



# Deafness and Hearing Impairment Evaluation Guidance

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# Introduction

This document is intended to provide school teams guidance when planning for student needs, considering referrals for evaluations, and completing evaluations/re-evaluations for educational disabilities. Disability definitions and required evaluation procedures and can be found individually on the Tennessee Department of Education website ([here](#)).<sup>1</sup>

Every educational disability has a state definition, found in the [TN Board of Education Rules and Regulations Chapter 0520-01-09](#),<sup>2</sup> and a federal definition included in the Individuals with Disabilities Education Act (IDEA). While states are allowed to further operationally define and establish criteria for disability categories, states are responsible to meet the needs of students based on IDEA's definition. Both definitions are provided for comparison and to ensure teams are aware of federal regulations.

The student must be evaluated in accordance with IDEA Part B regulations, and such an evaluation must consider the student's individual needs, must be conducted by a multidisciplinary team with at least one teacher or other specialist with knowledge in the area of suspected disability, and must not rely upon a single procedure as the sole criterion for determining the existence of a disability. Both nonacademic and academic interests must comprise a multidisciplinary team determination, and while Tennessee criteria is used, the team possess the ultimate authority to make determinations.<sup>3</sup>

## ***IDEA Definition of Deafness***

Per 34 C.F.R §300.8(c)(3) deafness means *"a hearing impairment that is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification that adversely affects a child's educational performance."*

## ***IDEA Definition of Hearing Impairment***

Per 34 C.F.R §300.8(c)(5), hearing Impairment means *"an impairment in hearing, whether permanent or fluctuating, that adversely affects a child's educational performance but that is not included under the definition of deafness in this section."*

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<sup>1</sup> <http://www.tn.gov/education/article/special-education-evaluation-eligibility>

<sup>2</sup> <http://share.tn.gov/sos/rules/0520/0520-01/0520-01-09.20140331.pdf>

<sup>3</sup> Office of Special Education Programming Letter to Pawlisch, 24 IDELR 959

# Section I: Tennessee Definition

## Tennessee Definitions

**Deafness** means a hearing impairment that is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification that adversely affects a child's educational performance.

The child has:

- (1) an inability to communicate effectively due to deafness; and/or
- (2) an inability to perform academically on a level commensurate with the expected level because of deafness; and/or
- (3) delayed speech and/or language development due to deafness.

**Hearing impairment** means an impairment in hearing, whether permanent or fluctuating, that adversely affects a child's educational performance but does not include deafness.

A child shall have one (1) or more of the following characteristics:

- (1) inability to communicate effectively due to a hearing impairment;
- (2) inability to perform academically on a level commensurate with the expected level because of a hearing impairment; or
- (3) delayed speech and/or language development due to a hearing impairment.

### ***What does this mean?***

The state of Tennessee defines deafness as a profound hearing impairment so severe that the student is unable to comprehend verbal language and/or perceive sound in any form, with or without amplification. The student relies heavily on visual and/or kinesthetic and/or tactile information (i.e., lip reading, sign language, physical prompts, cued speech, and manipulatives). Deafness is the most severe form of hearing impairment. According to the National Dissemination Center for Children with Disabilities, hearing loss above 90 decibels is considered deafness, which means a hearing loss below 90 decibels is classified as a hearing impairment.

Hearing impairment is further defined as an impairment in hearing, whether permanent or fluctuating, in one or both ears, that negatively impacts detection and understanding of speech and perception of sound through the ear alone, thus preventing the student from participating fully in classroom interaction and from benefiting adequately from school instruction.

When analyzing the definition of deafness and hearing impairment, several areas typically require clarification:

- linguistic information,

- amplification,
- communication,
- academic performance,
- delayed speech or language development, and
- adversely affects a child's educational performance.

### ***Linguistic information***

The inability to comprehend verbal language due to an inability to hear.

### ***Amplification***

Amplification refers to the ability to amplify sounds to assist those with hearing loss. Examples of amplification devices include hearing aids, cochlear implants, and FM devices.

### ***Communication***

Communication is typically defined as the ability to use and comprehend language effectively.

### ***Academic performance***

Deafness or hearing impairment may adversely affect a student's academic performance in one or more of the following areas:

1. Inability to learn through auditory-focused modalities (e.g., lectures, classroom discussions, peer interactions, watching educational films)
2. Inability to participate in orally-based classroom activities (e.g., taking oral exams, giving presentations, taking notes)
3. Inability to communicate learned skills due to delayed language development in preferred modality (e.g., speech, ASL, other sign language)

### ***Delayed speech or language development***

Communication (i.e., speech and/or language skills) is often an area of need for students with hearing impairments. Speech includes articulation (i.e., speech sound production), fluency, and voice. Language includes expressive and receptive language (i.e., vocabulary, syntax, word structure mean length of utterance, syntax, and semantics) as well as pragmatic skills (e.g., social communication).

### ***Adversely Affects a Child's Educational Performance***

One of the key factors in determining whether a student demonstrates an **educational** disability under IDEA and Tennessee special education rules, is that the defined characteristics of the disability adversely affect a child's educational performance. The impact of those characteristics must indicate that s/he **needs** the support of specially designed instruction or services beyond accommodations and interventions of the regular environment. When considering how to determine this, teams should consider if the student requires specially

designed instruction in order to benefit from his/her education program based on identified deficits that could impact a student's performance such as the inability to communicate effectively, significantly below-average academic achievement, the inability to independently navigate a school building, or the inability to take care of self-care needs without support. Therefore, how disability characteristics may adversely impact educational performance applies broadly to educational performance, and teams should consider both quantity and quality of impact in any and all related areas (e.g., academic, emotional, communication, social, etc.).

## Section II: Pre-referral and Referral Considerations

It is the responsibility of school districts to seek ways to meet the unique educational needs of all children within the general education program prior to referring a child to special education. By developing a systematic model within general education, school districts can provide preventative, supplementary differentiated instruction and supports to students.

### ***General Pre-Referral Interventions***

Students who have been identified as at risk will receive appropriate interventions in their identified area(s) of deficit. These interventions are determined by school-based teams by considering multiple sources of academic and behavioral data.

One way the department supports prevention and early intervention is through multi-tiered systems of supports (MTSS). The [MTSS framework](#) is a problem-solving system for providing students with the instruction, intervention, and supports they need with the understanding there are complex links between students' academic and behavioral, social, and personal needs. The framework provides multiple tiers of interventions with increasing intensity along a continuum. Interventions should be based on the identified needs of the student using evidenced based practices. Examples of tiered intervention models include Response to Instruction and Intervention (RTI<sup>2</sup>), which focuses on academic instruction and support, and Response to Instruction and Intervention for Behavior (RTI<sup>2</sup>-B). Within the RTI<sup>2</sup> Framework and RTI<sup>2</sup>-B, academic and behavioral interventions are provided through Tier II and/or Tier III interventions (see [MTSS Framework](#), [RTI<sup>2</sup> Manual](#), and [RTI<sup>2</sup>-B Manual](#)).

These interventions are *in addition to*, and not in place of, on-grade-level instruction (i.e., Tier I). It is important to recognize that ALL students should be receiving appropriate standards-based differentiation, remediation, and reteaching, as needed in Tier I, and that Tiers II and III are specifically skills-based interventions.

It is important to document data related to the intervention selection, interventions (including the intensity, frequency, and duration of the intervention), progress monitoring, intervention integrity and attendance information, and intervention changes to help teams determine the need for more intensive supports. This also provides teams with information when determining the least restrictive environment needed to meet a student's needs.

