

Iowa Coordinating Council for Hearing Services - April 23, 2009

District Classroom practitioners Teaching the Deaf and Hard of Hearing

Jennifer Brickman—Waterloo—taught pre-K and HS

Lynn Rogahn CRCS

Barb Callaghan—DMSD, started as itinerant in SW Iowa, SC with integration, SD School for the Deaf, DM
El Ed; HS

Ann Ausenhus—DMSD Deaf Ed and El Ed and Reading specialist, consultant, Literacy support, prof. dev.
For teachers and one-on-one with students, esp. sent from other districts; transportation, too

Challenges:

1. Jennifer: Positives include the transitioning system for in-service providers in Waterloo, but a challenge is to find enough adult providers for once students leave high school settings. Tried to set up a program with Goodwill Industries; difficulty, especially with sending districts, to get parent involvement for things like Deaf Club and even to come to IEP meetings. Added a strategies class with ten hearing in addition to the deaf students: need a cap of 12, not 18 to meet needs; works with college-bound and with deaf/autistic—difficult prepping; interpreter licensure: 5 ladies working with her and of those five, three will probably not pass. Understands the need for licensure, there are needs being met by these assistants: calculus prep is different than K prep; who will work with these students? Kirkwood students lack professionalism and maturity, compared with more mature employees: taking off their shoes in the classroom, not showing up...; working with AEA provides excellent support systems, esp. with speech needs, collaborates with Geometry and Algebra teacher in inclusive environment to make everything visual in the classrooms for ALL of the students, helps all students with direct instruction daily.
2. Lynn: agrees with many of challenges: scheduling K-5th for substitutes, IEP needs for all; as to licensure, a big issue: has wonderful women working with her who may not pass the test, or are too close to retirement to want to bother; they are dependable and responsible in working with kids—would suggest a tiered approach to licensure pegged to needs of students; more need for interpreting in the classroom than voicing for students, as to EIPA; in-servicing needs: for teachers of the deaf, not very many opportunities compared to years ago, when there were classes offered from Gallaudet, and the DE offered Deaf Ed. Used to miss the regular in-services because she was at the Deaf Ed meetings, now the opposite! Gets great support from AEA, CRCS for her students. There is a continuum for students' needs to be met. Need people to meet those needs at each touch point, like audiologist, student needing ear mold or speech-path; feels fortunate in her job and in what she does.
3. Ann—likes to stress the positives: DM programming is unique and very different from rural settings; has a continuum of services, inclusive options, has students who move back into home schools with an interpreter, have itinerant services, have audiological services with a practitioners who signs, and a booth within the building for testing and a deaf psychologist who also acts as

Dean of Students; have deaf staff members, deaf teachers, deaf associates all as role models; pre-school program serving age 2-5 with two teachers in building and an in-home consultant working with birth-2; added ;language support, reading, writing too, and literacy support for teaches in staff development and adaption of instructional; piloting "Type-Well"; parent sign classes weekly with free child care and people to work with sibs; trained deaf community members to go into homes to work on reading with children in their home settings; fun nights and Deaf Club, sign club for school-agers; siblings placed in classrooms with interpreters to increase their own language abilities and this is done with all students in that classroom; parents as volunteers in those classrooms and they also improve their sign skills; sending districts

Challenges are: critical mass of students needed to create a community; need staff, administrators and teachers who do not have the proper foundation in challenges of teaching children who are deaf who do not have language-- decisions are being made from above, who need this kind of in-service before instructional decisions are made. Even with pre-school support, most enter with delays, and by the time the finish elementary, they have overcome most of those delays.

4. Barb—experience in self-contained and inclusive settings who need different support—the strength of that system was the transitioning to help them to become successful in their learning and in life skills—job coaching was very successful in providing experiences for our students—success is not only for those who go on to college, many who are gainfully employed who do not go on to college are successful: teachers now do not have the transitioning opportunities because the academic core is so restrictive for what students need, it is like stuffing students, not preparing them as we used to do. For pre-school students, the age of contact has been WONDERFUL—can now start at three months of age, so that by the time the two-year olds get into their classroom, they DO get social skills and specific language in that environment is critical to later success in school. This is explicit language instruction, speech development...parent reporting of how children are progressing is not as professional compared to what trained teachers can observe and report on progress; accessing individual services for early access programs—too many children and too wide a range of complicating needs. As an itinerant, 1) helping people to understand that acquiring language is a very specific kind of special education –they have so much more to do than other children speech to learn in addition to academic core, and those needs will be continuing even if they catch up! 3) Should not have to wait until "delayed" to begin getting services; unique approaches for unique needs.

