

## Creating Opportunities for Tennesseans Birth to 21 who are Deaf, Hard of Hearing, and DeafBlind

TN families with children who are deaf, hard of hearing, or deaf blind (henceforth D/HH DB) are concerned with the access their children have to high quality programs and certified professionals, and their language acquisition as a result. Without consideration of communication and educational placements, D / HH and DB children's cognitive, emotional, linguistic, social, and academic needs may be endangered. Thus, a persistent pattern of ignorance and oppression of D / HH DB children may exist, impede educational potential for excellence, and limit employment options. Families have expressed the need for TN to put into place a specific state law that recognizes the unique language needs of their children.

Based on a survey of stakeholders and families with D/HH DB children and their children's unique language and communication needs (August, 2016) they identified specific tenets must be included in TN's educational / legislation:

1. Families must have easily available resources and access from the date of identification to quality language learning and fluid communication at home, in and out of the community, and full implementation in educational settings,
2. A formally constructed *Language Acquisition Access Plan* must be implemented as part of / in addition to their IFSP or IEP,
3. Language access and acquisition must become the top priority in educational programming (birth – graduation),
4. Children must have access in the home, community, educational settings, evaluations, to highly qualified, professionally trained, and certified individuals with fluent communication skills in the field of D/HH DB (birth through graduation) and
5. Educational placements must be reconsidered and reflect appropriate alternatives for their child.

The CDC has recognized and acknowledged this dilemma. Language is an essential component of normal development. Hearing loss interferes with the development of language. John Eichmwalk stated in 2010, "Undetected hearing loss can delay speech and language development and has been described as a neurodevelopmental emergency." Evidence demonstrates that when infants with hearing loss are identified in the first few months of life and receive appropriate intervention services, 80% are able to maintain age-appropriate language and speech development in the first five years of life. If the brain is deprived of language exposure (visual and/or auditory) the child may have a difficult time 'catching-up,' negatively impacting the ability to engage with the world. The critical period for language development is early; if a child does not acquire language

before age five, the child is unlikely to ever have native-like use of any language. Such language deprivation carries risks of cognitive delay and psycho-social health difficulties.

Regardless of the method of language learning (visual / auditory), deaf and hearing children need to have consistent access to a natural language if they are to have the tools necessary for becoming literate, obtain a comprehensive education, and become employable citizens. Whatever language system a D/HH or DB child might experience at school, language learning cannot stop there. Unless D / HH DB children can bring language home with them and use it during play, to get help with schoolwork, and to communicate with their families, they cannot be expected to reach their full potential.

“Language is language, and the earlier it’s presented, the better. More importantly, the delay of language is costly, and the lack of language input during the first 4-6 years during audial and visual cortex pruning can cause irreparable developmental delay. The more opportunities our young children have to accessing early language, the more likely they are to fulfill their potential as successful human being who can connect meaningfully with others, succeed in school and career, advocate for themselves, and ultimately find a place of significance in the world. As long as they ARRIVE at that place, does it really matter how they got there? “Dr.

R. St.John, MD, FAAP

According to Mark S. Gaylord, Champion, TN Chapter Neonatologist, University of one third of the babies that do screen in TN are lost to further follow up, potentially delaying an identification of hearing loss and impeding communication development.

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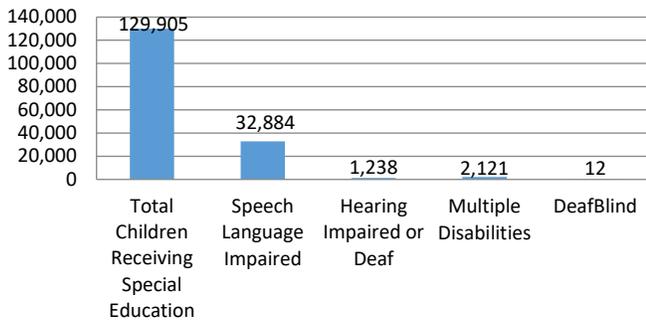
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M.D., Newborn Hearing Chapter American Academy of Pediatrics, Tennessee Medical Center, in TN not pass their initial hearing

Despite decades of concerted effort, most D/HH DB children in this country still progress far more slowly than hearing children in learning to read. D/HH DB students leave school at a relatively greater disadvantage, lagging farther behind hearing peers, than when they entered. Deaf Education is a composite of special education, general education, communication adaptations, and curriculum additions. There is no single option that is right for all children born with hearing loss. Since the education of the deaf began in the late 1800’s until the present day what has proven to be successful is that D/HH DB children with D/HH DB parents are better readers and writers. They have language from birth. Today increased numbers of D/HH DB children are achieving grade level success due to early hearing identification, access to early intervention, early access to fluent language, and exposed to English.

Families of children who are D/HH DB, professionals, and community members have expressed the need for TN to put into place a specific state law that recognizes the unique language needs of their children. Educational achievement for children D/HH DB, birth to 21, has improved for a few, while those students needing expanded access to language and fluid communication are not acquiring language at the same rate as their peers. Stakeholders and policy makers will work together to create educational policies that do not limit educational excellence nor employment opportunities for Tennesseans who are Deaf, Hard of Hearing, or DeafBlind.

