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**Colt Gill, Acting Deputy Superintendent**

**Report of House Bill  
3412  
Task Force on  
Assessments of  
Children Who Are Deaf  
or Hard of Hearing**

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## **Executive Summary**

The HB 3412 Task Force on Assessments of Children Who Are Deaf and Hard of Hearing was charged with the responsibility of analyzing and recommending a framework for assessing children who are deaf and hard-of-hearing (DHH) to determine their competencies in language and literacy skills for the purpose of ensuring DHH children are able to successfully access the kindergarten curriculum in an equitable manner. This legislative report will be posted on this page:

<http://www.oregon.gov/ode/students-and-family/SpecialEducation/Pages/default.aspx>

With the guidance of a professional facilitator, Task Force members were able to recommend assessments for educators to use to assess the language acquisition of DHH children, ages 0-5. They considered assessments that are standardized, norm-referenced and validated, that track expressive and receptive language, and that inform the development of Individualized Family Service Plans and Individualized Education Plans for children and students. The Task Force also determined how often these assessments would be appropriate to administer and report results to ODE, ultimately utilizing the same schedule already established by the AEPS (Assessment, Evaluation, & Programming System) submission.

They identified language development milestones for DHH children, and discussed how to make them available for parents and educators as a resource, how to monitor and track expressive and receptive language acquisition and cognitive abilities, and how to ensure the children are reaching developmental milestones towards literacy. They discussed procedures and methods, and reporting requirements for communicating the information gathered to pertinent stakeholders.

The Task Force, determined that EI (Early Intervention) and ECSE (Early Childhood Special Education) aged children are served very differently than 6-8 year olds in school. Members also agreed upon the process for assessing children ages 0-5. Assessing 6-8 year olds will still have to be decided upon in the future. With the Task Force recommendations, DHH children will be tracked upon entry to kindergarten.

# Task Force on Assessments of Children Who Are Deaf or Hard of Hearing Findings and Recommendations

## Background

The HB 3412 Task Force for Assessing Children Who Are Deaf and Hard of Hearing was charged with the responsibility of analyzing and recommending a framework for assessing children who are deaf and hard-of-hearing (DHH) to determine their competencies in language and literacy skills for the purpose of ensuring DHH children are able to successfully access the kindergarten curriculum in an equitable manner. All Task Force positions were filled by appropriate members, and as required by HB3412, over 50% of the membership were deaf or hard-of-hearing adults. The Oregon Department of Education(ODE) appointed the 10 voting members from lists of proposed people; considerations were given for geographic location, availability, number of children serving, suitability for the position and reflection of the range of services offered in public education in Oregon. The Task Force met for four full-day meetings at the State Library (October 18 and 26, November 27, and December 7). All public comments received were fielded to the Task Force. Meeting notes are available on the ODE website, as well the recording made at each of the four meetings. See table below for Task Force members.

**Table 1**

<u>TASK FORCE MEMBERSHIP</u>	<u>NAME</u>
Senate Sponsor	Senator Laurie Monnes-Anderson
House Representative And Chair For The Task Force	Representative Tawna Sanchez
Parent Of A DHH Child Who Uses American Sign Language (ASL) and English	Patrick Graham
Parent Of A DHH Child Who Uses Only Spoken Language	Kelly Farrell-Oliverson
Teacher Of The Deaf Who Uses ASL And English In Instruction	Karen Brush
Teacher Of The Deaf Who Uses Spoken Language In Instruction	Amy Kyler-Yano
Early Intervention Specialist for DHH Children Who Uses ASL And Spoken English	Elizabeth Shuler-Krause
Administrator Of DHH Early Intervention Or School Age Program	Eleni Boston
ODE Representative	Lisa Darnold

Speech Language Pathologist	Marcia Zegar
Community Advocate	Chad Ludwig
School Psychologist Who Works With DHH	Jeremy Saling

Of the 10 voting Task Force members six are DHH adults, fulfilling the requirement of a majority of the members appointed be deaf or hard-of-hearing people.

**HB 3412 adopted by the 2107 legislature directed:**

(3) The task force shall analyze and recommend a framework for assessing deaf and hard-of-hearing children to determine the children’s competencies in language and literacy skills for the purpose of ensuring the children are able to successfully access the kindergarten curriculum in an equitable manner. When analyzing and recommending the framework, the task force shall be impartial with regard to the language taught to deaf and hard-of-hearing children.