### ***Cultural Considerations:***

*Interventions used for EL students must include evidence-based practices for ELs.*

### **Early Intervention Services**

The [Individuals with Disabilities Education Act \(IDEA\)](#) ensures that children who have hearing loss receive free, appropriate early intervention programs from birth to age three and throughout the school years (ages three to 21)<sup>4</sup>. According to American Speech-Language Hearing Association (ASHA), early intervention services for infants and toddlers should be family centered and designed to:

- help the child stay on schedule with his or her speech, language, and communication skills;
- enhance understanding of the child's hearing loss and special communication needs;
- support families in a way that helps them feel confident in raising a child with hearing loss; and
- keep track of the child's progress and to make decisions for intervention and education throughout her/his development.

Effective early intervention has been identified as one of the most successful avenues to success for students who are deaf or hearing impaired comparable with same-aged peers. Infants identified with hearing loss can be fit with amplification as young as four weeks of age. With appropriate early intervention, language, cognitive, and social development for these infants is very likely to advance on par with hearing peers. Recent research has concluded that children born with a hearing loss who are identified and given appropriate intervention prior to six months of age have significantly better language skills than those identified after six months of age. In [Tennessee, the Tennessee Early Intervention System \(TEIS\)](#) provides a statewide, home-based program for families of infants and toddlers aged birth to three. A trained parent advisor visits in the home weekly to train and give support to parents utilizing a curriculum that emphasizes communication skills, hearing aid management, auditory skills, language skills, and developmental skills.

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<sup>4</sup> <http://www.asha.org/advocacy/federal/idea/>



Community education is of the utmost importance when it comes to sensory impairments. The public schools must educate community agencies on the importance of early detection and engagement in appropriate early intervention services and timely referrals to appropriate professionals in order to maximize a student's learning potential. Interagency cooperation generates one of the most effective and efficient means of identifying and locating children with suspected hearing impairment and/or deafness, and whose needs are not being met through the child's environmental opportunities.

Potential agencies for community outreach:

- [Tennessee Early Intervention Systems \(TEIS\)](#)
- Public health departments
- [Department of human services \(DHS\)](#)
- [Department of children's services \(DCS\)](#)
- [Headstart programs](#)
- Child development centers
- Daycare centers
- Pediatricians' offices
- Private preschool programs
- [West Tennessee School for the Deaf](#)
- [Tennessee School for the Deaf](#)

### ***Considerations and Risk Factors Associated with Deafness and Hearing Impairments***

The earlier hearing loss occurs in a child's life, the more serious the effects on the child's overall development and academic success. Similarly, the earlier the problem is identified and intervention begun, the less serious the ultimate impact.

The [American Speech and Hearing Association \(ASHA\)](#) outlines four major ways in which hearing loss affects children in school.<sup>5</sup> These deficits are often observed to have a "domino effect" and further impact the development of individual skills throughout the student's life. Hearing loss may impact a child by leading to:

- delays in the development of receptive and expressive communication skills;
- deficits in academic achievement due to language delays; the academic achievement gap typically increases as the child progresses in school:
  - degree of hearing loss, parent involvement, and the timing of appropriate supports impacts the level of achievement;

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<sup>5</sup> <http://www.asha.org/public/hearing/Effects-of-Hearing-Loss-on-Development>

- social isolation and poor self-concept; and/or
- selective vocational choices.

More specifically, hearing impairment may adversely affect a student's academic performance in the classroom in the following areas:

- Inability to learn through auditory modalities (e.g., lectures, classroom discussions, peer interactions, watching educational films)
- Inability to participate in orally-based classroom activities (e.g., taking oral exams, giving presentations, taking notes)
- Inability to communicate effectively
- Inability to perform academically on a level commensurate with same-aged peers.

Communication modality/environmental considerations:

Students with a hearing impairment or deafness often utilize alternative communication modalities such as American Sign Language, cued speech, lip reading, spoken language, total communication, or any combination of these. Additionally, students with hearing impairments may benefit from assistive listening and augmentative/alternative communication devices. Thus, the educational environment is highly impacted by these functional communication needs. Administrators and teachers must work cooperatively to decrease the adverse impact by providing appropriate environmental and instructional accommodations and interventions to meet the unique needs of the student. Special consideration must be given to method of instruction delivery, as most students with a hearing impairment or deafness receive a high percentage of input through visual modalities, as opposed to auditory.

Families with a child who is deaf sometimes have to change their communication habits or learn special skills (e.g., sign language, SEE sign, cued, total communication) to help their children learn language. Families decide on one or more modalities based on the unique needs of their home environment.

Below are examples of language modalities and skills associated with them:<sup>6</sup>

- Auditory-oral: natural gestures, listening, speech (lip) reading, spoken speech
- Auditory-verbal: listening, spoken speech
- Bilingual: American Sign Language (ASL) and English
- Cued speech: cueing, speech (lip) reading
- Total communication: conceptually accurate signed English (CASE), signing exact English (SEE), finger spelling, listening, manually coded English (MCE), natural gestures, speech (lip) reading, spoken speech

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<sup>6</sup> <https://www.cdc.gov/ncbddd/hearingloss/language.html>

### Impact on speech/language skills:

Language connects us to information and to each other. Students with hearing impairments have gaps in basic language skills in everyday conversation and even more so with academic language. The inability to hear everyday conversation impedes a child's opportunity for incidental learning and vocabulary development, which leads to gaps in language and literacy skills development. These gaps widen with age for a child with hearing loss without intervention.

Specifically, ASHA reported the effects of a hearing loss on the development of language in the following areas: vocabulary development, shorter and simpler sentences and sentence structure with fewer word endings such as *-s* or *-ed*, and difficulties understanding and writing complex sentences.

In addition, speech perception and production are affected by the ability to hear and decode the acoustic information in speech. Most students with an impairment in hearing will know that someone is speaking, but the message will be distorted or diminished. As a result, the listener misses many acoustic cues. ASHA reports children with a hearing loss often cannot hear high frequency speech sounds (e.g., "s," "sh," "f," "t," and "k") and often make associated errors in speech which makes him/her difficult to understand. Most children with an impairment in hearing will know that someone is speaking, but the message will be distorted or diminished such that the listener misses many acoustic cues.<sup>(4)</sup>

### Impact on academic skills:

A research brief out of Visual Language and Language Learning Science of Learning Center indicated findings on reading research and deaf children:<sup>7</sup>

- Reading outcomes improve with early diagnoses and greater vocabulary.
- Reading success is influenced by a strong language foundation.
- Parental involvement and fluency in the child's mode of communication impacts success.
- Phonology is important in reading but it is not the same for all children with deafness.
- Phonological coding and awareness skills are a low-to-moderate predictor of reading for children with deafness.

Phonological awareness (i.e., the ability to recognize and manipulate sounds within words) and vocabulary development are important skills that promote effective reading. While these competencies may be more challenging for children with hearing loss, research indicates these

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<sup>7</sup> Morere, D. (2011) Reading research and deaf children. Visual Language and Visual Learning Science of Learning Center Research Brief (4). Washington: DC:

skills can be learned/improved with targeted early interventions.<sup>8</sup> Children with hearing loss tend to develop vocabulary slowly, learning concrete words easier than abstract words. Words and expressions that are typically more difficult for children with hearing loss include function words (i.e., the, an, a, etc.), words with multiple meanings, and idioms.<sup>9</sup>

## ***Background Considerations***

When considering deafness and hearing impairment as an eligibility category, there are several background areas to consider.

