

## **HB 3412 Meeting Notes 12/7/17**

### Roll Call

Ron Sarazin  
Sharla Jones  
Chad Ludwig  
Eleni Boston  
Rep. Tawna Sanchez  
Lisa Darnold  
Patrick Graham  
Beth Shuler-Krause  
Karen Brush  
Jeremy Saling  
Kelly Farrell-Oliverson

In the audience - Malina Lindell  
On the phone - Kristy Karsten  
Marcia Zegar  
Laurie Harrison  
Amy Kyler-Yano

**Ron** - Did you all get my agenda? I want to go over that and talk about how we want to approach it and timing issues.

We did talk about that report and the audience and the frequency.

Language development milestones - and what the alternatives would be.

Procedures and methods to make it work - identified to feel sure.

Marcia - we want to pay attention to the issues you raised.

And then a formal vote - Tawna has to depart around 2pm. We need to do that before 2pm before we lose our chair. If we need more time we may shorten lunch to get through. We don't want to sacrifice conversation and decide before we lose our chair.

**Chad** - I wanted to give everyone an update. The LEAD K folks in CA - their candyland map - they sent me the same graphic. They said that it's still a draft and haven't shared it with the public. They didn't want to give me more. They wanted us to hold off - we can see the best we can do with it.

**Beth** - I was thinking if we identify what the milestones are, we have fulfilled our obligation and we can put it into a final draft form at a later date.

**Eleni** - I second that - we can make recommendations for a website, or draft something for the graphics - it shows the legislature there is further work to be done.

**Ron** - Sharla can write in the report that there is a need for further work. Introductions all around.

**Ron** - Eleni - you got elected to present some information to us this morning.

**Eleni** - Some of you asked to see what an IFSP looks like and what information the AEPS gives us that the state collects. SO - the first several pages are a blank copy of an IFSP - it's similar to an IEP, but more focused on the family. First page is a summary of services. And non - EI services; if a child is going to OHSU getting his CI mapped, we put that there. And other things - to look at the whole child. Then the signature page, then the health status, hearing status, vision status, present levels of development - 7 areas are all listed out.

"Needs to learn" is what we develop our goals and objectives from. 3-5 is the Early Childhood accommodation and modifications.

Goals and objectives - needs to learn - those need to be developed. The next page is the transition page - 0-2 - what is the process transitioning to what year the child is turning 3. ECSE - 5 going into kindergarten. Steps are listed for the parent. Even registration to the school and an IEP development plan.

Family outcomes - goals the family would like, what they are interested in. Families want to make sure kids are meeting milestones for kindergarten. Maybe ASL goals, keeping the darn hearing aids on...and we list what the provider can do to support the family.

Then placement is discussed just like the IEP - list various options. What are the benefits - but in fed regs we also have to mention - and I don't like this phrasing: possible harmful effects, aids, services - and the reason why you selected or rejected each option.

Then what we are required to use annually on every student - fine motor, gross motor, adaptive, cognitive, social... we input the data - the assessment is given by the parent. It's ongoing.

And then at each annual IEP you can print out the graph. Fine motor - it was done Sept 2013 then the next years, then the next - it sees the percentage of progress and development.

**Patrick** - Is AEPS the only eval done for the IFSP?

**Eleni** - This is the only data recorded statewide on an annual basis. We put others in the progress summary. On the sheet with the goals, you can go in and put your progress. The IFSP - you can print that from the last and show the progress on the goals and objectives. The AEPS is what they aggregate to show progress.

So this is an analysis of an entry and exit test - at the state level. - I'm just seeing this this morning. They are using EI and ECSE programs - (Lisa - July 2016 to July 2017) Scores and then the info on the report card.

**Lisa** - We will put in the google docs.

**Eleni** - On the report card - what every program needs to do - as a report to the state. This year the focus indicators we examined were social emotional skills. (A3) it was aggregated and

showed the state target. You can see the stats - we were well within the target for that indicator - students were functioning within age appropriate ranges.

Also they are reported to each individual program - how they met the state target scores. There are correction plans for the program, and they send that into the state to show a plan on how they will meet the targets.

**Patrick** - My question is - is the reporting data based on only the AEPS? Is that really complete? I am thinking of Maslow's hierarchy of needs, but what does *social emotional health* mean and whose standards are we measuring?

**Eleni** - It's field tested, nationwide - specific milestones. I showed it's very sequential. Students will come in pretty low because they are eligible for services, and we work on those skills. This is the only assessment sent to the state. We determine through additional assessment as well.

**Patrick** - My concern is that the AEPS is not normed for DHH children - we have the opportunity for changing this system.

**Eleni** - I wanted to show you what the state does already and what we will do with the data we collect. It's effective because it shows data at the child level, the program level and seeing it at the state level. The state says "Here are your scores, now what are you going to do with it?" And we said we didn't want to norm on DHH because the stats would be so wonky. If we want DHH kids at typical levels and those with special needs where are they functioning. I think it's nice in EC WEB.

**Kelly** - Is the AEPS given to all students? Or only those on IEPs?

**Eleni** - All children who are eligible for any services in EI ECSE.

**Kelly** - Normed against all children in the state?

**Eleni** - Across the nation for all typical children.

**Beth** - It's standardized - it's not normed. It's not saying 20% of 3 year 2 month old will have this skill by this date. You can track milestones over a year or 2 or 3 year period.

**Eleni** - What this has done - and I marvel at statisticians - they take all that data and break it out by disability, and other factors. They have breakdowns for eligibility, DHH, total count, percentage on the social emotional scales. - they are able to see the nitty gritty. When we are looking at assessments we mandate - that is the kind of info we want to pull out - no sense collecting without doing something with it.

And then someone asked about - when someone is referred, they have an evaluation - either with a team or a specialist. The eval report is written, talked about the referral, gives the hearing status, and any additional info - language and culture considerations and then normed results

and measurements. They have used the SKI HI, the DAISY, Y, the BAILEY and the AEPS and then signed off. This one is a child who is 3-5. (Eleni brought a sample)

They used SKI HI, a speech and language sample, the PLS 5 and the AEPS - all is put into the IFSP. Recommendations, and then we then we see if the child meets eligibility for services.

**Patrick** - What I'm hearing you say is that there are providers who are already doing these evaluations - that's good - we aren't changing a lot for them. We want that to be standard practice across the state.

**Eleni** - Yes - I've used the SKI HI and the CASLLS and also we use different assessments. Best practice is to use AEPS for a baseline and monitor progress. AEPS is the one consistent thing in EI and ECSE.

**Beth** - Yes - I wanted to add Patrick, the other thing with this task force is to increase data so we can monitor how DHH kids have potential for language deprivation needs.

**Patrick** - Agreed Beth. I. In the last 4 years I've seen some kids have moved around the state CO to other areas - if all IFSPs look the same with do additional testing, this could be required for all and then it doesn't matter if they move; All assessments would be consistent.

**Eleni** - So in some places they will do the unit, age interval - you can put that in there - and in that unit what are their strengths.

Other questions? Really EI ECSE - the programs are doing a good job collecting data. AEPS is one tool and no matter where they go in the state they are using this.

**Karen** - Is there a way we can see this data? Statewide??

**Eleni** - It's public report card information to all programs. They put it on the websites and send the information home with all children.

**Karen** - When is that report released??

**Lisa** - First week of April.

**Ron** - Other questions?? Any questions on the phone??

**Marcia** - In regards to systems currently in place and with the limited info we have - this tracking system is relatively short term, this will impact all students in the state. This level of research is critical for us to analyze when we make decisions for DHH - not just Deaf but HH - I want the community to have extended conversations on this and Oregon's EHDI screening - follow up - what's been the impact on this state, what areas we need to improve based on that information. I appreciate that kind of data and we need more to be thoughtful in this process. CA has demonstrated the need for time to determine what is most appropriate for children.

**Jeremy** - Eleni - you talked about the AEPS which is not normed. The achievement levels are based on mastery of specific skills. Is it compared to similar aged children? I, I like the concept of being normed data so you can get a percentile for that student. It's compared to similar children - it's beneficial. Does AEPS do that? etc?

**Eleni** - There is a way to get it. It's used mostly for progress.

**Beth** - Comparison charts or norming - the milestones are based on typical child development but no way to see the data like Eleni showed - is it more progress, less progress - you are trying to get more data like a normed assessment.

**Patrick** - I have a question for both of you. I have never given a AEPS - there is a social communication measure, but what I understand about CASLLS and VCSL - these are deeper assessments regarding language. It's more about subjective verb and understanding adding adjectives to sentences.

**Eleni** - It's not as detailed as CASLLS. - It's thick though and does some detail. I want to say also on EHDI - they track how many failed newborn, how many loss to follow up - that is EHDI.

**Beth** - AEPS - there is a focus on social, but does address some language. One problem I had was was it was based on spoken language. And you have to say ""not applicable"" and adjust the scoring if the child is using ASL, even though it's not appropriate. Like using "ing" at the end of the word - you remove that. This is where when using CASLLS, VCSL and SKI HI - we will get true data on what DHH kids are doing.

**Eleni** - I will score "yes" if they use the ASL marker for "ing" but you do report. I don't think we need to discuss the option whether we use it or not. It's a state mandate. What we do know, we need additional data gathered on DHH. children.

**Kelly** - I have a question about VCSL, CASLLS - SKI HI - Do they do the same for social skills that AEPS does? Some children may have additional challenges. Those of us who have normal DHH kids, that social emotional part is so important and impacts their development of language. Most of our IEP is based on social emotional. It's a lot of that. I know our focus is more on language but I do think that is impacted by social and emotional development. Now that we are choosing, do they?

**Eleni** - AEPS does. I would look at another scale if the kids are having problems in that area. Sometimes with the cognitive piece with AEPS - this is language, language, language; I go to the IFSP and if it says "needs to learn" I will say "cognitive delays due to language" and include them in the language piece.

**Kelly** - So, in our work - it won't replace the AEPS?.

**Eleni** - No we don't replace. We still need to do it. It's added on.

**Patrick** - The SKI HI does measure social emotional stuff.?

**Eleni** - Some - it's purely looking at language.

**Karen** - I'm excited - looking at the data of the AEPS across the state. I see the link for that. I see it's very broad information. And lacking details. How applicable that would be to make decisions on where to go with that?road.?

**Eleni** -The program level gets more info information - that's the overall program that we need to work on. The AEPS gives info to the families, and at the program level does more. Statewide is at the program level. Us at this committee - we wouldn't be addressing it, but we can keep in mind how we want the info to be shared.

