

Notes for 10/18/17
Task Force for HB 3412

Roll call:

Eleni Boston

Chad Ludwig

Amy Kyler-Yano

Elizabeth Schuler-Krause

Patrick Graham

Lisa Darnold

Senator Laurie Monnes-Anderson

Jeremy Saling

Kelly Farrell - by phone

Representative Tawna Sanchez and Adam Walsh

Marcia Zegar - by phone

Kelly Farrell - by phone

Sharla Jones - taking notes

Ron Sarazin - facilitator

Introductions

Ron Sarazin - I am not the chair, but the facilitator.

We are recording this and archiving for the public.

Agenda

Background

Ground rules

#1 - we want the right answer to our question.

We want to hear all perspectives to get there.

California experience - we can learn through their experience since they just went through this same process.

Talk about our opinions - it's pretty open. Final thing today, we elect a chairperson.

They will run the meetings.

Sarah Drinkwater -

I communicated with all of you by email and phone - thank you for your desire and confirmation to be involved. This is very important work. ODE determined who were chosen as task force members. We were required to ensure that the majority of the membership to be Deaf or Hard of Hearing (DHH). We met the requirements for the specifications in HB 3412.

The time frame is very short - our report is due January 1st, 2018.

ODE looked at an experienced facilitator and contracted with Ron Sarazin. We also wanted a liaison for the task force - to summarize the notes and write the report - Sharla Jones.

The chairperson does not have voting rights. We advertised these meetings publicly. Either in person or on the phone/computer - we welcome the participation for all interested folks.

I recommend sharing your emails with each other for this role. In the paperwork you were given, you may have realized you are fulfilling a specific role. We want you to reach out in your role - to reach out to other colleagues - to gather feedback from the group you are representing. We want all voices heard. Review again which of the roman numerals you are representing.

Ron - general information - what you do for your work and your connection to the taskforce.

Lisa Darnold - Director at ODE. I work in the Office of Student Services. I am the Director of Regional Services and Best Practices. That means all the low incidence disabilities - DHH is included in that.

Eleni Boston - Coordinator for DHH services for WESD. I am representing EI ECSE programs for this region. I am a deaf adult.

Patrick Graham - Coordinator for DHH teacher program at WOU, I'm Deaf and my child is Deaf. My interest is in making sure parents have the information they need to make informed choices.

Adam Walsh - I am legislative director for Representative Tawna Sanchez.

Chad Ludwig - I am the former president of OAD, and now I run a non-profit advocacy organization for Deaf adults called Bridges Oregon. I am also Deaf.

Elizabeth Schuler-Krause (Beth) - I worked at CRP as a teacher, I'm a bilingual preschool teacher with experience in EI. Now I'm a stay at home parent to 2 children. I am HH myself.

Jeremy Saling - I am a Deaf adult - I am the school psychologist for OSD. I am mainly interested in the cognitive assessment and development assessment for DHH children - making sure we chose an appropriate assessment for the state of Oregon.

Amy Kyler-Yano - Teacher for CRP (Columbia Regional Program) in Portland - I'm a LSL (Listening and Spoken Language) specialist. I'm happy to be here and excited about the task force. I'm really pregnant so my brain can leave me. I've worked 10 years in EI (Early Intervention). Birth to 5 range is very meaningful.
(Ron - "She promised to bring baby with her at the end")

Representative Tawna Sanchez - I'm the representative for the State of Oregon assigned to this bill. I'm the director of programs for the Native American population - lots of experience for EI for connection to this taskforce and under-represented populations.

Senator Laurie Monnes-Anderson - I'm a state senator on the healthcare committee - my sister is Deaf - lives in NY - I understand that other states have better resources. I know it's a small population but we need equity and we don't have it right now.

(Ron introduces our participants on the side)

Malina Lindell - I'm a service provider from region 1 from Pendleton. I'm an interpreter. My parents are Deaf. I've worked with the ESD since 1982 with DHH children. I work with children birth to 21.

Marcia Zager - I am an SLP - I use mainly LSL for my career. It's been 30 years working with families who choose total communication and spoken language. For a large part I have worked with Salem Heights ES and the WESD for DHH children. I will bring my background as an expert in language development and phonology paired with accessing sounds and LSL. I have certifications for handicapped learners and a reading endorsement.

Kelly Farrell - (on the GoToMeeting) I'm the parent of a deaf boy - 3rd grade, bilateral CI - he is speaking English. No ASL in our house. I'm here to represent all the 0-5 parents figuring out IEPs and navigating the insurance companies, trying to get amplification. I'm looking forward to this. I think Sharla was trying to mention I will be unavailable for a bit during the meeting since Portland is on a late start day.

Ron - A few housekeeping tasks. If you address the group, make sure you're close to the interpreter and use the mic. Let's be respectful - since this topic goes very very deep. There is nothing more emotion provoking than children - we want to explore what is the best for Oregon's DHH children.

Take some breaks - everyone's bio needs are different - if you need to leave the room - we will respect everyone's needs. 10 - 10:15 and again around 11:15. Then lunch and then another break - and we finish at 3pm. If it seems a good time to take a break I will pause and then we can break there too.

Any other rules? Let's avoid talking over each other. If we have a comment raise a hand and make it obvious so as to get our visual attention, identifying ourselves for the audio recording. Identify names. This goes in the forever vault, only to be pulled out in bad moments.

Please mute when not speaking on the phone. I think we are ready to go!

Ron - Let's have more background - Laurie and Tawna and Sarah - please help us set up a little background. Personally I can add to this experience - about myself: I'm deaf in the left ear - I have hearing challenges. I have cross hearing aides. I've never been in this arena though and know little about Deaf education. I have wondered, what happens if my good ear doesn't work -

I had a lot to learn. I visited with Sharla and she filled me in on the history behind this topic. I have a lot more to learn - this is the spirit I want to enter into this piece. There are lots of life experiences we need to pull upon.

Laurie - I will explain some experiences I had. My sister went to Tucker Maxon Oral school early on. I think now she should have learned ASL earlier on. Back in the 1950's when we were growing up, she decided she wanted to go to Gallaudet College but she had to learn sign language to do so. After Tucker Maxon she attended the 7th and 8th grade with me - she was in my class, although 2 years older. Then she went to OSD to learn Sign Language.

I have also had experiences with the Chestnut Lane facility - people talk to me about things - we needed to work like crazy to have facility happen. It's a different culture in a sense. We need to address the Deaf Community's needs - the needs of the deaf - in so many areas - getting to know Chad has helped me see this. He shared with me about the inequities so we will see how this goes.