(4) For the purpose of analyzing and recommending a framework as required by sub section (3) of this section, the task force shall:

(a) Review and recommend use of existing and available tools or assessments for educators to use to assess the language and literacy development of deaf and hard-of-hearing children.

The tools or assessments must be:

(A) Standardized, norm-referenced and validated;

(B) Able to track deaf and hard-of-hearing children’s expressive and receptive language and cognitive abilities compared to the child’s language age-appropriate peers who are not deaf or hard of hearing; and

(C) Able to be used to establish or modify individualized education programs or individualized family service plans.

(b) Determine how often the tools or assessments recommended under paragraph

(a) of this subsection should be used for children from birth to age eight.

(c) Identify language development milestones for deaf and hard-of-hearing children by consulting with professionals trained in the language development and education of children who are deaf or hard of hearing. The milestones must be:

(A) A resource for use by parents and educators to monitor and track deaf and hard-of-hearing children’s expressive and receptive language acquisition and cognitive abilities;

(B) Able to be used to ensure that deaf and hard-of-hearing children meet developmental milestones toward English literacy; and

(C) Evaluated by the use of formalized evidence-based assessments.

(d) Identify procedures and methods for communicating language acquisition, assessment results, milestones, assessment tools used and progress of a child to the parent of the child and to teachers and other professionals involved in the early intervention and education of a child.

(e) Identify reporting requirements for the department to ensure that statutes and administrative rules are adequately addressing the language developmental needs of deaf and hard-of-hearing children.

## Recommendations:

The Task Force determined that EI (Early Intervention) and ECSE (Early Childhood Special Education) aged children are served very differently than are 6-8 year olds in school. The Task Force agreed upon the process for assessing children ages 0-5. Assessing 6-8 year olds will still have to be decided upon in the future. With the Task Force recommendations, DHH children will be tracked upon entry to kindergarten.

The Task Force discovered that the cognitive piece mentioned HB 3412 was already being measured adequately by the administration of the AEPS, which is already reported annually to ODE. AEPS was lacking more definitive data on language acquisition, thus necessitating the addition of selected assessments including the CASLLS, the VCLS and SKI HI (all defined in the table below). None of the assessments alone give the provider enough information to realize potential language deprivation or skill, but with the additional battery of assessments, professionals will be able to determine the amount of growth over time, as well as the areas of weakness, in order to prevent DHH children from falling farther behind in their language acquisition.

The Task Force selected the following assessments to be provided to DHH children ages 0-5:

**Table 2**

<b>SELECTED ASSESSMENTS FOR DOCUMENTING GROWTH IN SPOKEN LANGUAGE AND ASL (Standardized and Normed)</b>	<b>TIMELINE FOR PROVIDERS TO ADMINISTER AND SHARE INFORMATION WITH PARENTS</b>	<b>TIMELINE FOR DATA TO BE REPORTED TO ODE</b>
Cottage Acquisition Scales for Listening Language & Speech (CASLLS)	Every 6 months	Annually
Visual Communication and Sign Language Checklist (VCSL)	Every 6 months	Annually
Sensory [Kids]Impaired Home Intervention (SKI HI)	Every 6 months	Annually

In addition, the Task Force agreed upon the following language and literacy milestones:

### 1. 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 his/her 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 the his/her 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.

## **2. 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 his/her 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 his/her 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 his/her name.
- Your baby recognizes his/her 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-word spoken or signed phrases (e.g., baby cry, more milk, my cup, no juice).

### **3. 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 his/her 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 percent 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 2.5 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 doggies).
- 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.

### **4. 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 four- to five- 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 him/her.
- 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.

## **5. 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 or 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,” and “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).  
<https://www.cde.ca.gov/sp/ss/dh/sb210langmilestones.asp>

These milestones are to be included in every annual Individual Family Service Plan (IFSP) meeting and reviewed with the family.

### Additional recommendations by the Task Force:

- Similar to the Joint Committee on Infant Hearing suggestion, the Task Force would like to see Deaf mentors, cultural liaisons, and teachers of the deaf with an American Sign Language Proficiency Interview (ASLPI) Level 3 or above, be involved in the assessment process for all DHH children in Oregon. There is a need for families to have exposure to the Deaf Community and learn about ASL given they may have had no previous experience.
- Language acquisition has long term effects for DHH people. Research shows that learning ASL *helps* learning a spoken language; there is no detriment to learning ASL as well as spoken language. The goal is for DHH children to be ready to access the kindergarten curriculum by possessing foundational language skills.
- For those children with multiple disabilities who show limited language or communication growth after a span of two years, the IFSP team and parent may determine to cease assessing language acquisition through this assessment battery, and focus on the acquisition of other communication skills.
- If no progress has been made on any of the 3 assessments, and there is no other disability apparent, providers need to offer an alternative language acquisition path

through an IFSP meeting that includes the provider/teacher, parent, and deaf mentor/cultural liaison.