**Patrick** - Linking to our next discussion, will it be possible to pull the AEPS info and match with the CASLLS and VCSL and SKI HI to be matched and have all the data in one place? Can we pull from the AEPS specific to the DHH population?

**Eleni** - We can recommend in the report but I would recommend putting everything in the EC WEB - they are doing it and it works - it's a system and a pool that just might be easier to have everything in one spot.

**Jeremy** - Karen just mentioned - looking at the public information - that's data that could be broken down - based on disability or district info - I don't want it too confusing. It's convoluted - how do we make it more accessible?

**Eleni** - That's a recommendation. On a website, or every individual program gets it, then the recommendations come from that.

**Beth** - I was going to say the same thing.

**Patrick** - I think maybe we can discuss about where we will have that data.

**Lisa** - The SPED report cards are distributed for school age and ECSE programs. The info put into the report cards is the info the state is also required to report to OSEP at the federal level. We mirror that. That's why the specific data at the state level is as it is.

**Ron** - Patrick, you suggested we focus on where the data will go. You have several suggestions about where it should go.

**Patrick** - That's one good thing about my job - i can see schools across the nation and see how people are running their systems all over the nation. Arizona and Washington have done more of an agency type of system for deaf education. They have, at the state level, a place to collect data and all info is gathered and available in one area. Oregon has a large homeless population

and DHH kids do disappear and reappear in another area. My recommendation is the WA model. CDHL - Center for Deafness and Hearing loss... I'm thinking could we have an area or center for deafness and hearing loss as a place to house all the info in one area. OSD is one potential for that - in the past they did serve all the children in the state. Back in 1975 - that changed quite a bit. But we are seeing more and more DHH children - not all kids need to necessarily go back to OSD, but we need to know where they are as they grow up, knowing more about these children.

**Eleni** - That's a real systems change and more long term than we will be able to accomplish here. My recommendation is EC WEB and at the state level gathering this data.

**Lisa** - I agree. The confidentiality is important. No other parents get information for other children other than for their own. We have to be careful in identifying specific children. Overall EC WEB is the system we use to collect data. School age data is not collected in that way. That's why at the school age level, I am more familiar with that.

**Eleni** - It's a comprehensive system tracking referrals; every EI ECSE program has all students in there. It has all the inactive students, loss to follow up, all forms for IFSP, all data collection, progress monitoring, all kindergarten kids - it's massive. It connects all programs together. We have one student move and we send an email, open the gates and we get all info on the kid in a matter of minutes. There are different levels of access. Admin has comprehensive access. Teachers have access to forms.

**Patrick** - State agencies have to maintain confidentiality. If OSD became the state agency - we have the regional teams meeting with them at OSD, we also have a high need for teachers, audiologists, and specialists - all broken down to the various areas. If we kept data from EHDI there too - and from this bill all the data would make a greater impact for DHH kids.

**Karen** - An umbrella framework would be helpful. I understand systematic changes take time, but we can evaluate where we are weak now. If we communicate better with each other, to see resources we need based on that evidence, using an umbrella organization. I understand not having identifying info, but for teachers and admin, we need to know where things are working and not working - the health of our future DHH adults rely on our work. By the time they graduate from HS, it's too late to be helpful.

**Eleni** - One thing I think is important is that we have the data and then the support behind it to make changes. We can see where the weak areas are and improvements to be made, but by having it at the state level, others can participate - ODE says "You need to be doing this and add on this..." when we are responsive for the progress or lack of, we have to answer to the state and say "This is what we will be doing to improve." A lot of students are not just DHH, they have lots of other issues and how will we meet their needs? If we respond to the data - that is important coming from the ODE. Other states don't have regional programs. This is a larger conversation that what we can do here.

**Beth** - We should focus on where we want the data to go. It's a big goal and we can make note in the document that this is something people are interested in. I want to go back into EC WEB and compare - a nice example is like an online medical record. You can visit the info again - all the clinics have access. EC WEB works the same way. The child as a whole - all right there in one spot. As an EI provider it's the tool we use. That's what I am doing, I sit on EC WEB updating information and using it as a portal to get info to the state makes a lot of sense.

**Ron** - It's real time right? On a 12 month cycle - aggregated - am I hearing you right?

**Patrick** - i have 2 responses. EC WEB sounds great - but there's no reason why OSD can't do that as well. In Arizona, ASDB has regional programs under one state agency - they also provide all audiology services. Karen - yes - it would be great to have an umbrella system but we could be the button to open the umbrella and lead positive change for DHH kids in our state. That starts with keeping all the data in one location now. 5 - 6 years down the road we can see standardized testing for DHH children.

**Karen** - I don't have access to EC WEB. If we decide to go with it. And assessing 0-8 - that may not work unless we change the age cap.

**Beth** - I thought we decided that the assessment task force would address 0-5 versus school age. In that case EC WEB is a tool for 0-5. I think that would work.

**Eleni** - The other thing - everything we do has a cost factor. EC WEB is already used and it would cost more to set up a whole new system.

**Marcia** - in regards to that - i do feel strongly that the data source needs to be in the state - they are making the mandates and I do have great concern for the fact that children with hearing loss may have other disabilities. We need to stay with the state.

**Lisa** - I totally agree about the data at the state level - ODE Contracts with EC Cares used for EI and ECSE. At the school level, we have a manager and data team that provides the same services. That is organized via the state.

**Jeremy** - Just listening to the discussion - Can the state hold the regional programs responsible? Can we put the data in a centralized location and keep track of how the regions are performing? Who is responsible for providing the children what they need?

**Lisa** - The SDs for school age children are the providers responsible for students on IEPs. For ECSE and EI - the state is responsible for those children. That's why the regional programs were developed as a way to support SDs in providing SDI for children who have low incidence disabilities and DHH are in that category. For OSD children and the regional areas, the SD is still responsible for their success - the state does aggregate that info. There are ECSE report cards too.

**Jeremy** - Say I'm a new parent - I have a newborn DHH baby. I may look upon which region has been very successful in deaf education - comparatively with other disabilities. As a parent I want to make the best decision for my child. And where parents would look for which is the best placement for my child.

**Lisa** - I totally understand that. If a child is born with a hearing loss, the medical service provider gives parents info about the ECSE program in their area. Regionally based - like with SDs based on where a person lives. That's the program they work with. If they find that they aren't satisfied - I look to eleni to answer that question - do they get approval to attend other programming - it's the same as ECSE providers. Eleni can answer if parents are able to attend a different ECSE program.

**Eleni** - Each one is responsible for a number of counties. 0-2 is in the home - Guide By Your Side, and deaf adults mentors, and families and children who are more HH - it's networking and working together. They also are open to accepting for not accepting services - we go to them. ESCE families can chose to continue at home. If someone in Salem works in Albany and we do have interagency agreements.

**Ron** - Could the data be aggregated to a region. Can we require that?

**Lisa** - There can be a bill passed and ODE would provide that.

**Jeremy** - I want to share some comments - we are proposing to the legislature that they study which place would be best for sorting and managing that data. I'm not convinced the current system is the best way. Perhaps we can propose they look into that and collect data from stakeholders and then provide 2 - 3 sessions later - new funding. It's one way to make it happen.

**Patrick** - I agree. I want to make sure we are thinking about the children's language. It's a low incidence group but high impact when discussing language. Having said that - as Kelly said - we need to focus on the social and emotional piece. Sharla and I established a Deaf Awareness Day a few years ago - a small number of students from all over the state come to that. Many students are very isolated - they don't realized there are others like them in the state - meeting these milestones can get them on the right track as to long term helping DHH children feel they belong.

A centralized location would help, then we can get the message out about statewide events, reaching all of our DHH students from all regional programs. Some programs have said they can't leave their academic environment for the day, however events like Deaf Awareness Day could impact them positively on their cultural development. It's well worth it.

Only 300 students were there at the event. 700 students didn't benefit from knowing they have a community.

**Laurie** - A centralized location - I can make a request to legislative fiscal to figure out the cost to ODE and what private entity you would want. It would be nice to have that taken care of before the bill is drafted. That's my 2 cents.

**Ron** - Okay - we still have lots to cover - let's narrow down our focus.

**Eleni** - I'm looking at "E" - to make sure adequately addressing the DHH language - to me that reads ODE.

**Ron** - I think yes we can recommend more, but if we initially put the data in EC WEB at least it's a system in place.

**Tawna** - If I was the parent Jeremy referred to, I wouldn't know about EC WEB - that may be a secondary or third place I look. I need it logical for parents to figure this out. It's not about us. It's about the parents who have a baby with a hearing loss.

**Chad** - I agree with you. Setting up funding like the senator stated, we need to see budget impact, yes, and there are already too many schools out there unaware about the importance of ASL access classrooms, and about the Deaf school as an option. Some may be worried about losing their funding for that SPED student if they choose something else. It's morally wrong - all parents need access to all options.

**Beth** - I think we are getting sidetracked - of course we want to solve all problems in Deaf ed. If we focus on the data and increased accountability. I hear you Jeremy about parents having access. My daughter is going to kindergarten - my husband and I are already thinking about moving to another SD. Working within the systems in place will get us there faster. In a couple legislative sessions, we can see if it's not working  
We need specifics to be more accountable.

**Patrick** - When parents find out their child is DHH, they commonly google "Deaf in Oregon" - nothing for parents. Third is OSD - that's the first 3 sources parents may have. OSD is often a last resort for parents. I am a father of 2 deaf - if I had a newborn there is no EI services there at OSD, so there is more searching.

**Eleni** - If they are in the hospital, they are given brochures right away - I can't tell you how many families don't read the material though - they are experiencing grief and it's hard to hook them up with all the resources in the state.

**Beth** - I think it's unrelated but in the room people are feeling sensitive at the transition to kindergarten; the district doesn't put OSD on the placement page as an option. Same with ECSE, it's not mentioned in the IFSP because the SD doesn't feel like it's appropriate. We think all parents should have all options presented - that's what I'm hearing. I hope ODE is hearing it - it needs to change, but we aren't on topic to be addressing it right now. I want to focus on the data and get back to that.

**Ron** - I would like to second that. The notes will stand on their own - we need to make sure it's a topic for future efforts.

**Chad** - My comment at the beginning went off a little bit. But experts tend to say "your child failed their hearing test" and the parents focus on their grief within this medical model - we need to start there and approach the parents there. There needs to be sensitivity training for the medical professionals.