Tawna - I was asked to carry the bill. I am a sponsor and excited because as a person of color, indigenous, oppressed, and not being equal to everyone else - there are many similarities. The work I do for kids and their growing up with inequities - some kids have developmental disabilities - sometimes hearing loss - we struggle with the school system. The native populations have things of that nature. The efforts with IEPs are not strong enough - children need access to get where they need to be. This is another group of people just like me. They don't have the same access - and it's the same as POC. We need to make more efforts for these children.

Sarah - I know the concerns because of being in SPED (Special Education) for the past 5 years in Oregon. Young children who are DHH - it's been a concern. Sharla and I have worked together and advocacy groups and parents are bringing forward this issue. The idea for this bill came forward as a "home grown" bill. I was at a conference just yesterday - all across the country - many state directors also have LEAD K efforts in their state. CA has gone through this process - it's work that is also occurring in other states. If Oregon is number 2 after CA I know people will be watching our progress.

Chad - I can add some history behind this bill . I took the lead for the most part as a state lobbyist - Hands and Voices started this suggestion of this idea. We held meetings together with a variety of people with different perspectives.

We are the 4th state to have an official bill pass where this is the topic - I have worked with Adam and Tawna at the capitol - together we went through a lot - through revisions and tried hard to get it through the process - PJ and I have access to the LEAD K work at the national level called Base Camp - they have a central clearing house and all the info was shared about this effort.

If this group needs something - we can access through that location.

Beth - I wanted to add to Chad's comment - I know a group of professionals got together to draft the first version - it resulted from the CNA (Community Needs Assessment) that was done last year. We were really wanting to look at the needs the community showed they had. What we could do as educators - this is a natural area and passion for us.

Marcia - I'd like more information so I have the same base of knowledge. Someone who is familiar - can they share?

Amy - I can share - I'm not an expert, so please anyone else step in if I miss things. LEAD K is a national effort for DHH kids 0 - 8 to have the same readiness for kindergarten as their peers. These kids need language and literacy on par with typical developing peers. How do we look at language and how do families understand their choices and how do they communicate with their child and see results by the time they are in kindergarten.

How we can have regular interval meetings and see the progression of language development - We look at an assessment in kindergarten - they know colors, shapes, 5 -6 word sentences in their native language - there's lots of things - numbers, letters etc.

Beth - we also need to look in at the social emotional development of these children, ready to participate in a classroom environment. Ready to interact , understand books , know words have meaning associated, and sounds and lots of skills for kindergarten. The focus is language. We want to make sure they can express themselves and that they understand what is said or signed around them.

PJ - when a parent has a baby for the first time there is no manual for language development. Parents are bombarded with all kinds of information from medical, education - all different things and still they have to take physical care of their child. The LEAD K movement is for getting an assessment tool so parents can get information to better support their child. It's equal access to their kindergarten experience before they fall through the cracks. In the decision making time , time is also wasting away for the child sometimes.

Laurie - our first year is so important. It has long term results. The more we can learn and make sure parents have access to whatever helps they need to have.

Amy - I think also in this state and at the national level - the strong push for EHDI (Early Hearing Detection and Intervention) and identification early was our focus but we have it now - we've done a great job catching it earlier. Now we need to know if we catch them early - they need early access to language to be ready for kindergarten - or they will slip through. The families may not be catching on and giving them the needed skills. We are hoping to have more assessment regularly with families - they will be caught early and have developmental correction better this way.

PJ - related to Amy's comment - I'm concerned as a parent about mental health - I want my son to grow up as an adult able to express his wants and needs - it's impacted by a language delay. I want him to be a contributing member of society.

Ron - Am I right that we all agree that early language acquisition is important?

Marcia - yes - critical - it lays out the need for literacy development - one point I want to make sure - no matter the language modality a family chooses: TC(Total Communication) , ASL(American Sign Language), LSL - the platform is to discuss the need for development of a language system intact to enter kindergarten ready no matter the modality. This group of children we are addressing are not homogenous. There is such a variety of approaches that families may choose - we need to all reach the same end goal. Different families may chose different paths, but it's critical for them to become literate. That's a concern.

Beth - I wondered Marcia got her question about LEAD-K answered - did she?

Marcia - yes - thank you.

PJ - the concern is whether or not the assessment is accessible for children.

Eleni - When a child is transitioning from ECSE (Early Childhood Special Education) 3 - 5 - to kindergarten - there is an IEP developed and at that time they will put down the accommodations or modifications needed. We look at what assessment will be given. If a child is given interpreters etc.

We do have a lot of DHH students doing well, yet I see a large gap - those that are doing well and those who are not. Parents refusing ASL or only knowing 10 signs when their kid is using ASL - I see the gap.

Amy - in talking about the Kindergarten Readiness - we want to look at not waiting until kindergarten - we need the conversation earlier. In the state with an IFSP with 0-5 we are required to see a goal every 6 months but there are no standardized measures and it's different all over the state - some areas are not given comparisons to peers. We see goals, but we don't compare to peers. What we want - what assessment can we do every 6 months to see what needs to change. Do they need their hearing aids more? Do they need then to start signing - or other communication - having real conversations based on real data and results. Data drives things! That's what we are trying to think about through LEAD-K.

Beth - I wanted to add - when thinking about the early intervention provider and the job they have with families - going into their homes. We do want to see data - best practice - it can be really hard to be that up front with families depending on their circumstances. If we had a framework to have those difficult conversations maybe more equity will result. Some people may need more support. That framework is essential for a standardized way - that will help.

Ron - Here's what I am hearing - we need an assessment - accessible to all kids - on a regular program - so data can be collected across the board and it leads to action - some intervention.

Amy - not necessarily one - maybe a guidebook of assessments depending on the child.

Jeremy - I want to mention that key part - providing to the family. That can be the biggest struggle - the appropriate resources for that family. It's to do with their SES (Socioeconomic status) - some can access the resources and do the research much easier - compared to other families - can we provide increased access to all families?

Another challenge - those who are professional do have a linguistic bias. We need counselors who need to weigh in as well. Usually the first consult is medical - about what is the best approach - that is skewed towards a medical model. If we have a specialised group of people to help navigate this complex linguistic issue - including access to ASL early on, that would be helpful.

The average hearing child has more access to ASL than a deaf child. The doctors say, "Don't use baby signs because that will mess up their auditory neural pathways, and they will be less likely to learn speech." That tactic needs to stop.

We need to make sure parents have complete information about what's appropriate and what's possible.

PJ - my son was about 2 when he received EI services once a week. The rest with up to us to try and work with him - of course dad is Deaf. I could share my language but even I still found it hard! I can only imagine how it is with a hearing parent to suddenly have a deaf child and now thinking about EI - It is insufficient at once a week.

