

# Required Language Evaluations for Students Who Are Deaf or Hard of Hearing

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# WVDE PUBLIC SCHOOL RE-ENTRY MODELS FOR FAMILIES

## *Option 1* **In-person/Blended Instruction**



This option allows in-person attendance at the school for a set number of days. Counties will decide what the school day and school week look like. Some counties will be in school five days each week while other county plans will opt for reduced days or hours for students in order to increase cleaning and sanitation and reduce exposure. On the days that students are not in school, learning will continue at home.



### **Remote Learning**

Remote learning will occur for students participating in the in-person/blended option if the Governor determines it is necessary to close a school or county temporarily due to increases in COVID-19 cases impacting the school community. Schools cannot activate remote learning. This instructional model requires that all students remain engaged in learning and instruction at home using a range of tools and resources from basic materials to online applications.

or

## *Option 2* **Virtual Learning**



Every county must offer a full-time virtual learning option for students. These students will still be considered public school students. Families who choose this option, would enroll their children in a virtual learning program and that child would ideally remain there at least for a semester.

The available virtual learning options are not the same as what families experienced at the end of last school year. Instruction will be provided using a West Virginia-certified teacher and families can expect the same instructional quality and rigor for their virtual school student as would otherwise be provided in a traditional classroom setting (including, in many cases, daily live virtual interaction with the teacher). In the event of an ordered school closure, virtual learning will continue unaffected.

For more information about the virtual learning options available for your student, please contact your local county board of education.

<https://wvde.us/school-system-re-entry/>



*“When you hear hoof beats,  
they are usually horses and  
not zebras.”*

Our DHH Children are the Zebras and here’s why....

Look for more than the obvious (or what you thought was obvious)



# The Zebra...

Evaluator:

“The flowers are yellow. What color are the flowers?”

Child’s response:

“Train”



# Who are these Zebras?

- Deaf and Hard of hearing (DHH) children make up <1% of the enrolled population
- Hearing loss alone is NOT a disorder, it is a lack of access to language

## Lack of Access = Lack of Language

*Language delays based on levels of hearing loss*

15-26 dB loss -----	1.2 year delay
27- 40 dB loss- -----	2.0 year delay
41-55 dB loss- -----	2.9 year delay
56-70 dB loss- -----	3.5 + year delay



# Roles of the Professionals





# Roles of the Team in relation to DHH Children and assessment

- Why do we need a team for assessment?
- Who's on the team?
  - a. Deaf Educator
  - b. Speech-**LANGUAGE** Pathologist
  - c. Audiologist (when possible)

(Parents, teachers, and other therapists working with the child)

# Best Practices



- Communicative Competence is best achieved for the student who is DHH when there is collaboration between the teacher of the deaf and hard of hearing (DHH) and the speech-language pathologist. (ASHA, Position Paper, 2004)
- Include educational audiologist in the team whenever possible



# Role of a Deaf Educator

The Deaf/Hard of Hearing teacher teaches, addresses and provides guidance to the student, the student's family and school personnel on:

- Educational needs
- Communication
- Audiological
- Social/emotional needs
- Expanded Core Curriculum

# Specialized Roles of Speech-Language Pathologists



- SLPs are prepared to address:
  - Communication effectiveness
  - Communication disorders
  - Communication differences and delays related to hearing loss
- SLPs in educational settings contribute to students'
  - Communicative competence
  - Academic achievement including literacy



# Audiologists' Role in Education of Children With Hearing Loss

- Audiologists are trained by their unique education in:
  - Prevention, identification, diagnosis, intervention, and treatment of
  - Hearing, balance, and related disorders
- American Speech-Language-Hearing Association  
Scope of Practice for Audiologists



AMERICAN  
SPEECH-LANGUAGE-  
HEARING  
ASSOCIATION



West Virginia DEPARTMENT OF  
**EDUCATION**

# Audiologists' Role in the Schools

- Educational Audiologist
  - Manage hearing needs of children with HL
  - Knowledge of education laws/policies
  - Rarely dispense amplification/map CI
- Private Practice & Clinical Audiologists
  - Typically dispense amplification/map CI
  - Rarely directly involved with daily management of children with HL





# Collaborative Responsibilities

- Provide consultation, support, and collaborate with professionals and paraprofessionals
- Collaborate with families and children regarding communicative and linguistic strengths
- Assist students in developing the skills and knowledge necessary for self-advocacy.
- Consider relevant background information



# Collaborative Responsibilities

- Obtain a comprehensive description of communicative and linguistic abilities and needs of the child, history of communication modalities and languages (signed and/or spoken) used and/or tried, family preferences, and concerns related to communication.
- Administer and interpret appropriate formal and informal, standardized and nonstandardized assessments of all areas of communicative competence.







# Collaborative Responsibilities

- Identify individuals responsible for the design and implementation of an instructional program and related services to assist the child in achieving the identified goals and objectives;

# Policy 2419



# Policy 2419

- page 24, Section 4, A. Areas to Evaluate - For a child who is deaf or hard of hearing, a **comprehensive language assessment** in the child's **language and communication mode** must be included in his/her comprehensive evaluation. This includes children entering PreK at age 3.



# Policy 2419

- pg 51 under E. Goals and/or objectives:
- If the student who is deaf or hard of hearing does not demonstrate progress in expressive or receptive language skills as measured through an appropriate assessment tool, the IEP Team must explain the reasons for the lack of progress in meeting the language milestones or progressing towards them and recommend specific strategies, services and programs that will track the child's success towards English literacy.

# Policy 2419 – Deafness/Hard of Hearing

- Degree of Loss
- Mode of Communication
- Adverse effects



# Policy 2419 – Speech/Language Impairment

- **Definition:** The Individuals with Disabilities Education Act (IDEA) defines a speech or **language impairment** as a communication disorder, such as stuttering, impaired articulation, **a language impairment**, or a voice impairment that adversely affects a child's educational performance. (See Appendix for Documentation of Adverse Effects on Educational Performance for Students with Speech-Language Impairments) Communication disorders are also defined in the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-5) as follows:

- *Language* includes the form, function and use of a conventional system of symbols (i.e., spoken words, sign language, written words, pictures) in a rule-governed manner for communication.
- *Speech* is the expressive production of sounds and includes an individual's articulation, fluency, voice and resonance quality.



# Language Disorder: Diagnostic Criteria

1. Persistent difficulties in the acquisition and use of language across modalities (i.e. spoken, written, sign-language, or other) due to deficits in comprehension or production that include the following:
  - a. Reduced vocabulary (word knowledge and use).
  - b. Limited sentence structure (ability to put words and word ending together to form sentences based on the rules of grammar and morphology).
  - c. Impairments in discourse (ability to use vocabulary and connect sentences to explain or describe a topic or series of events or have a conversation).