**Patrick** - Yes - hospitals need sensitivity training to say "Your child has different hearing levels."

**Chad** - It derails the parent from developing the language development for their child. Neutrality is not there from the get go. It's biased from the moment the child is born - the data will offer support for the whole process. We need a neutral party running it, someone who is an expert in this community. I think we need to set up a fiscal impact study to see this phenomena and it will support each other.

**Ron** - We can recommend we look for a neutral central party to address some of these issues.

**Patrick** - It's easier if we write them down on the board - Chad's suggestions - keeping the data at ODE until the fiscal impact study is completed and we can see what would be best suited.

**Ron** - EC WEB is what you are implying?

The data goes to EC WEB and we recommend a future study to address some of the issues we are talking about.

**Chad** - Yes - I would require that - I don't want it optional. I want to see it happen within the next 2 years.

(Tawna is nodding)

**Eleni** - I think we are limiting it. What about overall deaf services in Oregon? We need to decide the mandates on this bill.

**Patrick** - So let's word it: I make a motion that all DHH data will be kept at ODE while the legislature does a study to see if OSD is the more appropriate place to keep the data. Now let's open it up for discussion.

**Lisa** - I want to make sure you understand that OSD and ODE is one. I want to make sure that's clear.

**Patrick** - I want to figure that out - OSD works with ODE, yet doesn't manage students other than OSD's.

**Eleni** - Isn't OSD's info given to ODE?

**Sharla** - Yes

**Ron** - Restated: I think if we opened it up and said “study of a neutral spot”

**Chad** - I like Patrick’s motion - a study to formulate a centralized government agency to better serve DHH children. If the study shows the best place to house the info is at OSD, then so be it.

**Patrick** - I like the way it’s worded now. All data regarding DHH and children who have special needs centralized in a government agency.

**Chad** - Discussion closed, let's vote.

**Ron** - Those in favor?

**Marcia** - Nay

**Kristy Karsten** - (on the phone) I’m having a hard time hearing the conversation...

**Beth** - Are you asking for voting members to weigh in?

**Patrick** - All data serving DHH children which includes those with special needs, will be collected and stored in a centralized agency that serves DHH children. A 2 -3 year study by the legislature to see where is the most appropriate place. Right now kept with ODE.

**Lisa** - Question for Patrick - would you clarify “including those with special needs”?

**Patrick** - DHH who have Ushers Syndrome, who may have CHARGE syndrome, who may have learning difficulties. The assessments done for special needs are included so we can serve the DHH plus population with better services.

**Karen** - DHH will automatically be included by code 20 from the IEP.

**Marcia** - Am I understanding this correctly? All children no matter how many disabilities they may have, to be included in the code 20, housed in ODE - that data is now to be housed in OSD?

**Lisa** - It is housed at ODE for now and a study be done to see if whether it continues, or a centralized agency to house and aggregate the data.

**Marcia** - Thanks for that.

**Amy** - I have a question - is this part of the legislative task force duty - or is this a separate recommendation?

**Ron** - The later - it's a strong recommendation to be included in the report.

**Amy** - Thanks - I'm not sure I feel super comfortable making that recommendation - I would vote nay or we are back at discussion.

**Ron** - One more comment from Karen.

**Karen** - I'm looking at the bill - (D) it says making available to all stakeholders - a place where they can be accessed. And (E) - reporting requirements to make sure the rules are adequately addressed for DHH children. We do need a centralized location for all stakeholders.

**Patrick** - Can we state it?

**Beth** - I am listening and I think it's referring to ODE - we aren't creating a department. It's a requirement for ODE and then we can address how we want them to post the info and it's accessible and we could add a request in the report that says the task force feels a centralized location depending on a long term study - I believe the ODE is the department.

**Tawna** - Those 2 pieces that Karen read are not mutually exclusive. My initial interpretation - I am learning what is legislative intent. It may have said "department" or "this department," but the prior one made it clear. As a person of color, there are deficits in the system - when you are a minority people, the majority doesn't look at you because you aren't important enough. We are looking at creating and expanding a more accessible system. It could be something new, expanding capacity. I wanted to say "accessible". I believe that the wording would be fine - I want to add in a different section - in or out or change - I don't want to change the whole thing if we have to do it piecemeal.

**Ron** - Last comment Patrick - then let's call for a vote

**Patrick** - I wanted to restate again - or is that beating a dead horse?

**Ron** - If you understand the intent, we may not establish the language.

**Chad** - I am ready to vote

**Tawna** - I want to call a vote for this piece - voting members please.  
(in the room, hands are raised)

**Marcia** - (on phone) I vote nay.

**Amy** - (on phone) I vote yes.

**Ron** - It passes. Beth - you brought up frequency and aggregation. Do you have recommendations?

**Beth** - When we talk about frequency we mean how often info is given to ODE?  
I think we talked about an annual report - that would be great and I would like it mid year to use that info in the following academic year. Mid calendar year.

**Patrick** - I think 2x a year.

**Eleni** - I would like to see annual. I think we can submit more frequently but report annually so that programs are responding to state procedures - when is that Lisa? SPR&I?

**Lisa** - There are different data reporting dates required.

**Eleni** - AEPS has an annual submission - ODE takes all of that and puts it out for programs to do their SPR&I. I would like to correspond to those dates.

**Jeremy** - I agree somewhat. When exactly are the tests administered? I think the assessments are done 6 months and the provider writes up the report and then given to ODE annually.

**Patrick** - I agree with Jeremy - the testing itself can be given with more frequency, done twice a year and then reported annually. September and May - you could see the progress of the child - and then they start again September - you may see delays at that point. ESY in preschool is also noted.

**Beth** - In EI ECSE we don't use an academic calendar year. We follow the date the child entered services. Sometimes it's on their birthday and I'm not sure how to make that mesh with what Patrick is saying. The assessments should be done and reported every 6 months and then aggregated on an annual basis.

**Eleni** - I feel ok about assessing every 6 months, but reporting should be on an annual basis. If it's ECSE you can use that data for ESY, and then aggregate annually.

**Patrick** - I am making a motion. The assessments will be conducted every 6 months, with annual reporting submitted to the state at the end of the reporting year.

**Malina** - Because we haven't chosen our assessments yet - we are putting the cart before the horse. We need to retain fidelity with our assessments.

**Ron** - Patrick you were starting to go down that road. What we talked about last time, was requiring SKI HI and VCSL and CASLLS. I recommend we go ahead on a formal vote on that.

**Patrick** - Last time we met we voted on that - informally. Now I move to adopt all 3 assessments VCSL, CASLLS, and SKIHI for the assessment of all DHH 0-5 children in the state of Oregon.

**Tawna** - I missed the last meeting, so I need to be more clear about what that means. Those 3 assessments - you are all good with them. Can you do 6 months testing and are they - this is not what CA recommended? And are there specific things within these assessments different or unique? Varied populations within the community? Is there a way to - comparing apples to apples - there are different kinds of apples!

**Beth** - We decided informally we would do 3 assessments - giving 3 for all children so it is equitable and the same info is gathered on all children. These assessments are quick and observation based so they are not labor intensive. And this way we are making sure they don't fall through the cracks because we are assessing everything and no bias on a provider choosing one modality over another - thinking about what the child may do in the future.

**Tawna** - Follow up question. Have we done a cost analysis in terms of effectiveness?

**Eleni** - There will be training needed and the cost of the assessment itself. VCCL - not all providers can administer it so we would have to hire additional folks. My caveat was "And, and, and or And/Or".

For me to feel comfortable, some parameters need to be put in for the VCCL - if I am giving this for 2 years and there is no growth in their ASL skills or visual language skills because they aren't using ASL - it will only show no progression. And how will it look if they do well on the CASLLS and not on the VCCL? CASLLS is not easy to administer so to say all 3 are quick - VCCL and CASLLS take longer than the SKI HI.

**Beth** - Eleni is better to speak to costs, but I know a lot of providers are doing it now, but not in a standardized way. Some costs - we aren't taking assessments people have never used before and the WHO can administer - of course this is worth mentioning, but a required cost because we need to assess ASL skills by someone who is skilled. I think we need to consider best practice there. Furthermore, I think that I agree with Eleni - somewhere to mark when that data is aggregated we can see the reason for lack of progress is due to that - it's about reporting.

**Tawna** - Thanks. I will call the vote for requiring all 3 assessments. All in favor? (Hands raised in the room) Any opposed?  
People on the phone?

**Marcia** - I am hesitant to provide a vote for aspects of this proposal in terms of costs and personnel from the impact of this recommendation - I will vote nay.

**Amy** - I vote yes.

**Karen** - I support all the assessments but I am also wondering are we able to access the data for all 3 assessments - if I can access it and the parents can, for all 3... yes - I support. I want the bigger picture.

**Tawna** - The motion passes. I know about the cost - there is nothing wrong with asking for something in an underfunded situation. We shoot for the moon - but don't think for a minute we should not ask for money - we should have been spending it on this a long time ago.

**Eleni** - Parents are always given assessment results. They know where their child is.

**Karen** - I'm talking about a parent giving birth - accessing info about the programs etc.

**Patrick** - I want to try another motion. I move to assess the DHH child every 6 months and report submitted to ODE annually. (Chad seconds. Beth thirds.)

**Tawna** - Calling for the vote on the requirements for reporting - all in favor of the proposal - it's unanimous in the room. Folks on the phone?

**Amy**- Yes.

**Marcia** - Once again I'm feeling like i'm placing a vote with limited data on finance, on data and personnel and implications with EI services already given, replacing testing with intervening. I am voting nay.

**Amy** - Marica - I think that it's one thing to make a recommendation to legislature - and another of what will happen exactly. They will look at cost analysis - I hope that that's helpful for you.

**Marcia** - Specifically because of that fact that that's discussed. As a member that was chosen as a committee member, that they be recorded with this opinion.

**Tawna** - The motion passes.

**Ron** - 10 minutes for a break and then we will start back up. 11:40.

We are now talking about the milestones. We can open for any comments - Beth?

(Ron reads the milestones Birth to one year, one to two years, two to three years, three to four years, four to five years, directly from Senate Bill 210 from California)

## **The First Year**

During their 1st year, babies are watching, learning, and soaking up the language around them. Even though babies don't always speak or sign too much during this first year, babies are absorbing all those words you sign or say to them, so be sure to talk and sign to your baby all the time!