- **Vision/hearing:** As with all evaluations, vision and hearing screenings are integral pieces of the pre-referral and evaluation process. School teams must take into account a student's vision and hearing limits in order to determine effective interventions, possible causes of difficulty, and select appropriate assessments. The [Tennessee School Health Screening Guidelines](#) provide typical screening requirements and screening rationale. School teams should consider any outside hearing screening/examination results when determining possible accommodations and referral needs.
- **Past performance:** Another area of background information should include consideration of past educational interventions including speech, occupational therapy, physical therapy, and family intervention.
- **Medical history:** The team will also want to gather information regarding the child's medical history including birth and developmental information. If needed, a sample release of information is available in [Appendix C](#).

## ***Pre-Referral Considerations and/or General Education Accommodations***

Children under the age of three years, zero months (3:0), whose parents suspect a disability, may be eligible to receive services through Tennessee's Early Intervention System (TEIS). For children in this program, if the team continues to suspect that the child is demonstrating a disability, parental consent for an evaluation to determine eligibility for special education and related services is required. The parents, school system representatives, and TEIS representatives all participate in a transition planning conference arranged by TEIS, with the approval of the family, at least ninety (90) days and no more than nine (9) months prior to the

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<sup>8</sup> Lederberg, A., Miller, E.M., Easterbrooks, S.R., & McDonald Connor, C. (2014) Foundations for Literacy: An Early Literacy Intervention for Deaf and Hard-of-Hearing Children. *Journal of Deaf Studies & Deaf Education*, 19 (4), 738-455. doi:10.1093/deafed/enu022.

<sup>9</sup> <http://www.asha.org/public/hearing/Effects-of-Hearing-Loss-on-Development/>

child's third birthday. IDEA states that children transitioning from Part C to Part B services must have an IEP in place by their third birthday.

It is important to note the TEIS typically establishes a child's eligibility for early intervention services using a medical model or approach to identification. In some cases, eligibility determinations are made based upon one source of information (e.g., Battelle Developmental Inventory, Second Edition only) and, therefore, may not meet the educational criteria for developmental delay. Thus, examiners who establish a student's eligibility for Part B services must review previous assessments when determining what additional data is needed to substantiate the existence of a developmental delay pursuant to these eligibility standards.

Parents who have developmental concerns for children ages three through five who are not enrolled in kindergarten should contact their local school system to inquire about the child find process. The early childhood professionals should gather information from parents regarding concern and develop a plan of action that may include a developmental screening and/or evaluation.

### ***The School Team's Role***

A major goal of the school-based pre-referral intervention team is to adequately address students' academic and behavioral needs. The process recognizes many variables affecting learning. Thus, rather than first assuming the difficulty lies within the child, team members and the teacher should consider a variety of variables that may be at the root of the problem, including the curriculum, instructional materials, instructional practices, and teacher perceptions.

When school teams meet to determine intervention needs, there should be an outlined process that includes:<sup>10</sup>

- documentation, using multiple sources of data, of difficulties and/or areas of concern;
- a problem-solving approach to address identified concerns
- documentation of interventions, accommodations, strategies to improve area(s) of concern;
- intervention progress monitoring and fidelity;
- a team decision-making process for making intervention changes and referral recommendations based on the student's possible need for more intensive services and/or accommodations; and
- examples of pre-referral interventions and accommodations.

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<sup>10</sup> National Alliance of Black School Educators (2002). *Addressing Over-Representation of African American Students in Special, Education*

## ***Referral Information - Documenting Important Pieces of the Puzzle***

When considering a referral for an evaluation the team should review all information available to help determine whether the evaluation is warranted and determine the assessment plan.

The following data from the general education intervention phase that can be used includes:

- 1) reported areas of concerns,
- 2) documentation of the problem,
- 3) any provided medical history and/or outside evaluation reports
- 4) records or history of educational performance (academic and disciplinary),
- 5) record of accommodations and interventions attempted,
- 6) summary of intervention progress, and
- 7) school attendance and school transfer information.

## ***Referral***

Pursuant to IDEA Regulations at 34 C.F.R. §300.301(b), a parent or the school district may refer a child for an evaluation to determine if the child is a child with disability. If a student is suspected of an educational disability at any time, s/he may be referred by the student's teacher, parent, or outside sources for an initial comprehensive evaluation based on referral concerns. The use of RTI<sup>2</sup> strategies may not be used to delay or deny the provision of a full and individual evaluation, pursuant to 34 CFR §§300.304-300.311, to a child suspected of having a disability under 34 CFR §300.8. For more information on the rights to an initial evaluation, refer to [Memorandum 11-07](#) from the U.S. Department of Education Office of Special Education and Rehabilitative Services.

School districts should establish and communicate clear written referral procedures to ensure consistency throughout the district. Upon referral, all available information relative to the suspected disability, including background information, parent and/or student input, summary of interventions, current academic performance, vision and hearing screenings, relevant medical information, and any other pertinent information should be collected and must be considered by the referral team. The team, not an individual, then determines whether it is an appropriate referral (i.e., the team has reason to suspect a disability) for an initial comprehensive evaluation. The school team must obtain informed parental consent and provide written notice of the evaluation.

## ***TN Assessment Team Instrument Selection Form***

In order to determine the most appropriate assessment tools, to provide the best estimate of skill or ability, for screenings and evaluations, the team should complete the TN Assessment Instrument Selection Form (TnAISF) (see [Appendix A](#)). The TnAISF provides needed information to ensure the assessments chosen are sensitive to the student's:

- cultural-linguistic differences;

- socio-economic factors; and
- test taking limitations, strengths, and range of abilities.

## Section III: Comprehensive Evaluation

When a student is suspected of an educational disability and/or is not making progress with appropriate pre-referral interventions that have increased in intensity based on student progress, s/he may be referred for a psychoeducational evaluation. A referral may be made by the student's teacher, parent, or outside sources at any time.

Referral information and input from the child's team lead to the identification of specific areas to be included in the evaluation. All areas of suspected disability must be evaluated. In addition to determining the existence of a disability, the evaluation should also focus on the educational needs of the student as they relate to a continuum of services. Comprehensive evaluations shall be performed by a multidisciplinary team using a variety of sources of information that are sensitive to cultural, linguistic, and environmental factors or sensory impairments. The required evaluation participants for evaluations related to suspected disabilities are outlined in the eligibility standards. Once written parental consent is obtained, the school district must conduct all agreed upon components of the evaluation and determine eligibility within sixty (60) calendar days of the district's receipt of parental consent.

Refer to department's [special education evaluation and eligibility website](#) for more information related to eligibility standards and processes.

### ***Cultural Considerations: Culturally Sensitive Assessment Practices***

IEP team members must understand the process of second language acquisition and the characteristics exhibited by EL students at each stage of language development if they are to distinguish between language differences and other impairments. The combination of data obtained from a case history and interview information regarding the student's primary or home language (L1), the development of English language (L2) and ESL instruction, support at home for the development of the first language, language sampling and informal assessment, as well as standardized language proficiency measures should enable the IEP team to make accurate diagnostic judgments. Assessment specialists must also consider these variables in the selection of appropriate assessments. Consideration should be given to the use of an interpreter, nonverbal assessments, and/or assessment in the student's primary language. Only after documenting problematic behaviors in the primary or home language and in English, and eliminating extrinsic variables as causes of these problems, should the possibility of the presence of a disability be considered.

