

Language Acquisition Task Force Final Report

2022

Recommendations in regards to the language acquisition and assessments of deaf, hard of hearing, and deafblind children in the state of Arizona.



Photos from a variety of sources in Arizona

submitted by:



Report developed by:
Consultant Tawny
Holmes Hlibok, Esq.

Language Acquisition Task Force

OVERVIEW OF REPORT



PURPOSE OF REPORT

The Arizona Commission for the Deaf and the Hard of Hearing was tasked with the aim to establish a task force that is composed of diverse community members and partnering agencies that can advise and assist with the implementation of SB 1092.

REPORT CONTENTS

- Background on legislation
- Structure of task force
- Identified challenges
- Recommendations

TASK FORCE TIMELINE

- **January 2022: Identified and recruited task force and subcommittee members**
- **February 2022: Task force and subcommittee meetings commenced**
- **April 2022: Panel of diverse community experiences hosted**
- **May 2022: Draft recommendations in development by subcommittees**
- **June 2022: Public forum held, and final recommendations developed**

Photos from a variety of sources in Arizona

Legislative Background

OVERVIEW AND PURPOSE OF SB 1092



A photo of the Arizona State Legislature in action.

BACKGROUND:

On April 23, 2021, the Arizona Legislature passed Senate Bill 1092, designating the Arizona Commission for the Deaf and the Hard of Hearing (Commission) as a bureau of information to the deaf, the hard of hearing and the deafblind; state agencies and institutions; local agencies of government; and other public or private community agencies and programs. The bill can be viewed here: <https://legiscan.com/AZ/text/SB1092/id/2276141>

The key language in the bill that led to the establishment of a task force focusing on language acquisition of deaf, hard of hearing and deafblind children ages 0-21 is stated here:

(b) TO DEVELOP AND UPDATE ASSESSMENT STANDARDS THAT OPTIMIZE THE LANGUAGE ACQUISITION AND LITERACY DEVELOPMENT OF DEAF AND HARD OF HEARING NEWBORNS, INFANTS AND CHILDREN.

-Arizona S.B. 1092 (2021)

In this capacity, the commission shall, in part, develop and update assessment standards that optimize the language acquisition and literacy development of deaf, hard of hearing, and deafblind newborns, infants, and children.

As a result of this legislation, the Commission established the Language Acquisition Taskforce composed of diverse community members and partnering agencies.

The purpose of the taskforce is to advise and assist with the implementation of SB 1092.

More specifically, the goal of the taskforce is to develop recommendations regarding the importance of developing a statewide system to ensure the success of language acquisition standards for all children who are deaf, hard of hearing, and deafblind enrolled in early intervention or educational programs in the state of Arizona.



Overview and Structure of Task Force

MEET THE COMMUNITY BEHIND THE REPORT

PROCESS OF IDENTIFYING TASK FORCE REPRESENTATIVES

The Arizona Commission for the Deaf and Hard of Hearing (ACDHH) assigned three staff members to work with a consultant (Tawny Holmes Hlibok, Esq.). The first item was to identify relevant agencies and organizations, followed by the ensuring of representation including diversity considerations among key stakeholders. Over 20 agencies and organizations were contacted, and while few were unresponsive or unable to participate, the majority of people contacted were willing to give their time to this task force, along with additional community representation through identification of needed knowledge and public nominations. A panel of three diverse (indigenous, hard of hearing mother, and a black deaf teacher) community representatives also served on a panel. ACDHH deeply thanks each and every member of the task force and subcommittees and this report would not be possible without them.



Language Acquisition Task Force Subcommittees

I-Data and Demographics	II-Systematic Connections	III-Assessments Review
ACDHH Staff Assigned- Beca Bailey <ul style="list-style-type: none"> Janna Murrell * Raising Special Kids Kendra Benedict * Arizona State Schools for the Deaf and the Blind Fran Altmaier * Arizona Department of Health Services Suzy Perry * Arizona Department of Education Trisha Waddell Arizona State Schools for the Deaf and the Blind Martin Keller * Sequoia School for the Deaf Shanna Dewsnup * Happy Ears Hearing 	ACDHH Staff Assigned- Betty/Nikki <ul style="list-style-type: none"> Germain Graham * Deafinitely Communicating Mollie Harding * Arizona State University Janet Viloria * Arizona Department of Health Services Ana Herron-Valenzuela * City of Phoenix Head Start Program Amber Hansen U.C.E.D./Arizona State University Robin Eichner Arizona State Schools for the Deaf and the Blind Christopher Fears Arizona State Schools for the Deaf and the Blind Lylis Olsen Ear Foundation of AZ Julie Willoughby Parent/Community Member 	ACDHH Staff Assigned- Sonia Samaniego <ul style="list-style-type: none"> Caroline Nailor-Oglesby * Arizona Early Intervention Program Christy Hegebush * Arizona Department of Education Christina Rivera * University of Arizona Jennifer Scarboro * Arizona State Schools for the Deaf and the Blind Karina Johnson Arizona State Schools for the Deaf and the Blind Tina Shartzler Arizona State Schools for the Deaf and the Blind Michael Olivier * Arizona State Schools for the Deaf and the Blind

ACDHH Staff

BECA BAILEY
ACDHH COMMUNITY ENGAGEMENT LIAISON

SONIA SAMANIEGO
FAMILY ENGAGEMENT COORDINATOR

NIKKI SOUKUP
DIRECTOR OF PUBLIC POLICY AND COMMUNITY RELATIONS

NOTE THAT THE TASK FORCE HAD THREE SUBCOMMITTEES, EACH FOCUSED ON A KEY ASPECT OF THE REPORT.