# PRESCHOOL

- For a pre-school child to be considered for language intervention, the child's language should be determined to have a negative impact on social-communicative interactions

When students who are deaf/hard of hearing are transitioning from Birth-to-Three, please follow the county transition procedures set up by the special education director. While the student may pass the speech-language screening, a comprehensive language evaluation is required according to Policy 2419. If the county Birth-to-Three transition testing protocol or environment does not allow you to complete the assessment at that time, an appointment could be arranged to bring the child back for further language evaluation.

# PRESCHOOL

If the language evaluation components cannot be completed before the Eligibility Committee Meeting, “Additional evaluation data are needed in the following areas: Speech and Language” can be added at the bottom of the Eligibility Committee Report. The Eligibility Committee can make the primary eligibility determination at that time. The additional testing must be completed within 60 days of the Eligibility Committee Meeting. After the testing is complete, the related service of speech-language therapy may be added at an IEP Meeting, if the student meets the eligibility criteria, or at another Eligibility Committee Meeting, depending on county protocol.

## ▲ IEP CONSIDERATION FOR STUDENTS WHO ARE DEAF OR HARD OF HEARING

\_\_\_\_\_ County Schools

Student's Full Name \_\_\_\_\_ Date \_\_\_\_\_  
 School \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Parent(s)/Guardian(s) \_\_\_\_\_ Grade \_\_\_\_\_  
 Address \_\_\_\_\_ WVEIS# \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Consideration of special factors. The IEP Team must:

Consider the communication needs of the child and in the case of a child who is deaf or hard of hearing, consider the child's language and communication needs, opportunities for direct communications with peers and professional personnel in the child's language and communication mode, academic level and full range of needs, including opportunities for direct instruction in the child's language and communication mode.

The IEP team has considered each item below:

**I. the child's language and communication needs**

1. The student's primary **language** is one or more of the following (check all that apply):

- | <i>Receptive</i>         | <i>Expressive</i>                               |
|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> English                |
| <input type="checkbox"/> | <input type="checkbox"/> American Sign Language |
| <input type="checkbox"/> | <input type="checkbox"/> Native Language _____  |

2. The student's primary **communication mode** is one or more of the following (check all that apply):

- | <i>Receptive</i>   | <i>Expressive</i>  |
|--|--|
| <input type="checkbox"/> Auditory  | <input type="checkbox"/> Conceptual signs [e.g. American Sign Language, Pidgin Signed English (PSE) also referred to as Conceptually Accurate Signed English (CASE)] |
| <input type="checkbox"/> Conceptual signs [e.g. American Sign Language, Pidgin Signed English (PSE) also referred to as Conceptually Accurate Signed English (CASE)] | <input type="checkbox"/> English signs (e.g. Manually Coded English such as Signed English or Signing Exact English)   |
| <input type="checkbox"/> English signs (e.g. Manually Coded English such as Signed English or Signing Exact English)   | <input type="checkbox"/> Fingerspelling  |
| <input type="checkbox"/> Fingerspelling  | <input type="checkbox"/> Gestures  |
| <input type="checkbox"/> Gestures  | <input type="checkbox"/> Spoken Language   |
| <input type="checkbox"/> Speechreading   | <input type="checkbox"/> Spoken English  |
| <input type="checkbox"/> Tactile   | <input type="checkbox"/> Tactile   |
| <input type="checkbox"/> Cued Speech   | <input type="checkbox"/> Cued Speech   |
| <input type="checkbox"/> Other, please explain _____   | <input type="checkbox"/> Other, please explain _____   |

3. What language(s) and mode(s) of communication do the parents use with their child? What mode(s) does the child use with peers?



**II. opportunities for direct\* communications with peers and professional personnel and opportunities for instruction in the child's language and communication mode**

*\*Direct language/communication/ instruction occurs person to person, not through an additional source e.g. educational interpreter, captioner.*

The IEP team has considered: (These social, emotional and academic opportunities may be provided by the school or family.)

1.  Opportunities for direct\* communication with peers.  
Describe opportunities:
  
  
  
  
  
  
  
  
  
  
2.  Opportunities for direct\* communication with professional staff and other school personnel.  
Describe opportunities:
  
  
  
  
  
  
  
  
  
  
3.  Opportunities for direct\* instruction.  
Describe opportunities:

**III. academic level**

1. Does the student have the communication and language necessary to acquire grade-level academic skills and concepts of the general education curriculum?
  - Yes: What supports are needed to continue proficiency in grade-level academic skills and concepts of the general education curriculum?
  - No: What supports are needed to increase the student's proficiency in his/her language and communication to acquire grade-level academic skills and concepts of the general education curriculum?
  - The team has considered the full range of needs.

**IV.****full range of needs**

1. Does the child have access to all educational components of the school (regular education classes, related services, guidance counseling, recess, lunch, assemblies, extra-curricular activities, etc.) If not what supports are needed to allow for access?
2. Are adult language models available who communicate in the student's language/communication mode?
3. What accommodations/modifications are being provided? What additional accommodations/modifications were considered?

**V.****amplification needs**

- Personal hearing devices (hearing aid, cochlear implant, tactile device)
- Personal FM system
- FM system/auditory trainer (w/o personal hearing device)
- Soundfield system
- No amplification needed

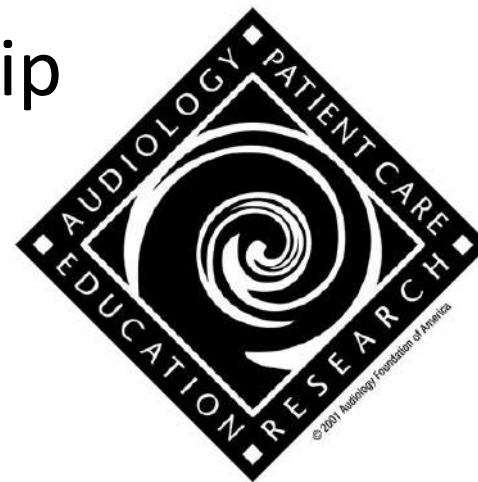
# Hearing Loss

- Hearing Loss (HL) = different impacts
- View each child & family as individual
- Assumptions can be problems
- HL is more than loss of loudness
  - Distortion of sounds
  - Listening fatigue
  - Reverberation in environments