### **0–3 months**

- Your baby looks around and is attentive to people's faces.
- Your baby smiles when they see you.

- Your baby shows awareness of the environment.
- Your baby recognizes and responds to a person's voice or to movement or light.

### **4–6 months**

- Your baby begins to babble with hands and/or voice. Your baby may use babbling to get your attention.
- Your baby copies your movements involving arms, head, hands, and face.
- Your baby responds to changes in the tone of your voice and/or changes in your facial expressions.
- Your baby expresses feelings by cooing, gurgling, and crying when alone or when playing with you.
- Your baby looks at you or vocalizes when you sign or say their name.

### **7–12 months**

- Your baby points to self and to things.
- Your baby imitates and expresses their first words or signs, such as mine, more, milk, mommy, daddy.
- Your baby makes onomatopoeia (sound) words such as choo choo, swish, and buzz.
- Your baby babbles with inflection/facial expressions similar to adults and tries to imitate turn-taking conversation.
- Your baby demonstrates joint attention (e.g., parent and child look at the same object).
- Your baby can tell what different facial expressions mean.
- Your baby uses gesture or vocalizations to protest and express emotions.
- Your baby responds to a request (e.g., come here).
- Your baby understands words for common items (e.g., cup, shoe, juice) and family names.
- Your baby responds to the word, “no” most of the time.
- Your baby looks at people's faces and at the environment attentively.
- Your baby turns their head and looks in response to sounds or attention-getting behaviors (e.g., hand waving, lights on/off, foot stomping).
- By 12 months of age, your baby has 1-3 signs and/or words.

### **One–Two Years**

Between their 1st and 2nd birthdays, babies learn lots of words and start putting words together to make short sentences. Here are some things to watch for.

#### **Expressive Language**

- Your baby uses exclamatory expressions (e.g., uh-oh, no-no).

- Your baby repeats the last word used by an adult.
- Your baby communicates wants and needs through single words.
- Your baby uses signed or spoken names to refer to self and others.
- Your baby begins to use pronouns (e.g., me, my, mine).
- Your baby begins to use two word phrases (e.g., my milk, mommy shoe).
- Your baby asks to be read to.
- Your baby labels their own drawings/scribbles with 1-2 spoken words or signs.
- Your baby asks simple questions (e.g., What that?, Where mommy?).
- Your baby takes 1-2 turns in a conversation.

### **Receptive Language**

- Your baby recognizes their own name when it is spoken or signed.
- Your baby recognizes the names of family members when they are signed or spoken.
- Your baby understands simple commands (e.g., Come here, Give it to me, Sit down).
- Your baby understands a few simple question forms (e.g. who, what, where, yes/no).
- Your baby points to at least 5 body parts on self or doll when asked.
- Your baby points to pictures named on a page.
- Your baby attends to and enjoys simple stories of rhymes.
- Your baby recognizes the first letter of their name.
- Your baby recognizes their favorite book by its cover.
- Your baby pretends to “read” books.
- Your baby begins to understand how books are used (e.g., turns several pages at a time, holds book right side up).

### **Vocabulary**

- By the age of 2 years, your baby has a vocabulary of at least 50-100+ words, primarily labels for people, food, animals, toys, and action words.
- By the age of 2 years, your baby has begun to use simple two spoken or signed word phrases (e.g., baby cry, more milk, my cup, no juice).

### **Two–Three Years**

During this year, your child will learn to say and sign so many words, you will have a hard time keeping track. Your child will also start to use longer and more complicated sentences. Tracking your child’s language this year should be exciting!

### **Expressive Language**

- Your child names objects/animals/people in pictures and in person when asked.

- Your child signs or says their full name on request.
- Your child counts to 5.
- Your child vocalizes or signs for all needs.
- Your child requests help when needed.
- Your child uses commands with two steps (e.g. sit down - eat).
- Your child relates experiences using short sentences with greater frequency over time.
- Your child recites a few spoken or signed nursery rhymes.
- Your child enjoys signed or spoken stories, and imitates the actions/ facial expressions of characters in the story.
- Your child verbalizes or signs prepositions (e.g. on, under).
- Your child expresses emotions like happy, sad, mad with signs or spoken words.
- Your child speaks or signs in a way that is understood by family members and friends most of the time.
- Your child uses intelligible (clearly understood) words or signs about 80% of the time.
- Your child uses most basic sentence structures.
- Your child uses the sign or word “and.”
- Your child uses singular/plural noun-verb agreement (e.g., boy walks, boys walk).
- Your child uses possessives (e.g., my, your).
- Your child uses past tense in sentences (e.g. Mommy cooked, Susie ran).
- Your child uses over generalized words (e.g., calls all animals “puppy”).
- By 2 and ½ years of age, your child answers questions with yes or no.
- Your child asks two word questions.
- Your child begins the “why” question stage.
- Your child asks “who” questions.
- Your child uses pronouns (e.g., he, she, it), including personal pronouns (I, me, my, mine), and possessive pronouns (e.g., his, her).
- Your child uses number + noun (e.g., two doggie).
- Your child uses simple describing words (e.g., hot, cold, big, little).
- Your child names at least three colors.
- Your child uses negatives (e.g., no, none, not, don’t like, don’t know, not-yet).

### **Receptive Language**

- Your child understands two stage commands (e.g., Sit down and read the book).
- Your child notices (e.g., points, gets excited) sights, sounds like the videophone or doorbell flashing/ringing.
- Your child responds appropriately to a location phrase (e.g., in, on).
- Your child begins to understand time phrases (e.g. yesterday, today).
-

## **Vocabulary**

- By three years of age, your child has a vocabulary of 500+ words and/or signs.

## **Three–Four Years**

By now, your child is able to communicate clearly, and is understood most of the time by familiar adults. Your child understands most of what is said or signed to him or her. Your child is using four to five words sentences, can repeat simple nursery rhymes, and is able to carry on simple conversations.

## **Expressive Language**

- Your child communicates fluently, clearly, and is easily understood by family and familiar adults.
- Your child answers questions logically.
- Your child uses 4-5 word sentences.
- Your child carries on simple conversations staying on topic through 3-4 turns.
- Your child talks about things that have happened at school or with friends.
- Your child discusses storybooks that are read to him or her.
- Your child describes action in pictures.
- Your child uses possessives (e.g., mine, yours, his, hers).
- Your child is able to repeat a simple signed or spoken rhyme.
- Your child makes attempts to read and write.
- If using ASL, your child uses classifiers to describe manner, place, direction, size, shape, degree, and intensity.

## **Receptive Language**

- Your child understands most of what is communicated to them.
- Your child understands “Who?”, “What?”, “Where?”, “Why?”, and “How?” questions.
- Your child carries out 2-4 simple unrelated successive commands (e.g., Sit down and eat your lunch).
- Your child gives you objects as you request them by name.
- Your child points to or places objects on top/bottom, up/down at your request.

## **Vocabulary**

- By four years of age, your child uses 1,500-1,600 words or signs.

## **Four–Five Years of Age**

By this age, your child should be able to use correct sentences to express thoughts about the past, present, and future. By the end of this year, your child should have several thousand words and/signs.

### **Expressive Language**

- Your child signs and/or speaks clearly and fluently in an easy-to-understand manner.
- Your child uses long and detailed sentences.
- Your child can tell made-up stories that stay on topic. (For ASL users, your child can use space in storytelling.)
- For children using spoken language, most sounds are pronounced correctly, though he/she may have difficulty with “r”, “v”, and “th”.
- Your child uses rhyming with words and/or signs.
- Your child identifies some written letters and numbers.
- Your child uses 4-8 word/sign sentences.
- Your child uses “has,” “does,” “had.”
- Your child uses “because...,” “when...,” “if...,” and “so...,” in clauses.
- Your child uses “these” and “those.”
- Your child uses “before” and “after.”
- Your child answers “Why” and “How” questions.
- Your child speaks or signs with emotion and body language when describing an event or action.
- Your child ends conversations appropriately.
- Your child asks “What” questions.
- Your child asks “Who” questions.
- Your child asks “Where” questions.
- Your child asks “Why” questions.
- Your child asks “Why do” questions.
- Your child uses past tense.
- Your child uses future tense.
- Your child uses conditional sentences, as in these sentences:
  - English (If...then...).
  - ASL (topicalized sentence).
- If using ASL, your child uses the five ASL parameters of handshape, palm orientation, location, movement, and facial expression (e.g., button, cat, fox).
- In ASL, your child uses number distribution, e.g., talking about leaves falling - FALL SINGULAR – One leaf falls; FALL PLURAL- Many leaves fall; FALL RANDOM – Leaves fall from time to time, here and there.
- In ASL, your child repeats Wh- word at beginning and end of question (e.g., WHERE GO WHERE?). This is called WH-bracketing.

- In ASL, your child uses the AGENT sign (e.g., FARM-ER; TEACH-ER).
- In ASL, your child uses topic continuation (holds a sign with one hand and continues signing with the other).
- In ASL, your child uses body shift and eye-gaze.

### **Receptive Language**

- Your child understands most of what is said or signed at home and in school.
- Your child pays attention to short stories.
- Your child enjoys stories and can understand simple questions.
- Your child carries out four simple related commands in order.
- Your child understands things that are similar (e.g., things that fly, things you eat, things you wear).
- Your child understands time concepts (e.g., day/night) and seasons of the year.
- Your child understands words that rhyme.
- Your child points to or places object before, after, above, below when asked.

### **Vocabulary**

- Your child uses 2,500+ words and/or signs.
- Your child begins to ask the meanings of words and signs.
- Your child uses describing words (e.g., hard, soft, yucky).
- Your child puts sequencing concepts together (smallest to largest; longest to shortest).
- Your child names categories (e.g., pizza, hamburgers as food).

**Chad** - I want to make a motion to adopt CA's milestones as Oregon's milestones.

**Tawna** - A motion is on the floor - we will use CA's milestones. All in favor?  
(Everyone in the room raises their hand.)  
On the phone?

**Marcia** - One question - is this still in a draft?

**Ron** - Just how they will communicate it to parents is in draft form.

**Marcia** - I think this is comprehensive - I wish more communication skills were embedded, but it's a wonderful beginning. This is law then - we can't expand or modify? We have a lot of information under the umbrella of language - but the functional use and social communication skills umbrella - even if this was not provided for parents, I would hope educators would help parents see this. I would want this to be explained in detail. It's a great start.  
I vote yay.