The Lay of the Land

PERTINENT INFORMATION AS RELEVANT TO THE LANGUAGE ACQUISITION OF DHHDB CHILDREN

CURRENT NUMBERS AND STATUS:

Data indicates that there are currently over 2,400 deaf, hard of hearing, and deafblind children identified in the state of Arizona including 186 newly identified babies every year as of 2019 (102 were referred successfully to early intervention programs). Around 1,760 (who are on IFSP/IEP plans and between the ages of 0-21) of this number are currently being served by ASDB which partners with half of the school districts in Arizona and AZEIP. There are 1,622 deaf and hard of hearing students enrolled in Arizona public schools this past year, according to the Arizona Department of Education (ADE), and for many more enrolled in private schools. It is also important to note that the Sequoia Deaf School (SDS), part of the Edkey charter school district in Mesa, has 52 deaf K-12 students enrolled for the 2020-21 school year.

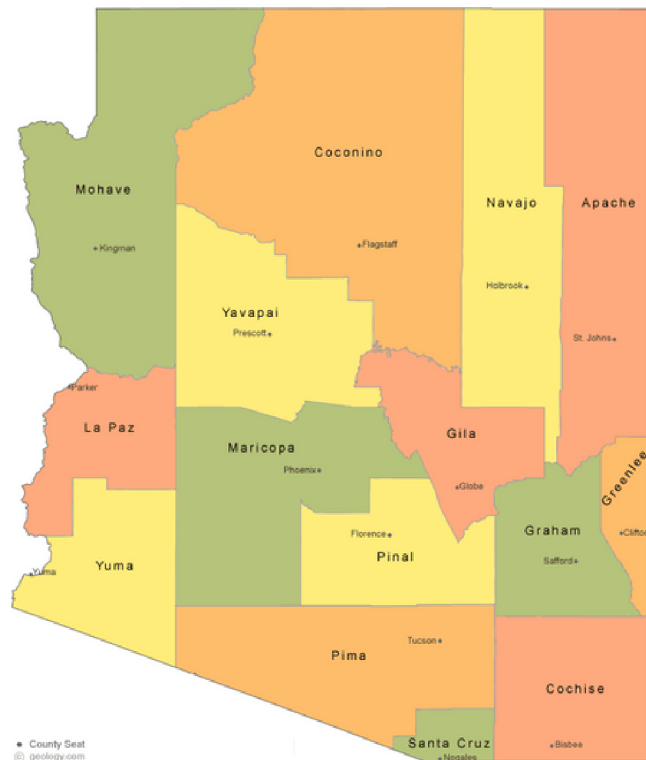
2019 Data for DB 0-21: 202 children

2019 CDC Data for DHH: 186 newborns confirmed

USDE Data for DHH students: approximately 2,000 identified under "hearing impairment" in Arizona in 2011. Further data has been requested from the Arizona Department of Education (ADE). These numbers do not include those children in rural communities that may not be identified and/or late-identified children (Arizona Commission for the Deaf and the Hard of Hearing, 6/14/2022).

Counties in Arizona:

1. **Apache County, AZ**
2. **Cochise County, AZ**
3. **Coconino County, AZ**
4. **Gila County, AZ**
5. **Graham County, AZ**
6. **Greenlee County, AZ**
7. **La Paz County, AZ**
8. **Maricopa County, AZ**
9. **Mohave County, AZ**
10. **Navajo County, AZ**
11. **Pima County, AZ**
12. **Pinal County, AZ**
13. **Santa Cruz County, AZ**
14. **Yavapai County, AZ**
15. **Yuma County, AZ**