# (Educational) Audiologists

- EA's are few and far between in WV
- Find your audiology person
  - ENT office, private practice, other
  - Build professional relationship
    - Likely, outside of work
    - Make the effort
  - Be each other's resource



# Making Sense of Audiogram

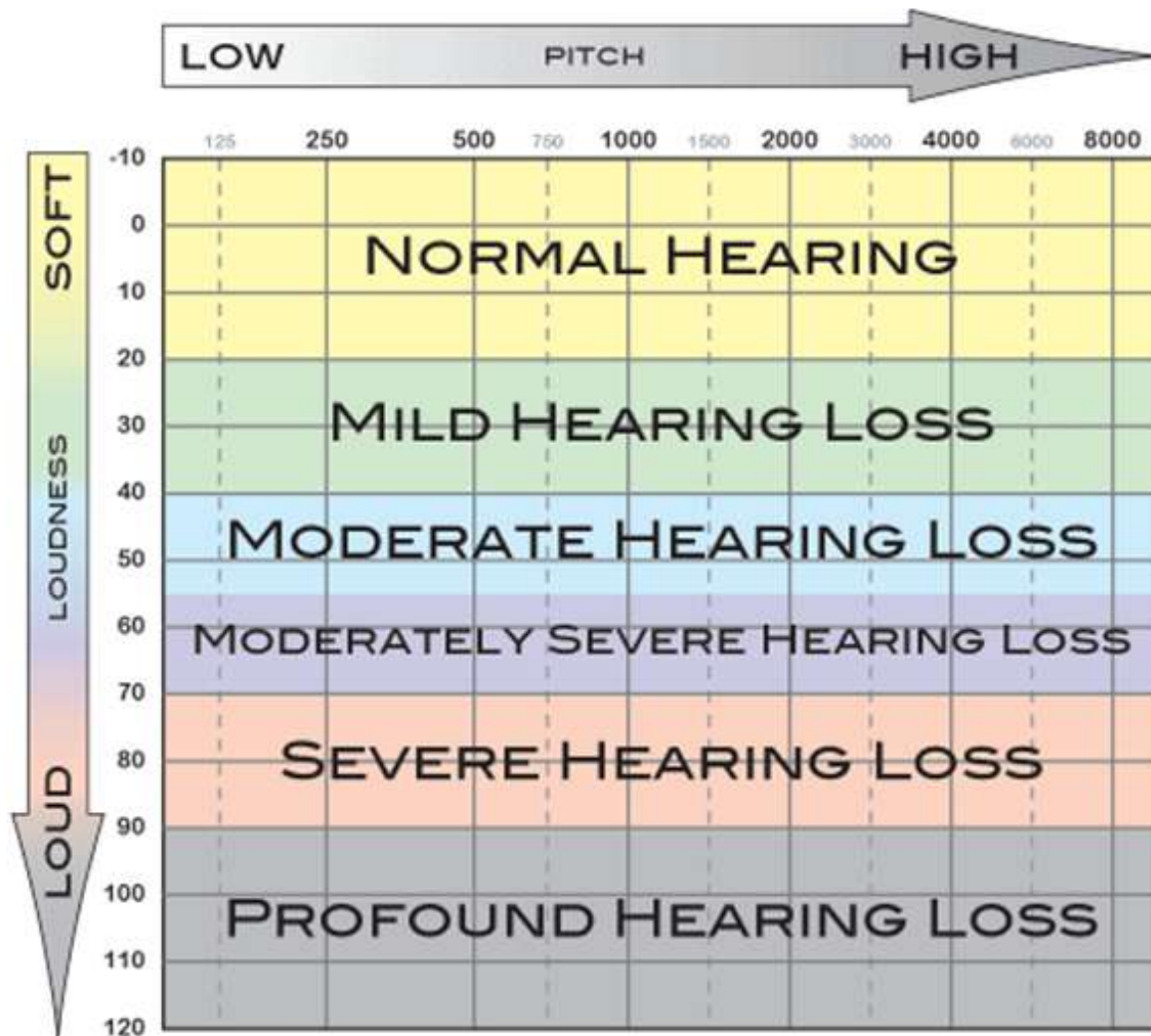
- *Know how to read an audiogram!!*
- Understand type and degree of loss
- Type and configuration will impact how clearly speech sounds, once loud enough