**Karen** - Could you give an example of what more you'd like included?

**Marcia** - Retelling stories they have memorized - for example understanding language use for different reasons, changing for the listener, rules of conversation, rules of storytelling, that's how we apply language to meet expectations of kindergarten - the interchange between children is crucial for academic success. That's my concern about that - and honestly just having that read through - I'd need to go through and analyze the known normed data on functional language use. Embedded - we could tweek and add for the children's academic success. I haven't had time to look at that in depth.

**Karen** - I am reading through - these are great critical thinking skills evidenced that kids are ready for kindergarten.

**Eleni** - I understand what Marcia is saying, when we do AEPS and CASLLS - we will hit that. I think it's a great starting point with the caveat that we can add and tweek as we go along.

**Patrick** - Because English is already the dominant language - 90% of DHH children are born to hearing parents - the language they are using is spoken language. I propose we move the ASL standards to the top and not the bottom - they already know English but can see more readily how the child can benefit from using ASL. Kelly mentioned she wished she had known ASL - so parents can see it's a part of it - they can skip it, and read down still, but at least we've made the effort to put that there.

**Jeremy** - I'm curious for Amy's comment.

**Amy** - I vote yes - that's beneficial - I know we don't have to comment. Seeing all the milestones in development of language may be overwhelming - it's a good start and then with conversation with the EI providers and their physician. I vote yes.

**Eleni** - Whether ASL is first or the others are first - it's splitting hairs but 75% of the population has a mild hearing loss or better. More kids need to use ASL - whether we put it on top or the bottom. How it's presented - do we use as a start and how it's presented in visual format - inserts in a brochure so it's not overwhelming? The milestones presented are inclusive for a beginning.

**Ron** - These milestones are based on normed references.

**Beth** - I don't think it's splitting hairs on which language is mentioned first but I think here it's paralleled - the skills are included in both sign and spoken language. Patrick - are you talking about making sure putting ASL first? That's a question and the other thing is I agree - it's really nice to divide it up by child's age so the parents know what to look for. All 5 years is a little overwhelming. We could finish the vote and how the milestones be included. Do we want it at the annual IFSP like the procedural safeguards?

**Patrick** - I think it's important for parents to see what the child can do with ASL. ASL is often overlooked because we live in a language dominant society where English is celebrated and used more often. ASL is accessible for deaf and hearing alike - young hearing kids benefit as well. If we could move it to the top, the option is there without being pushed to the side. They can consider it and start a conversation.

**Ron** - I recommend that discussion be exported to the procedures and methods section.

**Eleni** - A large portion of our families are Spanish speaking - I don't know how we address that. Their norms are a little different - and my concerns with those with severe cognitive and physical disabilities - their development is different.

**Tawna** - Those are all things needing to be considered. As far as I know I don't honestly remember what you said - Marcia - yes I appreciate your comments about this being an excellent starting vote.

**Ron** - Now we can implement everything we talked about - small (D) - identify procedures and methods for communicating these results and the tools and progress to the parent of the child and other professionals in EI and education - obviously we want to talk about administration of the assessment - those with familiarity of ASL. If you're using the "Candyland" graphic, that's one way. What do we need to open up?

Lisa Darnold taking notes below:

**Marcia** - Can we look at the Spanish speaking child? Some things are different, and we need to look at additional information. Not sure if we should go that far in developmental milestones for the family.

**Patrick** - I want to see ASL at the top so parents can see this first. If ASL doesn't apply then they can go down to see spoken language. Parents need to see there are milestones in ASL.

**Beth** - Looking at what's on the screen... Under vocabulary it says child has under 2500 language or signs. Are you asking if should say ASL or spoken language?

Facilitator adjusted the document on the screen to find the correct information Beth was looking at.

**Patrick** - For example I don't like ..... it kind of marginalizes the language more.

**Beth** - A lot of the items were signed and spoken - classifiers are unique to ASL - I would say yes let's not have it at the bottom. Not at the top too - because it needs more of a general statement - clearly fluidly then more specifics of the language - first item. Reversing signs or words.

**Kelly** - Also to go back to one of my former comments. It would be nice to include some comments to end the debate that learning ASL would hinder the ability to speak. We didn't encourage it because we were told it would hurt his ability to learn orally. That is bunk so we want to head that off. If that becomes a brochure- the use of more languages can improve your child's abilities and not hinder them. That was a large part of a decision to not use ASL. I don't disagree with what you are pointing out. We were scared of messing up. That brochure needs to point parents to resources to learn ASL. I was a mom of twins - so there was laziness in teaching one language - and the thought of a second was overwhelming to me. I had a nanny and a husband - I had resources! But I think I do agree with Eleni - there is a wonderful book given to every parent when you have a baby with a hearing issue. You get it and it talks about school options and services - mine is 8 years old. The one handed out today - we need to explain about what a family can do when there is no ASL or Deaf in the family and how to go about learning it. There needs to be more in that propaganda - and not be brushed aside.

Sharla resumed taking notes.

**Jeremy** - Thank you Kelly - it's very moving hearing your story. Definitely - a myth buster brochure. We need to make a brochure in bullet point form. That would be a nice piece.

**Beth** - Does CA have one? I think when we were working on LEAD K, one document we saw was a mythbusters from CA in their process.

**Ron** - Lots of agreement in here. Chad?

**Chad** - Are we throwing out topics on procedures? I have a few suggestions. For example - any one who administers the evaluation from 0-5 or 8... must demonstrate proficiency in ASL. At OSD they went through the process - all staff must pass the ASLPI -at level 3 with direct contact with students. They had a year, then if they didn't meet the level, they were dismissed. If we borrowed that for assessing ASL - anyone with that contact, then they have a standard for ASL.

**Beth** - So I think right now we have a TSPC License law, that any new teacher has to pass for new licenses. Are you asking for it relating to existing teachers in ECSE?

**Chad** - EI and ECSE.

**Patrick** - WOU TOD program also has that pre-requirement upon entry or have some ASL proficiency - there are 2 assessments they qualify by. Anyone using VCSL must have proficiency - how can you measure proficiency if you are not proficient yourself?

**Chad** - I think there should be ASLPI level 3 for administering the assessment.

**Amy** - When entering EI I would administer all 3 and currently I would not pass the ASLPI. My background is in Listening and Spoken Language. For the VCSL I used it with an older kid - and I do use it in conjunction with an interpreter. I follow what the VCSL recommends. I would

hesitate to recommend a skill level since we would have a lot less teachers who would continue to be able to assess. We don't have an EI ECSE credential for DHH. Everyone who is a provider is licensed through K-12 and not 0-5. I have hesitation with that.

**Chad** - I'm willing to have flexibility there. When the VCSL is administered - if you hire an interpreter who is a CDI that would work - if it's only an ASL interpreter it wouldn't be sufficient.

**Patrick** - I realize it's a difficult hiring teachers with the appropriate ASLPI level - our standards will help with that in the future. Why not have every regional program have at least one person with that proficiency for the ECSE level - almost all regional programs do have that at the very least and second, what Chad said - using a CDI with that speciality - we are limited in Oregon. That first one - someone who has passed the ASLPI - that person can provide the VCSL - and then anyone regardless from where they come from - not just from our program. That would solve the issue going forward.

**Malina** - The VCSL handbook says you can use a CDI or that an interpreter could be hired and have a team approach. I recommend not having a more strict approach than that. You are requiring more assistance for people than if you accept an ASLPI level 3 person. As opposed to an interpreter to come along.

**Eleni** - I agree - we do need skilled signers. My staff who do sign well are paired with those who are not signing at all and I agree with Malina - mandating something more than what the VCSL people have said is excessive.

**Kristy** - I wanted to reiterate how hard it is with a staff shortage we are dealing with - my concern is requiring more than what VCSL has proposed - we are doing every best effort - with our own inhouse testing pulling in teachers to go as partners. I have serious concerns with the ASLPI level 3 prior to being able to administer this test.

**Beth** - I was wondering if you Kristy or Eleni can address what it looked like when we changed the interpreter qualifications. We had similar concerns.

**Eleni** - When we went through the process for pulling guidelines for interpreters in the educational setting - we had a criteria and an assessment and 5 years to meet that requirement. The state paid for a pilot group to determine what score on the EIPA they would use. It was a couple years of gathering that and what other states used and then it was passed by the State board. We lost 25-35 % of the interpreters in the state. The pool got narrower - better qualified but also SDs can't find interpreters. They are using "signing assistants" getting access for those students. The staff we had that were fluent were used and hired and they passed the EIPA, but 30% were disqualified - also we aren't allowed to modify that. It's spelled out with the EIPA - we haven't been able to change that in the past 10 years.

**Patrick** - We also have a perfectly good school for the deaf - that can accept students. If the student is from a rural area - if they can't get the services - there are good services in a central

location where everything is provided. My question - why are we looking for signing assistants or sub par access to education through people who “just sign” but are not interpreters?

**Eleni** - I agree - if I had a child I would move. However families in the farming industry and that's their only job or they have no resources - it's very difficult for us to say “Your family unit needs to be broken up.” It's a hard decision for many families and some kids would not thrive away from their families.

**Chad** - I have a few comments - Patrick mentioned earlier about how we have few CDIs - and this is true. For some time we only had 2 in Oregon and 2 in Vancouver. Total of 4. Last month 9 new qualified CDIs were trained and and 10 more will go through that program. We will have almost 25 then in the state available. We are working on ways to be more accessible in this state. Second - if a person is providing testing or a school is using a signer, we are promoting language deprivation and they aren't on track for those milestones. If those options are available, we need to support parents with that info.

**Jeremy** - I tried to get my comment in before. I wanted to go back to the requirements for the VCSL - first - from a language perspective, a hearing person has a good model in their parents at various levels - access is direct or indirect from birth. We are talking about a person providing direct intervention - in that case it's critical for a person to be interacting with their child directly.

If they are need access to ASL - that's a lot of information being lost in that interaction if there is not a proper language model. I understand the challenges getting someone who is qualified. ASLPI level 3 or above - I don't know if we feel that is acceptable? If not - then you could have an interpreter who has a national certification who is proficient, be there for that assessment. We need flexibility because we are talking about a DHH child developing language. VCSL from 0-5 and an interpreter could provide some good information on those developments

**Beth** - I think that it would be great to say in the report that the committee strongly recommends the person administering the VCSL is a fluent signer as measured by ASLPI Level 3, and if not, they have the use of an interpreter - making it clear it's the preference. I agree with everyone talking about how it is so important the child has a language model. I'm not sure in this process we can legislate that but strongly recommend someone with ASLPI Level 3 or an interpreter. I don't want to open the can of worms stressing that OSD doesn't have an EI ECSE program yet. It's evidence of a bigger issue.

