

**Annual Report of Language Assessment Program-Deaf/Hard of Hearing  
For 2020**

**In accordance with K.S.A. 75-5397e which created a language  
assessment program for children who are deaf or hard of hearing**

Submitted to:  
Kansas Commission for the Deaf/Hard of Hearing  
Senate Committee on Education  
House Committee on Education  
Report Date: January 29, 2021

This report is submitted in compliance with K.S.A. 75-5397e which requires Kansas Commission for the Deaf/Hard of Hearing (KCDHH) to "publish a report that is specific to language and literacy developmental milestones of children who are deaf or hard of hearing for each age from birth through the age of eight, including those who are deaf or hard of hearing and have other disabilities, relative to such children's peers who are not deaf or hard of hearing. Such report shall be based on existing data reported in compliance with the federally required state performance plan on pupils with disabilities. KCDHH shall publish the report on its website."

## INTRODUCTION

Early fluent communication is critical and essential to typical cognitive, social, and emotional development and should be pursued vigorously by any mean or mode that is effective for each individual child. The purpose of K.S.A. 75-5397e is to ascertain and monitor the acquisition of language by young children who are deaf/hard of hearing, which will provide the data needed to determine whether current interventions are effective and should be continued or whether alternative interventions should be considered.

The Language Assessment Program-Deaf/Hard of Hearing (LAP-DHH) is being implemented in phases for practical reasons. Beginning in July 2018, LAP-DHH specialists began assessing children who were currently being seen through Kansas School for the Deaf's (KSD) Sound START (ages birth-three). In August 2019, children who were in KSD's Early Childhood were added to LAP-DHH. Children who were seen through KSD's Outreach Program were also added. Additional funding was not obtained in 2020; therefore, the LAP continues to operate in Phase 2. Future phases will be implemented pending funding, staffing, and logistics of the program.

## METHODOLOGY

As of December 31, 2020, 77 children who were deaf/hard of hearing were enrolled in LAP-DHH. Of those children, 64 children were assessed. Forty-five children were ages birth to three, 15 children were ages three to five, and 3 children were ages five to eight. Fourteen children attended Kansas School for the Deaf; 5 children attended early childhood classes in their home school district, at a private early childhood center, or did not receive early childhood services; and the remaining 45 children were in Sound START.

As a result of the COVID-19 pandemic, Kansas was placed on a state-wide stay-at-home order and Kansas schools were closed to in-person learning in March 2020. Schools remained closed through the remainder of the school year, and face-to-face home visits were prohibited depending on county and tiny-k agency guidelines as well as comfort level of the family. In light of those decisions, LAP-DHH assessments were put on hold from March 23 through September 9, 2020. After that time, LAP-DHH specialists followed the guidance, policies, and procedures of KSD, the local tiny-k/school districts, and individual county health departments regarding in-person assessments. This resulted in many assessments needing to be administered through virtual platforms as opposed to face-to-face. Tests that were administered in person required the use of face masks. These modifications had an inherent negative impact on the accessibility of American Sign Language (ASL) and spoken English between the LAP-DHH specialists and the children being evaluated. Therefore, the LAP-DHH assessment results for 2020 should be considered with caution.

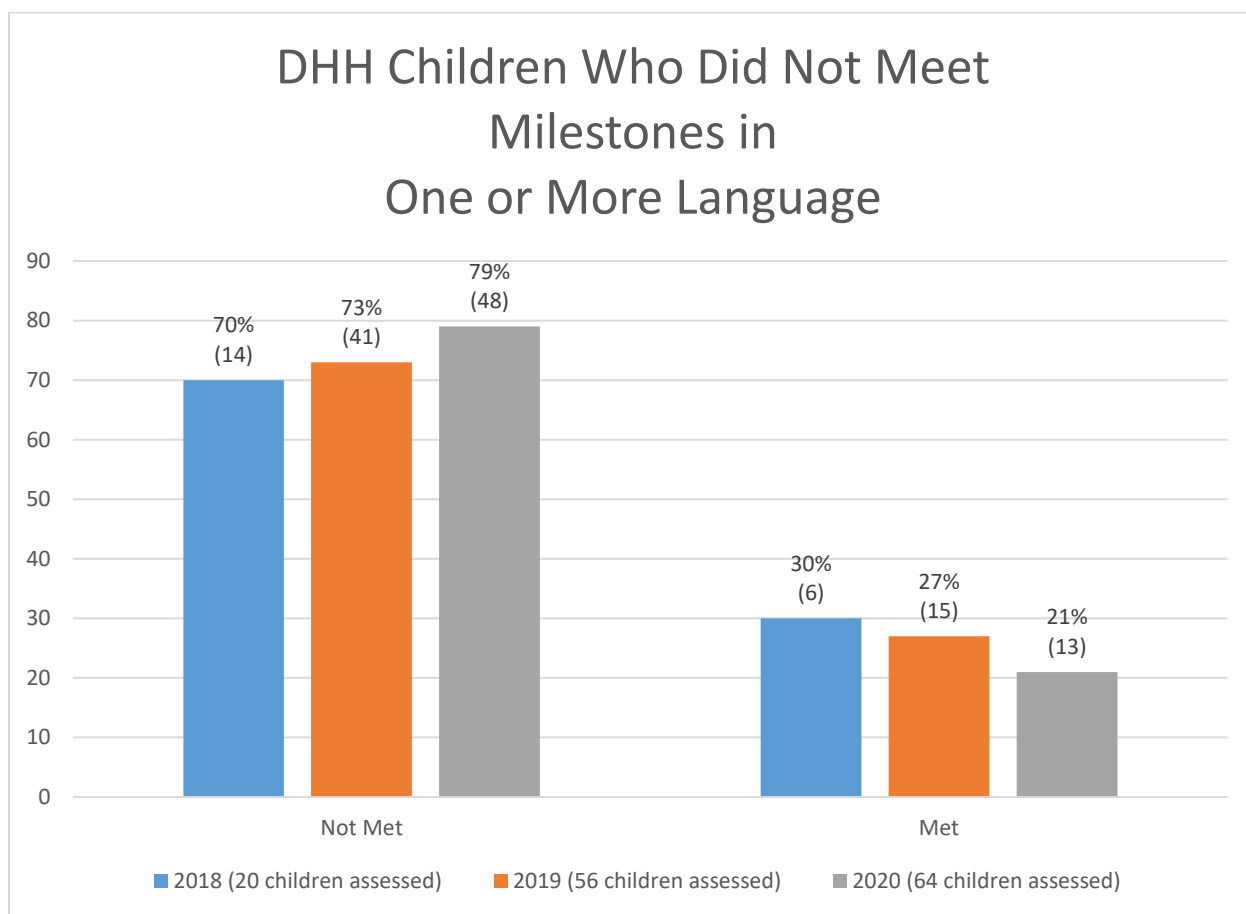
Children were assessed following a specific assessment protocol which included using one or more of the following assessments: *MacArthur-Bates Communicative Development Inventories-English*; *Visual Communication and Sign Language Checklist*; *Cottage Acquisition Scales for Listening, Language, and Speech*. If a child had additional disabilities and used pre-linguistic communication, that child was assessed using the *Communication Matrix*. These assessments relied primarily on provider observation and family/teacher input. If possible, children were also observed in their home environment and/or their school setting. The assessments were administered and analyzed by LAP-DHH specialists trained in the administration of those specific assessments.