## **English Learners**

To determine whether a student who is an EL has a disability it is crucial to differentiate a disability from a cultural or language difference. In order to conclude that an EL has a specific disability, the assessor must rule out the effects of different factors that may simulate language disabilities. One reason ELs are sometimes referred for special education is a deficit in their primary or home language. No matter how proficient a student is in his or her primary or home language, if cognitively challenging native language instruction has not been continued, he or she is likely to demonstrate a regression in primary or home language abilities. According to Rice and Ortiz (1994), students may exhibit a decrease in primary language proficiency through:

- inability to understand and express academic concepts due to the lack of academic instruction in the primary language,
- simplification of complex grammatical constructions,
- replacement of grammatical forms and word meanings in the primary language by those in English, and
- the convergence of separate forms or meanings in the primary language and English.

These language differences may result in a referral to special education because they do not fit the standard for either language, even though they are not the result of a disability. The assessor also must keep in mind that the loss of primary or home language competency negatively affects the student's communicative development in English.

In addition to understanding the second language learning process and the impact that first language competence and proficiency has on the second language, the assessor must be aware of the type of alternative language program that the student is receiving.

The assessor should consider questions such as:

- In what ways has the effectiveness of the English as a second language (ESL) instruction been documented?
- Was instruction delivered by the ESL teacher?
- Did core instruction take place in the general education classroom?
- Is the program meeting the student's language development needs?
- Is there meaningful access to core subject areas in the general education classroom?  
What are the documented results of the instruction?
- Were the instructional methods and curriculum implemented within a sufficient amount of time to allow changes to occur in the student's skill acquisition or level?

The answers to these questions will help the assessor determine if the language difficulty is due to inadequate language instruction or the presence of a disability.



It is particularly important for a general education teacher and an ESL teacher/specialist to work together in order to meet the linguistic needs of this student group. To ensure ELs are receiving appropriate accommodations in the classroom and for assessment, school personnel should consider the following when making decisions:

- Student characteristics such as:
  - Oral English language proficiency level
  - English language proficiency literacy level
  - Formal education experiences
  - Native language literacy skills
  - Current language of instruction
- Instructional tasks expected of students to demonstrate proficiency in grade-level content in state standards
- Appropriateness of accommodations for particular content areas

\*For more specific guidance on ELs and immigrants, refer to the [English as a Second Language Program Guide](#) (August 2016).

## ***Best Practices***

Evaluations for all disability categories require comprehensive assessment methods that encompass multimodal, multisource, multidomain and multisetting documentation.

- **Multimodal**: In addition to an extensive review of existing records, teams should gather information from anecdotal records, unstructured or structured interviews, rating scales (more than one; narrow in focus versus broad scales that assess a wide range of potential issues), observations (more than one setting; more than one activity), and work samples/classroom performance products.
- **Multisource**: Information pertaining to the referral should be obtained from parent(s)/caregiver(s), teachers, community agencies, medical/mental health professionals, and the student. It is important when looking at each measurement of assessment that input is gathered from all invested parties. For example, when obtaining information from interviews and/or rating scales, consider all available sources—parent(s), teachers, and the student—for **each** rating scale/interview.
- **Multidomain**: Teams should take care to consider all affected domains and provide a strengths-based assessment in each area. Domains to consider include cognitive ability, academic achievement, social relationships, adaptive functioning, response to intervention, and medical/mental health information.

- **Multisetting:** Observations should occur in a variety of settings that provide an overall description of the student's functioning across environments (classroom, hallway, cafeteria, recess), activities (whole group instruction, special area participation, free movement), and time. Teams should have a 360 degree view of the student.

## ***Deafness and Hearing Impairment Evaluation Procedures (Standards)***

A comprehensive evaluation performed by a multidisciplinary team using a variety of sources of information that are sensitive to cultural, linguistic, and environmental factors or sensory impairments to include the following:

- (1) Audiological evaluation;
- (2) Evaluation of speech and language performance;
- (3) School history and levels of learning or educational performance;
- (4) Observation of classroom performance; and
- (5) Documentation, including observation and/or assessment, of how Deafness or the Hearing Impairment adversely affects the child's educational performance in his/her learning environment and the need for specialized instruction and related services (i.e., to include academic and/or nonacademic areas).

## ***Evaluation Procedure Guidance***

### ***General Evaluation Considerations for students with hearing loss***

When assessing students with a hearing loss, it is important to consider some factors that may influence the results:

- Student amplification needs to be available and working properly.
- The student's preferred mode of communication needs to be matched with the person completing the assessment.
- For students who use oral communication, the tester needs to ascertain if the student needs more time to look at the speaker for each question or direction; the student may need information repeated if the language is unfamiliar to him/her.
- In cases where a sign language interpreter is used, the tester needs to work with the interpreter prior to assessing so that the interpretation of the directions or questions does not give more information to the student and invalidate the test.
- The setting for the testing should be quiet and free of visual and auditory distractions.

### ***Standard 1: Audiological Evaluation***

Students who have a documented hearing loss may require special education services under the category of hearing impairment or deafness. Students also may be suspected of having a hearing loss based on failure of hearing screening and/or observation. These students will require a referral to an audiologist for evaluation.

The audiologist will complete a thorough audiological evaluation and provide a report to the school-based evaluation team. This report shall provide written documentation of the hearing loss, which includes, but is not limited to, the following:

- etiology and history of hearing loss;
- type and degree of hearing loss;
- audiogram to include, but not limited to, the following:
  - pure tone air and bone conduction thresholds,
  - speech recognition thresholds (SRT),
  - word recognition scores,
  - immittance measurements; and
- prognosis and recommendations.

A medical diagnosis of a hearing impairment or deafness is not sufficient in and of itself to determine eligibility for special education. A comprehensive evaluation is needed to determine eligibility for an educational disability following federal and state criteria as outlined in this guidance document.

**The federal office of special education programs and the office of civil rights have clearly indicated that if a medical evaluation is needed in order to obtain a medical diagnosis to determine the presence of a disability, the diagnosis must be provided at no cost to the parents.**

### **Standard 2: Evaluation of speech and language performance**

The speech and language evaluation is intended to determine strengths and weaknesses that may need to be addressed through specialized instruction in order to be successful in the educational environment. The results also inform the team on possible areas of communication delays that may adversely impact educational performance. **The speech-language pathologist (SLP) should exercise caution in choosing standardized measures for students with hearing impairments, as few speech-language tests have been standardized on students who are hearing impaired; however, several tests can be adapted successfully to provide information to the examiner.** No single score should determine the need for services to address communication deficits; rather, the assessment specialist should document findings of strengths and weaknesses based on the collected body of evidence specific to the child under evaluation.

### **Language**

The SLP needs to use instruments that include norms for students with a hearing impairment/deafness (e.g., Test of Syntactic Abilities, Rhode Island Test of Language Structures, Grammatical Analysis of Elicited Language, and Test of Auditory Comprehension). If an SLP utilizes other common language tests which are not normed for hearing impaired, the

evaluation report should include adaptations and modifications to the test administration. In such cases, the scores may not be valid as the standardized procedures were not followed; however, the information obtained may provide qualitative and relevant information to team members.

The SLP will analyze formal comprehensive scores and informal measures to identify a possible weakness (e.g., poor syntax in conversational speech). Although subtest scores cannot be used alone to meet eligibility standards for a language impairment, they can identify weaknesses that may not be reflected in the overall comprehensive evaluation, or receptive and expressive scores. The standard error of measurement should be considered when determining the most appropriate composite score used to identify levels of functioning. The additional standardized measurement should be used to further examine and collect data for a suspected weakness from the comprehensive assessment and informal assessments.