**Patrick** - First, I know you don't want to open the can of worms but I want to make sure it's clear that OSD by law - the preschool program that was something the legislature removed from OSD. They eliminated the 0-5 program. There was a program - a good one before - taken away by legislature. Second - a compromise - maybe every EI ECSE classroom have one staff person, an aide, a teacher, a specialist who is fluent based on the ASLPI - that way someone who can use sign for the child if they need it - regardless if it's oral or signing - it can be used readily in the classrooms and that person can assess.

**Beth** - I will go back to my linear sequential before Rep. Sanchez needs to go. I want to go back to our tasks - i am happy everyone in the room can hear them. Let's move to a vote to who is administering the assessment and what are their qualifications.

**Tawna** - We can do that - I appreciate the time issue. We were discussing I should just drive and call in and listen on my phone. I don't want people to NOT talk these things out. I would like firm pathways and then add in the future. The timeline for task force is done - but we won't be putting anything forwards to legislature until 2019.

**Ron** - We can unpack more if we need to.

**Malina** - Oregon is huge geographically. The ECSE teacher may only see a child 2 times a week - it's impossible for the staff presently. We have distances that kids would have to fly home on weekends from OSD. For Pendleton - that means one flight only that is cancelled frequently. How far would a family drive every Sunday to get that flight? There are more than just philosophical issues when considering OSD.

**Ron** - We talked about CASLLS and Spanish, and we haven't voted, we talked about ASL represented first in the milestones and make sure we are language neutral. We talked about brochures showing and referring the research - it doesn't hurt but compliments each other and the myth busters, and finally what requirements are needed with respect to the person doing the assessment. This ranges from ASLPI 3 or above and making that a strong recommendation but at least working with an interpreter who has those qualifications. We have covered a lot. We want to put on the table what we have to vote for .... I'll open it up for any other topics to cover.

**Eleni** - Also I want to make sure we voted a final on the assessment. I also think we need a procedure when a kid doesn't show progress and is multi-impaired with limited progress.

**Kelly** - What procedures?

**Eleni** - Options could be if after a year the child is choosing a specific modality and it's very strong, the other assessment would cease and it goes both ways. Also with multiple challenges - they may need touch cues and hand over hand - and they won't progress rapidly - we chose assessments for typical progression. They may get stuck at a certain spot on a long time.

**Tawna** - Your original recommendation was 2 years. I liked that idea better given that those are decisions that families and kids are making independent of each other. I know kids pick up things when they hang out with others - making ASL available to a kid when they choose something their parent would not choose. Maybe set a parameter around what is useful and not helpful.

**Ron** - Someone on the phone was starting to talk - Amy?

**Amy** - Eleni - I think when you were talking about kids with multiple disability - expecting progress dependant on their current developmental age. Children with Down Syndrome and DHH, slower trajectory - it's not perfect language here. Something along those lines.

**Jeremy** - I agree with Amy - I think regardless of additional disability - it's important to assess language. The IFSP team could talk about language goals and the assessment will show what the progress looks like. It's still useful. Regardless - we don't want to say that because of their additional disabilities we won't look at their language progress.

**Beth** - I agree with Jeremy - it's critical even when they have other challenges - but it's also important when reporting to the state that it's documented. With another code or receiving additional services with OT, PT - something already there to identify the additional needs. It's good if they are receiving services outside the TOD or SLP - that it's reported back. And the other thing is - I don't think we should cease testing both and the reason is, having worked in both EI and ECSE - I've had parents choose earlier and then enter a bilingual classroom at 3 years old with obvious language deprivation. If we fall off, a lot of children would be missed. We need a consent to evaluate regardless for parents. If for some reason the parent felt - "No I don't want CASLLS again" - they can refuse. I just want to put that all out there. My vote is we have a standardized system for 0-5 and allow parents to opt out. And then we look at indicators that the child has secondary disability based on what services they are receiving.

**Chad** - Kelly - I have a question for you. You learned your child was deaf. Did you work with Guide By Your Side? (yes) Did GBYS talk to you about ASL?

**Kelly** - We deferred to the audiologist - and the ENT. At that time I don't remember 8 years ago. We weren't the people they needed to serve as badly as other families... I don't know. Yes - I had a phone call where the person cried and I cried and I thought now I have a child with a disability - and later I learned it's not a disability - it's something new. The GBYS person was awesome. We had good people working with us in other areas.

**Chad** - Ok - when the family has first contact with the specialist, I'd like to mandate that we have a cultural expert involved - families meeting with a Deaf adult within the first 10 days. I don't know what that timeline could look like. Ok - initial assessment? Someone who is a cultural expert in the first 6 months - endorsed by the OAD, meaning someone that OAD say "You can represent us," working with families and helping them make more informed decisions and not getting stuck within the medical model.

**Kelly** - I think your timeline is too short - you'll go through assessment on water in the ears etc and then a sedated ABR.. but I totally agree with what you're saying. GBYS - if it was built back up, they could do it. It would be great to get mythbusters and other information out to families. We don't have any other deaf children exposed to my son. That was an oversight on our part. We haven't had the ability to hook in. Tucker Maxon for example - they don't pull in that network. We need a directory or connection mechanism - someone else who has CIs - that would be awesome. My son isn't a typical kid - he is bruised by a hit on the head now because

he has CIs - he has no one to share that with. We need that in Oregon. We need organizations that need to be built up to do this. Or we create new ones.

**Patrick** - I want to add. For the procedures, if a child shows no gains, in one of the languages... How do we give the tools to the providers about transitioning to the other language? How many times does the provider give the assessment and show no significant gains - no progress by age 1? Age 2? I'm not sure at which age - we need to recommend something. The language deprivation - I saw 90% of kindergarten kids who presented with language deprivation in preschool. There is a significant language delay we need to address.

**Karen** - Relating to Beth's comment - parent opt out. Also parents - after the screening who do they meet right off? And they say, "Oh your child prefers this language." Are we neutrally exposing and encouraging all parents to expose their child at 3 months to both ASL and spoken language? It makes sense to give them choices later on. If they have both they could phase out one later. If a parent opts out and only wants CASLLS - it could be confusing for parents.

**Eleni** - In the interest of time - so many issues and concerns - we could go on and on - it's turning the Titanic. Patrick says - after 2 years... it's hard. It's not like with Kelly's family. I have some who say, "Yes we want to use sign language" and they stop with a few vocab in ASL. I ask my providers to remain neutral but do you say by 2... age of identification, age when language started - it's all over the map. It's a lot of discussion and figuring out the best steps. I don't think we can do this in 45 minutes.

**Beth** - I think that we could have some accountability with the data if the child is not making progress with their goals at the 6 month place - addressing that on the IFSP. I don't think we can mandate switching languages if there is a marked level of language deprivation but we could say another IFSP meeting is called and certain people called to the table at that time. A missing piece in general - JICH best practice - all shows we need to bring DHH adults to the table - I'm so happy we've done that here. We can say who needs to be at the table following the assessment to analyze and have that conversation with the parents. Maybe we can address that there when a child is not progressing. And we are having those hard conversations there. We can say if there has not progress in 6 months, a different approach is necessary.

**Ron** - Who should be there?

**Beth** - The teacher for the DHH, parents, a cultural liaison would be amazing and help us with the issues we see. Those don't exist within the programs now but having Deaf adults assigned the role - that would be a new development.

**Chad** - Another thing I want to mention in the guidelines - we need a neutral provider to show parents all options and have that willingness to give parents info so they make an informed decision instead of pushing it aside and encouraging them to go another way. I want to emphasize neutrality and not favoritism - neutral information. I'm wondering if we should talk about milestones 6 - 8 too - are we missing that piece? I think that's all.

**Malina** - the “I” stands for individualized - who should be at the table if you're not meeting the goals? Because those at the table also know about the additional disabilities.

**Karen** - Also, I never intended to say “mandate the language changed” - I meant give the child and family the opportunity to learn from birth. I think providing more information so that they can make decisions - continuing both would be great - I just wanted to be clear - the decision is made with the family and team. I’m not proposing we would mandate that switch.

**Patrick** - Listening to Kelly - wouldn't it be wise to require that all ECSE programs provide both languages even if one language is dominant and then they would graduate from the ECSE program with their weaker language dropped off when then enter the school environment. The child will be able to take the ball and run with whatever language they have - maybe the family doesn't sign at home, but preschool they have it and then at kindergarten - they could see if they need an interpreter or OSD or bilateral CIs and do regular programming - that phase out process would happen naturally. If the procedure is to expose the child and family to both and then phase out - then the 3 assessments have purpose. They would have the exposure for the first 5 years - a bonus that could phase out.

**Karen** - That's better stated.

**Ron** - we have 14 items. (Points to the board where things are listed:

- 1) Spanish CASLLS
- 2) ASL presented first in milestones (eg. If/when using ASL)
- 3) Comments included that end the debate between ASL vs Oral Language - ie. research proves one does not harm the other but rather helps)
- 4) Mythbusters in a visual representation, sheet for each milestone by age range
- 5) 0-5 Assessments must demonstrate ASL proficiency retro. All assessments level 3 or above, proficient or advanced, at least 1 each region and new hires, CDI, recommended or with an interpreter.
- 6) Classroom or provider - someone who is fluent in ASL could assess
- 7) Multiple disability/ limited progress (1 or 2 yr progress stall)
- 8) End assessment if no growth shown. Indication for those with multiple disability - showing exceptions.
- 9) Document exceptions in reporting
- 10) Involve cultural expert - make available/require, soon after family becomes aware. Meet with family periodically, elective thereafter.
- 11) If no progress by a certain age, providers should be required to offer alternative language acquisition path, mandate or meeting called to review (who should be there). IFSP team made up of teacher, parents, deaf mentor/cultural liaison.
- 12) Provider to show all options from a neutral point of view (modalities)
- 13) Future milestones 6-8
- 14) Require both languages 0-5 (Exposure)

Some are building on each other. Is this something we can agree - if yes, then we can have motions and then we can drop it.

Spanish CASLLS - yes or no?

**Marcia** - yes

All in the room say no.

