Structure for Reporting Outcomes of Progress Towards Language Milestones
**Key Decision:** Identify procedures and methods for reporting language acquisition progress of children who are Deaf and/or Hard of Hearing to parents, teachers, and other professionals involved in the early intervention and education.

**December 2018 Survey and Meeting Considerations:**
- Several possible agencies could be used to report and track these results. The LEA, Early Steps, and EHDI are the ones who I initially think could be the ones to report these test results to. EHDI seems to be the one who has records of all children identified along with the capability of tracking these scores from birth-5 years.

- Clear identified procedures and methods should be identified for use by all professionals involved in early intervention and education. We need to be able to compare all students’ language acquisition to each other using a defined tool.

**January 2019 Survey and Meeting Considerations:** (next few slides)
January 2019 Survey and Meeting Considerations Continued:

• There should be an existing system which teachers of the deaf are required to enter data for the state funded assessment for 0-5 in order to get Part C funding. What is that assessment called? SKI HI Language Development Scale is only to provide additional info more DHH specific on language development milestones. Data should only be collected from Ski-Hi assessments to ensure consistency. The domain about Deaf children's language needs to be segregated from other children in Special Education so you can get access to the information and shared with parents during IFSP and IEP then they need to choose an assessment tool for both ASL and English such as the Ski Hi LDS to monitor the child's language milestones and report the data.

• The existing EHDI system allows Hospitals, audiologists, pediatricians, ENT's, Early Steps SPOE to share information with the state collection system. Monitoring for children ages 0-3 should be within the Early Steps system quarterly report by a trained and qualified provider then shared with EHDI System. For children ages 3-5 LDOE will collect quarterly data and share with EHDI system. Districts will collect quarterly IEP progress reports from qualified trained Teachers for the deaf, ST, and Audiologists share with LDOE and then share with EHDI system.
January 2019 Survey and Meeting Considerations Continued:

- I believe that any existing organization is NOT at this time equipped to monitor this data. I also believe that no existing agency with its current funding and staffing: PPEP or Early Steps is equipped to provide enough instruction to families and children to see success due to lack of qualified staff (fluency in ASL, ability to provide auditory verbal therapy, knowledge about Cued Speech, etc), and lack of frequency of service due to understaffing and distance of travel. I feel that EDHI is also not a thorough database as many children were not identified, and the parents are not required to seek services. Also EDHI is grant funded and not a permanent solution. As much as I fear LSD and PPEP would fail these students due to year of poor leadership and management, as well as lack of funding/staffing/and qualified people in rural areas, I feel that if changes were made at PPEP with a position that oversaw the type of services all of the Deaf/HH children are receiving around the state and simultaneously monitored the growth of the student's language, management by experts in the field could prevent children from not having access to language. If one agency (PPEP) ran all early childhood intervention for D/HH students, changes in the frequency and type of service assigned if needed, or changing from speech to sign or adding cued speech as needed, other supports such as auditory verbal therapy could be provided as deemed necessary by the "expert" agency. Experts should be housed at the school for the Deaf, and should meet the needs of all children throughout the state.
January 2019 Survey and Meeting Considerations Continued:

- I don't envision that this data will be "public facing" but that reports will be generated and available to stakeholders on some agreed upon schedule.

  (1) Shall be in a format that shows stages of language development.
  (2) Shall be selected for use by educators to track the development of deaf and hard-of-hearing children’s expressive and receptive language acquisition and developmental stages toward English literacy.
  (3) Shall be selected from existing instruments or assessments used to assess the development of all children from birth to five years of age, inclusive.
  (4) Shall be appropriate, in both content and administration, for use with deaf and hard-of-hearing children.
  (5) May be used, in addition to the assessment required by federal law, by the child’s IFSP or IEP team, as applicable, to track deaf and hard-of-hearing children’s progress, and to establish or modify IFSP or IEP plans.

LDOE and LDH shall annually produce a report, using existing data reported in compliance with the federally required state performance plan on pupils with disabilities, that is specific to language and literacy development of deaf and hard-of-hearing children from birth to five years of age, inclusive, including those who are deaf or hard of hearing and have other disabilities, relative to their peers who are not deaf or hard of hearing. LDOE and LDH shall make this report available on the internet.
January 2019 Survey and Meeting Considerations Continued:

- Database should be housed within EHDI program to preserve the privacy of children and their families. Such system already exists and no need to add more cost that is not budgeted for to create a new system. This is already a requirement of EHDI grant and is needed for state reporting as listed in the new EHDI reauthorization bill. EHDI should work closely with Early Steps program and providers for children ages 0-3 years old. (2) EHDI will work closely with LDOE will have access to certain data through an MOU agreement and 3-5 IDEA services provided by the state and local districts for all students with hearing differences within that age group. (3) Respecting the children and family privacy protected by federal and state laws should remain a focus and sharing information with non state agencies should not be allowed.