Overview of Recommendations

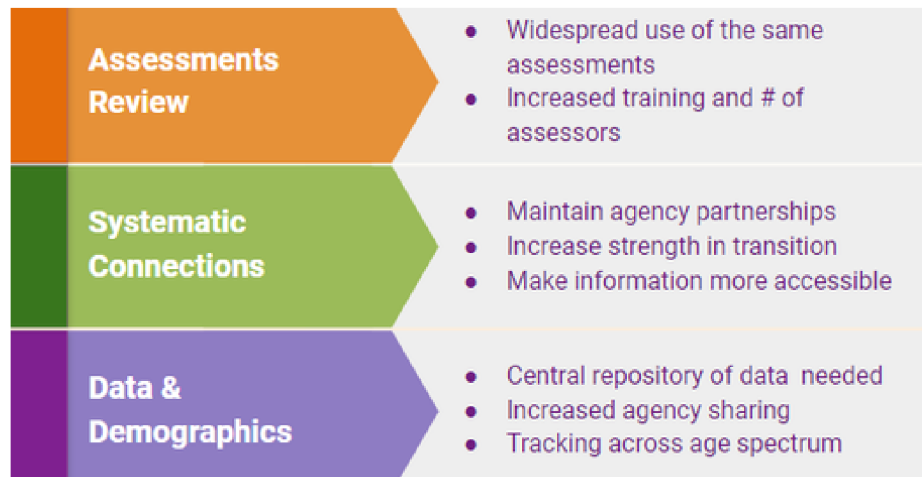
BY THE LANGUAGE ACQUISITION TASK FORCE

TASKFORCE THOUGHTS IN SUMMARY



At every task force meeting hosted on Zoom, subcommittee representatives shared out on their progress on their information gathering and solicited feedback. This ensured that the full task force had the opportunity to support all subcommittees' work and to weigh in on any questions or recommendations. Representatives often benefitted from the sharing of information and referrals.

Subcommittees submitted reports including identified gaps, challenges followed by recommendations for further action or follow-up. This chart to the right presents a broad overview of recommendations by the three subcommittees. More detailed information will come on the following pages starting with findings and concluding with recommendations.



Example of questions discussed by task force members



- *Where are DHHDB students receiving services?*
- *Who is providing services to them?*
- *Are there any additional challenges? (disabilities, rural, reservation, language barriers, translation/interpretation, transportation)*
- *Do families know of all available services/resources?*
- *Do we have sufficient trained personnel?*



Findings- Data & Demographics

INCLUDING THE IDENTIFICATION OF GAPS AND CHALLENGES

REVIEW PROCESS AND FINDINGS:

The Data & Demographics Subcommittee identified that the ideal state of data for deaf, hard of hearing and deafblind students would manifest in two ways:



1) A shared understanding of the following:

- a. The data necessary to contribute to our understanding of where we are, where we want to go, and how to get there.
- b. Of the types of data identified as necessary to contribute to our understanding
 - i. What data is available and accessible? Is it reliable and valid?
 - ii. What data is available, but not accessible? What are the barriers to accessing it?
 - iii. What data isn't available? What are the barriers to collecting it?
- c. How infants, toddlers, and children who are deaf, hard of hearing, and deafblind in Arizona are acquiring language, at what rate, and to what level of competency.

2) A reliable and valid means by which to gather, analyze, and respond to data in the context of language acquisition of deaf, hard of hearing, and deafblind children in Arizona.

Currently existing data sources available to the public are as below:

Data - National Level

- Data and Statistics About Hearing Loss in Children
<https://www.cdc.gov/ncbddd/hearingloss/data.html>
- Is Your Child Who is Deaf/Hard of Hearing Ready for Kindergarten?
<https://www.cdc.gov/ncbddd/hearingloss/index.html>



Data - State Level

- Screening, Diagnostic, & Intervention Data
- Hearing Loss Type and Severity
- Demographics (maternal factors)

Data-Child (ages 0-3) Level is shared on the next page. As for PreK-12 data, it was not available at press from the Arizona Department of Education.

Findings- Data & Demographics, cont.

DATA-CHILD LEVEL:

Research shows that the data identified in the table below can contribute to our understanding of children’s language acquisition and academic outcomes. Not all of the data identified below is easily accessible. The reliability and validity of the data available is largely unknown.

PRELIMINARY DATA	Entities that Collect and Maintain Various Databases				
	AzDHS/CDC	AzEIP	ASDB	<u>ADOE</u>	Districts
Screening, Diagnostic, & Intervention Data	X				
Hearing Loss Type and Severity	X				
Demographics (maternal factors)	X				
Age of amplification (if applicable)			X		X
Language input (type, frequency)			X		X
Additional diagnoses		X	X	X	X
EI history (age initiated, frequency, duration)		X	X		X
Referred to Part B		X			
Enrolled in Part B (preschool)		X		X	
County/city of residence			X	X	X
Enrolled in Part B (kinder)			X	X	X
<i>LRE – preschool through <u>gr 12</u></i>			X	X	X
<i>Rate of language acquisition and outcomes</i>			X	X	X
<i>Academic progress and outcomes</i>			X	X	X
<i>Post-School Outcomes</i>				X	

**Data highlighted in gray is not easily accessible. The reliability and validity of the data in italics needs to be examined.*

Findings- Data & Demographics, cont.

