Evaluation Strategies and Tools for Children who are Deaf or Hard of Hearing

Presented by The New Mexico School for the Deaf

Early Intervention and Involvement Department

for the 2017 FIT Annual Meeting

Presenters:

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PROTOCOL FOR ACCESSING SPECIALIZED EARLY INTERVENTION AND/OR CONSULTATION SERVICES FROM THE NEW MEXICO SCHOOL FOR THE DEAF (NMSD) FOR CHILDREN BIRTH-3 WHO ARE AT RISK FOR OR IDENTIFIED WITH A HEARING LOSS

The intent of this protocol is to support early intervention providers of the Family Infant Toddler (FIT) Program and Children’s Medical Services (CMS) in accessing timely and appropriate services for young children who are deaf or hard of hearing.

In order to ensure appropriate services, a referral should be made to the NMSD Early Intervention and Involvement Division (EIID) as soon as possible for any child with a confirmed or suspected hearing loss. Suspected hearing loss can include children who have failed hearing screening through either the newborn hearing screening process, screening at a FIT provider agency, or whose family has concerns. In this way the family will have developmental services and/or consultation from NMSD personnel with specific training in working with children who are deaf or hard of hearing and their families. Access to specific training is endorsed by the national Early Hearing Detection and Intervention (EHDI) system, the Joint Committee on Infant Hearing (JCIH), and is recognized in IDEA Early Intervention Services regulation §303.13 (12). The NMSD EIID personnel, who are Developmental Specialists as well, continue to work collaboratively with the FIT provider agencies on the identification process, evaluations, consultation, IFSPs, and can provide service coordination at family request.

To make a referral to the NMSD EII Division, please contact the main office in Santa Fe at 505-476-6402 or the Regional Supervisor in your area of the state.

NMSD REGIONAL CONSULTANT CONTACTS:

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<tr>
<th>Region</th>
<th>Consultant</th>
<th>Telephone</th>
<th>E-mail</th>
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For information or help in contacting a Regional Consultant: Joanne Corwin, Early Intervention and Involvement Division Director at (505) 275-5433 or joanne.corwin@nmsd.k12.nm.us

*Services from NMSD are Free of Charge

Impact

- Personal stories: The importance of our system, one common goal, and “seeing two sides of the penny”
- She doesn’t look Deaf, He doesn’t look Deaf, They don’t look Deaf
- Sharing my family’s journey
- Broken bones VS bone fractures
- Whole Child approach
Flintstones Hearing Loss Simulation
Produced by House Research Institute

Frequency and Intensity of Various Environmental and Speech Sounds
Mild 25-35 dB

Moderate 35-50 dB
Frequency and Intensity of Various Environmental and Speech Sounds

Moderately-Severe 50-70dB

Severe 70-90dB
Clarification on IDA

Because the IDA was not designed for children with vision and/or hearing loss, if a vision or hearing diagnosis is known prior to the CME, NMSBVI or NMSD must be consulted to collaborate with the CME team:

- For a child who is blind:
  ...

- For a child who has visual impairments, but who is not blind:
  ...

Frequency and Intensity of Various Environmental and Speech Sounds
Clarification (cont.)

- For a child who is deaf or hard of hearing:
  To supplement information gained through the IDA, NMSD will consult with the CME team and will administer one or more of these communication assessment tools, which have been normed on children who are deaf or hard of hearing:
  - Language Development Scale
  - MacArthur Bates Developmental Inventories
  - Visual Communication and Sign Language Checklist
  - REEL-3
  These results will be part of the CME Report. If appropriate, NMSD staff may function as an additional discipline for the CME as a Developmental Specialist.

- For a child who hears and whose parents are deaf, NMSD should be consulted to assess a child’s ASL skills. (NSMD will not be an ongoing member of the child’s IFSP team since the child is not deaf nor hard of hearing.)

IDA FAQs

http://cdd.unm.edu/ec/ln/FIT/FITStf/EvalAssessment.html
Question 1: Does the IDA have to be used to determine eligibility for children with a hearing loss?

- **YES, because it is written this way in the state guidelines; however, descriptive information from additional assessment tools (designed for this population) should be used in the CME report, the IFSP, etc.**

- Consider adding a statement to the report, for example: The IDA was not developed for use with children who have differences in vision or hearing, and the IDA scores may not be a true reflection of the skills of these children. Additional information using tools designed for use with children who have vision or hearing differences should be considered.

- The IDA scores then are in the reports, the IFSP, and the FIT KIDs system.

  (email 1/17/17)

Question 2: Does the language portion of the IDA have to be scored for children who are deaf or hard of hearing?

- **YES, all portions of the IDA must be administered and scored for each child.**

- Descriptive information from additional assessment tools (designed for this population) should be used in the CME report, the IFSP, etc.

- Again, consider adding a statement to the report, for example: The IDA was not developed for use with children who have differences in vision or hearing, and the IDA scores may not be a true reflection of the skills of these children. Additional information using tools designed for use with children who have vision or hearing differences should be considered.
Question 3: Can we give credit for the Language/Communication items that ask about the child’s vocabulary and expressive language skills if the child is using signs?

