at KDES, students created visual artwork with American Sign Language (ASL) elements as well as ASL haikus. They also saw artistic genius at work when they observed Baird work on art installations he created at KDES and MSSD. At MSSD, students enthusiastically contributed ideas for the art installations that Baird was planning and participated in the creation of an outdoor installation entitled *ASL Pride*. A grand unveiling of Baird's new installations took place in early 2011.

Through this residency, KDES and MSSD students gained a new understanding of how art and culture are connected and hands-on experience in using art to express their perspectives on their culture.

The Clerc Center thanks Baird for giving all the students this valuable creative opportunity.



## MSSD Academic Bowl Team Takes Third Place in National Competition

Seventy-eight schools and programs serving deaf and hard of hearing high school students across the nation sent their academic stars to compete in the 15th Gallaudet University National Academic Bowl from March 4-8. The MSSD team went undefeated until the semifinals, finishing in third place with a 19-1 record.

The Clerc Center congratulates the MSSD students who did a terrific job of representing their school—**Ryan Baldiviez**, **Lauren Berger**, **Ray McCall**, and **Brendan Terhune-Cotter**—and thanks coaches **Sara Stallard** and **Dana Sipek** for their contribution.

Visit <http://ab.gallaudet.edu> to learn more about the Academic Bowl.



**Above:** Gallaudet provost Stephen Weiner (far left) and president T. Alan Hurwitz (far right) congratulate the MSSD Academic Bowl team.

## New Clerc Center Publications and Products

The Clerc Center has several new products and publications available.

- *Frequently Asked Questions: ASL/English Bilingual Programming and Early Childhood Education* is a publication that answers many common questions about bilingual programming during the early childhood years.
- *Your Child Has a Cochlear Implant: Why Include Sign Language?* is a publication that provides an in-depth look at the importance of including sign language in the repertoire of communication opportunities for children with cochlear implants.
- The Shared Reading Project Library has a new book bag series. Ten book bags featuring Curious George stories are now available.
- The 15 Principles for Reading to Deaf Children, which offers explanations of strategies that deaf adults use when reading to deaf children, is now available as a series of ASL videos.
- A new on-line course, Literacy—It All Connects, which covers nine areas of literacy that create a comprehensive approach to literacy learning, is coming soon.
- National Outreach Resources, an on-line site for outreach providers to share resources to use with both families and professionals who work with deaf and hard of hearing students, will be available on the Clerc Center website in the summer of 2011.

Visit <http://clerccenter.gallaudet.edu> to check out these publications, products, and more!



PHOTO BY TIM WORTHYLAKE

## Successful Year in Sports for KDES and MSSD Students

### Athletic Director Recognized for Leadership

Under the leadership of athletic director Mark Burke and with an outstanding staff, KDES and MSSD have had a successful year in sports. In October, the MSSD football team was featured on a CBS News broadcast in a segment highlighting communication strategies used when playing against schools for the deaf vs. playing against schools with hearing players. In January, the MSSD wrestling team took third place at the National Deaf Prep Duals Tournament a week before the MSSD cheerleaders brought home the Clerc Classic XI trophy. More recently, the KDES girls and boys basketball teams each captured the Tri-State championship trophies. This spring the rugby team that Burke founded and coaches will begin its third year of play.

Burke recently earned two honors for his contributions as athletic director and head football coach. In November, Burke was recognized for his contributions to the youth sports community with the prestigious Pollin Award, awarded at center court during halftime at the Washington Wizards vs. Philadelphia 76ers game. The Pollin Award, named for long-time Washington Wizards owner Abe Pollin, was created to honor those individuals who show outstanding dedication to their community. In December, Burke was nominated by the Redskins for the Coach Shula Award, newly created by the National Football League (NFL) to honor football coaches who display the integrity and leadership exemplified by Don Shula, the coach with the most wins in NFL history.

The Clerc Center thanks Burke and his staff for the athletic successes of our students.

**Above:** Clerc Center athletic director Mark Burke is honored with the Pollin Award during halftime at the Washington Wizards vs. Philadelphia 76ers game.

## Clerc Center Hosts Food Safety Event

The Clerc Center invited Maryland School for the Deaf (MSD) students to join students from Kendall Demonstration Elementary School (KDES) for a food safety camp provided by the USDA's Food Safety and Inspection Services on the KDES campus. Through fun and interactive demonstrations, the students learned the four cardinal rules of food safety:

- Clean—Wash hands and surfaces often.
- Separate—Don't cross-contaminate. Keep raw meat and poultry apart from cooked food.
- Cook—Use a food thermometer to be sure meat and poultry are safely cooked.
- Chill—Refrigerate or freeze promptly.