CHARTS WITH RELEVANT INFORMATION

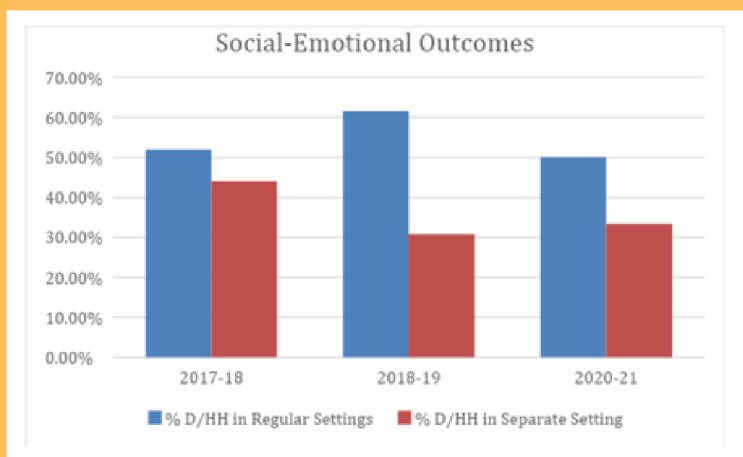
INFORMATION BASED ON EARLY INTERVENTION & PRESCHOOL SETTINGS ONLY:

State-level Screening, Diagnostic, and Intervention Data Arizona Department of Health Services

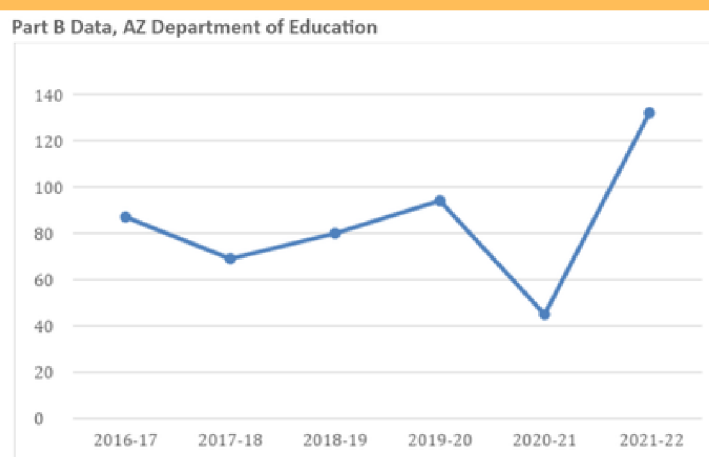
January 1, 2020 - December 31, 2020

Report Item	Number	Percent
Total Occurrent Births	77,608	
Total Documented as Screened	76,478	
Total Not Pass	1,212	2%
Total with No Hearing Loss (Initial Diagnosis)	365	30%
Total with No Diagnosis	656	54%
Total with Permanent Hearing Loss	191	16%
Referred to Part C	191	100%

Social-Emotional Outcomes



Number of DHH students*



PRELIMINARY FINDINGS

1. Scarcity of data.
2. Accessibility of data.
3. Reliability and validity of data.
4. Lack of action/follow-up on findings.

*It was explained that the uptick in 2020-2021 was due to correcting appropriate labeling of DHH students, not due to specific population growth.



Recommendations

DATA & DEMOGRAPHICS

OVERVIEW OF RECOMMENDATIONS

Based on the preliminary findings and limitations in data, including lack of access to Pre-K-12 data, the data & demographics subcommittee recommend the below in the areas of reliability, analysis, and agency collaboration:

1. EXAMINE THE RELIABILITY AND VALIDITY OF DATA AVAILABLE ON THE LANGUAGE ACQUISITION AND ACADEMIC OUTCOMES OF CHILDREN WHO ARE DEAF, HARD OF HEARING AND DEAFBLIND IN ARIZONA.	2. COLLECT LONGITUDINAL DATA WITH THE PURPOSE OF IDENTIFYING TRENDS IN SCREENING, DIAGNOSTIC, INTERVENTION, AND OUTCOME DATA.
3. CONSIDER USING A COMMON IDENTIFIER TO LINK DATA ACROSS SYSTEMS (NEWBORN HEARING SCREENING, TO PART C, TO PART B).	4. DETERMINE WHO SHOULD HAVE OVERSIGHT OF THE COLLECTION AND ANALYSIS OF DATA.
5. CONDUCT IN-DEPTH ANALYSIS OF DATA, SUMMARIZE FINDINGS, CREATE AN ACTION PLAN, AND MONITOR ONGOING PROGRESS.	6. RESEARCH HOW OTHER STATES GATHER, ANALYZE, AND RESPOND TO FINDINGS ACCORDINGLY.
7. CREATE AND DEVELOP STANDARDIZED DEFINITIONS FOR CROSS-USAGE ACROSS AGENCIES.	8. SPECIFIC TO PRESCHOOL AND K-12, ENCOURAGE THE USE OF MULTI-DISCIPLINARY TEAMS AND PROVIDE PROFESSIONAL DEVELOPMENT ON CATEGORIES OF ELIGIBILITY AND THE LEAST RESTRICTIVE ENVIRONMENT.
9. SECURE ADDITIONAL FUNDING TO SUPPORT ESTABLISHMENT OF STAFF TO COLLECT, ANALYZE, AND DISSEMINATE DATA (TO INCREASE ACCOUNTABILITY AND TRANSPARENCY) (WITH ADE, ASDB, AND ACDHH INVOLVEMENT)	10. COLLABORATE WITH ADE TO ANALYZE DATA FOR KEY FINDINGS AND IMPLICATIONS REGARDING THE DHHDB POPULATION

Findings- Systematic Connections

INCLUDING THE IDENTIFICATION OF GAPS AND CHALLENGES

REVIEW PROCESS & FINDINGS

The Systematic Connections subcommittee generally agreed that adherence to the Joint Committee of Infant Hearing recommend practices would be ideal and appropriate when it comes to serving deaf, hard of hearing, and deafblind infants, toddlers and children along with their families. Through the months of discussion, numerous challenges were identified with those recommended practices in mind when it comes to ensuring language access for deaf, hard of hearing and deafblind children in the state of Arizona.