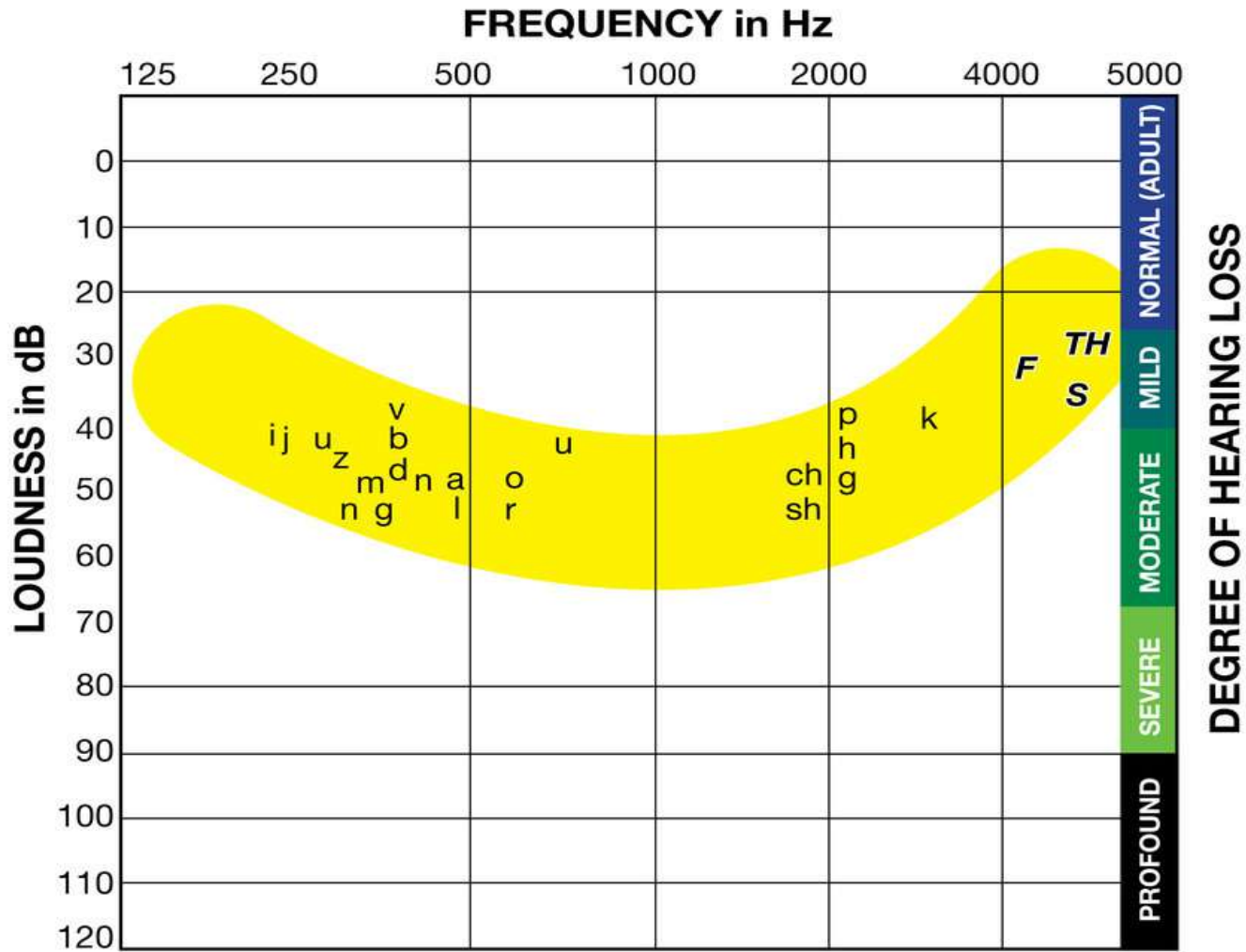
## Degrees of Loss - Kids

- Normal
  - Slight
  - Mild
  - Moderate
  - Moderately-severe
  - Severe
  - Profound
- -10 to 15 dB HL
  - 16 to 25 dB HL
  - 26 to 40 dB HL
  - 41 to 55 dB HL
  - 56 to 70 dB HL
  - 71 to 90 dB HL
  - 91+ dB HL

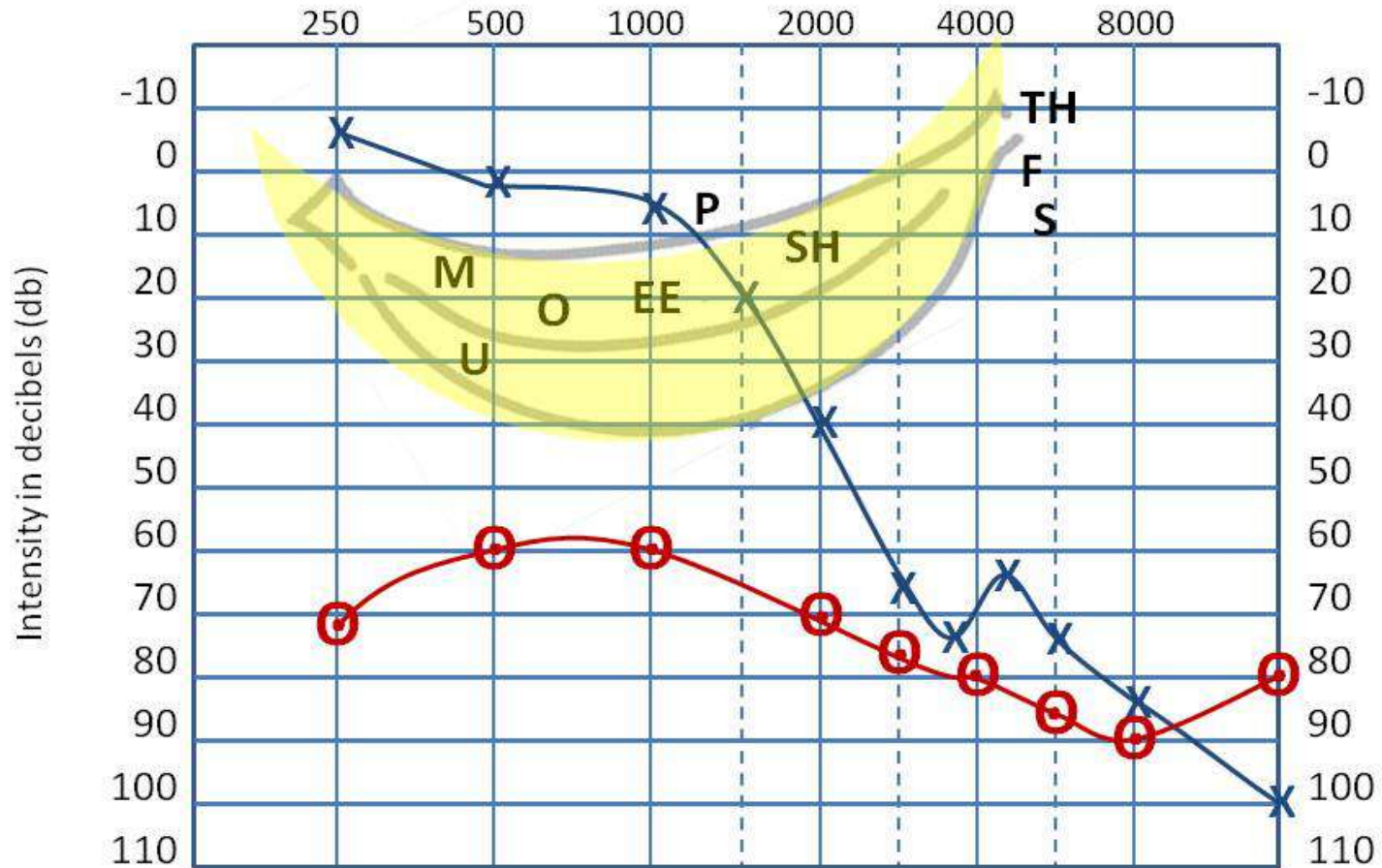


# “THE SPEECH BANANA”

RANGE OF AVERAGE HUMAN SPEECH



SPEECH BANANA SAMPLE  
FREQUENCY IN HERTZ



# Audiogram tells us:

- How loud speech needs to be for child
- What speech sounds the child hears
  - Without technology
- How well child understands what's said
  - In ideal environment



# Technology For Child's Hearing Loss



- Hearing Aids – typically binaural

- Cochlear Implant – often unilateral



- Who is responsible for checking daily?
- Keep spare batteries
  - Battery tester

- FM system – so important
  - Mic transmits directly to FM
  - “Boot” or integrated to HA/CI



Image from [www.Phonak.com](http://www.Phonak.com)

# Know Child's HL Prior to Language Assessment

- You must understand how child accesses language
- Old problem still lingers
  - Failure to identify HL prior to any assessment
  - Child may be labeled cognitively disordered when HL is the actual condition