I personally had 3x a week EI - the services were better back then. Now there are more deaf children and less professionals in Oregon. The programs are trying their best - but if you think of hearing children all morning in preschool, but in Southern Oregon, it is 2x a week - and contact with the DHH teacher once a week.

The services to acquire language was different for me - what I did - I managed Elementary School without an interpreter because of the successful EI I had - I'm trying to do the same for my son.

Oregon is behind.

Jeremy - this maybe off the track a bit, but I was thinking about this - I'm making sure the interpreter is accurate. As a psychologist I'm very interested in the research done by Dr. Laura Ann Petitto - her research has opened the doors - groundbreaking in terms of language acquisition - the brain does not discriminate between English or ASL - it's been reversed by her research. ASL does NOT impede learning of LSL. The brain does not distinguish - that myth can go away.

Amy - to address PJ - as an EI provider in this state, I can tell you that services are different for every child depending on their level of hearing and what their families want. They want less frequent - and what we do is a coaching model. It's changed since you received services. The

teacher for DHH is supposed to give the family homework to work on - skills for the week since they spend the time with the child. I'm not saying it's perfect - I don't think it is. I do know that model of coaching - the goal is that the parent is the teacher. We want them to be strong advocates to work with their child. The teacher does have to be a good coach however.

Ron - what happens if the child is falling behind? What if the parent is not doing enough?

Amy - This results in more inequity, more delays. Upper class families have resources like counselors, and can go through their grieving process differently than those families who have lower income. Most providers are white, hearing female teachers and culturally may not understand your culture and how you think of children.

Tawna - Just a point of clarifying - cultural privilege - that access that PJ is referring to - do we know how widespread that access is across the state? Rural - it's less. The ability to have that is not there, we can talk about how that may not be true urban compared to rural. The economic status is different than the status of POC - clarifying that privilege is an economic issue. You can access what you want.

Amy - Just to ask - what would the terminology be that would be appropriate...

Tawna - It's about the culture of privilege - I know some communities have long standing ability - if you don't have that in your economic capacity - it's a different way to view it.

Beth - absolutely - an inequity between urban and rural services. DHH children are served by not a teacher of DHH - it's hard to reach all. Sometimes they are seen by an SLP or someone who may not have the culture awareness and experiences of the child. The other thing - Amy said - talking about the service providers being white, female and they tend to be hearing.

Eleni - all regional programs have teachers for the DHH 0 - 5 - it also depends on the EI ECSE program. They may have an SLP but they do have the DHH teachers. Malina sitting in the back there - she puts in 2000 miles a month - there is a shortage but they are used.

Lisa Darnold - my comment comes from ODE; in Oregon there are 8 regional programs since the 1980s - 7 are run out of ESDs (Educational Service Districts) - one is run from PPS (Portland Public Schools). Those that serve Eastern Oregon Intermountain ESD - from Pendleton east into the gorge and then high desert out of Bend - serving children and districts into the Harney county - not sure which serve Malheur - the intent of the programs is that there are consistencies throughout the state - each region has areas where options are present in the programs as they serve their students. There are concepts like "may" and "shall" in every regional program. There are teachers for the DHH serving students. We do make it a priority.

Amy - I appreciate that feedback Eleni - what we want to talk about are the inequities - like Intermountain, there may be one DHH teacher versus Portland - we have 10 EI providers. We have a higher population of families and a different level of service.

Malina - funding is based on students. Sparsely populated means less money. We don't have the money for the teacher - it comes from the regional program. Geographically we are challenged to see all kids and the IFSP is individualized. That is the way it is. All our students are seen by DHH teachers who are culturally aware, and we have a wide variety of tools in our kit. We do the best we can. We talk with others teachers of the Deaf and think we have a stellar program in comparison with other states.

Chad - 2 things - Kindergarten Readiness - last year ODE did a report and pulled the information on the children identified with hearing loss by the Code 20 on their IEP. This brought forth a lot of questions. The report seemed to imply that those children didn't meet the kindergarten readiness. That seemed skewed - who did the assessment? How were the children assessed, what interpreters were used - were EIPA qualified interpreters used? To clarify - Code 20 - that's their eligibility code for Deaf to be served in SPED. EIPA - there are also issues. Schools are hiring qualified interpreters - but the pool size of interpreters is small, pay insufficient, and when they can't find interpreters they are using "signing support" - they are less qualified and this impacts the student negatively. Again - the big picture - it's complex when we examine the students' language acquisition.

PJ - I'd like to ask Eleni, how often does the DHH child get assessed - for language acquisition? To see if they are on track - how often do teachers see if milestones are met? Is that documented?

Eleni - I think it depends on each region. Minimally it's yearly for IFSP and there are 6 months review. Obviously to get results - how they are doing, you have to have the data probes weekly, monthly to get the data. IFSP is individualised for 0-5. Then Kindergarten, it's an IEP. Our program does full scaled assessment yearly.

PJ - yearly - does that start upon identification? For example, 2 days old - hospital screening, then they get 1, 2 years - isn't that too late if not typical developing... I know they are supposed to be using a certain number of words by a certain age.

Eleni - we are tracking what language skills are - to do eligibility you do a full scaled assessment and depending on when identified, we do 3 months 6 weeks, to GET services started.

Ron - 2 more comments and then we will break.

Beth - Eleni - you talk about assessments at 3 months, 6 months, and can you talk about what assessment tools you are using?

Eleni - depends on the student - AEPS - for all our students with hearing loss - an auditory development checklist. SKIHI . if using ASL, we use the VCLS also ASL checklist. We will sometimes use the development profile free. MacArthur-Bates, if the students had additional challenges sometimes use a matrix. All teachers do that in my region.

Beth - great to hear! What's happening - what we hear as EI providers is info from parents. Will you answer the same question Malina?

Malina - we use many the same as WESD, all use the same ones, and in concert with the EI providers.

Amy - the state requires assessment every 3 years to make sure they are still eligible. I'm not sure but it could depend on the Regional program. Beginning to make a child eligible and then every 3 years. Standardized assessments are used. EI providers aren't required, only the annual, they do the AEPS - it's not a standardized assessment - it's a checklist. Looks at different skills they should have like potty training, spoon holding, walking, language and social. It's not a normed test though. It doesn't give a look at where a child SHOULD be. It says the percentage of what skills they have. That's the only requirement. My perspective - I like rules - it keeps me accountable. I know Tucker Maxon has done presentations about the assessments they do - they do every 6 months and annually and have a protocol - it's wonderful - but it's a tuition based program - i think this requirement would be good for all.

Ron - break - we will come back to the topic. I want to zero in on the need here - our challenge. PJ we will start with you. Please sign off on the sheet

Eleni - will the meeting notes be distributed?

