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# High and Appropriate Expectations for Deaf and Hard of Hearing Children: The Role of Assessment

*By Amy Szarkowski and Denise Fournier Eng*

High expectations mean more than simply uttering “feel good” intentions and “You can do it!” mantras. They must be supported by appropriate challenges and ongoing assessment.

The expectations of parents and professionals influence how children perceive their own abilities, achieve academically, and form relationships later in life (Powers, 2011; Davis-Kean, 2005; Doren, Gau, & Lindstrom, 2012; Wagner, Newman, Camento, Levine, & Marder, 2007). In addition to parental involvement, parental expectations regarding their children's education have been shown to be one of the most significant predictors of success in deaf and hard of hearing children and adolescents (Doran et al., 2012). When parents have high expectations, children are more likely to achieve more, to have higher levels of self-esteem, and to thrive. (For examples, see the 2014 issue of *Odyssey* magazine.)

Setting expectations begins in infancy—a critical time for all children but especially for those who are deaf or hard of hearing; the early years lay the groundwork for future growth and success. From the time of their birth, deaf and hard of hearing children require the use of specific strategies, supports, therapies, and services to achieve their personal best. Tracking each child's progress on a regular basis through observation and formal assessment enables parents and professionals to ensure that children are on track.

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### Fostering the Personal Best

There is evidence that when hearing loss is diagnosed early in life and appropriate supports are put in place to provide deaf and hard of hearing children with access to language, whether signed or spoken, they can and do achieve on par with infants and toddlers with typical hearing (Pimperton & Kennedy, 2012; Thagard, Hilsmier, & Easterbrooks, 2011; Yoshinaga-Itano, Baca, & Sedey, 2010).

The nation’s Centers for Disease Control and Prevention (CDC) promotes communication from birth for all children (Yoshinaga-Itano, Sedey, Coulter, & Mehl, 1998; Goberis et al., 2012). The CDC plan suggests that every child have a newborn hearing screening before 1 month of age. When hearing loss is suspected, the child should be referred for a follow-up evaluation prior to 3 months of age, and when hearing loss is confirmed, intervention services should commence before the child is 6 months of age. These assessments—occurring at ages 1 month, 3

months, and 6 months—are why the plan is colloquially known as the “1-3-6 plan.”

Parents with appropriately high expectations understand that with appropriate evaluation and support, most children who are deaf or hard of hearing can be expected to achieve many developmental milestones at the same age as their hearing peers.

### Looking at Every Domain

To establish appropriate expectations for a child, it is important to consider how the child is doing in every aspect of his or her life across multiple developmental domains. These domains include cognitive, linguistic, social, emotional/behavioral, and motoric, and they are interrelated (Wagner et al., 2007). For example, the domains of language and motor development overlap; a child’s ability to develop language can be negatively impacted by delays in his or her motor development (Iverson, 2010). Further, cognitive ability is influenced by a child’s ability to develop language and use

language as a tool of reason; children with early and consistent access to language tend to show stronger problem-solving and reasoning skills (Akamatsu, Mayer, & Hardy-Braz, 2008). Additionally, severely reduced access to language early in life can lead to a reduced ability to use language as the child grows and has been linked to increased behavioral problems in children and social-emotional difficulties in adolescents and young adults (Gulati, Clark, Johnston, Kammerer, & Licameli, 2014).

Given the differences among children and the interconnectedness of the domains, data about each child should be gathered across a variety of measures. Especially considering the complexities of assessments with deaf and hard of hearing children, professionals and parents should not rely solely on the results obtained by a single evaluation but rather assess skills using diverse measures in order to obtain a more comprehensive understanding of the child.

### Expecting One Month's Growth in One Month's Time

The Individuals with Disabilities Education Act (IDEA) makes the distinction between *evaluation*, which qualifies a child for services, and *assessment*, which is an ongoing process of determining the strengths and needs of a particular child and his or her family (2011). Professionals who work with deaf and hard of hearing children should systematically assess each child and use these assessments to document the children's development.

Ideally, assessments involve formal measures, e.g., test scores and the incorporation of clinical impressions by professionals from various disciplines. Caregivers should also be involved in assessments by identifying and describing their perspectives on the child's strengths and needs as well as the strengths and needs of the family as a whole (IDEA, 2011). While school-based evaluations to determine continuing eligibility for services typically occur every three years, ongoing assessment—occurring every three, six, nine, or 12 months or longer



depending on the needs of the child—is certainly of benefit. One of the purposes of regular, comprehensive assessment is to consider the child's programming and services and to change these if appropriate. In this way, assessment supports high expectations and the child's continued achievement.