Seeing is believing, and the message hit home when students explored a special kitchen where under glowing purple "black light" they could see germs that are normally invisible to the eye. Germs were everywhere on the walls and counter surfaces. With some magic dusting powder, students could even see germs on their own hands.

To learn more about the USDA Food Safety Discovery Zone Mobile and when it may come to a location near you, visit

[www.fsis.usda.gov](http://www.fsis.usda.gov).



PHOTO BY SUSAN FLANIGAN

## New Resources Coming in 2012-2013

The Clerc Center, in collaboration with stakeholders from across the nation and using public input collected from families and professionals working with deaf and hard of hearing students, developed a strategic plan in 2009 designed to help meet the critical needs raised by these families and professionals. This strategic plan will guide the Clerc Center's work through 2012 and result in the dissemination of several new resources in four target areas:

### **ASL Content Standards**

The Clerc Center has awarded a contract for the development of ASL content standards and benchmarks for grades K-12 to a consortium of researchers and educators from several universities and schools. The target date for nationwide dissemination of the standards is early 2013.

### **Students with Disabilities**

An action plan team at the Clerc Center conducted a broad search for resources for students with disabilities and carefully reviewed each resource. Resources selected for dissemination will undergo a further review and development process. Dissemination of those resources is expected by 2012.

### **Early Intervention**

An action plan team at the Clerc Center identified evidence-based factors that positively impact linguistic competence in young deaf and hard of hearing children through a review of the research. These factors are essential components in resources and programs for deaf and hard of hearing students. The team will next identify programs that are using these components in practice to support the development of linguistic competence to learn about the strategies they use. By 2012 the team will disseminate evidence-based strategies for early intervention service delivery.

### **Family and Professional Resources**

An action plan team at the Clerc Center established criteria for the review of resources for families and professionals that support the development of linguistic competence. The goal is to identify and disseminate resources for service providers and families that support the development of linguistic competence for deaf and hard of hearing students from birth through 21 years of age. Dissemination of those resources is expected by 2012.

The Clerc Center continues to share periodic updates and inform stakeholders when each of these resources becomes available. To sign up to receive electronic updates from the Clerc Center, e-mail [clerc.center@gallaudet.edu](mailto:clerc.center@gallaudet.edu) and ask to be added to the distribution list.

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## Upcoming Conferences

June 19-22

**National Conference on Student Assessment: "Next Generation Learners: Who Are They and What Are Their Needs?,"** Orlando, Fla. To be held at the Peabody Orlando. For more information: [www.ccsso.org/nca.html](http://www.ccsso.org/nca.html).

June 20-24

**2011 Convention of American Instructors of the Deaf (CAID) National Conference: "Teaching Digital Students: Fostering Thinking, Collaboration, and Creativity,"** Dallas/Fort Worth, Tex. To be held at the Dallas/Fort Worth Marriott Hotel & Golf Club at Champions Circle. For more information: [www.caidconference.org/2011](http://www.caidconference.org/2011).

June 22-26

**22nd Biennial American Society for Deaf Children Conference: "Parent Choices: Key To Your Child's Future,"** Frederick, Md. To be held at the Maryland School for the Deaf-Frederick. For more information: [www.deafchildren.org](http://www.deafchildren.org).

June 22-26

**6th Triennial National Asian Deaf Congress Conference: "Reconnecting the Beautiful Traditions of Our Asian Multi-Cultural Heritage and the Value of Modern Cultural Experiences,"** New York, N.Y. This conference is hosted

by the Metropolitan Asian Deaf Association. For more information: <http://www.nad-usa.org>.

June 23-28

**American Library Association Annual Conference & Exhibition,** New Orleans, La. To be held at the Ernest N. Morial Convention Center. For more information: [www.ala.org](http://www.ala.org).

June 24-27

**National Outreach Conference: "Working Smarter by Working Together,"** Washington, D.C. This conference is hosted by Gallaudet University. For more information: [Lisa.Jacobs@gallaudet.edu](mailto:Lisa.Jacobs@gallaudet.edu) or [Diana.Poepfelmeyer@tsd.state.tx.us](mailto:Diana.Poepfelmeyer@tsd.state.tx.us).

June 28-July 3

**6th Biennial National Professional Development Conference of ASLTA: "ASL Now! Teaching to the Next Level,"** Seattle, Wash. To be held at the Renaissance Seattle Hotel. For more information: [www.aslta.org](http://www.aslta.org).

June 29-July 3

**Jewish Deaf Congress Conference 2011,** Orlando, Fla. To be held at the Orlando World Marriott Resort. For more information: [www.jewishdeafcongress.org](http://www.jewishdeafcongress.org).

July 11-12

**Mid-west Conference on Deaf Education,** Sioux Falls, S.D. To be held at the Augustana College Madsen Center. For more information: [www.augie.edu](http://www.augie.edu).