# Comprehensive Language Assessment



# Comprehensive Language Evaluation Outline



- Gather background Information
- Determine why and what you are assessing
- Complete observations
- Establish test environment and amplification
- Determine assessment modifications and assessment language mode
- Select and administer a **battery** of formal and informal assessments
- Analyze responses
- Determine recommendations



# Comprehensive Language Evaluation Outline – Why and What



- **Why** are you assessing
  - Qualify for services?
  - Identify areas for remediation?
- **What** are you assessing?
  - Sign language
  - English language skills of students' who use sign
  - English language skills of students' who use listening and spoken language
  - English language skills of students' who use total communication



# Comprehensive Language Evaluation Outline – Gather Information



- Must understand the student's hearing loss
  - Functional listening in the classroom
- Must know the student's hearing history
- Must understand the student's access to language



Child's Name \_\_\_\_\_

DOB \_\_\_\_\_

Deaf Educator \_\_\_\_\_

SLP \_\_\_\_\_

Audiologist \_\_\_\_\_

Age of diagnosis \_\_\_\_\_

Degree of hearing loss \_\_\_\_\_

Do you have an updated audiogram? \_\_\_\_\_

Primary mode of communication (be specific) \_\_\_\_\_

Etiology \_\_\_\_\_

Amplification/Technology \_\_\_\_\_

Age of amplification \_\_\_\_\_

History of amplification use and benefits \_\_\_\_\_

Educational history to include : mainstream/general ed/School for the Deaf and information about supports given to this point

Language History

What do we already know?

What do we need to know?



# Speech and Language Evaluation

Name: Child:

Date of Birth:

**Report Date:**

**Grade: 3<sup>rd</sup>**

## **Background Information**

Child is a nine year old hearing impaired student with a cochlear implant who is currently a third grader at xxxx Elementary school in XXXX County. Her mother requested that she have a speech and language evaluation during her attendance at a WVSD "Short Course." The mother reported that her pregnancy with child was full term with no complications. Child walked at eleven months and said her first words at around fourteen months. Child was diagnosed with a moderately severe to severe bilateral sensorineural hearing loss at birth and was aided at three months of age. The loss was progressive in nature and child received a cochlear implant in her right ear at age 5

A psychological assessment was done and contains a detailed history of child's educational services and accommodations in XXXXX County. Detailed results of the psychological evaluation will not be discussed here as the report is available to those working with child. However, general results of the testing state that while child had a Full Scale IQ score of 122 on the Wechsler Nonverbal Scale of Ability, "her verbal comprehension/language abilities are impaired."

An audiological evaluation done approximately one year ago stated that when wearing her speech processor, child's SAT (Speech Awareness Threshold) was 15dB in sound field testing. Her responses were in the normal range through 2KI-Iz, but fell to a mild loss at 4KI-Iz. Her "Word Recognition" of single, open set words was 72% in quiet with no visual cues. This will be discussed later in this report.

# Comprehensive Language Evaluation Outline – Observations



- Observe student's language skills
  - In various natural environments
  - In the classroom
  - With various communication partners
  - Including home when possible



## **Behavioral Observations**

Child was very cooperative for all testing, although she required frequent prompts to "watch" when I was signing to her. She was given frequent breaks, and the testing was broken up into morning, afternoon, and evening sessions. · Early in the testing child was asked, "Which do you like better-for people to talk to you or sign to you?" child replied that she likes for people to sign to her. However, during over five hours of nonconsecutive testing, child rarely watched as I signed to her. On the one test that is sign only (no voice permitted), child asked me "You gonna talk?" All informal test items were presented with speech and sign language, but when child missed an item, I would sign the answer to her for the purpose of checking her sign comprehension. She did not know many of the signs.





# Comprehensive Language Evaluation Outline – Selecting Tests

- Team selects tests –
  - based on language background and areas of concern
  - that assess the areas of concern
- Team reviews test items to determine accommodations needed
- Team determines the mode of communication for each item/test
- Always use multiple sources of assessment data – several assessment tools to evaluate the same skills

# Comprehensive Language Evaluation Outline – Selecting Tests



- Battery of tests that include:
  - Standardized tests - Standardized assessments normed on hearing children are considered best practices for evaluating the language skills of children who are DHH (Joint Committee on Infant Hearing, 2007)
  - Criterion referenced tests
  - Skills based tests
- Mix of formal and informal assessment tools
- Language sample that is analyzed for syntax, semantics, morphology, phonology and pragmatics.



# Comprehensive Language Evaluation Outline – Selecting Tests



- Global Assessment Tools vs Test that assess specific language areas
  - Include tests that allow for in-depth assessment of specific language areas based on team's concerns for that specific student.
  - Select tests that allow for examination of more subtle aspects of language syntax, morphology, semantics, and pragmatics.



# Comprehensive Language Evaluation Outline – Test Administration

- **Optimal** environment -
  - Minimize
    - background noise and
    - auditory or visual distractions
- **Adequate** amplification - Requires use of all hearing technology
- Match the language of the examiner to the child's language mode



## Tests Administered

It is noted here that there are very few language tests normed on DHH children. Two of the language tests given to child, the Peabody Picture Vocabulary Test, fourth edition and the Test of Language Development-Primary, third edition, are normed only on hearing children. In addition, administration procedures were altered for the TOLD-P:3 in that all items in all subtests, except Picture Vocabulary, were signed along with the oral presentation. For these reasons results should be interpreted with much caution. In many instances instances, formal assessments not normed on the DHH population should be used as criteria referenced tests which help to identify specific areas of weakness that should be included in a child's educational intervention.

Carolina Picture Vocabulary Test

Peabody Picture Vocabulary Test, fourth edition, form B

Test of Language Development-Primary: third edition

Craig Lipreading Inventory: Sentence Level

Photo Articulation Test. third edition



# Comprehensive Language Evaluation Outline – Informal Assessment

- Select tasks to assess specific areas of concern
- Collect data on responses
- Some items might be compared to developmental scales or checklists of skills



## Informal Language Assessments

Wh Questions: Child was asked 20 mixed "who-what-where-when-why" questions that required broad, general information answers. In the late fall of 2012, when Child was visiting the school, she was given this same test and answered 9/20 correctly for 45% accuracy. On 4/20/13 she was again given this test and answered 13/20 correctly for 65% accuracy. She still appears to be confusing the meanings of the "wh" words themselves. For example when asked "Where do vegetables grow?" she answered with a temporal word "spring." When asked, "When do you eat supper?" she answered, "macaroni and cheese," which would answer a "what" question. She has made some progress since late fall testing, but obviously needs more instruction and practice with this skill.