Most standardized assessment instruments, such as those that measure cognitive abilities, motor functioning, or speech-language skills, are not designed for children who are deaf or hard of hearing. When norms for deaf and hard of hearing children are available and valid, then incorporation of the comparison of how a particular child is doing relative to his or her deaf and hard of hearing peers should be considered—but only as one piece of the child's assessment. Given the individuality of deaf and hearing hearing students, this assessment should not be considered by itself but rather as part of a process that includes a variety of assessments.

It is important that assessments be socially and culturally appropriate while showing respect for the way a child communicates; assessments should be conducted in the communication mode or language preferred by the child. Whether the child prefers the language of American Sign Language, English, or Farsi, or a communication system that supports a spoken language with signs, the child's preference should be respected (Joint Committee on Infant Hearing, 2013; Szarkowski & Hutchinson, 2015). It may be necessary to adjust the administration of the testing so that relevant material is accessible; however, skilled clinicians should not necessarily shy away from administering tests that were not designed for deaf and hard of hearing students.

When appropriate supports are in place, i.e., when access to language and information is consistent whether through a signed

language or auditory amplification of speech, then deaf and hard of hearing children need not experience language delay and can expect to meet the general standards of their hearing peers. If the expectation is that deaf or hard of hearing children achieve on par with hearing peers, then assessment with standardized measures demonstrates their progress. Among deaf and hard of hearing children who have received

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appropriate supports and who do not have any limiting factors (such as reduced cognitive ability), an appropriate goal can be to maintain a child's rate of development at a level on par with his or her same-age peers; this suggests that it might be expected that they make six months' growth in six months' time (Hafer & Stredler-Brown, 2003).

A child's language and communication abilities are particularly important, and comprehensive assessment of language should receive special attention. Comprehensive language assessment includes:

- administration and interpretation of standardized measures by professionals with expertise in working with deaf or hard of hearing children
- input from parents via interviews or questionnaires
- input from professionals working with the child on a regular basis
- observation of the child in natural contexts when possible

Language and communication assessment should address increasingly abstract and complex aspects with the goal of documenting progress in the area of linguistic competence (Nussbaum & Benedict, 2011). Rather than focusing on building vocabulary or labeling objects, children should be expected to work toward developing the ability to use language to facilitate communication, think critically, solve problems, read, and write.

Assessment of skills that relate to everyday life is also important. For young children, such skills might concern self-care tasks, such as toileting and bathing. For older children, such skills might concern finding their way home, identifying the president or prime minister of their country, being able to ask for help from strangers when needed, and knowing the meaning of certain holidays. These measures of real world knowledge can be assessed formally as well as through guided observations and interviews with the child and family.

### **Monitoring for Change**

Regular assessment, imperative for maintaining high expectations, can show dynamic changes in development of particular skills and allow for monitoring maturational progression (Heilbronner et al., 2010). Regular assessment can also help to document the efficacy of particular treatments or interventions and inform decisions about discontinuation of particular supports when they become irrelevant or there has been a lack of expected progress. When appropriate progression is not occurring, changes in programming may be needed. If assessments are conducted too infrequently, the need for changes in interventions and supports might not be recognized. In such cases, valuable time can be lost.

Progress monitoring, i.e., monitoring not just the child's performance but his or her progress, establishes a mechanism

for professionals and caregivers that allows them to consider the effectiveness of the strategies being used for developing particular skills; it allows modification of the interventions and supports to further the child's growth in particular areas (Joint Committee on Infant Hearing, 2013; Szarkowski & Hutchinson, 2015). On a broader scale, monitoring of programs—as opposed to individual students—can inform administrators, professionals, and parents about what works, what strategies and supports are effective. Monitoring a child's progress, yields information that can inform specific programs about the efficacy of specific interventions.

Continued assessment can inform professionals and parents of the types of programming and services that are needed, document the effectiveness of programming that is in place, and recognize the skills the child has already attained. Assessment allows greater understanding of a child's abilities and needs, and it can be essential in setting expectations that are high and appropriate. Regular, objective assessment, supported by input and observations from parents, teachers, and other professionals, can contribute to understanding a child's potential and progress—and help the child work toward achieving his or her personal best.



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