July 26-31

**2011 National Black Deaf Advocates Conference: "Overcoming Today's Changing World: Changes We Need to Reinforce a Better Tomorrow,"** Charlotte, N.C. To be held at the Hilton Charlotte City Center. For more information: [www.nbdba.org](http://www.nbdba.org).

September 22-24

**16th Annual Conference on Advancing School Mental Health: "School Mental Health: Achieving Student Success through Family, School, and Community Partnerships,"** Charleston, S.C. To be held at the Charleston Area Convention Center. This conference is sponsored by the Center for School Mental Health and the IDEA Partnership (funded by the Office of Special Education Programs, sponsored by the National Association of State Directors of Special Education). For more information: [www.tbosociety.org](http://www.tbosociety.org).

October 15-19

**41st Southeast Regional Institute on Deafness Conference: "Fabulous After 40!,"** Montgomery, Ala. To be held at the Renaissance Montgomery

Hotel and Spa. For more information: [www.serid.org](http://www.serid.org).

October 20-21

**32nd Annual Fall Conference on Mainstreaming Students with Hearing Loss: "The Literacy Puzzle,"** Sponsored by Clarke Schools for Hearing and Speech. For more information: [www.clarkeschools.org](http://www.clarkeschools.org).

October 28-30

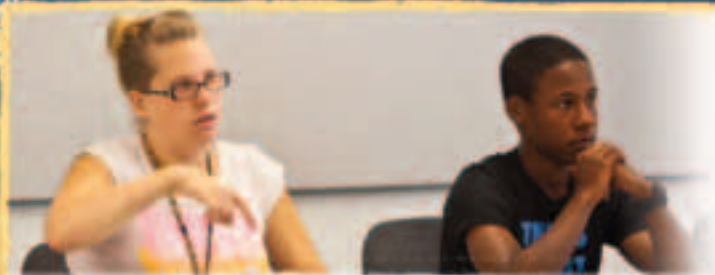
**103rd National Rural Education Association Convention,** Hilton Head Island, S.C. To be held at the Westin Hilton Head Island Resort and Spa. For more information: [www.nrea.net](http://www.nrea.net).

November 17-19

**2011 ASHA Convention: "Beacons of Inspiration: Innovation to Action,"** San Diego, Calif. To be held at the San Diego Convention Center. For more information: [www.asha.org](http://www.asha.org).

November 17-19

**Division for Early Childhood 2011: The 27th Annual International Conference on Young Children with Special Needs and Their Families,** National Harbor, Md. For more information: <http://www.dec-sped.org>.



### KNOWLEDGE FOR COLLEGE

July 10 – July 23

For deaf and hard of hearing college bound 10th – 12th graders

This camp prepares students to get into the college of their choice by sharpening their English and math skills and practicing for the ACT exam. Students will also learn how personality type influences study habits. In the evenings and on weekends, students will explore Washington, D.C.



### IMMERSE INTO ASL I

July 10 – July 23

For deaf, hard of hearing, and hearing 10th – 12th graders

Immerse into ASL I is for deaf, hard of hearing, and hearing high school students who have little or no knowledge of ASL.



### LIFE AFTER HIGH SCHOOL

July 16 – July 23

For deaf and hard of hearing college bound 10th – 12th graders

In this camp students will investigate college majors and careers by examining majors with the help of faculty in those departments and visiting Gallaudet alumni at work sites in the D.C. area. In the evenings and on weekends, students will explore Washington, D.C.

### SPORTS CAMPS

#### Gallaudet University

- Football Camp  
June 27 – June 30  
Grades 7 to 12

#### California School for the Deaf, Fremont, CA

- Volleyball Team Camp  
July 11 – 14  
For high school varsity teams  
with 8 to 10 players

#### Texas School for the Deaf, Austin, TX

- Volleyball Setters/Hitters Camp  
June 16 - June 18  
Grades 9 to 12
- Volleyball Fundamental Camp  
June 18 – June 23  
Ages 10 to 18
- Girls' Basketball Camp  
June 23 – June 28  
Ages 12 to 18
- Boys' Basketball Camp  
June 27 – July 2  
Ages 12 to 18





NEW DIRECTIONS IN DEAF EDUCATION

# ODYSSEY

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*The Laurent Clerc National Deaf Education Center, a federally funded national deaf education center, ensures that the diverse population of deaf and hard of hearing students (birth through age 21) in the nation are educated and empowered and have the linguistic competence to maximize their potential as productive and contributing members of society. This is accomplished through early access to and acquisition of language, excellence in teaching, family involvement, research, identification and implementation of best practices, collaboration, and information sharing among schools and programs across the nation.*