### Temporal concepts:

Days: When asked to name or sign the days of the week, Child appeared not to understand the word "day." When I pointed to the days on my calendar, Child then named 7/7 days.

Months: When asked to name or sign the months, Child named 12/12 orally (articulation not exact) but could not sign most.

Seasons of the year: Child was able to name 4/4, but when asked the signs, she only knew the sign for "summer."

Holidays: When asked to tell when 8 named and signed holidays were, Child gave the correct month for 5/8 for 63% accuracy. She missed New Year's Day, St. Patrick's Day, and Independence Day, which was explained to her as when we watch fireworks at night.

## **Informal Language Assessments continued**

Future-Present-Past tense: Child was given five sets of cards, with each set containing three photographs depicting the future-present-past sequence of a simple action. First she was asked to put the pictures in "first-next-last" order. She correctly sequenced 5/5 for 100% accuracy.

Next, she was asked to point to a picture that matched a spoken and signed sentence given by the SLP. She was able to identify the correct picture with 100% accuracy. Next, given one set at a time, she was asked to say and/or sign a correct sentence about each picture. She gave all oral responses, but signed 1/15 (7%) with correct English grammar and syntax. The sentence she said correctly, "The boy washed the banana," was said immediately after she was given the example sentences by the SLP. Follow are several examples of her sentences:

### Correct sentences

The man will wash his hands.  
The man is washing his hands  
The man washed his hands.  
The woman will draw the elephant.  
The woman is drawing the elephant.  
The woman drew the elephant.

### Child's sentences

Man dirty his hand  
He wash he hand.  
Man hand is clean  
He think about the draw  
Girl draw the elephant  
Woman done draw the elephant.



What Does Not Belong and Why not: When shown ten cards, one at a time, with three pictures on each card and asked to tell which thing in the group of three did not belong, and then asked "why not?" Child correctly chose which item did not belong for 9/10 cards for 90% accuracy. However, when asked "why not," she answered only 5/10 correctly for 50% accuracy. She may have had difficulty with this task because she also has difficulty naming categories.

Categories: Child was shown (one at a time) sixteen picture cards each showing three objects. She was then asked to tell how the objects were "alike." She was able to answer 5/16 correctly for 31% accuracy. When I would sign the correct answer to her, she often did not know the sign. Some of the signs she did not know were "seasons, furniture, clothes, feelings, vegetables." Working on identifying categories is one strategy or language activity to expand vocabulary and language concepts.



Picture Analogies, easy level: Child was shown twelve simple picture analogies and asked to complete them. Examples of some analogies are "Green is to go as red is to \_\_\_ ." "Bone is to dog as carrot is to \_\_\_\_\_." Child answered 9/12 correctly for 75% accuracy.

Working on analogies is another way to increase vocabulary and language concepts.

Analogies range from very easy picture analogy exercises to intermediate difficulty picture analogies, to those with no picture cues and higher vocabulary/word relationship levels.

Prepositions: Shown objects placed in various positions, Child was able to correctly use 6/7 prepositions words, in-on-under-behind-beside-in front-between, for 86% accuracy. The preposition she missed was "between" which she called "beside." She only knew the correct sign for "on."

Possessive Nouns: Shown dolls and toy animals for concrete "set-ups," Child was asked to complete oral/signed sentences such as "The cat belongs to the girl. Whose cat is it? It is the \_\_\_ ." Child did not use any possessive's endings on her nouns (0/6). She needs to have direct instruction for this starting at a receptive level. Since she can read I would show the printed words also and explain the difference between regular plural noun "s" ending (which she also needs to work on) and the possessive noun 's ending.

Telling Attributes: This informal test is to check a child's ability to define words by telling things specific to the item or object. For example, if given the word "cow," the child cannot answer "it's an animal and has four legs" because that would describe many animals. Specific descriptions and/or functions must be given, so a cow would be the farm animal which "gives milk, says 'moo'" etc. On several examples, 20 common words & pictures, and then asked to tell about each one, Child described 4/20 correctly for 20% accuracy. Children who have difficulty with this task are often struggling with vocabulary, but with language fluency in general, and the understanding of how to give specific information.

Identifying Objects from signed/spoken clues: Given attributes or descriptions often common things, child was able to correctly identify 8/10 for 80% accuracy. This is a good indication that, receptively speaking, child can understand specific attributes. In language development comprehension precedes expression. In other words, you have to understand language before you can use it.

### Similarities (relational vocabulary )

Child was shown ten different simple picture pairs and asked to tell how they were alike. She answered 6/10 correctly for 60% accuracy. Picture pairs she could not tell similarities for were: "rake-shovel, hammer-screwdriver, tape-glue, and duck chicken."

Screening for Pronouns: DHH children often have difficulty with English pronouns so a very short screening was performed in which Child was shown simple sentences which I read and signed to her. She was also given a list of subject, object, and possessive pronouns to choose from, and asked to replace the name/names in each sentence with the correct pronoun. Familiar names were used in the sentences. Child had 0/5 correct for both subject and object pronouns. She got 4/7 (57%) correct for possessive pronouns. Child definitely needs to work on this skill. Pronouns are encountered in reading stories all the time. Given Child's lack correct pronoun use, it is likely she has no idea about antecedents-to whom or what the pronouns are referring in the stories she reads. Also realize that before she can be taught about possessive pronouns, she must be taught the prerequisite concept of possessive nouns.

Following are a few examples of sentences with her pronoun choices:

The dog ran to she (girl). (boy) His is a boy. (2 girls) Us shoes are pink.

# Comprehensive Language Evaluation Outline – Language Sample Analysis



- Why is language sample analysis important?
  - Standardized tests may not examine all language structures
  - Allows for the examination of
    - communication breakdowns
    - communication strategies with various partners
  - Provides opportunity to evaluate:
    - the development of noun and verb morphology
    - integration of complex language and new vocabulary
    - typical language
    - language skills in relation to the access to auditory input

# Comprehensive Language Evaluation Outline – Language Sample Analysis



- Blaisera and Shannahana (2018) suggested the following for DHH students:
  - Obtain two 50-utterance language samples obtained (video for ASL) in two settings with two communication partners:
    - one in a therapy setting with the clinician in a conversational context and
    - one in a (noisy and/or less structured) classroom setting with a peer in a play-based context.