The standard error of measurement (SEM) estimates how repeated measures of a person on the same instrument tend to be distributed around his or her “true” score. The true score is always an unknown because no measure can be constructed that provides a perfect reflection of the true score. SEM is directly related to the reliability of a test; that is, the larger the SEM, the lower the reliability of the test and the less precision there is in the measures taken and scores obtained. Since all measurement contains some error, it is highly unlikely that any test will yield the same scores for a given person each time they are retested.

Standardized tests evaluate discrete skills in a decontextualized setting (i.e. away from natural communicative environments). Norm-referenced tests do not document functional performance in educational settings. In addition, not all children are suitable candidates for standardized tests. A comprehensive language assessment should incorporate formal and informal measures that adequately describe how a child is able to understand and use language with adults and his or her peers. While individual subtest scores shall not be used to determine eligibility for services, if there are significantly low scores on subtests or composites which are consistent with other sources of data, a variety of data sources should be used to get a “true” picture of a student’s ability to use language in his or her environment.

After completing standardized measure, the SLP should consider the results and performance on all areas of the assessment in relation to referral concerns, other sources of data, the normative sample, and other factors that may impact performance. **If there is reason to believe the results are an over or underestimate of the student’s current communication skills, additional assessment (formal or informal) may be needed, while taking the standard error of measure (paying attention to all composite confidence intervals) into consideration.**

One type of informal assessment that may especially helpful in such cases in the completion of a language sample analysis. A language sample provides a great deal of information on a child's language abilities and overall conversational skills. Specific language areas include syntax (grammar), semantics (word meanings), morphology (word parts, such as suffixes and prefixes), and pragmatics (social skills). A language sample often consists of 50 to 100 utterances spoken by the child, but it can have as many as 200 utterances. The SLP writes down exactly what the child says, including errors in grammar. Errors in articulation or speech sounds are not recorded.

Descriptive measures of functional or adaptive communication often provide a more realistic picture of how a student uses his/her communication abilities in everyday situations and the impact of a language impairment in these settings if one exists.

#### Examples of additional sources of information

The selected assessment tools should be purposeful and be designed to explore and investigate the area/s of concern, as well as provide useful information relative to the suspected deficit.

- Norm-referenced assessments - speech-language tests which measure communication skills using formalized procedures. They are designed to compare a particular student's performance against the performance of a group of students with the same demographic characteristics. One of the considerations made by the SLP in selecting valid and reliable assessment tools is ensuring the normative population of any instrument matches the student's characteristics. This information is found in the technical manual for the test.
- Checklists - a developed form or scale which allows a rater to consider various skills and indicate a student's use of a skill in a particular setting, or indicate potential absences of the expected skills.
- Direct Observations - the SLP observes the student during everyday classroom activities or across educational settings, and allows for a more natural opportunity to identify communication strengths and weakness.
- Interviews - conversations with or questionnaires given to parents, caregivers, medical professionals, or educators, which provide information related to a student's communication history and current functioning.
- Play-based Assessments - assessments, which provide an opportunity to observe and evaluate a child in the natural context of play. Play-based assessments are an important tool when evaluating preschool children and are often completed by a multidisciplinary team so multiple areas of development can be considered.
- Dynamic Assessments - are a method of conducting a language assessment which seeks to identify the skills that the student possesses as well as their learning potential. This enables the examiner to determine what type and degree of assistance the student

requires in order to be successful. In short, dynamic assessments are a process of test, teach, and retest. This type of assessment helps to identify the level of support or teaching structure a student may need in order to learn a particular skill. Dynamic assessments are not norm-referenced, but can be a valuable tool in understanding a child's potential response to various intervention styles.

- Speech and/or Language sampling - a sample of a child's spoken speech/language during a particular task (conversation, retell, describing tasks, narratives) which helps the SLP determine intelligibility, production of speech sounds in connected speech, and/or the use of expected structures and components of language (sentence length and complexity, variety of words, vocabulary use, grammatical components, etc.).

#### Important Tips to Remember:

- Best practice is not to report age-equivalency scores on a norm-referenced assessment as they imply a false standard of performance.
- The IEP Team should discuss and consider cultural and linguistic bias before determining a student is eligible for a language impairment.
- Standard scores from norm-referenced tests should only be a **SMALL** part of the assessment picture.
- The Speech-Language Evaluation Report should be written in an easily understood language without extensive use of professional jargon.
- The SLP should document the presence or absence of a language impairment in the Speech-Language Evaluation Report.
- The SLP should not make an eligibility determination or recommendations for or against language therapy in the Speech-Language Report (The IEP Team does this).

Culturally and Linguistically Diverse students: When evaluation data reveals evidence of dialect use or language differences, they should be documented as such and should not be counted as errors. If language differences and/or dialects are incorrectly treated as errors, students may be inappropriately identified as having a language impairment. When selecting the most appropriate test to administer, the SLP should review the test manual to see if students who do not speak Standard American English will be penalized for their language differences. Dynamic assessment can be very useful when evaluating students from culturally and linguistically diverse backgrounds. Dynamic assessment includes a test-teach-test approach to assist with differential diagnosis of a language impairment as opposed to a language difference. When provided with modeling and guided practice, the student who does not have a disability will often show significant improvement when reassessed.

Special Populations: For some student populations, such as children with severe disabilities, the provision of unbiased assessments can only be made with descriptive measures. The Functional Communication Profile, the Functional Communication-Teacher Input, and the

Functional Communication Rating Scale can be utilized to assess the communication skills for these students.

English Language Learners: When assessing children for whom English is not the primary language, it is important to utilize evaluation tools that accurately reflect a child's true language abilities. Tests should be administered in the child's native language. According to ASHA, if the test utilized was not normed on children who speak the particular language being tested, **it is not appropriate to report standard scores.**<sup>11</sup> However, descriptive information obtained during the administration of the test can be used to describe the child's strengths and weaknesses in the area of communication. When assessing the bilingual child, the SLP should use an interpreter, conduct an interview with the parent/caregivers, and always utilize a conversational sample.

### **Pragmatics:**

According to ASHA<sup>12</sup>, Pragmatics involve three major communication skills:

Using language for different purposes, such as

- greeting (e.g., hello, goodbye);
- informing (e.g., I'm going to get a cookie);
- demanding (e.g., Give me a cookie);
- promising (e.g., I'm going to get you a cookie); and
- requesting (e.g., I would like a cookie, please)

Changing language according to the needs of a listener or situation, such as

- talking differently to a baby than to an adult;
- giving background information to an unfamiliar listener; and
- speaking differently in a classroom than on a playground.

Following rules for conversations and storytelling, such as

- taking turns in conversation;
- introducing topics of conversation;
- staying on topic;
- rephrasing when misunderstood;
- how to use verbal and nonverbal signals;
- how close to stand to someone when speaking; and
- how to use facial expressions and eye contact.

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<sup>11</sup> <http://www.asha.org/practice/multicultural/issues/assess>

<sup>12</sup> <http://www.asha.org/public/speech/development/Pragmatics>

*These rules may vary across cultures and within cultures. It is important to understand the rules of your communication partner.*

An individual with pragmatic problems may:

- say inappropriate or unrelated things during conversations
- tell stories in a disorganized way
- have little variety in language use

It is not unusual for children to have pragmatic problems in only a few situations. However, if problems in social language use occur often and seem inappropriate considering the child's age, a pragmatic disorder may exist. Pragmatic disorders often coexist with other language problems such as vocabulary development or grammar. Pragmatic problems can lower social acceptance. Peers may avoid having conversations with an individual with a pragmatic disorder.

