

# INTRODUCTION TO DEAF EDUCATION





# Overview

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- ❖ Early Detection and Early Intervention Programs
  - ❖ IDEA and Education Access Laws
  - ❖ Approaches to Language and Communication
  - ❖ Placement and Education Options
  - ❖ Lunch & Video: *What the Eyes Reveal About the Brain: Advances in Human Language Acquisition*



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Hearing loss does not directly affect psychological development. Rather, how hearing people respond to a deaf person's hearing loss profoundly affects psychological development.



# Early Detection and Intervention

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## Early Hearing Detection and Intervention (EHDI) Programs

- Focus is on screening for and diagnosing hearing loss as early as possible.
- Often leads to a referral for medical/technological interventions.
- Often leads to a referral to an early intervention program.

## Early Intervention Programs

- Focus is on early education interventions for hearing loss, including modes and methods of communication.
- Bridges the gap between diagnosis and the start of kindergarten to minimize developmental and academic delays.



# EHDI and Age of Identification

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- ❖ Historically identified between 2.5 and 3.5 years old.
  - ▶ No language access for about half of the critical period for language development (birth to age ~6-7).
- ❖ Current goal is to screen by 1 month, diagnose by 3 months, and begin early intervention by 6 months (1-3-6).
- ❖ Under EDHI, most are now identified before 1 year old.
  - ▶ Early identification does not guarantee appropriate follow-up or language access.
  - ▶ Emerging research suggests that EHDI is having a positive impact that but children who met the 1-3-6 guidelines still experience significant language delays.



# Early Intervention Programs

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## ❖ **First Steps** ([dese.mo.gov/special-education/first-steps](https://dese.mo.gov/special-education/first-steps))

- ▶ Serves birth to age 3.
- ▶ For children with developmental delays, including communication delays, and their families.
- ▶ Providers usually trained in special education but not deaf education.

## ❖ **Families First**

([msd.dese.mo.gov/outreach-resources-center/families-first-early-interventions](https://msd.dese.mo.gov/outreach-resources-center/families-first-early-interventions))

- ▶ Serves birth to age 8.
- ▶ For children with suspected or confirmed hearing loss and their families.
- ▶ Providers are deaf services professionals trained in communication options for deaf and hard of hearing children.



# IDEA and Education Access Laws

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## Individuals with Disabilities Education Act (IDEA)

- ▶ Requires a free and appropriate public education.
- ▶ Covers only educational disabilities – those that adversely affect educational performance.
- ▶ Students receive special education and related services.

## Vocational Rehabilitation Act, Section 504

- ▶ Requires reasonable accommodations and modifications in places that receive Federal funds, including public schools.

## Americans with Disabilities Act (ADA)

- ▶ Title II requires reasonable modifications and equally effective communication in government, including public schools.



# IDEA General Requirements

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- A free and appropriate public education (FAPE) must be available to all children ages 3 through 21, including children with disabilities.
- Parents or school may request a comprehensive evaluation to determine whether a child is eligible for special education and related services.
- If a child is found eligible, the school must work with parents to develop an Individualized Education Program (IEP).





# IDEA IEP Requirements

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- ❖ Describe present levels of academic achievement and functional performance.
- ❖ State measurable annual goals, including academic and functional goals.
- ❖ Describe how and when progress will be measured and reported.
- ❖ Identify special education and related services and supplementary aids and services to be provided.
- ❖ Explain any extent to which the child will not participate with nondisabled children in regular classes and activities.



# IDEA Special Requirements for Deaf and Hearing Impaired Children

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- ❖ Assessments and other evaluation materials must be provided and administered in the child's native language or other mode of communication.
- ❖ IEP team must consider special factors, including:
  - ▶ The child's language and communication needs;
  - ▶ Opportunities for direct communications with peers and professional personnel in the child's language and communication mode, including opportunities for direct instruction; and
  - ▶ Whether the child needs assistive technology devices and services.



# Approaches to Language and Communication

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## Modes of Communication

- ❖ The media used to express and receive communication.
- ❖ E.g.:
  - ▶ Oral-aural
  - ▶ Manual-visual
  - ▶ Written-visual

## Methods of Communication

- ❖ The language or encoding system used to communicate.
- ❖ E.g.:
  - ▶ English (language)
  - ▶ Spanish (language)
  - ▶ ASL (language)
  - ▶ MCE (encoding system)
  - ▶ Cued Speech (encoding system)
  - ▶ Morse Code (encoding system)



# Approaches to Language and Communication

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## The Modes of Communication Debate

### ❖ Oral-Aural (Spoken) Methods.

- ▶ Language through speech and audition (listening).
- ▶ Goal is to maximize speech to improve functioning in a hearing world.
- ▶ Achievement varies widely, but full access to others' speech is never attained.
- ▶ Extensive focus on speech therapy greatly reduces time spent on regular education curriculum.