➡ What the Committee needs to address:

Specifically eligibility requirements for deaf and hard of hearing so we do not have to wait for diagnosed delays; least restrictive can be a self-contained classroom and should be a more common choice.

Ann--Support for parents and families: usually those from hearing homes need the assistance to be able to help their own children to get a better foundation before children start school. Mandated to do things for children that are not appropriate, like the inclusive classroom for profoundly deaf children who do not have the language to handle it because we are mandated to "reduce the minutes" by the IEP and then, out of the self-contained classroom, they do not have even one other child to interact with in that classroom, and only have interaction with an interpreter, lacking interaction in your own language is required for growth. Problems with looking at the mainstreamed teacher's visuals in the classroom

and then when to look at the interpreter; killed with trying to document needs on paper for children. Biggest thing is ability to convey what is needed to decision-makers before decisions are made and with no input, just orders. Very little opportunity for deaf strategies and HH strategies on an on-going basis so they know the newest information. Guide reading and special coding: how to adapt this for our children to also have running records and assessment.

Lynn—in-services, yes, not only for general education and have to adapt on our own, CRCS is very supportive, but further fluency, guided reading, decoding skills, etc., comprehension stressed and while District listens to us, NCLB intrudes. Assessment is heavy on grammar but HH students need other kinds—some are unfair. Extended year services for children needed, esp. for language delayed throughout the summers. SC classroom agreed: would be more successful with more time for signing and modeling by SC teacher. Awareness of language needs of children—idioms need explicit instruction, for example.

Jennifer—“it is a numbers game” if you only have two students in your history class from the viewpoint of the administrator—needs to be 8-10 students, mixing abilities, mixing hearing and deaf; this won’t help these students in the ways they need support—too diverse needs, as opposed to just numbers in a slot: mixing legally deaf blind and autistic student with deaf student with no language skills at the high school level is a completely different problem than 12 students all with the same disability and level.

When students return to home district they end up returning because they are the only students using ASL, and they stop using it, so as not to stand out, then get delayed and have to return to Waterloo; assessment with ITEDs is “murder” for our kids; can DO alternate assessment, but only for 1% of population, so children end up taking the regular test. Need something accepted as a District assessment for all who need it would be better; need for staff development is crucial—can’t believe that she has been in this work for thirteen years and does not know the people around the table today!

➡ How would you modify the requirements to receive services?

Move away from a “delay model”

Extend the Early Access opportunities,

Support for parents who are not deaf themselves to get their own ASL language skills;

Add summer extended year schooling;

How about a Deaf Child Bill of rights to access services by virtue of hearing loss diagnosis? Prevention works for the child best immediately and saves higher costs of education later

Perhaps diagnoses already is there to provide a smooth transition, but does not translate to the decisions made for the classroom; need for special education goes beyond academic needs and sometimes we have not documented how we are meeting those needs, so when they are withdrawn, the child sinks back. Expanded Core curriculum for whole child really important for avoiding limiting

student success. Difficult to be a “low incidence” disability and to get a truly LRE when applied to children and students with hearing losses.

How do you see providing services to families to choose a more auditory environment for their children: Type-Well option, but still having a cluster of students so all accesses are available would be better. Should not be technology OR language instruction, interpreting, but all supports. Students with Cochlear implants still need interpreting, although they may grow to need this less and less as they continue on. Social piece for these children in site-based is a concern because they and their parents do not want site-based; they want their kids to move on to independence.

Transition needs and requirements of core curriculum—what kind of vocational preparation is occurring and if students go into college, what is recommendation for these students to meet their needs?

Depends upon needs of the student: trying different jobs during high school as part of special Ed programs and interviewing skills helps; on site “coffee shop” with special students doing all of the roles exists already within the high school. Invites Voc-Rehab into the program to meetings. TAP also helps. Need adult service providers in a home environment moving them away from parents’ home would be good. National Institute for the Deaf is an option.