### **Articulation**

The decision to administer an articulation test versus a phonological process analysis is based on the examiner's professional judgment. If the errors are non-organic (i.e., not due to structural deviations or neuromotor control problems) the most discriminating factor to aid in the decision is that of **intelligibility** – the more unintelligible the student's speech, the greater the need for phonological process analysis. When evaluating students whose intelligibility factor is moderate to severe or profound, tests of phonological processes will prove more diagnostically valuable than traditional articulation tests.

In some cases, the examiner may complete a process analysis after first administering an articulation test. Some phonological processes can be detected from the results of traditional articulation tests. For example, when most of the phonemes in the final position column of the articulation test form show a deletion symbol, perceptive examiners can recognize the pattern of final consonant deletion. Most substitution and deletion processes can be identified in this manner, particularly if the examiner is familiar with phonological process terminology and descriptions. For example, the student who produces /p/ for /f/, /b/ for /v/, /t/ for /s/, and /d/ for /z/ is replacing a fricative with a stop, a process commonly known as *Stopping*. Other error patterns, however, are not as easily identified from traditional articulation test results. Depending upon the complexity of the student's errors, a more in-depth phonological analysis may be indicated in order to identify all processes used by the student. This in-depth analysis becomes particularly important in determining the hierarchy of intervention targets.

It should be noted that an articulation assessment and phonological process analysis can be derived without the use of a published standardized assessment instrument. Developmentally appropriate errors and patterns are taken into consideration during assessment for speech



sound disorders in order to differentiate typical errors from those that are unusual or not age-appropriate.

Stimulability probes determine how well the student can imitate correct production of error sounds. Stimulability refers to the student's ability to produce a correct (or improved) production of the erred sound given oral and visual modeling. Most articulation assessments include stimulability probes in their measure. It is not necessary to assess stimulability for sounds produced correctly, only those in error.

The assessment of stimulability provides important prognostic information. Moreover, those behaviors that are most easily stimulated can provide excellent starting points for intervention. They often lead to intervention success quicker than other, less stimuable behaviors. Since the late 1990s the child phonology literature has encouraged clinicians to target non-stimuable sounds, because if a non-stimuable sound is *made* stimuable to two syllable positions, using our unique clinical skills, it is likely to be added to the child's inventory, even without direct treatment (Miccio, Elbert & Forrest, 1999).

#### Directions for assessing stimulability

- (a) Ask the student to watch, listen carefully, and say what you say. Do not give special instructions on the correct production.
- (b) Model the production of each selected phoneme in isolation and ask the student to imitate. Begin modeling for consonant blends at the syllable level.
- (c) If the student is successful, go on to the syllable level, modeling for each position (initial, medial, and final).
- (d) If the student is successful at the syllable level, proceed to the word level, modeling for each position.
- (e) If the student is successful at the word level, you may wish to proceed to the phrase/sentence level, modeling for each position.
- (f) If the student fails to imitate a stimulus correctly at any level (isolation, syllable, or word), ask the student to watch and listen carefully to the following directions.
- (g) Say the stimulus three times (*multiple stimulations*).
- (h) Have the student try again.
- (i) If the student repeats successfully, continue to the next level of complexity.
- (j) If the student cannot imitate the stimulus correctly after multiple stimulations, discontinue stimulation with that sound.

Readers are encouraged to review the Tennessee [speech or language impairment evaluation guidance](#) document for further information regarding the evaluation of speech and language skills for more detailed instruction on this portion of the evaluation.

**Standard 3: School history and levels of learning or educational performance**

An accurate description of the student's present levels of academic performance is necessary information for the evaluation team, specifically for the purpose of assisting in documenting different ways the suspected disability is impacting educational performance.

Academic skills can be reviewed in a variety of ways which assessment teams may take into consideration when planning for the evaluation. Some students with hearing impairments, including deafness, may demonstrate few academic deficits. A review of records (e.g., grades and how those grades may be modified, summative assessments, criterion-referenced tests, universal screening measures, and other curriculum-based measures) may be sufficient to document academic skills. Cumulative school records, past teacher interviews, and parent interviews are ideal sources to obtain historical educational information and observations.

Individually administered standardized achievement tests can offer additional information that may help in determining present levels of academic performance and educational impact. When appropriate, assessments should include the subjects of reading, math, and writing. The examiner may include a testing of limits to help explore skills further.

In order to gain further understanding of the child's engagement during instruction, study skills, and classroom performance, evaluations should include teacher, parent, and student input when appropriate (e.g., interviews, questionnaires, checklists). These skills should also be addressed as part of the required direct observations.

**Standard 4: Observations of classroom performance**

Hearing impaired children exhibit difficulty in accessing instruction through the auditory modality. During observation, careful attention should be given to the student's behavior as it relates to the acoustic signals in the environment (i.e., awareness of, response to, and interpretation of sound). The student's on-task and/or off-task behaviors can be indicators of how well s/he is able to perceive and interpret oral instruction successfully (e.g., does the student appear to comprehend instruction, is s/he able follow directions appropriate, or does s/he rely heavily on the visual cues and peer prompts to complete tasks?). The student's use of visual and environmental cues should be noted as well. Accommodations, interventions, and academic supports utilized by the teacher should be noted.

A physical description of the classroom is also beneficial to the team. Characteristics such as adequate lighting, room size, and furnishings (e.g., carpet, window treatments, etc.), ambient noise level, and minimization of noise sources both inside and outside of the classroom can have a significant impact on the education of a student with a hearing impediment or deafness. The presence of any type of assistive listening device should also be noted (e.g., personal FM system, sound field system, infrared system, induction loop system, Bluetooth technology, etc.).

Both the student's and teacher's mode of communication should be clearly documented. The team should have a clear description of preferred communication modalities of the student, as well as strengths and weaknesses associated with the student's ability to successfully utilize various communication modes in the classroom environment. The following modalities may possibly be observed within the classroom environment: spoken language, sign language, total communication (combination of sign and spoken language), cued speech, lip reading, or a combination of any of those listed.

For preschool-age students: Classroom observations should be completed in the child's preschool setting if possible. The evaluation team should consider results of the standardized assessments, parent and teacher input, and classroom observations in conjunction with one another. If a child is not yet in a preschool setting, parents should be asked if participation during assessment setting is representative of the child's typical or frequent behavior.

***Standard 5: Documentation, including observation and/or assessment, of how Deafness or the Hearing Impairment adversely affects the child's educational performance in his/her learning environment and the need for specialized instruction and related services (i.e., to include academic and/or nonacademic areas).***

Documentation of the how the suspected disability is adversely affecting the student within the learning environment is an essential component of determining the appropriate level of service. To ensure a special education level of service is the least restrictive environment, teams should provide extensive documentation of the prevention and intervention efforts, as well as the data indicating that these efforts in the general education setting are not adequate support for a student's needs. Documentation may include how the disability impacts academic performance, access to the general education curriculum, communication, prevocational skills, social skills, and the ability to manage personal daily needs and routines independently.

***Evaluation Participants***

Information shall be gathered from the following persons in the evaluation of deafness and hearing impairment:

- (1) The parent;
- (2) The child's general education classroom teacher (with a child of less than school age, an individual qualified to teach a child of his/her age);
- (3) A licensed special education teacher;
- (4) A licensed medical provider (i.e., licensed physician, physician's assistant or licensed nurse practitioner) or audiologist;
- (5) A licensed speech language pathologist; and
- (6) Other professional personnel (e.g., speech language teacher, school psychologist), as indicated.