## 2015 TN Public Schools: Special Education

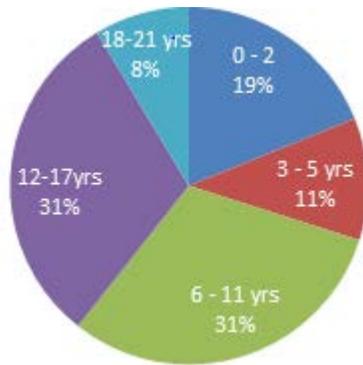


Data from:

[http://www.tn.gov/assets/entities/education/attachments/asr\\_1415.pdf](http://www.tn.gov/assets/entities/education/attachments/asr_1415.pdf)

Hearing loss is a low-incidence disability – 0.11% of the estimated school age population and 1.2% of all students with disabilities. Deaf Plus is approximately 40% of children identified with hearing loss also have other issues (many & varied). Infants and toddlers with multiple issues are more likely to have undetected, or late identified, hearing and vision loss (more than their typically developing peers). *The Book of Choice*, by L. Seavers.

## 2015 TN DeafBlind Population by Age

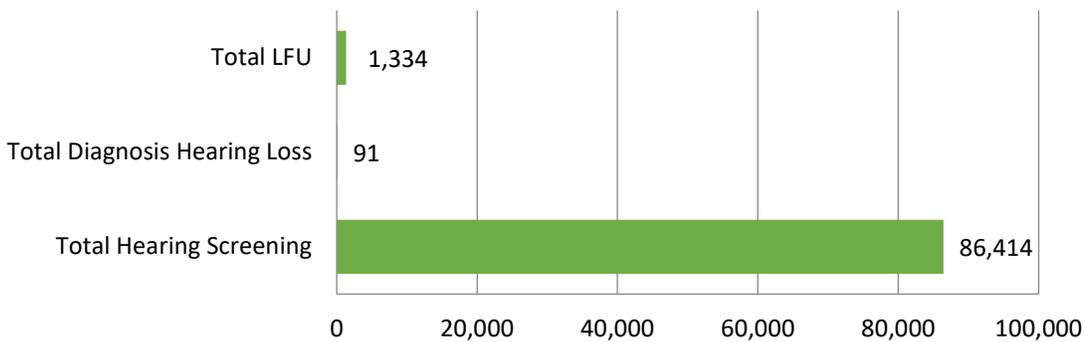


Data from:

<https://nationaldb.org/groups/page/11/national-child-count>

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## 2015 TN Newborn Hearing Screening



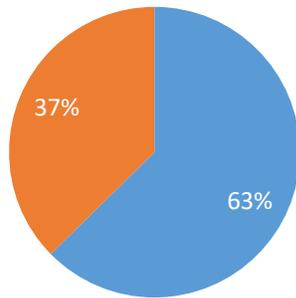
Data From: TN Department of Health, Newborn Hearing Screening (EHDI) [Yinmei.Li@tn.gov](mailto:Yinmei.Li@tn.gov)

*Lost to Follow-up* (LFU) refers to infants who did not pass newborn hearing screening, but failed to receive the next step of treatment, be it rescreening or comprehensive audiologic evaluation

[https://www.aap.org/en-us/advocacy-and-policy/aap-healthinitiatives/PEHDIC/Documents/Newborn\\_Hearing\\_Screening\\_Considerations.PDF](https://www.aap.org/en-us/advocacy-and-policy/aap-healthinitiatives/PEHDIC/Documents/Newborn_Hearing_Screening_Considerations.PDF)

## 2015 TN Early Identification: 91 Children Identified with Hearing Loss

■ IFSP for Early Intervention   ■ Decline IFSP for Early Intervention



Data From: TN Department of Health, Newborn Hearing Screening (EHDl) [Yinmei.Li@tn.gov](mailto:Yinmei.Li@tn.gov)

*Lost to Treatment / Early Intervention:* This means the failure for a child with an identified hearing loss to receive needed therapeutic services and failure for families to receive needed information to support decisions regarding treatment options. From American Academy of Pediatrics.

[https://www.aap.org/en-us/advocacy-and-policy/aap-healthinitiatives/PEHDIC/Documents/Newborn\\_Hearing\\_Screening\\_Considerations.PDF](https://www.aap.org/en-us/advocacy-and-policy/aap-healthinitiatives/PEHDIC/Documents/Newborn_Hearing_Screening_Considerations.PDF)

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*Tracy Duncan has been a passionate Deaf Educator since 1977. She is on the Board for TN Hands & Voices, TN EHDl Newborn Hearing Task Force, TN Council for the Deaf, DeafBlind, and Hard of Hearing, and is the coordinator for the grassroots organization comprised of family and stakeholders formed in 2010 to seek improvements in TN's language access/language acquisition learning programs for children who are D/HH DB.*

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