LRE—large districts have more options for students than smaller ones, so what about inclusion and LRE collaboration for smaller districts? Pairing the sp ed teacher in collaboration into the regular ed classroom helps the regular ed teacher to understand what needs to be broken down for all students by having input from the Sped Ed teacher on what she needs to understand the material will be the same as what the students will need to understand as well when the discipline is not the strength for the spec ed teacher. Should not be a unique collaboration situation—should be standard, but one teacher can only do so much with students loaded into her room who are at such different levels.

Continuum of learning and services: not the entitlement of students but providing the continuum of the services to enhance learning IS the issue. Do we have teachers, interpreters, AEA support staff, to handle what each IEP requires in the service delivery plan? Do you have a voice in creating the District’s plan for deaf and HH? No.

How about adding some of these understandings on uniqueness of strategies, collaboration, co-teaching and administrative decision-making required into teacher education preparation and administrator course work for their licensing? Yes, needed, especially for administrators.

[lunch conversation]Also give educational interpreters spec ed strategies from paraprofessional program curriculum because they will often be in dual roles.

Afternoon panel:
Itinerant Teachers

Shandra Meyer CF/Marshalltown/Clear Lake—degree from Augustana, SD and had to do this because Iowa has no four-year programs; has been itinerant for 14 years

Tori Corssrud—also Augustana, same program; for 8 years

Zondra Foster--Dubuque area, for 34 years—18 students is her assigned load, ranging in age from 1 to 14 years;

Dick Miske—NWAEA itinerant 34 years

Lynette Green—GPAEA Burlington/Ottumwa—Augustana SD grad also, 31 years and started as only itinerant for ten counties; pursued grad degrees and did other jobs, but went back into itinerant teaching three years ago.

1. Shandra—13 students, 6 mo-junior year; likes the variety of age and ability and family needs; job has changed, began with 14 students and 7 were signers 14 years ago, due to technology of cochlear implants: now has 13, with no signers, and parents' goals are for the children to need no interpreting later in life. 50-50% time in car /with students
 - a. HH are a “forgotten population”; signing is a part of the job but not the only part of the job. The HH students are isolated and the teachers in this field are, too, from other itinerants.
2. Tori—six teachers of the deaf; is one fourth coordinator for services at Heartland and $\frac{3}{4}$ teaching, 12-15 for case load, serving birth to age 21. Oldest right now is 3rd grade. Seven babies and only one has a severe hearing loss. Loves getting into the homes and seeing the whole picture, and can see the issues and problems from their roots. Not at a cubicle staring at a computer; hates the driving and spends twice the hours in the car as working with the students. No teacher prep program in the state of Iowa—thinks it is a huge problem, is losing half her colleagues; candidates are limited in their skills when she interviews and was lucky to find someone at all. Sixteen interpreters until the law takes effect in June, will lose ten. The children still will need interpreters and they will not be able to fill the load.
3. Zondra—Iowa will be in deep trouble because there are no qualified people to fill the positions. EIPA is not reflective of what the educational interpreter needs to know and be able to do; is the front line advocate for these children and the EIPA does not test this. Need people skills, team skills, and advocacy skills. Driving time is horrendous. Her students are not clustered like the district teachers' students are. Parent education to understand the language base is critical. Most of her students are not signers right now, only the babies are. Students need clustering to see others like themselves. As itinerants, they have to be experts in all areas of paperwork, including IEPs. It is time-consuming and takes away from the time with kids, “juggling” and in reality, ends up taking her laptop home to do the paperwork. Early Access is working in the Dubuque area so eligibility is not an issue. Professional judgment is used for at risk. Is very proud of her work and her colleagues.
4. Dick—18 students 8 months-4th grader; full identification seems to be working, and he is seeing students at much younger ages. The identification of students who are HH through advances in

technology has also improved. Intervention can begin in the home for both populations and skills are improved, so not seeing the gaps like in the past. Seasoned people rarely get time off for training for themselves; travels 45 each way to see students. The State of Iowa used to provide training through Gallaudet flown in on weekends, and sent us to workshops out of state to become state trainers. Must be done at state level for seasoned. District level might be able to help with new itinerants. Most of case load is HH, not deaf. Looking at Gen Ed for HH; is also a licensed interpreter and a licensed teacher; goes to 13 sites. AGE, hearing loss HH to D, hearing aid technology differences, closed captioning, cochlear implants and bilateral...blue toothed connected to cell phones and streaming! Is the resource person for all of this, plus the paperwork?