Sharla - I will share with all here.

PJ - to continue - I wanted to add to Amy - I like rules - I like being held accountable - there has been a variable approach - different assessments, different times. If we have a system to hold all accountable, we can see what needs to be done at what age and so forth - create a better timeline to ensure children are ready for kindergarten.

Ron - there is work the be done - the challenge for us - how to we move to a level of proficiency for those who are DHH. What would nirvana look like?
What does it look like to solve the problem "best way possible"? Pie in the sky...

PJ - by 18 months the child has a vocabulary of 200 words - that means my child will be able to communicate with same age peers in the way they do.

Tawna - what would that take?

Marcia - on that note - 200 words by 18 months? ASHA says 7 months to 1 year - 1-2 words and by 2 years 2-3 word sentences. I think we need to look at normal language development.

Tawna - 18 months or whenever - what would that take? What types of intervals, education for parents, what would it take to get to those numbers?

Amy - I talk too much! I think it's good for us to have a list of typical development - most ASQ - ages and stages have a check up we can look up as well. Quick and easy from a pediatrician. I'm thinking about PJ - 200 words is receptive - they understand 200 words and they combine 2 words sentences. I see Pie in the sky,,,, ideally we start there and tick things off but I would want to know the requirements for assessment - a required set. The assessment needs to be normed and age appropriate and that info is parent friendly - we can't say every kid should be here at 18 months and your child is not - we can't force the hearing aides on and we can't force language learning, but we can start conversations and show where their child is. We can't force. Some will come into kindergarten and not be ready. We need to be in the same place and have a similar way of looking at kids.

Jeremy - I come from the Deaf perspective = born Deaf - from a hearing family. All English speakers. When mom found out, she worked hard to learn ASL and then we also had teachers for the DHH using both spoken English and ASL - looking at the research I mentioned before. There is an ideal world - doing both is ideal. Strong identification into the Deaf world, Deaf culture - all access to everything. And assistive listening devices along with ASL - there is no evidence where either harms the other. Overall - how do we choose an assessment - you can't measure a child as a whole with one. Bilingual development as a person - both spoken and signed - I think we need to look for growth in their language acquisition. Scaffolding where they go - we are building it all - the struggle is where maybe they aren't getting language input off of one or the other.

Auditory language - it's silly if left alone because - it's become like a game and these are children and we shouldn't play with this language growth - it's imperative for their success. I want to give the child everything - and then see how they grow.

Amy - we still have to remember families make choices - and it may be for a little while - and spoken language is working for their family, or choose one or the other and they don't have success - so we need to support the family in their choice. They need the education about the research yes - but ultimately they choose. We can continue to have that conversation.

Jeremy - responding - absolutely I'm sharing what would be my ideal - all options at birth.

Kelly - I had the opposite for my family Jeremy - no deaf in my family - his twin sister was not deaf - we were told right away that we should not teach him ASL because that would impede his progress. We did do some signing regardless, and I really wish now at 8 years old, we see

some of his issues, and I wish we had known some of the benefits of ASL back then. CIs are also a good option, but we weren't given the signing as an option. IFSP - IEP - throughout we did have to make a choice. They pushed us to be oral and cut out ASL and shut that down immediately. I regret that now. We are learning together now but I think if ASL was offered earlier it would have been better. Parents need to be educated on the advantages of signing as an option and the system should support that.

Beth - I want to tie in some comments together.

My ideal pie in the sky would be an assessment that will look at a growth model - rather than through deficits. One way at CRP, we start with both languages because they come as an infant - we get a sense of their visual and their auditory abilities and then provide that info to the parent. It frames the discussion as a strengths based discussion. Maybe they are meeting milestones - awesome, maybe great with visual skills - it helps us look at the child as a whole person. As Jeremy said - with both, we have the data to support that.

Starting initial assessment, do both and then it opens doors - than insisting on a choice between languages.

PJ - Responding to Kelly - when I was young - my parents were given a choice and had to pick. My mother said, "I won't!" - she wanted to provide everything. But the pressure was incredible. I was fortunate to have both - mom decided her son would have both. Kelly - she had that experience as well. I want to add for Amy - something I want as a result - we will have a standardized assessment and a way of providing information that includes the audiologist - really all professionals, so that the child has the proper assessments and no one saying "You must not use ASL" - we need all professionals on the same page.

Eleni - pie in the sky? Everyone thinks their opinions are right and we do stress both but the stress is on "you must communicate" - but it can't just be US signing with the child - it does have to be everyone to make that work. Maybe they will end up using LSL. Maybe that means we teach them ASL, and parents are there more often than we are. The goal is pie in the sky - we are neutral and we support the families. And then they need to take that charge.

Tawna - what would that take? What will it take with educational opportunities for parents, counseling, investment in parents to understand their capacity, and responsibility - how do we get to that place? Have someone skilled enough - lots of people to deal with their traumatic experience.

Some shut down - we need them to take part in the process - we aren't dealing with it. We have to figure out what work it will take to make it happen. What investment?

Ron - we do have an opportunity to see what resources we need to accomplish and move the needle in that direction.

Eleni - pie in the sky - neutral DHH teachers working with the family several times a week - access to several community members - Deaf adults - others who use ASL or don't, SLP from

the beginning, ASL Mentors, social workers - lots of families very impacted - they do everything and find resources - we owe it to them to be the best teacher and parent for their child.

Amy - pie in the sky? I'd be happy with more counselors - who are trained in grief counseling and working with families - support some social work things families need. Learning a new language - if they can't feed their family and keep lights on, it means they are thinking basic needs. Those resources would be amazing. Deaf mentor program would be amazing - meeting other deaf people. See where their child can be in the future. That's a question I get all the time. Most providers are hearing. I need that Deaf experience. I have hearing privilege and I'm not a parent and I don't have deaf children - having that connection with Hands and Voices, having newly identified children - it's a process! If the professional has experience, has counseling, or is a deaf adult - and can talk about being deaf. For them it's all new and the audiologist is saying, "Let's fix this with CIs and aides" - yes, but not only those options. What's it like to be deaf and see that. Not just fixing the ear.

Tawna - let's call this "best case scenario" - pie in the sky says we may not get there. We design programs to meet the needs of the children in the program. I am shooting for this - best case scenario.

Laurie - me too - let's not talk dollars - it is amazing what we can do - what's best interest for the child.

Beth - best case scenario - families learning ASL, and good resources for all.

PJ - yes Amy - yes - often the child is the first deaf person the parents have ever met. I have met so many deaf people who believed they would either die before adulthood because they never saw another deaf person, or they thought they would become hearing. No one looked like them!

