

COORDINATING COUNCIL FOR HEARING SERVICES

February 2, 2010 DRAFT

Preferred future for statewide services provided for children who are deaf or hard of hearing:

The Iowa Department of Education and the Board of Regents, State of Iowa, will establish an executive council/team, which includes a representative of the Department of Education, the Board of Regents, AEA, Vocational Rehabilitation, the medical community, and service recipients to provide statewide oversight to ensure systematic/uniform services (oversee delivery of services) and yearly evaluation of effectiveness. Other team members can be added at a future time, as needed.

We will know that this is occurring by:

- ⇒ Developing a one stop shop for medical records, language assessment (data base) and assigning unique student identifier that is linked to hearing health data base.
- ⇒ Including all audiologic interventions (by physician or audiologist) that impact hearing as part of the medical records.
- ⇒ Developing a website interface with information about services, diagnostics, need for early intervention, and links for nurse practitioners/family practitioners, parents, service providers.
- ⇒ Having AEAs evaluate the most efficient and effective allocation of professional service coordinator responsibilities and make use of other support services, where appropriate.
- ⇒ Informing about and offering to families advanced medical, assistive technology, and other options, related to their children no later than one month after diagnosis of hearing loss.
- ⇒ Developing and using a referral process that is consistent and standardized for all students who are deaf or hard of hearing (physicians make referrals).

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- ⇒ Providing statewide habilitation coordination and technical assistance service for children who have received cochlear implants.
- ⇒ Providing systematic parent learning opportunities, such as camps, in-service, training.
- ⇒ Informing families of the full range of services provided by the Iowa School for the Deaf so that the most appropriate placement can be made for the benefit of children who are deaf or hard of hearing.

We will know that this is occurring for the 0-3 population (infants and toddlers) by:

- ⇒ Developing professional development opportunities relating to deaf/hard of hearing special education for continued licensure and enhanced effectiveness of early interventionists.
- ⇒ Requiring training of all deaf/hard of hearing teachers including those with permanent licensure to understand preferred future for 0-3 population.
- ⇒ Having Vocational Rehabilitation provide transition personnel to work with teenagers who are deaf or hard of hearing in order to reallocate more services to 0-3 population.
- ⇒ Providing center-based (starting at age 2) programming dedicated to children who are deaf or hard of hearing.
- ⇒ Providing adequate state support funding to carry out programming, including providing financial parent participation incentives.
- ⇒ Providing on-going professional development opportunities for all service providers; supporting on-line (cloud) technologies for all types of continuing education.
- ⇒ Providing training to include pediatric audiology training to support diagnosis and rehab of 0-3.
- ⇒ Providing mandatory coverage of hearing technology for 0-3.