Joint Committee on Infant Hearing - Recommended Practices

EARLY STEPS

(2019). Year 2019 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs. Journal of Early Hearing Detection and Intervention, 4(2), 1-44.

1

Screened for hearing by 1 month of age

3

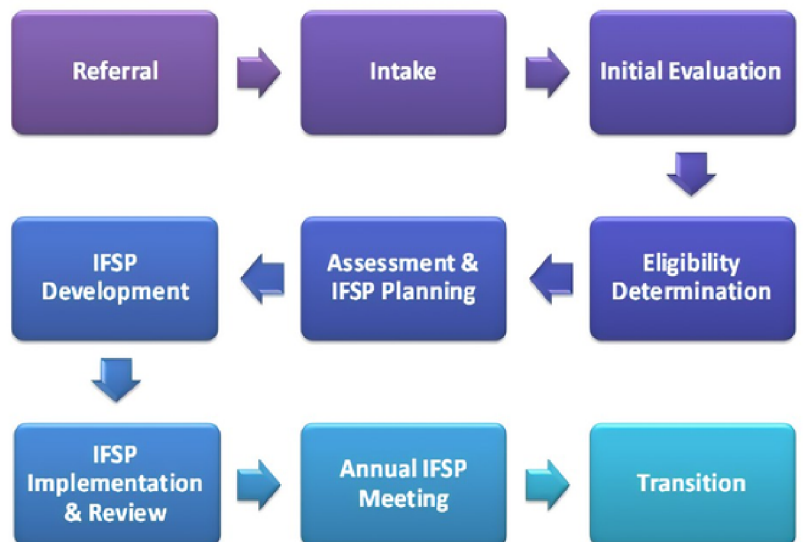
Confirmed as DHH by 3 months of age

6

Referred to EI services by 6 months of age

The chart on the right outlines the general & standard intake process for a deaf, hard of hearing, or deafblind baby from a federal government perspective, but the subcommittee also recognized that children may be late-identified, experience late-onset hearing changes, or have recently moved to Arizona from another state or country. Not only that, but the system may have missed opportunities to provide services to children born in rural areas, on reservations or at home and birthing centers.

Early Intervention Process



Findings, Systematic Connections, continued.

1

Screened for hearing by 1 month of age

CHALLENGES IN RELATION TO IDEAL PRACTICES:

Referrals to specialists due to otitis media can slow down diagnosis if permanent hearing loss is not ruled out along with medical treatment for the middle ear issues. There are many babies who are lost in the system which makes it challenging to follow-up. Loss to follow up continues to be a significant issue including screening to rescreen and screening to diagnosis.

Other challenges identified:

- Pediatricians/medical providers giving misleading information or using the “wait and see approach”
- Screening providers not being properly trained and giving parents the wrong impression by telling parents “I’ll get them to pass” or “It’s just fluid.”
- Screening providers not being sensitive to the informational needs of diverse populations
- Parental denial or grief or fear
- Ongoing hospitalization/NICU stay
- Ear infections
- Difficulty getting appointments
- Finding ways to pay for the screening

6

Referred to EI services by 6 months of age

Challenges regarding the referral of babies to early intervention services often are about needed training of professionals & information provided to families.

Changes in practice needed re: Audiologists

- Audiologists to have more access to training in providing information and understanding benefits of other language modes and forms of communication beyond oral/auditory/verbal approaches
- Audiologists to make recommendations for parent-to-parent support and for Deaf mentors, and other supports which align with other forms of communication beyond oral/auditory/verbal
- Audiologists to use neutral language and to present resources as opportunities rather than options

3

Confirmed as DHH by 3 months of age

Challenges specific to receiving a follow-up diagnosis and confirmation of hearing differences by 3 months of age vary but often depends on the information the family receives or training of professionals.

Challenges identified:

- Ongoing hospitalization/NICU stays
- Babies having ear infections
- Difficulty getting appointments
- Finding ways to pay for the diagnostic ABR test
- Accessing the testing (rural populations)
- Babies struggling to sleep for ABR tests
- Audiologists not being properly trained which results in babies having multiple tests
- Parental denial
- Most screening/diagnostic services being available in only English (not ASL, Spanish, etc.)



Findings by Systematic Connections, continued.

6

Referred to EI services by 6 months of age

CHALLENGES RE: REFERRALS TO EI SERVICES, CONT.