## ***Evaluation Participants Guidance:***

Below are examples of information participants may contribute to the evaluation.

- (1) The parent(s) or legal guardian(s):
  - Developmental & background history
  - Social/behavioral development
  - Current concerns
  - Other relevant interview information
  - Rating scales
  
- (2) The student's general education classroom teacher(s) (e.g., general curriculum/core instruction teacher):
  - Observational information
  - Academic skills
  - Rating scales
  - Work samples
  - RTI<sup>2</sup> progress monitoring data, if appropriate
  - Behavioral intervention data , if appropriate
  - Other relevant quantitative and/or qualitative data
  
- (3) The student's special education teacher(s) (e.g., IEP development teacher/case manager):
  - Observational information
  - Achievement tests
  - Pre-vocational checklists
  - Transitional checklists/questionnaires/interviews
  - Vocational checklists/questionnaires/interviews
  - Other relevant quantitative data
  - Other relevant qualitative data
  
- (4) A licensed medical provider (i.e., licensed physician, physician's assistant or licensed nurse practitioner) or audiologist:
  - audiological evaluation
  - medical history
  
- (5) A licensed speech/language pathologist:
  - formal and informal assessment addressing developmental communication skills (i.e., language evaluation)
  - observations
  - interviews
  - developmental history

- (6) One or more of the following persons (as appropriate):
- (a) A licensed school psychologist, licensed psychologist, licensed psychological examiner (under the direct supervision of a licensed psychologist), licensed senior psychological examiner, or licensed psychiatrist:
- formal and informal assessments (e.g., developmental assessment, cognitive, achievement if appropriate, adaptive measures, social-emotional scales)
  - observations
  - interviews with caregivers
  - developmental history

### ***Components of Evaluation Report:***

The following are recommended components of an evaluation. The outline is not meant to be exhaustive, but an example guide to use when writing evaluation results.

- Reason for referral
- Current/presenting concerns
- Previous evaluations, findings, recommendations (e.g., school-based and outside providers)
- Relevant developmental and background History (e.g., developmental milestones, family history and interactions)
- School history (e.g., attendance, grades, state-wide achievement, disciplinary/conduct info, intervention history)
- Medical history (audiological report summary)
- Assessment instruments/procedures (e.g., test names, dates of evaluations, observations, and interviews, consultations with specialists)
- Current assessment results and interpretations (e.g., speech and language, observations, and any other direct assessments such as academic achievement)
- Tennessee's deafness or hearing impairment disability definition
- Educational impact statement: review of factors impacting educational performance such as academic skills, ability to access the general education core curriculum
- Summary
- Recommendations

# Section IV: Eligibility Determination

## Considerations

After completion of the evaluation, the IEP team must meet to review results and determine if the student is eligible for special education services. Eligibility decisions for special education services is two-pronged: (1) the team decides whether the evaluation results indicate the presence of a disability **and** (2) the team decides whether the identified disability adversely impacts the student's educational performance such that s/he requires the most intensive intervention (i.e., special education and related services). The parent is provided a copy of the written evaluation report completed by assessment specialists (e.g., psychoeducational evaluation, speech and language evaluation report, occupational and/or physical therapist report, vision specialist report, etc.). After the team determines eligibility, the parent is provided a copy of the eligibility report and a prior written notice documenting the team's decision(s). If the student is found eligible as a student with an educational disability, an IEP is developed within thirty (30) calendar days.

Evaluation results enable the team to answer the following questions for eligibility:

- **Are both prongs of eligibility met?**
  - **Prong 1:** Do the evaluation results support the presence of an educational disability?
    - The team should consider educational disability definitions and criteria referenced in the disability standards (i.e., evaluation procedures).
    - Are there any other factors that may have influenced the student's performance in the evaluation? A student is not eligible for special education services if it is found that the determinant factor for eligibility is either lack of instruction in reading or math, or limited English proficiency.
  - **Prong 2:** Is there documentation of how the disability adversely affects the student's educational performance in his/her learning environment?
    - Does the student demonstrate a need for specialized instruction and related services?
- Was the eligibility determination made by an IEP team upon a review of **all** components of the assessment?
- If there is more than one disability present, what is the **most impacting** disability that should be listed as the primary disability?

### ***Specific Considerations for Deafness and Hearing Impairment***

Once it is determined that the child meets the state criteria for a hearing impairment, the team must begin the critical process of determining whether the child needs special education

services. While an audiologist is qualified to collect and interpret audiological data and determine the type and severity of the hearing impairment, this professional is only one member of a team sharing responsibility for establishing programming guidelines for the child and is not the sole determiner of eligibility.

The team must determine the most appropriate way of interpreting the components of the evaluation and whether the child meets both prongs of eligibility:

- (1) The evaluation indicates the presences of an educational disability (i.e., hearing impairment or deafness).
- (2) The evaluation documents an adverse educational impact and thus requires specialized instruction and related services.

### Hearing loss

When evaluating the child's hearing loss, the audiological information should be closely analyzed in relation to type and degree of hearing loss and whether results are due to a temporary issue (e.g., fluid in the ears due to an ear infection). Information from the audiological evaluation, along with the audiologist's observations and impressions will be valuable when the IEP Team meets to determine the extent to which the child's hearing constitutes an educational disability. The audiologist's impression on the student's successful use of amplification (i.e., hearing aids and/or cochlear implants) and/or assistive technology devices is important to determining what the student may need in regards to services. However, the determination of whether a disability is present must be made regardless of the effect of such mitigating measures.<sup>13</sup> The audiological report information will also help the team differentiate between the categories of "deafness" (profound loss, >91dB) and "hearing impairment" (slight-profound loss, 16dB-90dB).

The audiological evaluation does not completely define the functional hearing of the student or the ability of the student to learn through the auditory or visual modalities in the educational environment. Not all students who are deaf or hearing impaired with a similar audiological evaluation will function in the same manner in the educational environment, even with amplification. Teams should consider the unique needs of the student when determining learning needs.

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<sup>13</sup>Amendments Act § 4(a) (codified as amended at 42 U.S.C. § 12102) ("The determination of whether an impairment substantially limits a major life activity shall be made without regard to the ameliorative effects of mitigating measures such as— (I) medication, medical supplies, equipment, or appliances, low-vision devices (which do not include ordinary eyeglasses or contact lenses), prosthetics including limbs and devices, hearing aids and cochlear implants or other implantable hearing devices, mobility devices, or oxygen therapy equipment and supplies; (II) use of assistive technology; (III) reasonable accommodations or auxiliary aids or services; or (IV) learned behavioral or adaptive neurological modifications

Teams should consider whether general education interventions and accommodations would sufficiently meet the student's needs, particularly before determining whether specially designed instruction/related services are needed. An alternate way to support a child whose disabilities do not require special education services, but whose condition substantially impacts the student's daily functioning, is through allowable accommodations under Section 504. More information about how this federal law protects individuals with disabilities can be found at: <https://www2.ed.gov/about/offices/list/ocr/504faq.html>.

## Section V: Re-evaluation Considerations

A re-evaluation must be conducted **at least every three years** or earlier if conditions warrant. Re-evaluations may be requested by any member of the IEP team prior to the triennial due date (e.g., when teams suspect a new disability or when considering a change in eligibility for services). This process involves a review of previous assessments, current academic performance, and input from a student's parents, teachers, and related service providers which is to be documented on the Re-evaluation Summary Report (RSR). The documented previous assessments should include any assessment results obtained as part of a comprehensive evaluation for eligibility or any other partial evaluation. Teams will review the RSR during an IEP meeting before deciding on and obtaining consent for re-evaluation needs. Therefore, it is advisable for the IEP team to meet at least 60 calendar days prior to the re-evaluation due date. Depending on the child's needs and progress, re-evaluation may not require the administration of tests or other formal measures; however, the IEP team must thoroughly review all relevant data when determining each child's evaluation need.