90% of Deaf people are born to hearing parents. I'm so lucky - when I was 8, my sister was born Deaf - and I was the guinea pig - and she benefited from the experience my parents had with me.

Another point - the need for medical professionals to get on board with this bill and this assessment - they look for medical fixes first. And the rehab is first - aides and CIs - the medical professionals need to be able to address the language concern as well. If they are bound by this bill to share this info - assessing at 6 months - best case scenario is quarterly for me. Then if the parents are told by the people in the white coats the same message - we have a lot of competition between the teachers and doctors. If it's standardized then we won't have the legal issues or the competing messages.

Jeremy - providing resources for the parents is paramount. Amy - you're right - the earlier the better. Family concerns - many live in survival mode. Working 2 jobs.

Adding more activities like learning ASL may not be reality. Supporting the community - families in need - holistic approach - providing technology - learning ASL by distance is available - we have the technology - sometimes helping more financially means offering technology. Leveraging the technology would be awesome - a good opportunity and for families - English or Spanish speaking.

Malina - The House Bill is about determining assessment - I think we are covering what spurred the house bill in the first place. We need to talk about that.

Tawna - yes - we are talking about 2 different things. I know that if you assess a child - we can know what we are missing and pay attention to what the needs are. My least favorite - evidence based practice. You need a control group. So someone isn't getting something. If we have the opportunity to provide some kind of building a program or work around this situation to provide more - that would make a difference. We need to see it like any other community we serve - why not try. Address the needs of those families who don't speak the majority language and need help keeping their lights on.

Amy - also remember assessment drives goals and services. We look at doing assessments and see if we need to add more services. It's all huge. It's a big task. Lots of work! Assessments are beneficial at looking at some of the typical language trajectories - I see the assessments already for DHH - because deafness is low incidence disability. I know some are normed - VCSL from Gallaudet - normed on DHH kids accessing ASL and a typical trajectory, exposed to fluent ASL. Like we know how English is also supposed to develop. I have a list I've used. Eleni - you probably have a list. I don't know what's next. We could bring them next time - just ideas.

Ron - yes we will need to get to that. We identified 8 from CA - I just started a bit of descriptions - maybe you all have least favorites - today is the foundation. 3 more meetings after this - we need to talk about best case. If you don't understand the context that falls short. We need to explore the context - anyone?

PJ - The end result - looks like FAPE (Free and Appropriate Public Education) - "appropriate" - that word is key. Right now I feel like some DHH students are not receiving FAPE because of their language or lack thereof - that's why they are not getting the appropriate education. We hear of stories of kids passing through without getting access for education and no success academically.

End result?

Kids at grade level - both academically and both communication wise so they can benefit from what is offered. Bottom line - ready for kindergarten. Typical 5 year old conversation. Finding surprises - incidental learning. They do benefit from interpreters and teachers but the whole environment is so important- get married on the playground and that kind of thing. We take for granted.

Jeremy - adding to PJ - ideally ready for literacy and on level - that's considered from a bilingual perspective same as for monolingual students. They are picking up the incidental knowledge from overhearing adult language - and all different registers of formal, informal language. Deaf children are not getting that incidental information by overhearing ...

The assessment is not equivalent to a deaf child - it is not geared to a bilingual nature. The assessment may show the monolingual learner in their foundation of language - more than just their needs and wants. We need to work on that. I see DHH kindergartners - the teacher cannot get to the curriculum because they are introducing language from scratch and communicating through the air and then making the connection to literacy. That's why hearing kids are years ahead - they already know how to communicate and now are ready to learn from the page and conventions of written English. The Deaf kids are so far behind - but assessing with both - more than just functional needs met - that's full communication. We need them to process new information.

Eleni - one more group of children I want to address - children who are identified and the parents chose nothing - sometimes they have unilateral hearing loss and parents think they will be normal. Kindergarten - already they are behind. And then they get learning disability as a label. I do know we are focusing on DHH - yes - but the other group who fall through the cracks and parents are choosing that and how do we get the parents on board for school.

Marcia - I want to make a comment to Eleni and Jeremy - Jeremy I appreciate that need to have a complete language system intact for kindergarten - that's what we expect for children - using that standard to see the goal. That also shapes how we intervene and provide info for parents. Eleni mentioned -the children that we can't put into the same category - they have different levels of hearing loss - different communication modalities - we need to respect the family decision. Bilingual - but some families did not chose that route. We are still obligated - to show the family how their child is not at par to access the kindergarten curriculum. It can't be all this way or all that way. The options? I want the communication open to different types yet our responsibility is for children to become literate - thanks.

Malina - best case scenario - I would like the funding structure looked at - the per child amount increased. We talked about the assessment - but when you have one child in one county - the access is not the same.

Amy - Marcia - I wanted to respond about your comment regarding choice and respecting that - i agree to an extent - a big issue is that then we don't talk about them. If we only do LSL, we assume that kid will only use that option. We need to keep it open - Kelly was told to only talk to her child and she didn't hear more about ASL after that. We need both options open for conversation. Whether they chose ASL or another way with LSL, we have the conversation ongoing. Kids need the ongoing option. Age typical is fine as long as we mention it as available. I do respect families choice - that is sometimes lacking along the way.

Beth - maybe you don't know - we do a consent to evaluate form - the family needs to consent for the assessment - they can refuse to consent.

PJ - going back to the medical professional - the doctor could have the parent agree. However the child can say at 8, "I speak just fine - I don't need ASL." The child needs to be able to be included in this perspective.

Ron - let's break from lunch - I want to talk about the CA experience - it's just a reference point to learn from and then we can start seeing what is the criteria we want to select to evaluate an assessment tool. Applying our criteria - and seeing what context it will be most successful. We will break until 1pm.

Ron - ready to begin again. So Amy - you had additional thoughts at lunch

Amy - hi again - I was chatting a little about looking at best case scenario - a lot of states are adopting a language plan - you look at their communication modality and choice and have a conversation about that - It's placed on the front page of the IEP. That's wonderful if we could add to the way we do IEPs - something that could come out of this legislation.

Eleni - also through Gallaudet University - The Clerc Center has a wonderful communication sheet 0-5, it has different assessments - really nice - pretty comprehensive plan.

Ron - let's recap what we talked about this morning. Best Case Scenario - assessment should be a growth model, should be multi language based, feedback to influence the medical community and help parents understand the options. We need community support for the family - the deaf individuals - SLP, available - not just a visit but a range of options. Grief counselors for families. Medical professionals on board -
What we do need is access - could be helped with technology. I know the challenge. We talked about the need to make sure privileged, and nonprivileged can take advantage of this and not just selective children - this is an inconclusive and incomplete list but do you want to add before we move to criteria?