5. Lynette-ditto; case load of 21, serving 14 counties 35 school districts, serving seven counties at this point. Two do not have students, so is only going to five; 90 minutes of driving time between service sites; having two students at the same site is cause for celebration. Best is 7 children in one town, different ages, but at least a cluster of population for them to interact. Every year as the child moves up, the teacher needs in-servicing at “ground zero” starting with them each year, tactfully advocating for that child. Lots of paperwork but that is part of the job. Loves the job and intentionally came back into it: is challenged by the thought “ have I covered all the bases” “haunted” by that thought and “juggling” all the time from the cochlear-implanted child with non-supportive parent to a child who is fluent on the page but has serious comprehension problems, to a high school student who needs self-advocacy training. You are there, but you have to move on, so the child and the family has to handle things solo in-between. 6 weeks old fitted with hearing aid-junior in HS. Majority are oral; birth to three is working with sign, and the older ones are the oral ones. Appreciates the wide variety of professionals with whom she works: counselors, etc. Issues—would prefer a helicopter over a car! Technology changes coming back into this field is a challenge that is dramatic: stereo systems, and tech mentioned above. Is a problem for the audiologists? Need more professional statewide development! Need the cohort bonding and network, especially for younger newer professionals; misses that a lot now. Was trained for residential work from Augustana, and within a couple of weeks knew she needed training and structure to be an itinerant. Called the State of Iowa consultant, who at that early time, said he did not know quite what an itinerant should be doing either!

Needs:

1. Lynette--Professional development—how to work effectively with newly-implanted kids; some training on the SPICE curriculum was helpful. Get information from Iowa City, and willing to stay in contact, but usually because people are busy, only contacts occur when there are crises! More training with them more often would be great. Technology issues: FM system or hearing aid malfunctions become hers to trouble shoot...audiologist may not be able to come until the next day!
2. Dick--Professional development for low incidence to team up and to network across the State of Iowa. Setting up training for college teaching does not help the itinerant who is already out in the field. Training for classroom teaching does not adequately prepare one for the role of an itinerant. Licensure: workers with kids in sign programs

May have skills that the testing will not show; shortages in all areas will grow, including audiologists. Training on the technology, too, needed, esp. from CI Centers. Low incidence paperwork for deaf and HH always needs to be modified and does not work quite right, and the in-service on the forms is not specific to our service needs.

3. Zondra--Iowa needs a training program in addition to professional development. Probably would not have stayed in Iowa if had not married an Iowan. Iowa loses its skilled people once they have trained elsewhere! Parents need information and itinerants need help to organize ways to do this effectively, like parents networking group for cochlear implant decisions.
4. Tori—Augustana SD now does include itinerant training and information on cochlear implants so not training for all the same. Differentiation—the hot button word-- is good for us, too! Have to know birth to 21 and all the programs available, and having taught in both classroom and itinerant work, understands the needs of both, and their need to work together and train together! How to work with administrators in districts—having a population of one student every ten years in a particular building and different administrators over those ten years does not make for a smooth decision-making base.
5. Shandra—working with parents of babies requires a whole new skill set. Having an actual continuum of services in the rural areas should be a priority, and is not available now. Parents have concerns and schools do, too. Strong amplification for all kids in all classrooms should be available everywhere.

Questions:

If we were to go back to 1977, would you recommend this model? Yes, the AEA model means that regardless of where a child lives, the AEA provides services. Families do not have to move to get services. The child gets a team approach, with a variety of professionals to work with families. What about the % of children who would be in a self-contained or resource room who are not now: 2/13; 3/14; 0—serves the children for whom a cluster site is not needed because Dubuque already has those sites for those who need them, and itinerant services works for her case load; 3/14/, 1/21. Sometimes children are too young for classroom settings when you start with birth, and sometimes there is a late diagnosis. SC is very different than Resource room; SC is too restrictive; the ideal would be placement in a Resource room with a certified teacher of the D & HH. Driving time takes away from time with students; more itinerants would mean time with collaboration for classroom teachers and with students—triple the numbers of itinerants.