**Beth** - Instead of language neutral, culturally neutral.

**Eleni** - And have 2 people - one proficient in ASL and one in English.

**Beth** - Just in the language - the milestones we have agreed on.

**Patrick** - It could be a hearing person, native user of ASL. They can see 2 different cultures there.

**Beth** - I'm not talking about assessing - I'm talking about the wording before we publish them anywhere. I would love to go through each and every single one but can we elect 2 people for the group.

**Ron** - Informal vote - yes or no. It passes. The next - providing one or 2 brochures - to end the debate that in fact ASL and spoken language complements each other - yes or no?

**Kelly** - I'm signing MILK. (asking for the microphone) I want to speak - if we call it one brochure that does a myth buster - there a lot of myths about what it would be like to have your child know ASL - what it means. It's important for families who've never met a deaf person. One brochure to be a mythbuster.

Voting - yes.

**Eleni** - It could be a brochure but let's say a visual representation of this idea.

**Patrick** - I agree with Eleni - we need a sheet for each developmental milestone phase.

**Jeremy** - Breaking it down for the different age ranges. Mythbusters is the other one.

**Ron** - Also something we talked about last time - videos of children - it's about communicating the message where the parents are at.

Next one - having to do with the assessor and their qualifications: 1) the person having to show proficiency of ASLPI 3 or 2) an interpreter as an alternative.

**Karen** - I know Chad said with all 3 tests - but I'm wondering about that - also for CASLLS??  
And SKI HI?

**Patrick** - Maybe we can say they are either fluent in ASL, as determined by the ASLPI or have a qualified Interpreter as determined by the EIPA determined by the state or RID certification.

**Beth** - VCSL - it's ASL, and CASLLS is spoken language. we don't need ASL for CASLLS but the SKI HI could go either way. So, I'm not sure where that leaves us.

**Ron** - Do we want to make the requirement broken down by instrument?

**Marcia** - I thought the diagnostics specifies the qualifications for test administrators - these are the published assessments we've chosen to use and now we are changing those requirements?

**Eleni** - That's where I was going - the qualifications need to be adhered to indicated in the assessment administrator manual.

**Beth** - Yes - I totally get Eleni and Marcia - procedure is already given. It says "proficient." It's up for debate. For clarification in Oregon - I would vote we strongly recommend someone who has an ASLPI of 3 or above or if they don't, they have someone who does.

**Jeremy** - I second it.

**Patrick** - This is informal?

**Ron** - It narrows it up. Patrick?

**Patrick** - If we have a hearing person fluent in ASL, doing the CASLLS. Then a person giving it would need an interpreter to hear the spoken language. It's commensurate with a person fluent in ASL doing the VCSL.

All the signing parameters, and syntax and phonology - it's a similar issue either way.

**Beth** - I think it is an equity issue and goes both ways.

**Patrick** - So - we are talking about #5. Okay - so the person administering the VCSL must have ASLPI of level 3 or above, or SLPI advanced, or a sign language interpreter meeting the requirements of Oregon - 3.5 on the EIPA.

**Malina** - NIC is like CT/CEC. RID is where it's housed. My concern about using EIPA in the language - we weren't allowed to revisit that stipulation and we are hoping to be able to say more. Let's put what the state requires.

**Patrick** - We could say the person who is administering the VCLS must have ASLPI Level 3 or an SLPI advanced or have a ASL interpreter who is RID certified.

**Eleni** - My concern is that a person is at a higher level than what TSPC is requiring and the handbook to deliver the assessment.

**Beth** - Eleni, question - if the 3 is too high - would you take a 2? What would be a standardized way to show that a person is proficient?

**Eleni** - Again, I would hate to put a standard in place, that's more than what the administration manual dictates. It says proficient. It's like saying a "qualified" interpreter. Then we'd need to send all our teachers to get tested - how do you define proficiency? You put a label on it and then you mandate that the teachers need that .

**Patrick** - So you're talking about proficiency - we want to put on a measurement. We are asking someone not at a 1 or a 2 but at a 3 - able to sign enough to provide the assessment with some accuracy.

**Beth** - So I hear the concerns about locking in something and then providers being qualified - i think we have an opportunity to raise the bar. As someone who is a lifelong signer and who uses ASL - I got a 3. I don't feel I would be comfortable administering the VCSL past a 4 year old. It's not ethical if the administrator is not proficient. I would start to feel anxious. I'm putting that out there. I do think it's a reasonable level for this assessment.

**Chad** - I did want to give you info about ASLPI - I got a 4. A 5 is very very high. A 3 is an average number. And some teachers did not meet that - 3 is already an intermediate level. We are asking those who are providing an assessment to have an intermediate level or above - we can provide some room to get to that level. We need to validate the fluency and validate the results of the test itself.

**Karen** - It's semantics. The qualifications - we say - they must be proficient. What language is used in ASLPI and it's in terms of VCSL - i think we need to define the term *proficiency* ourselves.

**Jeremy** - I wanted to point out - recognizing a proficiency level, we are confirming the validity of that test. It's an assurance that it's valid for the state of Oregon.

**Patrick** - i want to state that the person providing VCSL must have either an ASLPI of 3 or SLPI advanced level.

**Eleni** - Can we say "Proficiency such as..." so that we aren't mandating that particular test, but if they are proficient such as ASLPI level 3.

**Patrick** - I think it's easier to provide evidence. It's putting in safeguards.

**Eleni** - I can't mandate that my teachers take that test. I have some who are RID certified - I know some teachers could do it - you know if they don't have it I'd have to pay for an interpreter to attend along with them.

**Jeremy** - TSPC already requires ASLPI 3 - oh it's new. There already is a requirement though.

**Karen** - K-12 you have a license to teach and EI ECSE is not required?

**Beth** - Not a separate certification. The newly licensed teachers pass the ASLPI Level 3 for TOD - newly graduated from a program. I got mine in Colorado and then I came here to Oregon - they have the same requirements.

**Marcia** - Once again - we don't really understand the depth of impact across the state and I want ODE to address the concerns related to personnel and in the long run can impact service level for children. This test as the committee suggested is administered 2x a year. This is a huge decision.

**Malina** - I am a teacher for the DHH and a licensed interpreter. I would have to take this test unless we go with Eleni's suggestion.

**Chad** - To respond - for the last 100 years, DHH children have suffered with language deprivation. We have the evidence in front of us, generations of DHH adults on SSI. We are trying to do what's best for DHH children period.

**Ron** - Rep Sanchez said to remember we are not casting anything in stone. We are doing an economic and feasibility study - keep that in mind as we move forward.

**Lisa** - I was going to say the same thing Ron. This is a task force providing recommendations synthesized into a report to legislature for a bill. Then ODE does an analysis of the impact to educational entities, programmatically and stakeholders are able to address the legislature in hearings of how it impacts them, parents, community members who are DHH etc. Also - I'm thinking from the lens of qualifications of an assessor - thinking of all the other eligibility areas we have looked at for SPED, other than DHH - these aren't even being discussed but I think in those terms - folks who are qualified have the correct licensure, and requirements to do that. If an additional requirement is put in place beyond what the test developers have done - this is very unique and very - not the same in the way determined appropriate for other areas. Let's be cognizant of that.

**Patrick** - Can we hold on #5 and move to #6 and beyond?

**Beth** - Thanks Lisa - that helped me with the process better. I'm curious - because Deaf is so different than other categories - with its culture, language, I'm curious to know if we'd be more apt to think about how do we make sure assessments are given in ELL programs - do you have that info and could you share?

**Lisa** - So in the big picture - for children who speak a second language - if the SD has staff fluent, knowledgeable and trained - those are the first staff selected to administer. If not, if it allows an interpreter - there are interpreters called upon to administer the assessment. If not allowed by the test developer, the SD or ESD program contracts out with an entity providing that level and fluency in that language.

**Eleni** - Is fluency defined?

**Lisa** - I can't speak to that.

**Ron** - If it is, then it's consistent with what we are suggesting.

**Patrick** - The person will go through and we will have those discussions - Beth - I think she said we need to raise the bar and show the legislature. We can tell them what we expect and tell them what we want and they will tell us that we are asking too much.

We can ask for ASLPI 3 and Advanced, or have an interpreter - showing that children can be as successful as their hearing peers.

**Beth** - Can we vote to move forward?

**Ron** - Start with the language *strongly recommending* definition of proficiency of ASLPI 3 and SLPI advanced - who is in favor of that and strongly recommend - 2 in the room. On the phone?

**Marcia** - I would support

**Ron** - How many want to say require? Overwhelming majority. I suggest 5 minutes for a break. All the rest will be easier than the last one.

**Tawna** - I'm on the phone.

**Ron** - We are back. Chad made a motion and Jeremy - can we go through a quick read through?

**Patrick** - I am proposing we agree for the motion and clean up at a later time - just the concepts.

**Jeremy** - I think we need to go through - let's read first.

**Ron** - I will do it quickly and then we can go back

- 1) Putting in the classroom, someone fluent in ASL and that person doing the assessment - always the case in the classroom at least
- 2) We used several different phases - if they stall in their developmental trajectory, if not appropriate it's not a required assessment

- 3) Multiple limitations, the report would be modified
- 4) Involve the cultural experts when the family is notified of the hearing loss and the cultural expert meet with the family periodically

**Eleni** - Who are you saying is a cultural expert?

**Patrick** - We can change it to say Deaf mentor. We've seen a lot of success in several states with that kind of program.

**Eleni** - Deaf or HH mentor? Someone with 25 db loss will align better with a HH child.

**Patrick** - D or HH - I agree Eleni.

**Lisa** - How about "make available" or if a family agrees - we need families to have choice.

**Ron** - The way I understood - the mentor would meet the family soon after they found out and then have periodical meetings.

**Chad** - The specialist assigned is not neutral - the biased options don't include a deaf mentor - the family will follow whatever is offered.

**Eleni** - Chad - you know I respect you and think highly of you - I do feel offended because you don't know they aren't being neutral - that global comment on record is harmful when working with families - we can't say in a blanket way that they are all NOT neutral.

**Chad** - My comment comes from the CNA (Community Needs Assessment) just done. Many parents had those concerns brought out.

**Eleni** - I think only 7 families were met with children under 5. Those were included on the CNA.

**Patrick** - How about if we say, their first visit they have the EI provider and the DHH mentor and the family can decide after that.

**Eleni** - Funding?

**Ron** - Gateway for approval, may or may not have funding. Similarly - if no progress made by a certain age, Beth - you did a better job saying it - multi discipline experts in the room.