Laurie - workforce... if we were able to get more resources for DHH, would the workforce be difficult to fill open slots?

Eleni - you probably have more info PJ, but there is a nationwide shortage. A large group of teacher for the DHH is retiring soon - within 3 - 5- years leaving a large hole.

PJ - there are a lot of positions open. EI - well, OSD has no preschool at all. Currently I know of 2 - 3 open positions in S OR, Eastern OR in need. Discrepancy - tired teachers, trying to provide

services. I only know of 2 school psychologists in Oregon who use ASL - one in Portland and the other is Jeremy. Eleni mentioned - school counselors - not many available too. No - we don't have those resources available in education, or the mental health field. - lots of children and adults suffering in the state.

Laurie - I'm a retired nurse. We were having difficulty getting males and minorities in the nursing profession. We tried with incentives, scholarships etc. If the state were taking their needs seriously - that's what we should do statewide for DHH professionals.

Amy - how many students are graduating this year from the teacher program at WOU and what does it take to stay in Oregon? Stipend?

PJ - 7 last year. This year 6 more. Next year 14. But next year is the online program - they are from all over the NW and CA. We need more DHH adults - a larger deaf community, helps the younger population. Portland, Pendleton - doesn't matter. Parents need to know Oregon is a great place to live - raise teacher pay. Give resources to be successful in their job. They have a huge caseload. Cluster of problems.

Eleni - if you build it they will come.

Beth - it would be great to see incentive for DHH Oregon teachers.

Malina - one thing is a grow your own program. 1982 - The ESD helped me get educated. Emergency licensure - rural problem is finding people to stay there. They need a tie and then help them get the degree.

Ron - really points out it's a systemic issue - thank you - it's one thing to have money, but...

Laurie - so we have to beef up the education program - fund them

Jeremy - just to reiterate - the need for teachers in different locations - OSD is also looking for teachers. We have need of a ASL teacher, outreach - we need to expand our staff and provide to our students. We had positions turned down - we have limitations to what we can do at OSD as well. I worked in 2 other Deaf schools - they have amazing numbers of staff. Support services are plentiful there, but here we don't. My caseload is huge - so we are limited in what we can do. Increasing staff numbers would help.

PJ - Oregon is amazing - it's beautiful here. I moved here and I love it. I see people moving out to seek out opportunities for work and college. WOU has a wonderful program - and provides service to deaf adults but I know we need more. We want to give back to the community here in the state - this is a good start - services from the beginning and then advertising that Oregon is a good place to be a Deaf person.

Laurie - one main reason this passed and other bills didn't - I think with legislators, this is for children and we could latch onto this - helping every child. If this is funded and garners attention, we can expand services to the adult population and so on.

Beth - hopefully too - improving the assessment system, we can be more efficient with our dollars that way too.

PJ - also part of EI and outreach - this assessment is a big piece of that early catching - so they can have language. OSD has a policy - before age 5 they can't attend - but we know 0-5 kids need language education. We aren't allowed under 5. My son went to Phoenix day school for the Deaf - they start at age 2. 4 days a week until 4pm - we were fortunate for him. If I have a 3rd child - and if they are deaf they would go to Salem Heights - EI would not be 4 days a week.

Eleni - really developmentally for 18 months, 4 days a week wouldn't work, but we do have a social group for that age group.

Amy - the reason OSD doesn't have a program for EI - is because that regionals are in charge of that and we want our young children to be at home for that

Chad - Hearing Speech and Deafness center in Seattle - 2 programs side by side offering ASL and LSL - they have preschool starting at 2. They just recruited one of our friends from Portland to move there to direct that program. Non-profit - I'm hoping my non-profit can provide a place where young DHH can go to have access to ASL.

PJ - the EI person is from Oregon - we lost him to WA because there were not enough services here to be employed.

Amy - wanted to add that WA services - in Seattle - they don't have regional programs - they have private schools (3) offering 3 programs - different modes of communication - I worked there for 5 years. The difficulty is - the parents have a coordinator who says "You have a deaf child - LSL, ASL, or SEE and spoken - Pick one." Parents with their tiny baby chose one program - they can leave if they decide but it's different than here where here our regional programs can offer everything. There they get "stuck" and if their student has delays then they intervene. I think that there are beautiful things in Oregon - you don't need to make the one choice like there. I want to make that point - WA doesn't have everything. I know we lost Guthrie.

Jeremy - IDEA law is supposed to make sure 2 - 21 DHH kids have the appropriate education. I am still trying to learn Oregon ways. How do we explain EI for Oregon?

Eleni - ODE operates all of 0-5. Oregon is different where 0-3 is Part C - in the natural environment - home based services.

3 - still ODE on an IFSP - Part B. It's a hybrid program. 0-5 is ODE and then once in K age becomes school district responsibility. Oregon is unique. They keep 0-5 in a natural environment - and younger child focus - youth and family.

PJ - I taught ASDB in Kindergarten - they have a great organizational model and process. The state of Arizona - ASDB takes care of all DHH and Blind in the state. We have Tuscon and Phoenix - both deaf schools. Then in the rural areas - they still are in the same system. Teachers are employed by the state no matter where they are taught. All DHH children are in the same system. 1200 children. All services are standardized. School psychologists drive to the different locations, but all the DHH children have the same team of psychologists. I've never seen the regional programs like this. Budgets are all different - if you want a school psychologist - WESD has one, but they may not be loaned. If OSD had 3 audiologists - would they be loaned out? Ideally if we had a more higher level of education - like OSD/OSB monitoring all the children all over the state to benefit all kids instead of division by regions.

Ron - Let's talk about the criteria for success. What's the nature of the criteria. What makes a good assessment?

Amy - first - age appropriate.

As much as possible - normed for DHH - if a child is using spoken language, we'd want them to develop like a typical hearing child. We'd want it normed on hearing kids and then an ASL assessment normed on kids who are DHH.

Kids who are Deaf with additional disabilities - we'd want to look at the whole child, like what Jeremy said - progress - Deaf and additional - compared to themselves - progressing - many never at typical rate but with whatever language they are using.

Eleni - it's important to see normed for typical ASL development, but also look at the critical mass - normed with huge numbers - the numbers aren't there for DHH to use - norms - who are they being compared with? Identified at birth? We want typical language development - I think we need to see typical peers.

Marcia - can I share? I want to piggyback on Eleni's comment - our goal as a task force is what we can do to assess children to be ready for kindergarten - look at kids with typically developing hearing peers - with the same expectations. For language and literacy skills. I believe DHH kids can reach that target and that needs to be our goal. I know with different modalities the tools may look different but that's what we are comparing to.