## **Expanded Meeting Summaries:**

All voting members met each of the four times, either in person or on the phone, to examine a long list of proposed assessments, to discuss the merits and disadvantages of each and, with the majority in agreement, the Task Force selected three assessments to be used simultaneously. The members who were not in complete agreement were concerned with the additional obligation on service providers in terms of staffing costs, staffing ability to fulfill this mandate and the replacing of intervening time with testing. Below is a summary of each meeting.

### **October 18, 2017 (Meeting 1)**

At this first foundational meeting, the Task Force facilitator and the liaison provided information about the process for making recommendations and decisions. Task Force members introduced themselves and identified their connection to the work at hand. It was shared that other states are making LEAD-K (Language Equality and Acquisition for Deaf Kids) efforts to improve Deaf Education. The effort for HB 3412 stemmed from the CNA (Community Needs Assessment) conducted by the Oregon Department of Education (DHS) last year, to ascertain the needs of the Oregon DHH community better.

The Task Force recognized that this process is the next step; the Oregon Health Authority's Early Hearing Detection and Intervention program has done its job of early detection and diagnosis of hearing loss. The effect of hearing loss can be language deprivation and this Task Force understands the urgency for ensuring young DHH children receive appropriate services, and that their families are well-informed of the effects that hearing loss can have on a child's ability to acquire language, to attain literacy, to succeed in school.

Task Force members agreed that accurate information shared with parents was integral for the success of the DHH child, and special consideration was given to families experiencing poverty, members of underrepresented groups, children with an additional disability, and people residing in rural areas of Oregon. There are efforts across our state to improve services for all DHH children and to reach an equitable service level. HB 3412, advocating for a standardized approach to language assessment, will help everyone track and monitor language growth for all DHH children in Oregon.

This meeting's homework was to submit any and all applicable language assessments to discuss at the next meeting and to formulate a table of criteria with which to judge the assessments.

The Task Force ended the meeting by voting Representative Tawna Sanchez to be the chair.

### **October 26, 2017 (Meeting 2)**

Task Force members created the following criteria with which to judge the many assessments used to determine language acquisition:

1. Age appropriate and normed
2. Accessible to the child
3. Accessible to the parent
4. Measures emerging literacy skills
5. Measures language development
6. Respects both American Sign Language (ASL) and spoken language of the child's home
7. Can be used with multi-lingual or mono-lingual non-English speakers
8. Social skills development included

Members met on videophone with one of the creators of the similar bill in California (Senate Bill 210), Julie Rems-Smario. She was able to relate the process, intent and progress of California's task force, and also shared their milestones for review and consideration by Oregon's Task Force.

### **November 27, 2017 (Meeting 3)**

The Task Force whittled the extensive list of assessments down to the three, with the recommendation that the three assessments be administered in conjunction with each other; meeting the criteria of the bill and achieving the satisfaction of most Task Force members.

Members also recommended resources for parents, including video samples of children reaching the milestones outlined. They liked the visual representation of milestones that California delegates created, however that graphic is still in draft form. There is need for further work to make the milestones more easily understood by parents, and there is also further work needed for DHH students in the 6-8 years' age range.

The Task Force agreed that the frequency of the assessments should be done *minimally* every six months, and more frequently based on the child's needs.

**December 7, 2017 (Meeting 4)**

The Task Force recommended re-evaluating how this data is housed, making it both confidential and accessible for professionals with the decision-making authority regarding the education of DHH children in Oregon.

**Conclusion:**

In conclusion, this Task Force included highly-adept and knowledgeable professionals and parents about deaf education. Members discussed and determined the appropriate measures for ascertaining the language acquisition of DHH children 0-5. The three assessments selected, to be taken on a biannual schedule and reported annually to ODE, will be a step forward for Deaf Education by ensuring that language deprivation is not a barrier for accessing the kindergarten curriculum for DHH children in Oregon.