# Approaches to Language and Communication

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## Oral method examples:

- ▶ Lipreading – reliance on mouth, tongue, and face movements to decode spoken English.
  - Generally ineffective because only 25-30% of speech sounds can be distinguished visually.
- ▶ Speechreading – combined use of lipreading, residual hearing, and other natural cues to improve comprehension of spoken English.
  - Effectiveness varies greatly depending on individual skill, residual hearing, and environment.



# Approaches to Language and Communication

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## The Modes of Communication Debate

### Manual (Signed) Methods

- ▶ Language through signs and vision.
- ▶ Goal is to maximize language development.
- ▶ Provides complete access to language.
- ▶ Allows language to be acquired naturally.
- ▶ When sign language is learned from birth, deaf children achieve language milestones identical to hearing children who learn English from birth.



# Approaches to Language and Communication

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## Manual method examples:

- ▶ American Sign Language (ASL) – linguistically complete, natural language with vocabulary, syntax, and grammar distinct from English.
- ▶ Manually Coded English (MCE) – invented communication systems that visually represent linguistically incomplete English.
  - Seeing Essential English (SEE1) - obsolete
  - Signing Exact English (SEE2) – most common
  - Linguistics of Visual English (LOVE)
  - Etc.



# Approaches to Language and Communication

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## The Modes of Communication Debate

### Hybrid Methods (oral+manual-aural+visual)

- ▶ Attempt to achieve the “best of both worlds.”
- ▶ The goal is to maximize English development.
- ▶ Studies show it is practically impossible to provide linguistically complete communication in two modes at the same time.
- ▶ Typically results in accurate but inaccessible spoken language accompanied by accessible but broken/incomplete signing.





# Approaches to Language and Communication

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## Hybrid method examples:

- ▶ Simultaneous Communication (SimCom) – use of speech and any form of MCE at the same time.
- ▶ Sign-Supported Speech (SSS) – use of speech with key words signed in ASL.



# Approaches to Language and Communication

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## Communication Philosophies

- ❖ *Oralism* – only oral methods should be used.
- ❖ *Total Communication (TC)* – teachers should use whatever method/combination of methods work best for an individual.
  - ▶ In practice, usually means a hybrid: SimCom or SSS.
- ❖ *Bilingual/Bicultural (Bi-Bi)* – embraces ASL as an accessible, natural first language and English as a second language.
  - ▶ ASL used to teach English literacy and possibly speech.
  - ▶ Deaf history/culture taught alongside American history/culture.



# Approaches to Language and Communication

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- ❖ Historically, hearing people have viewed signed languages as inferior to spoken languages.
- ❖ Linguistics research shows that signed languages like ASL have the same complexity and communication potential of spoken languages.
- ❖ Education and neuroscience research clearly demonstrates that learning sign language does not harm speech development.
- ❖ Children with CIs who learn ASL may develop better speech and English fluency than children with CIs who learn only spoken English.



# Placement and Education Options

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## ❖ Local Public School.

- ▶ Mainstreamed – regular classroom.
  - Usually with ASL interpreter if student signs.
  - No interpreter if student is oral.
- ▶ Deaf Education Classes/Program.
  - Teacher usually uses Sim-Com if student signs. Some use ASL.
  - Teacher uses spoken English if student is oral.

## ❖ State Residential School.

- ▶ Most use ASL or SimCom.



# Placement and Education Options

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- ❖ Mainstreamed – regular classroom.
  - ▶ Often the least experienced interpreters.
  - ▶ The best interpreters only achieve 85-90% comprehensibility.
  - ▶ Research suggests deaf students learn 15-20% more through direct instruction than through an interpreter.
- ❖ Deaf Education Classes/Program.
  - ▶ With Sim-Com, students miss most spoken English, and teacher's signs are broken/incomplete.
- ❖ State Residential School.
  - ▶ Most teachers are hearing and not fully fluent in ASL.



# Placement and Education Options

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- ❖ Mainstreamed – regular classroom.
  - ▶ Deaf student often isolated with limited or no opportunity for direct communication with peers.
- ❖ Deaf Education Classes/Program.
  - ▶ Often isolated or with just 1-2 deaf peers.
- ❖ State Residential School.
  - ▶ Full access to direct communication with peers but limited or no socialization with hearing students.
  - ▶ Most students live in dormitories during the week and only see family on weekends.