# Comprehensive Language Evaluation Outline – Language Sample Analysis

- Use a checklist or analysis tool that examines the:
  - **form** of language,
    - including **intelligibility**
    - the production of high-frequency **grammatical morphemes**, such as third person singular, plural –s, and possessive –s (McGuckian & Henry, 2007; Stelmachowicz et al., 2001; Stelmachowicz et al., 2008) in obligatory contexts, and
    - the ability to produce **complex sentences**

# Comprehensive Language Evaluation Outline – Language Sample Analysis



- content of language through
  - the analysis of number of total words and
  - number of different words
- **use** of language by analyzing the
  - number and type of communication intents and repairs with peers.





# Comprehensive Language Evaluation Outline – Language Sample Analysis



- *Systematic Analysis of Language Transcripts* (SALT) is software that standardizes the process of eliciting, transcribing, and analyzing language samples.
- The *Cottage Acquisition Scales for Listening, Language and Speech* (CASLLS) can be purchased as a complete set for progress monitoring from preverbal to complex language structures.



# Comprehensive Language Evaluation Outline – Language Sample Analysis



- The *Teacher Assessment of Spoken Language* (TASL) is a tool created at the Moog Center for Deaf Education designed to allow teachers and therapists to evaluate and document the development of sentence structure in children with hearing loss.



Simple Picture Elicited Language Sample: Child was shown thirteen simple photo picture cards (1 person-1 action-1 object), given several examples, and asked to tell "who is doing what." She was able to tell correct, critical information (CCI) for 9/13 pictures for 69% accuracy.

Telling CCI is defined as being able to correctly describe a picture so that a person who could not see it would understand exactly what the picture shows. Child's MLU (mean length of utterance), which is the average number of words used per utterance, was 5.3 words which is below age level when compared with hearing peers. None of her sentences used grammatically correct English, and most of her errors were semantic (incorrect word meaning).

Complex Picture Elicited Language Sample: The complex pictures showed more than one person &/or action, so more descriptive information was needed to convey CCI. Given examples, twelve complex picture scenes, and asked to describe each one, Child was not able to tell complete CCI for any of the twelve (0/12). For 11/12 pictures she did convey some accurate information, but not enough to describe the pictures so that another person could understand all the subjects, their actions, and picture setting if needed, in the description. Her MLU was six words. Following are some examples of abbreviated descriptions with CCI and Child's descriptions:

1. Description with CCI: Mom braiding daughter's hair; girl yawning Child's description: "Braiding her hair"
2. Description with CCI: Dad and two daughters washing car Child's: "The two girl playin' her father"
3. Description with CCI: Mom & son in grocery store; putting food in cart Child's: "I can't understand that."
4. Description with CCI: Family at dinner table; mom pouring tea Child's: "The people eat the food."
5. Description with CCI: Girl on bed opening Christmas present; Santa watching from doorway Child's: "The Santa come in the girl room. The Santa open the door & look at the girl."
6. Description with CCI: Baby playing with tag on dog's collar Child's: "The baby pet the dog."

After all the extensive testing in a short amount of time, there was not time to take a spontaneous language sample, but a few of Child's conversational utterances were recorded and show that she also has difficulty formulating correct questions. This is not unusual for children with a hearing loss but does indicate another area in which she needs direct instruction and drill. Following are some examples of Child's spontaneous language:

A you draw this? (for Did you... ) How many hour I gonna swim?

Tell me time swim-okay?

Miranda have TV in her room-big TV. My pretty smart?

This easy?

A you eat that? (for Do you... )

# Comprehensive Language Evaluation Outline – Results and Recommendations



- The team:
  - reviews test items and student's responses
  - analyses responses
  - establishes strengths and weakness
  - determines areas for remediation
  - develops goals
  - determines who will be responsible for intervention of various goals

# Results

## **Formal Language Assessments**

Carolina Picture Vocabulary Test: This test of receptive single word sign language vocabulary is normed on the DHH population. Each page of the test has four pictures, and one sign is given per page. Child had to point to the picture that matched the given sign. In eighteen years of administering this test, it has been observed that the test normally scores several years higher than a child's chronological age. Child had a raw score of 111, which yields an age equivalency of six years, eight months. It was during this test that Child asked me if I was going to 'Talk'.



Peabody Picture Vocabulary Test, fourth edition, form B: This test of receptive, single word, oral vocabulary is not normed on the DHH population, and compares child to normally hearing same-age peers. Therefore, results should be interpreted with caution as they may not be valid. Child achieved a raw score of 76 ,which yields the following:

<b>Standard Score</b>	<b>90% Confidence Level</b>	<b>Percentile</b>	<b>Stanine</b>	<b>Age Equivalent</b>
61	56-68	0.5	1	4 years, 8 months





Test of Language Development-Primary, third edition: Please remember the cautions stated at the beginning of the Tests **Administered** section regarding this test and understand that this test compares Child to same-age *normally* hearing peers. All subtests were discontinued when Child met the ceilings, with the exception the Grammatic Completion subtest. All those items were administered to gain information about gaps in English grammar. Results are in the following tables:

Subtest/Core	Raw Score	Age Equivalent	Percentile	Standard Score
Picture Vocabulary	13	6 years 0 months	5 <sup>th</sup>	5
Relational Vocabulary	11	6 yrs. 3 months	5 <sup>th</sup>	5
Oral Vocabulary	5	4 yrs. 9 months	1 <sup>st</sup>	3
Grammatical Understanding	15	5 yrs. 3 months	2 <sup>nd</sup>	4
Sentence Imitation	2	3 yrs. 3 months	---	1
Grammatical Completion	2	3 yrs. 3 months	---	1

Composites	Sums of Standard Scores	Quotients
Spoken Language	19	53
Listening	7	61
Organizing	6	58
Speaking	4	52
Semantics	13	64
Syntax	6	48



Brief description of TOLD-P:3 subtests:

Picture Vocabulary: This is a single word receptive vocabulary test in which Child was given four pictures to choose from after being given one spoken word.

Relational Vocabulary: This test required Child to tell how two things were "alike." For example, how are a "jacket" and "sweater" alike?

Oral Vocabulary: This test required Child to define, or tell specific attributes, about single words such as "forest" or "baby." Child had difficulty telling specific attributes for many words. For example, when asked the word "baby," Child answered, "baby boy, girl."

Grammatical Understanding: This subtest showed three pictures per page and a sentence was spoken and signed to Child. She had to select the picture that matched the sentence. Some of the items missed had past participle verbs, future tense verbs, and indefinite quantity pronouns ("few").

Sentence Imitation: This subtest required Child to repeat sentences. A test sentence is not scored incorrect if a child drops words endings (s, ed, ing), however, all root words must be the same. Child repeated only two sentences correctly. She left out entire words in her repeated sentences.-articles, verbs, pronouns etc.