Kelly - I don't want this to sound stupid, but I want parents to be able to understand it - I'm not in your world. I'm an attorney - I'm a bright person, but I had no foundation of any of these things before my son was born. I'm sure other parents would agree. It would be nice if assessments were explained and put into a friendly way.

It's frustrating as a parent - am I supposed to be worried? Excited? I never knew. If the answer is "It's complicated" I would not accept that.

Amy - remember the dr visit - the milestones - was that clear?

Kelly - generally - yes. Crawling, speaking so many words, assessments - sometimes the professionals wouldn't show me the test - I can understand a lot - but other parents need that assistance. We need the results explained clearly.

Amy - Kelly hit the nail on the head - it needs to be parent friendly. Simple. I wanted to also pick up from Eleni - she mentioned "hearing age" - when a child was identified. As a LSL - that's something important - how long they have been using their auditory skills - but I worry about putting emphasis on that since kids who are born with a different hearing level and didn't get identified, we are saying - oh ok - CI at 3 - now we expect in a year's' time you will make 1 years progress. That won't get you kindergarten ready. I know it's so important and we still need to compare - how long they have been listening, but their whole age and typical development should be the emphasis. Then we say it's okay for a 5 year age gap... some do make it up, some don't.

Marcia - I agree - we should not have complacency - but it helps parents to see the ground they need to make up. That's the critical component. I'm not stressing the hearing age, but you're right - it's attainable. For some it's not because of all the myriad of factors.

Eleni - I've given some assessments and they were in the 90th percentile with other DHH but that doesn't tell me - they are still 3 years behind. By normed - typical communication, at Kindergarten, we should look at that as the mark.

Jeremy - DHH Normed assessments - NCU professor talks about "Deaf normed" - Deafness itself is a diverse group: from Oral educational background, mode of communication, to amplification and additional disabilities - it's an incredibly diverse group so we can't pick one person and say that's the norm. This professor struggled with that concept for years. There is no DHH norm. They are updating every 3 years, but it's impossible. We compare with their hearing peers and establish that with the test developers. I think Kelly mentioned parents being overwhelmed with the reports - we try to make them accessible to laypeople. Reports will be handed off to other professionals. I give my reports to parents who may never read it. That's the million dollar question - we need to support parents to understand the assessment. That helps parents be able to ask questions. We need parents to have a neutral advocate without strong opinion on mode of communication. For the IFSP and IEP. Help them contribute to the discussion.

PJ - responding to Kelly and Jeremy. Assessment will be more powerful and data more powerful if the parents have that understanding. I want the results - We can have common understanding of language that isn't assessed - our own communication results in MORE than what the test assesses. Spoken English has probably the same issues. I need to see plain English to understand where the child's language development is and see a comparison.

Kelly - I had one more comment - I will lose you guys after this - it may not be the assessment to be changed - it may be we need better training of the assessors to give those results to parents. A parent needs to be proactive in the IEP meeting - they make decisions that they are allowed to make, the responsibility weighs on them more than any other people in the room, with imperfect understanding. And often it's because the parent doesn't understand all of the information. Better training - more meaningful to parents. One comment I wanted to make is that - PJ - it's hard to define a typical deaf person, and common social groups - I meet other parents, but finding bonds and links to others - you do always want to compare your kid to normal hearing kids - I ask that question all the time - how does my son compare to other kids? They say, "Don't worry about that." But I want him to be there. He has a twin - so there's another point of development - I have a built in comparison, but that's important - I will be on mute now.

Beth - giving parents time to digest the info is important too - timelines for services - parents need that time to talk it over - I wanted to go back to what Marcia said - the criteria needs to support our goal - I agree with that. An assessment supporting the EI standards. Head Start has a good model to see.

Amy - I have a question for Jeremy to follow up - looking at assessments normed on hearing kids. Not just language. I get this a lot - SLPs(Speech Language Pathologists) and SDs(School Districts) in Portland - they say "We will do the preschool language scale - but it's not for DHH," and they won't use it. ELL kids - we can't look and compare because it's not normed on them. But there aren't any. And you said it's too difficult to norm on DHH - how do we in this bill say we can still take that data. Districts say no - don't take that data. So...

Jeremy - yes - good question - first - I use cognitive assessments - we typically have open intelligence scale and we have subdomains - visual fluid, reasoning, crystallized intelligence, working memory, processing speed, verbal intelligence... many sub domains. That's converted to a standard score. And all those scores become the scale for the IQ. With my background, I recognize that some subdomains are not appropriate and therefore will pull the overall score down. The full scale IQ will look wrong - the verbal test would then not be a fair assessment. If put into the standard scale it's inappropriate. You have to use the nonverbal domain and then for the verbal do it with some verbal ability but not include for the IQ - it's useful, but you're looking at similarities. We are deviating from the standard - I can explain why the deaf child has a different background - I get the score but I use with great caution since there is no perfect assessment approach for DHH, for intelligence.

The SLP uses the social development measure - we've been using that for guiding their plan - academic skills etc - but as a good option we've used VCLS - it's internet based, a checklist - it's "Deaf normed," but there are still issues. Right now all of us are struggling to see a standard tool appropriate for DHH. Right now - there is no perfect one for measuring language.

PJ - preschool standard - if the child has language from birth - mild hearing loss and ASL or whatever - there is no reason why that child couldn't use that, normed for hearing?

Amy - we can use the early learning standards - my question is about if we are looking at tests normed with typically developing and hearing - how do we say that's ok?

They do that with a lot of disabilities. Down Syndrome for example - and kids who are learning multiple languages. DHH, this test is not normed - for me that doesn't matter - I still want them to have the same language level. I want to be able to say "We say in the law we can assess them this way" without getting hung up on "DHH normed." I don't want the push back.

Jeremy - the scaled scores - maybe you see a drop - you see regression, but actually what can happen is that the typically developed child is moving up every year and the DHH is smaller or showing slower progression - it makes them look like they are going backwards - it's difficult to interpret for parents. You have to ignore that scaled score and look at raw growth. That's tough for observing growth. The assessor could also not be skilled with that population.

Ron - 10 minutes, break - criteria and we will see what we need for the next meeting and vote on a chair.

Marcia Zegar - my email is kmzegar@me.com

Ron - It's not a simple checklist - I appreciate the conversation we've had.

Chad will let us know what's happened in CA - That's the start of the homework - I would add - second homework is ANY assessments - please send to Sharla - we need all gathered for the 3rd meeting - any and all assessments to evaluate.

Amy - do you want to have the protocols, a sample, a link - what do you actually want?