# Educational Outcomes

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## Language Fluency/Dysfluency

- ❖ Deaf people may not be fully fluent in a first language due to language deprivation/delayed language exposure as a child.
- ❖ Deaf people with mental illness are more likely to have dysfluency.
- ❖ Deaf people may have a low reading level or be functionally illiterate due to delayed language exposure/language deprivation and inadequate education.
- ❖ The average deaf high school graduate reads just below a 4<sup>th</sup>-grade level, which is considered functionally illiterate.



# Language Deprivation and Dysfluency

## The New Frontier of Deaf Mental Health Care

### Continuum of Fluency







# Questions?





# Resources in the DSA Manual

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[dmh.mo.gov/deafservices/dsamannual](http://dmh.mo.gov/deafservices/dsamannual)

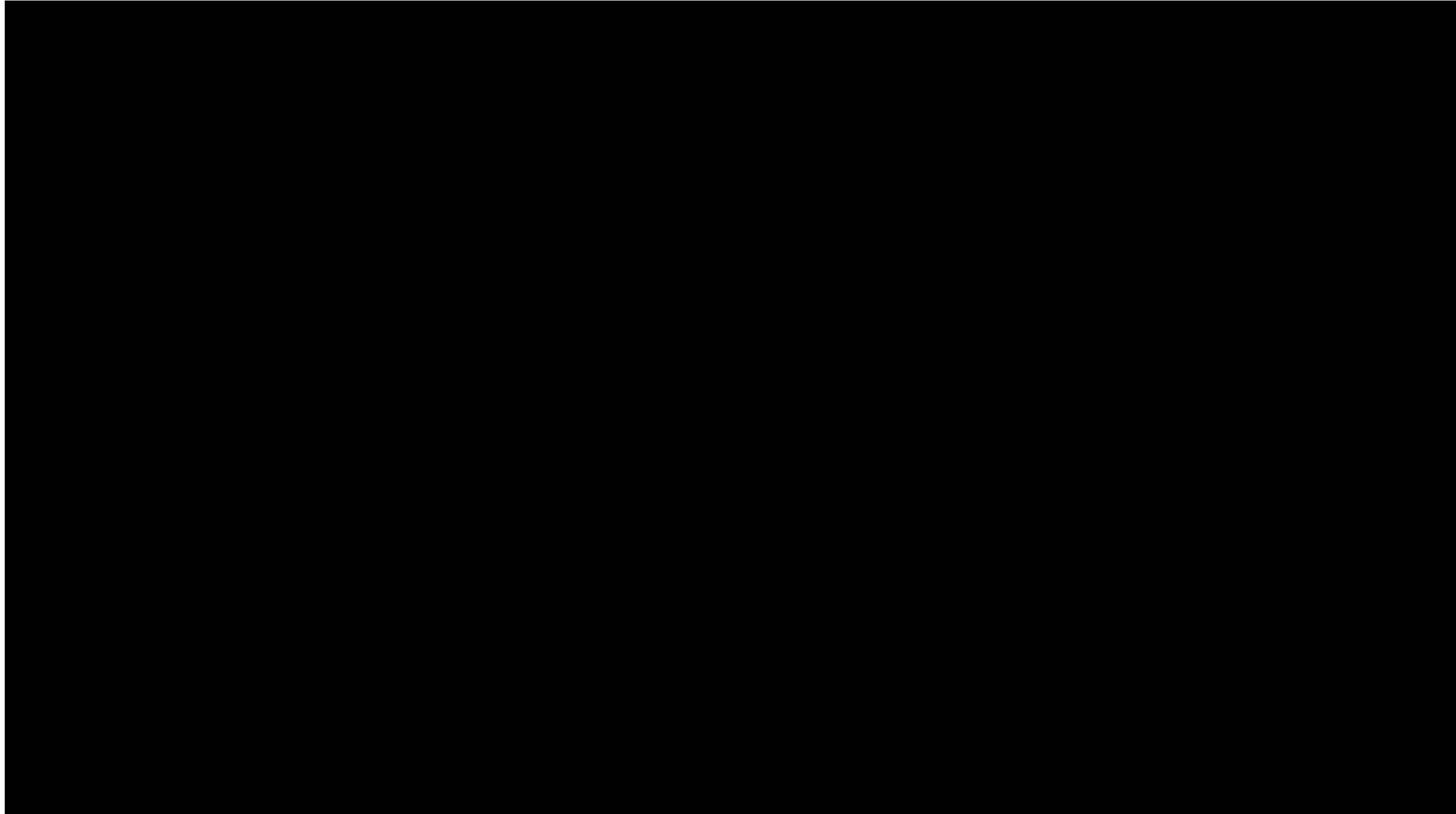


# Lunch Break





# What the Eyes Reveal About the Brain: Advances in Human Language Acquisition



[youtube.com/embed/snE4pD882v4](https://www.youtube.com/embed/snE4pD882v4)