Grammatical Completion: All 28 test items were given in order to gain information about Child's use of English morphology and other English language concepts/grammar. This test required Child to orally complete sentences such as: "Rita likes to jump. Now she is \_\_\_?",

"A person who sings is a \_\_\_?", "The doll belongs to me. It is \_\_\_?"

Child missed test items with the following: possessive nouns; regular and irregular plural nouns, regular and irregular past tense verbs, third person singular present indicative endings (He drives .); "er" noun suffix (painter; present progressive verbs (is jumping); pronouns; comparative and superlative adjective forms; and adjectives of quantity. Many children with a hearing loss have difficulty with all these concepts and grammar forms. This subtest is also especially difficult because consecutive test items vary so widely in what skills they are testing.

## Speech Reading

Craig Lipreading Inventory: With this speech reading assessment Child was shown four pictures with simple matching sentences printed under each one. One sentence was presented orally for each picture. Child correctly identified 23/24 pictures for 96% accuracy. During this test, Child rarely looked at me, preferring to listen while she looked at the pictures. She did very well on this closed set task with familiar vocabulary, simple syntax, printed cues, and pictures in a quiet listening environment. Unfortunately, since she did not actually look at me most of the time, the test may not be a good assessment of her actual speech reading skills.

## Articulation

Photo Articulation Test, third edition: This test of single word articulation in varying positions is not normed on hearing impaired children, and no norms will be given. Shown pictures and given occasional verbal models for unfamiliar vocabulary, Child correctly produced 84/93 sounds for 90% accuracy. Errors may be viewed in the following table.

Sound	Initial position	Medial position	Final position
[m] (stimulable)		[b/m]	
ng [n] (stimulable)			[n/n]
sh [s] (stimulable)	[x/s] (distortion)	[x/s]	
[l]			[w/l] lip rounding
ch [ts] (stimulable)			[ts/ l]
[s] (stimulable)		[tisJ]	
	[st/sk]		
Voiceless th [			

As with many DHH children, Child's speech errors are somewhat inconsistent and influenced by coarticulation, which means the production of a sound is influenced by the sounds that come before or after it in connected speech. Child's speech was 90 to 100% intelligible to this listener familiar with hearing impaired speech.

## Summary and Recommendations

As shown in part, by her psychological evaluation last year, and by this current speech and language evaluation, Child's English language is significantly delayed when compared to normally hearing peers. As shown by her low score on the Carolina Picture Vocabulary Test, and the fact that she did not recognize many signs presented to her during the Informal Language Assessments, Child's sign language vocabulary is also delayed. Taking into account her low verbal language scores and her low sign language vocabulary scores, it appears that Child lacks fluency in both English and ASL.

In considering Child's communication preferences, she told me that she "likes when people sign" to her, but she preferred communicating orally and receiving information auditorily in all the one-on-one evaluation sessions. When Child was observed on at least three different occasions, in the dorm with the other hearing impaired students, she did not sign to any of them. She either associated with another student who had a cochlear implant and is an oral

communicator, or stayed close to her mother. There could be multiple reasons for this: she may be used to being surrounded by oral communication at home and in the public school; her sign language vocabulary is too limited for her to communicate with the other students who sign fluently. However, in spite of Child's seeming preference for oral communication, my first recommendation is that she should have a *certified educational interpreter*, as well as instruction in sign language by a *qualified* instructor. As written in the "Background Information" section of the report (page one), Child's audiological testing reported a "Word Recognition" score of 72%. It is important to realize that this hearing discrimination test is presenting only single words in a soundproof booth, and Child still recognized slightly less than three fourths of the words. In the classroom, assuming that her speech processor and FM system are functioning perfectly, Child must listen to and recognize-not just single words but a stream of words in sentence after sentence where coarticulation changes the way words sound. Another factor that complicates the listening environment is ambient noise. Consider too, that while she is trying to hear and discriminate in a stream of connected speech,

Child is also trying to decipher unfamiliar vocabulary and English language elements (plurals, possessives, verb tense endings, varying syntax, pronouns, prefixes & suffixes which change the meanings etc.), and figurative language such as metaphors and similes. In addition, as Child continues to higher grade levels, the vocabulary and language complexity of textbooks and lectures is going to increase. Therefore, I believe it is important for Child to have a certified interpreter with her in all her classes, and in order to make maximal use of the interpreter, she needs to have skilled instruction to increase her sign language vocabulary and sign concepts. At some point she will also need to have a "note taker" in her academic classes.

Child's testing also shows many gaps in her English language concepts and grammar. Reading development is dependent upon a large language base that consists of semantics (word meanings), syntax (word order & grammar), morphology (word endings or patterns that affect or change the meanings of words), and phonology (sounds of speech). When a child reads she is decoding and interpreting *language*. Improving Child's language should help improve her literacy.



Many activities can be used to increase vocabulary knowledge and use, such as: telling similar and different; completing analogies at varying levels of difficulty as skills improve; telling what does not belong to a category and why not; telling attributes and functions etc. I would also recommend having a "vocabulary book" for Child in which all new vocabulary words encountered in therapy and spontaneous conversation are kept. This book can be sent home for review and practice, and the therapist or DHH teacher can occasionally review the words with Child. A brief written definition can be written for the words. Child can draw a small picture that will help her remember the words, and a sentence using the word may also be included. I also write many of the words in See-The-Sound Visual Phonics symbols.

Child also needs direct instruction on English grammar concepts such as: regular and irregular plural nouns; possessive nouns; "er" noun suffix; regular and irregular comparative and superlative adjective forms; adjectives of quantity; simple regular and irregular past tense verbs; simple future tense verbs; present progressive verb forms; subject-verb agreement; article use (a, the, an); third person singular present indicative verb use; subject-object-possessive pronouns; and question syntax using subject-verb inversion. Concepts should be taught in a logical developmental order. For example, before you could teach possessive pronouns, you would need to have taught possessive nouns.

Child also needs to continue working on answering "wh" questions. It may be helpful to drill the meanings of the "wh" words themselves along with multiple examples. Child could practice classifying a variety of words and pictures under "wh" word headings to help her focus on correct meanings of the "wh" words. Make sure Child has the proper vocabulary knowledge/concepts to answer practice questions. For example, if teaching answering "when" questions, Child should have already learned "time" concepts such as "days, months, seasons, morning, noon, afternoon, evening, night, yesterday, tomorrow, next week, last week, before, during, after, next year, last year" etc.

# Who can help?

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Thank you!  
Have a wonderful, safe  
school year.



# Survey