When it comes to medical providers other than audiologists, the subcommittee recommends that they also use neutral language and present resources as opportunities rather than options. It is observed that providers generally approach deafness through the lens of the medical model - that deafness needs to be “fixed” or “treated” with technology. In addition, it is observed that some are not being supportive of early diagnosis, nor do they provide information regarding the benefits.



Families' experiences



Another observation by the subcommittee was that in Arizona, hearing families often are not connected with Deaf mentors or the Deaf community until the deaf child is, on average, 2.5 years old. *Additional observations are as listed below:*

- Families receive incorrect or conflicting information from professionals involved in the hearing screening, diagnostic evaluation, and options for intervention
- Families need more access to information in their native languages or to information that is culturally and linguistically appropriate
- The professionals involved should connect families with financial resources for hearing aids and assistive listening technology
- Families need more support in navigating the challenges of raising a child with a disability - social workers may be an important part of an early intervention team
- Families need to receive information and education about deafness through the lens of the social model.
- Families who choose to use devices are not delayed with amplification fitting or cochlear implantation due to financial issues.
- Families need professional support in working through emotional reactions to raising a child who is D/HH/Deafblind. Social workers could be a useful member of the early intervention team. Social workers unify and strengthen families. Social workers can also identify biased language and approaches.
- Families and professionals often prioritize speech over language and “hang on” to oral/auditory/verbal development even when time and resources could be better used toward development of other communication skills.
- Parents often feel like a failure when a child does not develop communication skills as expected.

Findings by Systematic Connections, continued, and Recommendations

CHALLENGES IN RELATION TO PLACEMENT DECISIONS

In leaving early intervention services, deaf, hard of hearing and deafblind children go through the transition process and part of that process is determination of placement. Several challenges were identified in that area and are discussed below:



- Families, early interventionists, and school professionals participate in transition meetings, however, placement is a team decision and sometimes the team doesn't agree, which can prolong proper placement.
- Team members have differing opinions on what they think is best for the student academically and developmentally
- Other obstacles exist outside the control of the team, such as transportation resources and geographic location, which prevent the child from going to the most appropriate placement.
- Placement options are not the same for all families and depend on where they live.
- Programs specific to D/HH children exist in some public/private schools (such as Queen Creek, Gilbert) Desert Voices (Phoenix), Sequoia (Mesa), ASDB (Phoenix and Tucson)
- Professionals are unaware of placements/programs in public schools
- Staffing issues like teacher shortage, resources in rural districts
- Parents have difficulty gaining consistent information regarding preschool programs and even getting into contact with school personnel
- Parents are unaware of their rights as decision-makers for their child's preschool placement

RECOMMENDATIONS

1. REQUIRE MEDICAL PROFESSIONALS AND AUDIOLOGISTS TO GIVE UNBIASED AND EVIDENCE-BASED INFORMATION TO FAMILIES ON ALL LANGUAGE APPROACHES AND TECHNOLOGY OPTIONS.

2. INCREASE RESOURCES TO HELP FAMILIES FOLLOW-UP ON A FAILED SCREENING INCLUDING PARTNERSHIPS WITH HOSPITALS TO INCLUDE INFORMATION ABOUT HEARING SCREENINGS IN THE DISCHARGE PROCESS.

3. INCREASE PROVISION TRAINING FOR SCREENING PERSONNEL TO COUNSEL FAMILIES REGARDING THE IMPORTANCE OF FOLLOW-UP AND SHARING APPROPRIATE INFORMATION ON POSSIBLE OUTCOMES.

Findings- Assessments Review

INCLUDING THE IDENTIFICATION OF GAPS AND CHALLENGES

REVIEW PROCESS & FINDINGS

The Assessments Review subcommittee reviewed all assessments used with deaf, hard of hearing and deafblind children in the state of Arizona and checked on what assessments were utilized in other states and recommended. Their findings are reported here, including the need for training and re-establishment of a state-wide assessment team. One key challenge was that currently, the only normed usage of assessments is by the Arizona State Schools for the Deaf and the Blind (ASDB), as assessments for deaf, hard of hearing, and deafblind children vary from school district to school district if they don't partner with ASDB.



There are three known assessments used with young deaf, hard of hearing and deafblind children ages 0-5.11 in the state of Arizona. One named the Visual Communication Sign Language Checklist (VCSL) is currently not offered beyond ASDB. There is a lack of certified assessors and no local trainer. Funding would be needed for training and conduction of individual assessments. To be certified to do this assessment, a score of 4 on the ASL Proficiency Interview (ASLPI) is required along with a BA degree.



The VCSL assessment is done twice annually or as needed. Another assessment (DAY-C) is not normed with multiple disabilities, and like the VCSL, not used in mainstream settings unless district does so normally. It is required by a special grant program, the Outcomes and Developmental Data Assistance Center for EHDI Programs (ODDACE) while another one, the Communication Matrix is an optional one.