Ron - minimum, the protocol - and a sample if you feel it's important - if we can feel and touch it - stories of success are helpful. Context with when used - here's the thing - I don't want to ask too much so whatever you can provide, you provide.

Chad - SB 210 - the LEAD K team in CA - I emailed you all two things just now. What you see on the screen - the SB 210 language milestones - lots of info and the other will take you to a link to read more - not written by the task force, but CAD - as language samples. People who worked on that worked on the LEAD K team too. A draft of an infographic - still a rough draft. Will have 3 blocks to show a site online where every IFSP team meeting can have for the parents - basic information. RFP will be done tomorrow to see what happened with the process of SB 210.

The last year they met and developed a number of objectives - the progress so far - if you feel you want more - I can follow up with you - we are in touch with their team. CA has more progression than other states.

Amy - Chad, SB 210 is in action? DHH teacher required for assessing? Data received?

PJ - I believe so.

Ron - we will hear from CA Team members - keep it to a half hour for them to join us. It would be helpful. Anything more Chad?

I put into our notes - they looked at 8 assessments - online. I put a brief amount of info - but I put the links - you can look at them. I wanted just to start somewhere.

Amy - I have access to all these assessment - I can bring for all of us to look at. Because of copyright I cannot print or email.

Eleni - I can bring a set too so we can have a couple here to look at.

Ron - Sharla, please bring a document camera so we can project what we see. I didn't want to limit us - bring whatever tools you deem appropriate.

Eleni - another one is the AEPS - our required assessment - that's similar to the Hawaii Help - that's our ODE required assessment.

PJ - Just reading SB 210, it says exactly what we've been discussing for the last 5 hours :)

Ron - I highly recommend everyone read between now and the next meeting.
Elections of the Chair and specifics: One- the chair loses their voting ability. Two - elected officials do not vote so that they could chair - the chair also can have the discretion of hosting more meetings. The chair can influence me and what I'm facilitating. That's it!

Representative Tawna Sanchez

All in favor -

Chair can call for additional meetings, call for official votes and influence the direction the group is going on. An officiating part of the process.

PJ - I move to accept the nomination of Tawna Sanchez.

Chad - I second the motion.

Ron - All in favor show of hands - 7 have voted in favor.

Homework for next time: any assessments you want to send in. We understand and you can bring it if you can't send it. In advance - send to Sharla - she will redistribute and get it out.

Jeremy - can we send links to each other? I would prefer it so we don't break copyright laws.

Tawna - let's send them all to Sharla.

Chad - the CA LEAD -K group felt comfortable with SKI HI and we can keep that in mind. I'm not familiar with that.

PJ - Arizona also uses it as one instrument. I am familiar - I taught in Kinder and they used that in Preschool.

Eleni - we use it. We also supplement with an auditory scale. It doesn't bring the language score down for the child. We use it if appropriate for the child.

Amy - I am sending a few assessments to Sharla.

Tawna - Let's make this deadline by Friday please.

BY END OF DAY FRIDAY - SHARLA WILL RESEND OUT TO THE GROUP

PJ - I can't make a meeting here next week. I will be calling in.

Ron - we need a list before we can do an adequate job of selecting. I will push hard on the assessment - making sure we all evaluate on some criteria we agree on. We have a list started - we will solidify - think about what test the assessment has to pass before we feel comfortable.

Amy - can we create a google doc - that has some of those things. "Does this assessment have...?"

WE ALL HAVE GOOGLE DOCS ACCESS

Marcia - quick question - I know we threw a lot of terms around for diagnostics - we focus on language or pre literacy skills? Emergent literacy...

PJ - my answer is yes - reading literacy is part of language. We need kids kindergarten ready - almost all of the concepts are important - social stories, social skills, etc

Amy - that K readiness is an assessment for teachers to drive their instruction for that individual child - it's where that child is at starting kindergarten but I'm not sure - we can look at it. I've only seen the results.

We need to think about cognitive skills. CA didn't do that. Do we want to see the cognitive testing for children?

Eleni - can we look at the K readiness assessment? Can ODE tell us about that? Are we bound by a fiscal impact?

Laurie - there will be a cost - we need to work like the dickens to ensure we can meet that.

Ron - pick the right one and assess what that cost is - if it's prohibitive, then plan B

Eleni - I know the regional programs and OSD are impacted by budget - we were flat funded so additional funds may be necessary to discuss.

Jeremy - we are narrowing down the criteria as a statewide use of say 4 assessments - the ASL assessments are still new. I am sure there will be newer assessments coming out - are we bound to this list? Will that limit us? As new assessments become available what will we do?

Laurie - I would hope this group, under the direction of ODE - if there are better assessments, we reconvene - I'm not sure.

Tawna - I would think that we would not necessarily be prescriptive - maybe not name one, but provide a budget and here is a list - granting a little latitude to change and shift in the future.

Eleni - I know there was one assessment and then the AEPS - we could say "right now these are the assessments" and then re-assess every 2 years - something like that.

Ron - how do you feel at the end of the first day - thumbs up - have we missed anything today?

Jeremy - it would have been nice if we had looked at the SB 210 earlier, but I appreciated the process today.

Tawna - are there other states where they are using things we should read and be aware of?

Chad - 8 states attempted to pass a LEAD K-like bill - 7 were unable to. We will see 20 states next year - the efforts are ramping up - we are looking at CA now. We are seeing Kansas too - not as convincing and other states are watching us. I was asked to present in another state and at the national conference next year. We need to be aware that the opponents to LEAD-K, like AG Bell association, are working on an opposing bill and including it in their marketing materials. It could lead to a great deal of confusion. I think we need to think about Oregon and focus and see what our issues are - language deprivation for DHH children is the issue here.

Amy - I think often we have conversations and there are 2 different camps - LSL and AG Bell, and ASL/Gallaudet. I think we've done a good job to avoid that here and we have representation from families and their education perspective is LSL - I know national stuff is important - but we are here in Oregon and we don't have to engage in that conflict and we can stay strong and be inclusive.

Marcia - I would also like to say we can keep our conversation diverse and not one camp against the other - we are not all homogenous and we don't respond to just one methodology - it's the common good for children that binds us.

PJ - one idea - we can look at the Rhode Island Bill and see why that bill failed in particular. They proposed a bill like Amy said - there are 2 camps fighting each other and being more neutral here allows us to have more faith in the bill happening. RI could be educational.

Amy - I know CA was late but they came to the table together LSL, and ASL, and there was a consensus and people made concessions. We can do that better than our federal government perhaps.

Ron - I will call it - the end of the day - please do your homework. Any links send to Sharla and criteria for assessments - Sharla will make that google doc for us. We will go through these notes and start the next session.

Meeting adjourned (approximately 3pm)