**Marcia** - I have a question - it seems like a large missing element - children who do excel and those who don't. Are we documenting the amount of service that has been provided the families, are we equating this with a language choice rather than with other factors - such as attendance, frequency of intervention - huge factors with the child advancing in skills. We are eliminating discussion about the appropriate level of intervention. Many of our children get such minimal service - that needs to be addressed.

**Eleni** - In EI we are mandated to meet every 6 months. If there is limited progress, providers on the IFSP team and other liaisons or support would meet to discuss alternative language acquisition or other necessary supports to further the language acquisition of the child.

**Beth** - The service level is already generally a part of the discussion - that's the first time you meet. What's the service level - we look at that automatically. I think we are trying to address things not spoken about - who is at the table - we can say that without pushing a specific language - we are just talking about the options to benefit the child so they can make progress.

**Jeremy** - I want to respond to Marcia. With cognitive delays or other interferences - I definitely believe that providing as much access to language will support those children - including autism etc. Often if they are exposed to ASL they improve and their needs are met - it's harder for them than typical DHH kids. We want the most accessible means of language access and we need to provide visual access. We may have disagreements about typical DHH kids - but kids with additional disabilities- they have even more need for ASL.

**Marcia** - I am not speaking about ASL versus Oral - I'm talking about family's participation in the plan. Many have poor attendance - minimal service - difficult for progress to be demonstrated. I'm not referring to ASL and spoken language, I'm meaning the quantity and quality of services to get families actively participating to make progress.

**Jeremy** - Yes Marcia - that falls to the IFSP team to access those resources.

**Patrick** - I believe all the 13 points above those - can be remedied if we accept #14. It's the exposure to both ASL and English 0-5. English can be provided in varying different ways - if you have a child exposed to both, that covers all the other points 1-13.

**Ron** - So if we are on the same page:  
12 - provider to show all options in modality  
13 - milestones 6 - 8  
14 - require exposure to both language 0-5

**Beth** - Sorry to be that person, but I think we have some issues on procedures we haven't voted on. I want to have some things included in the report - we have so many awesome people on this team and I want to capture that here in the report.  
The Deaf mentor - all these things I want to see but please let's get that piece done today.

**Ron** - Beth - what haven't we addressed? #5? Let's go back.

**Beth** - I want to start the things directly connected to the assessment that we need accomplish right now. #1, 5, 7-9, Then if we have time, address them and include them in the report.

**Lisa** - I note in the bill the title of the task force is the task force on assessment of children DHH is established. Sub section 3 - recommend a framework. To ensure they can access the kindergarten curriculum in an equitable manner - it's the assessment components.

**Patrick** - Do you mind pulling the page back? I want to motion to accept #1, 5,7-9, 11 and still discuss 14.

**Chad** - Let's hold on 14.

**Ron** - What we are talking about directly related to the assessment -

1 - Spanish CASLLS

5 - Requirements for the assessor

7-9 - Lack of growth - what to do and indication in the documentation of the multiple limitations at hand

11 - No progress at a certain age - IFSP team coming together offering alternative pathways for the parents.

**Beth** - I think the only ones there are options on or back to the previous page - 7-9 we need to define better. Ending assessment if no growth - we need a box for additional needs - we need to informally vote on that and then #5 are we voting on if we want to have the ASLPI 3 rating or not. Ok - we voted on that? Just 7-9 then. I think the options are mutually dependant on each other.

We are voting - if we end it we would document it - Eleni suggested 1 - 2 years - some disagreed in the room and then the other option - to have an indicator giving the same info.

**Patrick** - It may be more clear if we consolidated 7-9 - the provider will provide the rationale for ceasing the assessment - and also document the support for the reason. If the child is not proficient with ASL or spoken language because of their additional disability - using an evidence based test - that's good.

**Beth** - We need to continue the assessment - I think when we are in an old system of choosing one or the other - we are talking about opportunity. They can have both and we assess both 0-5 - it's a critical window. We went over this - the tool takes 2 minutes then, if they aren't using ASL or Spoken language.

**Eleni** - I hear what you're saying - but if I'm working with a spoken language oral kid - now showing growth on VCSL but every 6 months I have to take a certified interpreter with me to assess him.

**Karen** - I'm thinking about this short window of 0-5 . The parent finds out and a specialist and a deaf mentor connects with them - maybe not. They find resources for one path and not another - they are learning that path. It's easy after a few times to not see growth - we need to have time for them to learn and find the new path - it's the crux of the issue. In reasonable terms, it's our job to ensure they are kindergarten ready.

**Patrick** - I know school and regional programs are concerned about money. There is a price tag on my child - how can we afford are these services - 0-5 and then we have done our jobs assessing.

**Kristy** - (on the phone) My concern is that 80% of our population have chosen not to do ASL. it's our job to provide information. We are assessing after 2 years using the 4 assessments and made no progress - we have done our due diligence. If the child has a mild unilateral loss we need to respect that at some point and they have had all the resources along the way.

**Eleni** - I feel the same as Kristy - we would always stand ready to bring back ASL. If after two years the family has not done anything about those resources - I would recommend to terminate the VCSL and still stand ready - maybe they have vestibular aqueducts, then the hearing drops and they'd be more accepting of ASL.

**Malina** - Kristy is talking about unilateral loss and if they are using spoken language, it's not just because the specialist has said it, it's those kids in this program too. Wouldn't the report card show poor service Lisa? Yes, the data would show the progress was at a lower level. Looking at it based on a pre and post - aggregated they would have lower scores of showing growth. If the district is doing a fabulous job and the report shows low scores, then the assessment should be stopped, since it wouldn't look good on paper.

**Jeremy** - Here is the reason we are here today - the task force was developed because of the significant language deprivation in our community. It's a lifelong impact we are talking about. If we sit around and say they'll focus on spoken language when the research strongly supports providing both modalities without negative impact either way because the brain does not discriminate - this goes back to yes, it's the parent's choice - and we offer and they may just go with whatever the specialist and doctor will choose. They will select what is easiest for them and acquiring a new language would be a burden to them. We need to provide resources for families so that our future deaf community experiences less negative impact. We need to provide both.

**Karen** - That was beautifully stated.

**Ron** - How many want to require both assessments - if they haven't made adequate progress in that language do we stop it? How many want to require both language assessments to continue?

**Patrick** - I would word it differently. And I would ask for a formal vote. Requiring VCSL and CASLLS and SKI HI assessment from 0-5 and then evidence based info to lead into the IEP to ensure they are kindergarten ready. Not stopping for any reason - until graduating from their IFSP.

**Eleni** - So this also means - a totally deaf child using CASLLS every 6 months and producing sounds - what if the parent says "no"?

We will continue to do that?

**Jeremy** - Ok - that's still meeting the language needs.

**Eleni** - The program would be not doing their job on a state report card. As a parent you would see that as a detriment.

**Karen** - Program failure aside - if the child is succeeding, the program is successful - if they are picking up spoken language skills and is succeeding, meeting milestones, then they have that - it's either the ASL or spoken language, one is working - that's how we measure success.

**Ron** - We lose our chair soon - we need to vote.

**Tawna** - Here's a suggestion - I see us running out of time. In listening to that question - so we fail or succeed on that primary language - we may need to identify and evaluate that based on the kid. Any ability in any kind of language - the test - it's the issue. I'm calling it like it is.

**Beth** - That's why I suggest we need to indicate when we are aggregating the results we don't mark down a program because they aren't proficient. Can we move forward on an indicator?

**Ron** - How to include on the formal vote - those wanting an indicator in the report - on the phone?:

**Marcia** - Nay.

**Amy** - As long as parents have the option to decline one assessment done - I vote yay.

**Beth** - That's always in the system.

**Amy** - That's exactly how I understand it. They have a consent to evaluate. Vice versa - the parent can decline assessment - whatever choice they want. I understand that to be true.

**Eleni** - Once you get the initial consent there isn't an annual consent to decline.

**Amy** - I want to comment - from my understanding, we can change that to do the evaluations.

**Marcia** - Would consent be required twice in a year?

**Eleni** - If the assessment is done for all children then you don't need to get consent.

**Ron** - The numbers, regardless, it's passed. Tawna - can you call for the vote?

**Tawna** - You read all through and now we are voting - some guidelines to move us in the right direction. I am calling for the vote of this list of procedural pieces.

**Patrick** - I want to make sure - are we voting on the starred ones? Yes?

**Ron** - Calling for the vote for #6 here and on the phone?

**Marcia** - I'm a nay

**Amy** - I'm a yay

**Tawna** - It passes. Thank you for all your hard work.

**Ron** - So for #14 and non specific items - these were considered and not a formal recommendation. We've lost our chair.

**Lisa** - These were "suggested" by the task force.

**Jeremy** - The ones we agreed on could be included. 11 we agreed on.

**Ron** - How would you like them included, " WE recommend"?

**Jeremy** - For the procedural and methods - the things we agreed upon.

**Patrick** - Should we say *recommend*? Or say *take consideration*? We already voted on 1 ,5, 7-9 and 11 but not discussed 2, 3, 10, 12, 13 and 14.

**Eleni** - And as much as this has been stimulating and a roller coaster ride of sharing as professionals - we haven't come to a consensus - but these things should be discussed further.

**Chad** - Yes - due to time constraints some individuals made additional recommendations and we'd like to expand on those.

**Jeremy** - What about #11? I strongly support that and wanted to make sure it was included.

**Patrick** - I want to put in the notes that we recommend that the legislature explore and discuss these topics further.

**Karen** - One last question - what happens now?

**Ron** - Sharla is typing all this up - that's a report that is submitted to ODE and then goes to the legislature and they can make recommendations to ODE.

**Lisa** - Under the summary section, it directs the task force to submit a report no later than Jan 1st 2018 - submitted to Sarah D -and the interim committee of the legislative committee. The

report would be provided to members of the task force and also I believe that you'd have an opportunity to be able to check in on that - of course that will happen before it's submitted.

**Chad** - I want to comment - after ODE receives the final report and if they want to call us together to address those points - I think we are all up for that, if there is revision needed.

**Karen** - 2018 is a short session - the resources are shortened - we would wait until the 2019 session for the long session.

**Ron** - I want you all to know how much I appreciate the work you've done thank you so much - people on the phone - those in the room - it's been hard too! This was a remarkable showing of people very passionately working together to do what's right. Everyone didn't get everything they wanted, but we made progress.

**Karen** - thank you Ron - you've been a very good mediator for all of us.