There currently are three different assessments used for deaf, hard of hearing, and deafblind children between ages 2-21. They are: 1) Expressive One-word Picture Vocabulary Test - 4th Edition (EOWPVT-4) (2-21), not normed with DHH students, 2) Test of Auditory Comprehension of Language (TACL) (3-12 years and it is unknown if it is administered beyond preschool), and 3) ASL Expressive Skills Test (ASL-EST) (4-12 years- currently only offered at PDSB as needed- the only certified assessor in the state is employed there.)

Findings and Recommendations- Assessments Review

STATUS OF ASSESSORS:

The Assessments Review subcommittee reported the current number of trained, certified or qualified assessors (depending on what the assessments require) as: *Birth to three-7* certified VCSL assessors at ASDB; 10 preschool teachers certified to evaluate spoken language; 21 Birth to Three providers - 19 TODs, 2 SLPs; 13 Preschool providers and K-12, 8 TODs, 1 Special Education certified, and 1 SLP. All are employed at ASDB and some are available to provide assessment services through the outreach division. This number was taken in consideration in creating the final recommendations as listed below along with additional considerations on the next page.

RECOMMENDATIONS

1. ESTABLISH A STATEWIDE ASSESSMENT TEAM FOR ALL DEAF, HARD OF HEARING AND DEAFBLIND YOUTH IN ARIZONA, REGARDLESS OF EDUCATIONAL PLACEMENT.

2. PROVIDE BIANNUAL/ANNUAL* ASSESSMENTS IN THE MODALITIES AND LANGUAGE(S) THAT BEST FITS THE CHILD.

*BIRTH TO 5: BIANNUAL *AGES 5-21: ANNUAL

3. UTILIZE ASSESSMENT RESULTS FOR GUIDANCE ON THE LANGUAGE DEVELOPMENTAL DISCUSSIONS BY IFSP AND IEP TEAMS WHEN ASSESSING THE CHILD'S PROGRESS IN LANGUAGE DEVELOPMENT.

4. ALL REMAINING (ROUGHLY 50%) OF SCHOOL DISTRICTS TO PARTNER WITH ASDB TO ENSURE EVERY SINGLE DEAF, HARD OF HEARING, AND DEAFBLIND STUDENT IS ASSESSED, INCLUDING THOSE ON IFSPS, 504 PLANS, ADA PLANS OR RECEIVING NO SERVICES/ACCOMMODATIONS.

5. TO ENSURE ASDB IS ABLE TO ASSESS EVERY CHILD, INVESTMENTS ARE NEEDED IN THE CHILD FIND SYSTEM TO ENSURE EVERY DEAF, HARD OF HEARING, AND DEAFBLIND CHILD IS IDENTIFIED.

6. TRAIN EXISTING QUALIFYING STAFF VIRTUALLY, ON SITE OR OFF SITE (INCLUDING CONFERENCE/TRAINING/TRAINER FEES AND TRAVEL

7. CREATE POSITIONS FOR ASSESSORS TO TRAVEL TO SCHOOL DISTRICTS TO CONDUCT ASSESSMENTS ON SITE AFTER A NEEDS ASSESSMENT STUDY

Recommendations, cont.- Assessments Review

ADDITIONAL CONSIDERATIONS:

- In re-establishing* a statewide assessment team, the subcommittee recommended pulling together individuals that are experts, trained and certified (if applicable) in the areas of: language acquisition including both signed and spoken languages, and are aware of developmental impacts to language. What remains to be done is to:
 - Identify qualifications of language assessment evaluators with knowledge on the use of evidence-based best practices with children who are deaf or hard of hearing or deafblind and the resources for locating such language assessment evaluators.
 - Identify and recommend qualifications of language professionals with knowledge of the use of evidence-based best practices in English and American Sign Language who can be available to advocate at IFSP and IEP team meetings, along with working with students on ADA and 504 plans or students receiving no accommodations or services.

**There was a similar assessment team housed at ASDB in the past. It is recommended to review previous practices and feedback to determine effective strategies going forward.*

In addition, to establish the team, multiple timelines would need to be developed for:

- Exploration of budget needs/fiscal impact for Statewide Assessment Team needs, including staffing, training, assessment materials, licensing and certification if needed.
- Implementation for rollout of assessments with consideration of serving rural regions, all ages, hard-to-reach/identify populations, and analysis of demographics

RECOMMENDED ASSESSMENTS TO BE UTILIZED STATEWIDE WITH EVERY CHILD:

Ages	Name of Assessment
Birth to 5.11 years	Visual Communication Sign Language Checklist (VCSL)
Birth to 5.11 years	DAYC-2
Birth to 5 (0-24 months)	Communication Matrix
2-21 years	Expressive One-word Picture Vocabulary Test - 4th Edition (EOWPVT-4)
3-12 years	Test of Auditory Comprehension of Language (TACL)
4-18 years	ASL Assessment Instrument (ASLAI)
4-14 years	ASL Expressive Skills Test (ASL-EST)

*ASLAI is preferred, but if not possible yet, could utilize both the ASL-EST and the ASL-RST.