Some of the reasons for requesting early re-evaluations may include:

- concerns, such as lack of progress in the special education program;
- acquisition by an IEP team member of new information or data;
- review and discussion of the student's continuing need for special education (i.e., goals and objectives have been met and the IEP team is considering the student's exit from his/her special education program); or
- new or additional suspected disabilities (i.e., significant health changes, outside evaluation data, changes in performance leading to additional concerns).

The IEP team may decide an evaluation is needed or not needed in order to determine continued eligibility. All components of The RSR must be reviewed prior to determining the most appropriate decision for re-evaluation. Reasons related to evaluating or not evaluating are listed below.



**NO evaluation** is needed:

- The team determines no additional data and/or assessment is needed. The IEP team decides that the student will continue to be eligible for special education services with his/her currently identified disability/disabilities.
- The team determines no additional data and/or assessment is needed. The IEP team decides that the student will continue to be eligible for special education services in his/her **primary** disability; however, the IEP team determines that the student is no longer identified with his/her secondary disability.
- The team determines no additional data and/or assessment is needed. The student is no longer eligible for special education services.
- (Out of state transfers): The team determines additional data and/or assessment is needed when a student transferred from out of state, because all eligibility requirements did NOT meet current Tennessee state eligibility standards. Therefore, the IEP team decides that the student would be eligible for special education services in Tennessee with their previously out-of-state identified disability/disabilities while a comprehensive evaluation to determine eligibility for Tennessee services is conducted.

**Evaluation** is needed:

- The team determines no additional data and/or assessment is needed for the student's **primary** disability. The IEP team decides that the student will continue to be eligible for special education services in his/her **primary** disability; however, the IEP team determines that the student may have an additional disability; therefore, an evaluation needs to be completed in the suspected disability classification area to determine if the student has a secondary and/or additional disability classification. In this case, the student continues to be eligible for special education services with the currently identified primary disability based on the date of the decision. The eligibility should be updated after the completion of the secondary disability evaluation if the team agrees a secondary disability is present (this should not change the primary disability eligibility date).
- The team determines additional data and/or assessment is needed for program planning purposes only. This is a limited evaluation that is specific to address and gather information for goals or services. This evaluation does not include all assessment components utilized when determining an eligibility NOR can an eligibility be determined from information gathered during program planning. If a change in primary eligibility needs to be considered, a comprehensive evaluation should be conducted.
- The team determines an additional evaluation is needed to determine if this student continues to be eligible for special education services with the currently identified disabilities. A comprehensive is necessary anytime a team is considering a change in the primary disability. Eligibility is not determined until the completion of the evaluation;

this would be considered a comprehensive evaluation and all assessment requirements for the eligibility classification in consideration must be assessed.

When a student's eligibility is changed following an evaluation, the student's IEP should be reviewed and updated appropriately.

### ***Considerations for Deafness and Hearing Impairment Re-Evaluations***

It is important to remember that the determination for re-evaluation needs and eligibility encompasses not only academics, but also audiological, speech perception and production, language, and communication skills. Test scores alone cannot give a complete picture of the student's abilities or deficits. It is necessary to look at formal assessment tools and weigh the results of these against informal measures (e.g., checklist of child's sign communication skills for students who use sign language, student's fluency and clarity in language choice, teacher spelling/reading word lists, etc.) as well as observation, teacher reporting, parent reporting, and classroom functioning over time. Hearing acuity can fluctuate over time. An updated audiological report provided by a licensed audiologist may be needed in order to detail the student's hearing acuity, speech reception thresholds, and the benefit of amplification devices.

- Classroom observation needs: seating, participation in general curriculum compared to peers, self-advocacy skills, and benefit from an interpreter/transliterators
- Classroom performance/teacher Interviews suggested considerations: academics, attention, communication, classroom participation, and social behaviors. (e.g., verbal comments, written interviews, teacher informal evaluations and electronic progress reports)
- Student interviews: summarize the student's self-evaluation of academic and social-emotional and advocacy strengths and concerns. This is particularly important in the transitional IEP.

### ***Students with Additional Disabilities***

Many students who are deaf or hearing impaired have additional disabilities. For a student with multiple disabilities, a hearing loss may not be the most obvious challenge. An initial assessment may determine what other disabilities are present, such as learning disabilities, specific visual impairments, autism, etc. Although this information is important, there is additional valuable information which should not be overlooked when reviewing instructional programs and planning in order to assist in the child's ability to reach their potential.

It is recommended that teams review:

- student interactions in multiple settings at different times of the day,
- periodic observations over a period of time to determine patterns,
- the effect of the student's hearing loss on ability to learn,

- student interactions with parents, peers, or support staff,
- observations of language methodology which are essential to cognitive skills, and
- comprehensive review of the student's strengths and weaknesses.

The gathering of additional information can be beneficial when re-evaluating a student experiencing deafness or a hearing impairment with multiple disabilities in order to increase educational success.



# Appendix B: Links and Resources

While not an exhaustive list, the following are resources for families and educators of children with hearing impairment and deafness:

[American Society for Deaf Children](#)

[American Speech-Language Hearing Association](#)

[Children with Hearing Loss: Helpful Adaptations in the School Environment](#)

[Education of the Deaf](#)

[Hearing Loss Association of America](#)

[Laurent Clerc National Deaf Education Center, Gallaudet University](#)

[National Association for the Deaf](#)

[National Institute on Deafness and Other Communication Disorders](#)

[Relationship of Hearing Loss to Listening and Learning Needs](#)

[Tennessee School for the Deaf](#)

## Appendix C: Sample Release of Information

Student: _____	School: _____
Date of Birth: _____	Parent/Guardian: _____
Address: _____	Phone: _____

Your child has been referred for an evaluation for special education services. Additional information is needed to assist in determining the need for special education. This information will be confidential and used only by persons directly involved with the student.

For this evaluation, we are requesting information from the indicated contact person/ agency:

Name of contact and/or agency/ practice: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax number: \_\_\_\_\_

- Medical                     
  Psychological/ Behavioral                     
  Vision/ Hearing                     
  Other: \_\_\_\_\_

In order to comply with federal law, your written permission is required so that the school system can receive information from the contact/ doctor listed. Please sign on the line below and return to \_\_\_\_\_ at his school. Thank you for your assistance in gathering this information needed for your child's assessment. If you have any questions regarding this request, please feel free to call (\_\_\_\_) \_\_\_\_\_ for clarification.

I authorize \_\_\_\_\_ (provider) to disclose protected health information about my child \_\_\_\_\_ to the \_\_\_\_\_ school system. The release extends for the period of year or for the following period of time: for \_\_\_\_\_ to \_\_\_\_\_.

I do not authorize the above provider to release information about my child to the \_\_\_\_\_ school system.

\_\_\_\_\_  
Parent/ Guardian Signature



		/ /
Signature of Assessment Team Member	Role	Date

		/ /
Signature of Assessment Team Member	Role	Date

		/ /
Signature of Assessment Team Member	Role	Date

		/ /
Signature of Assessment Team Member	Role	Date

		/ /
Signature of Assessment Team Member	Role	Date

Deafness/Hearing Impairment Assessment Documentation