Using the results of the assessments, LAP-DHH specialists completed a *Language Milestones: American Sign Language and English* document for each child. The document indicated whether or not the child had met their age-appropriate language milestones. The results reported below are based on that document.

## RESULTS

Of the 64 children who were assessed through the LAP-DHH, 3 children were not assessed as another language was used in the home, and the children had not been exposed to ASL or spoken English. Of the 61 children who were assessed, 48 (79%) did not meet milestones in either language. Thirteen children (21%) met age-appropriate milestones in one or both languages.

Of the 26 children whose ASL was assessed, 25 children did not meet the age-appropriate milestones. Of the 57 children whose English was assessed, 45 children did not meet the age-appropriate milestones. Nine children had an additional disability, and one child was assessed using the Communication Matrix.



## EXISTING DATA/State Performance Plans

K.S.A. § 75-5397e(h) requires that this report include “existing data reported in compliance with the federally required state performance plan on pupils with disabilities.” The Kansas State Department of Education (KSDE) is responsible for submitting the state performance plan under Part B of the Individuals with Disabilities Education Act, the federal law with rights and responsibilities for children with disabilities and an individualized education program (IEP). The advisory committee on the language assessment program determined that the most relevant portion of the Part B state performance plan to the current population and focus of the language assessment program is Indicator 7.B1: The percent of preschool children aged 3 through 5 with IEPs who demonstrate improved acquisition and use of knowledge and skills (including early language/communication and early literacy). During the 2019–20 school year (the FFY 2019 state performance plan), 89.77% of preschool children aged 3 through 5 with IEPs with any primary or secondary disability category that is not hearing impairment\* demonstrated improved acquisition and use of knowledge and skills

(including early language/communication and early literacy). In contrast, during the 2019–20 school year (the FFY 2019 state performance plan), only 80.00% of preschool children aged 3 through 5 with IEPs with a primary or secondary disability category of hearing impairment demonstrated improved acquisition and use of knowledge and skills (including early language/communication and early literacy).

The percentage dropped for children with a primary or secondary disability category of hearing impairment from the 2018–19 school year (the FFY 2018 state performance plan). During the 2018–19 school year (the FFY 2018 state performance plan), 89.32% of preschool children aged 3 through 5 with IEPs with any primary or secondary disability category that is not hearing impairment demonstrated improved acquisition and use of knowledge and skills (including early language/communication and early literacy). During the 2018–19 school year (the FFY 2018 state performance plan), 87.50% of preschool children aged 3 through 5 with IEPs with a primary or secondary disability category of hearing impairment demonstrated improved acquisition and use of knowledge and skills (including early language/communication and early literacy).

## **CONCLUSION**

Limited access to language (signed and/or spoken) is a primary factor causing the language delay of deaf/hard of hearing children (DHH), and the potential impacts of a language delay have significant, long-reaching effects. In fact, limited access to language and communication has been identified as a critical root cause for the gaps in postsecondary outcomes of people who are DHH. Language and communication are the basis for development in *all* aspects of life. Language delay can have a negative effect on an individual's social-emotional well-being, disposition, cognitive ability, daily living skills, and the ability to be a contributing, tax-paying citizen. Without language, our DHH children will not have the same opportunities to reach social, academic, and employment success as their hearing peers.

The Language Assessment Program-Deaf/Hard of Hearing looks forward to continuing to work collaboratively with all stakeholders to implement and advance the program which will lead to positive language acquisition in Kansas' children who are deaf/hard of hearing. Early language acquisition will result in early fluent communication, data-driven interventions, language without limits, and deaf/hard of hearing children with age-appropriate language facility.

\*Hearing impairment is the term used in federal special education law.