Recommendations, continued- Assessments Review

FINAL CONSIDERATIONS BY THE ASSESSMENTS REVIEW SUBCOMMITTEE:

- Language assessment evaluators must be:
 - a) fluent in the language of the child and;
 - b) have experience with and/or training in the administration of the requisite assessments and;
 - c) be in a primary role working with the child and have knowledge/experience or training in the education.

Professionals possessing experience working with, knowledge of and/or training in the education of children who are deaf, hard of hearing or deafblind along with being knowledgeable about language acquisition would be initially qualified as language assessment evaluators. These individuals may already be working in various primary roles, such as, but not limited to: teacher of the deaf, speech/language pathologist, early childhood special educator, ASL specialist, Deaf Mentor, Deafblind Specialist, psychologist, etc.

NOTE OF CONSIDERATION:

Currently, the Teaching Strategies GOLD assessment is used for preschools statewide (mandated by ADE). The mandate ends for kindergarten in August 2022. ADE will allow districts to determine assessments used, rather than mandate one specific tool. ASDB is unsure at this time if the GOLD assessment will continue to be in use. In addition, ASDB is exploring the possibility of using Galileo for its student populations across all campuses beyond the Arizona School for the Blind (as of 2022).

The deaf schools are assessing students in 2nd-12th grades with NWEA (Measure of Academic Performance) multiple times annually for benchmark testing.



Recommendations, continued.- Assessments Review

LEADING AGENCY AND COLLABORATION:

It is the subcommittee's view that it would be appropriate if the Arizona Commission for the Deaf and Hard of Hearing (ACDHH) is assigned as the responsible agency for ensuring the assessments team is re-established and put in place. The responsibilities would include coordinating multiple agencies' collaboration (Arizona State Schools for the Deaf and the Blind (ASDB), overseeing the Statewide Assessment Team, collecting and distributing data with partner agencies, Arizona Department of Economic Security (ADES), Arizona Department of Health Services (ADHS), and Arizona Department of Education (ADE) in data sharing agreements.

- ASDB should be designated as the lead agency for the implementation for the assessment team, in partnership with ADES, ADHS, and ADE. ASDB possesses the highest concentration of expertise in deaf education and is in the best position to coordinate and implement assessments statewide, starting with ages 0-3 and 3-5, and expanding gradually over the next four years.
- The responsible agency along with the other involved agencies shall identify procedures and methods for communicating information on language acquisition, assessment results, milestones, assessment tools used and progress of the child to the parent or legal guardian of such child, teachers and other professionals involved in the early intervention and education of such child. We recognize that AZEIP already has an intergovernmental agreement with ASDB and recommend that this agreement continue to be in place.
- All assessment related information should be packaged and conveyed to both parents and professionals in a manner characterized by clear, concise communication. A comprehensive written report provided to parents and the designated service delivery agency, along with the use of a language assessment evaluator serving as an advocate as stipulated in this law, will assure the fulfillment of this mandate.
- Annually, the statewide data related to the percentage of deaf, hard of hearing or deafblind children meeting or not meeting the language acquisition milestones will be reported publicly on the ACDHH website, with no personally identifiable information.



Final considerations and Conclusion

INCLUDING NEXT STEPS AND STAFF CONTACT INFORMATION

FINAL CONSIDERATIONS AS A WHOLE:

From January 2022 to June 2022, the ACDHH staff and the contracted consultant navigated task force and subcommittee meetings, and collected a wealth of information, including but not limited to identified gaps/challenges and current data/demographics. The taskforce and subcommittee members represented a wide spectrum of professional and personal experiences/knowledge and were able to build a consensus of what needs to happen in Arizona in order to ensure quality language acquisition access and assessment in the state of Arizona for every deaf, hard of hearing, and deafblind child. This report reflects that important work, and includes every recommendation made directly by the subcommittees and taskforce as a whole. As a result, ACDHH has completed the initial task of SB 1092 and shall diligently work towards taking the recommended next steps.

For further information, contact ACDHH staff:

BECA BAILEY
ACDHH COMMUNITY ENGAGEMENT LIAISON
B.BAILEY@ACDHH.AZ.GOV

SONIA SAMANIEGO
FAMILY ENGAGEMENT COORDINATOR
S.SAMANIEGO@ACDHH.AZ.GOV

NIKKI SOUKUP
DIRECTOR OF PUBLIC POLICY AND COMMUNITY RELATIONS
N.SOUKUP@ACDHH.AZ.GOV

TESTIMONIES BY PANEL

A selection of thoughts shared by the diverse community panel (a Black deaf teacher, a Native American born and raised in Arizona, a hard of hearing mother of a deaf child living in a rural part of Arizona) hosted as part of a public Task force meeting on May 11, 2022.

"Often people forget babies born on reservations- we need early intervention services and resources as much as non-indigenous people do."

"Deaf, hard of hearing, and deafblind children need role models of every color, including deaf mentors and teachers, especially for language."

"I wish every preschool had sign language available- that would make it easier to find one for my deaf child."