Am hearing a disconnect: need more time, but would not put students in classrooms -- resource people can help if they have the language strategies, not just what you do with LD, for HH. and of itinerants? If support services are provided in the earliest years, you will need fewer SC rooms later. Gone from profoundly deaf to HH over the years of teaching career. Resource rooms or SC with one student or two will not get the social needs met. Cluster programs could be great if there is a similarity in needs and level of academic ability for the cluster of students, and if kept within 30 minutes of driving.

What about instructional issues—your jobs that cannot be done by local school districts—core curriculum, social language, like understanding sarcasm, explaining their own audiograms, building self-advocacy skills, teachers with a low incidence situation do not realize what they do not know. Itinerants bring the differentiation required, as the “voice at their shoulder.” Most HH students have very specific needs, most would not be served appropriately in a SC classroom or a Resource Room exclusively, but they are Gen Ed students. Working on vocabulary and language development, pulling vocabulary from their textbook, and making sure they understand what they are getting in the classroom is often what we spend the most time on. Hard to define “typical” and will be age, academically, and behaviorally appropriate. Must be flexible because the lesson plan could change as the teacher in the classroom tells you what happened that day: not knowing the vocabulary meant not answering any questions on a test correctly, when the gen ed and the spec ed teachers thought the student would do better.

We all know that language is based upon audition long before a student reads or writes those same words. Itinerants diagnose what the gen ed teacher and the resource teacher are not seeing in terms of language development and remediate those areas.

There is some feeling around the state that AEAs are not appropriately referring students who would be better served at ISD. Are we advocating for this? Are families getting the information on varieties of settings? If a child has an IEP, we talk about the continuum of services and the residential school would come up as a part of the options discussed. Not aware that this is a big concern in the State of Iowa, esp. with cochlear technology and early access improved over the years. Looking at the needs of each student, but not just what’s available...is the way we make professional decisions. Write what the child needs, not just what is available. The population we serve has changed! The HH students may be so mild, but still identified, to need SOME services. What the case load used to be many severely and profoundly deaf children; now, not so. Now mostly HH.

Aren’t they losing out on learning time because at ISD they are in class and communicating all the time. We need to consider the kids’ rights, too. And parents may not understand deaf culture. Parents need to see the Audism DVD. The whole child and not the level of hearing loss should be the primary focus for decisions on providing services. A child who comes to ISD with a second or third grade reading level who should be in the ninth grade may never be able to catch up and ISD may not be able to remediate what was unsuccessful in the school districts. It is a crime.

Phonological understandings and graphics and audition or visual modes including Sign all together should be combined to first to learn to read and then read to learn.

Speaking solely of those who have no other disabilities, who were implanted at 12-15 months, do not need other support than speech in regular pre-schools and elementary schools. They can handle the academics and the socialization.

Can you compare the ITBS scores now with those of 15 year ago, or other assessment measures? What are the long-term implications for what you are seeing now with the populations you are serving? Seeing students for less time if we can front load and see them a lot in the beginning. They will become productive citizens. We used to see students from birth to death, practically. Some more on to a cluster

site, and some do in high school still get services in a resource setting, but fewer and fewer of these now.

If students were in a range of six-nine in a cluster and you are their itinerant teacher, would it be of benefit, and if you had interpreters. Yes! Narrowed the age to a critical time, good load to handle, and with a qualified teacher, it would help; the students a lot, but I would not want them to stay in the cluster as they grow older just because it worked this year. Might want to consider an every other year model. Must be able to outline all of the options for programs and offer those options, but let the family make the decision, and that they are not stuck with this decision forever. The family decides, or they might come back later to accuse the itinerant for making a decision that did not work out. Each year the full continuum of services should be reviewed, not to just stay in the cluster program.

The teacher of the deaf is just as knowledgeable as the itinerant but there still should be communication between the two professionals as the child grows, and the teacher needs the collaboration so as not to feel isolated and alone. An itinerant would also look at the peers and see what they are doing and consider the social network to see if success is based upon this as well.

What about the issue of when students grow up and reflect back and say whether or not they would have wanted to have been mainstreamed?

Have stayed in home district are productive adults.

Seemed to flip between the hearing community and the deaf community and would have stayed with the family during school years. Moved from SEE to ASL and seems to be comfortable. Deaf students seem to move into both worlds. May have transferred to ISD for other reasons, sports participation, deaf culture.