Answer from IDA FAQs 2nd edition 6/2014:
- Of primary importance is establishing whether the child is using signs as gestures or as true language. This may be difficult to do if the child is only using 1 or 2 “signs”. The IDA practitioner must first ask the following questions regarding the child and family situation:
  - Does the child have a diagnosed hearing loss or another condition of some kind that precludes the use of spoken language and signs are being taught as the primary language of the child? AND/OR
  - Is the primary language of the family ASL (American Sign Language) so that is then the native language of the child?
  - If the answer to the above questions is NO and the child is expected to have spoken language then the IDA practitioner would NOT be able to give credit for those language items.
  - If there is any doubt regarding any child, with or without hearing loss, and their use of signs relative to the IDA, please call the New Mexico School for the Deaf (NMSD) early intervention program at 505-476-6402 for guidance. Additionally, always remember to involve NMSD in any evaluation situation where the child and/or the parent has a known hearing difference.

Question 4: Can we score the IDA for spoken language and ASL separately?
- YES, but only 1 score can be reported. If the scores were different, the team would have to decide which score to report based on the family & team’s priorities.
- For example, the child uses ASL as their primary language, but is developing spoken language skills, as well.
- This is a situation where it is very important to have a person on the evaluation team who specializes in working with children who are deaf or hard of hearing.
- Remember, the IDA does not separate out receptive & expressive language.
  (mtg 5/17/2017 CDD)
Question 5: Does a child have to score >25% delay in a developmental domain to get services in that domain?

- If the child is eligible for ANY reason, the child is able to receive ANY service that the IFSP team feels is necessary to address the needs of the child and family. Limitations may apply to hours of service, but not the types, as long as the IFSP team agrees that the service is NECESSARY in order to meet the outcomes listed on the IFSP. (email IDA Leads & FIT coordinators 3/2/2107)

SKI*HI Language Development Scale (2004 ed.)
Developed by Sue Watkins, Utah State University

- Parent observation scale listing the receptive and expressive language skills of children ages birth to five.
- It is specifically designed for children who are deaf or hard of hearing.
- Sensitivity to all modalities (can score it using sign language or spoken language)
- Spanish version available
- Validity was correlated with the REEL
SKI*HI Language Development Scale (cont’d)

- This scale is developmentally ordered and contains a list of communication and language skills for different ages.
- Each age interval is represented by enough observable receptive and expressive language skills to obtain a solid profile of a child’s language ability.
- Ages 0-2yrs: 2 month intervals  Ages 2-4yrs: 4 month intervals  Ages 4-5yrs: 6 month intervals

SKI*HI Language Development Scale (cont’d)

- Children can score at different levels expressively & receptively
- Scores/age levels link to specific sections in the SKI*HI curriculum
- Should be administered/scored by certified or licensed personnel with specialized knowledge about the impact of hearing loss on a child’s language & overall development, and who has received training in the SKI*HI LDS.
What is the VCSL?

- Visual Communication and Sign Language Checklist-NORMED!
- Authors: Dr. Laurene Simms, Dr. Sharon Baker, & Dr. Diane Clark
- Documents the developmental milestones in sign language acquisition
- 0-5 years old and also late language learners (hence the 1st and 2nd graders, and CBI)
- Monitors the development progress
- Gaps can be identified
- Learning goals can be set
- Appropriate teaching and learning materials can be developed
- Observational tool used to document language in natural environments
Visual Communication and Sign Language Checklist

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<tr>
<th>Item</th>
<th>Note</th>
<th>Task</th>
<th>Image</th>
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<tbody>
<tr>
<td>Awareness of signs (e.g., YES, NO, HELP)</td>
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<td>Awareness of gestures (e.g., Kleenex = hand wiping face)</td>
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<td>Awareness of face expressions (e.g., smiling, frowning)</td>
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<td>Awareness of body movements (e.g., nodding head)</td>
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<td>Awareness of objects (e.g., pointing to a toy)</td>
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<td>Awareness of spatial relationships (e.g., left, right)</td>
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<td>Awareness of time (e.g., morning, afternoon)</td>
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<td>Awareness of numbers (e.g., one, two, three)</td>
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<td>Awareness of months (e.g., January, February)</td>
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<td>Awareness of seasons (e.g., spring, summer)</td>
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Note: Items in regular case are representing English phrases or sentences.

References:
- Comments, Author, Date 2007
VCSL- SCORING

- Not Yet Emerging: no evidence of using
- Emerging: some evidence of using but infrequently
- Inconsistent Use: using but at incorrect times or for not right reasons
- Mastered: using it with skill and for right reasons
MacArthur-Bates Inventories are normed on a variety of hearing levels, from mild to profound. This is true of both the English version and the ASL version.
Two Separate Protocols

REEL-3

- Expressive & Receptive language tool designed for use by SLPs.
- On the FIT approved assessment tool list.
- NMSD Regional Supervisors are available to collaborate with the assessment team to help in the interpretation of information from the REEL-3.
Any Questions?