- EHDI System will submit an annual report, this should be made public with approval from LDOE and LDH.

Recommendation: Per the task force recommendation, LDOE and LDH staff met to discuss possible solutions and recommend that the report reflect critical components of a database/ system for collecting information about progress of children who are Deaf and/or Hard of Hearing.
## Report Recommendation: Structure for Reporting Outcomes of Progress Towards Language Milestones

<table>
<thead>
<tr>
<th>Responsibility</th>
<th>Identify procedures and methods for reporting language acquisition, assessment results, milestones, assessment tools used, and progress of such children to parents and teachers and other professionals involved in their early intervention and education</th>
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</table>
| Considerations | Task force members deliberated on this charge during the December 5th, 2018 meeting. The task force recommends that staff from LDH and LDOE conduct a meeting to discuss agency systems and capacity to collect data relative to language acquisition of children who are deaf and/or hard of hearing and share information with the task force at the January meeting.  

During the January 17, 2019 meeting staff from the LDH and LDOE shared recommendations with the task force for further consideration and discussion. |
| Recommendations | 1. The state should have a system that is able to collect the following information:  
  ● date of identification  
  ● degree of deafness  
  ● basic demographic information  
  ● information dissemination to families, child progress towards milestones, etc  
  1. Additionally, the system should allow designated providers to input necessary information and allow state agencies to analyze data to identify systemic trends. |
Additional State and Local Policies
Members of the task force completed the survey. The following information was suggested:

- We already have Louisiana Deaf Child Bill of Rights that covers all the needs of DDBHH students, effective implementation of ACT 250 is needed. No need to waste time and effort to come up with new legislation that will not add anything to the mandates of ACT 250. Teacher of the deaf Training program is needed in the state, ASL, and Oral Interpreter trainings are needed in the state. We need to focus on work force needed to implement current state laws, instead of wasting time pushing new legislation other than a legislation that mandates Louisiana Universities to add a program of study for students with different sensory needs including hearing and vision differences.

- ANNUAL review as in the IEP for older children. Concrete evaluation not subjective hearsay.....testers/evaluators..........similar to 3 year reeval but this evaluation is language assessment in scope. Regional testers to assess not agency based providers are positive ideas.

- HIPPA and parent choice is a major problem when dealing with children who are identified as deaf or hard of hearing. However, parent choice too often can become parent neglect. A law needs to be passed that requires all parents to participate in intervention in some form in order to track the language development of their D/HH child. This could be as simple as a parent questionnaire, or a weekly/monthly visit from a provider for a child with a mild hearing loss, or services provided multiple times a week and monitored by a provider for a child with a more severe hearing loss, a child with a cochlear implant, or a child who is using ASL in a family learning the language. The amount and type of service required could be determined by the agency, but the law must state that ALL families of children with hearing loss must participate.

- We will need to legislate the collaboration between LDOE and LDH in this critical stage of language acquisition to ensure accountability of both parties responsible for D/HH children's language growth between ages 0-5. (same response twice)

- I don't think any legislation is needed. I think LDE and LDH can address collaboration needs by ongoing communication across departments and with stakeholders and through ongoing professional development with providers and other state staff.
Responsibility
Make recommendations relative to ensuring that state law and state and local policies are adequately addressing the language developmental need of such children

Considerations
Task force members deliberated on this charge in all meetings. During the January 17th meeting the task force discussed the feedback provided during the member survey and finalized recommendations.

Recommendations
- The Louisiana Board of Elementary and Secondary Education (BESE) should review all policies and ensure there are no unnecessary barriers for establishing teacher of the deaf preparation programs or obtaining teacher of the deaf certification.
- The Louisiana Legislature should encourage all Louisiana Universities to open teacher of the deaf training programs.
- The Louisiana Department of Education (LDOE) and Louisiana Department of Health (LDH) should jointly produce a report using existing data reported in compliance with the federally required state performance plan on pupils with disabilities, that is specific to language and literacy development of deaf and hard-of-hearing children from birth to five years of age, inclusive, including those who are deaf or hard of hearing and have other disabilities, relative to their peers who are not deaf or hard of hearing.
Report to the Legislature