



Interpreting Services for the Deaf or Hard of Hearing

What the 2006 IDEA Part B Final Regulations Say

Interpreting Services are addressed under Related Services §300.34(c)(4) of the 2006 IDEA Part B Final Regulations.

This section is very specific in stating that these services are intended for children who are deaf or hard of hearing and not for limited English proficient (LEP) children.¹ They are written broadly by intention to encompass the many different types of services. The regulations specify oral transliteration (oral interpreting) and cued language (speech) transliteration, as well as sign language transliteration and interpreting services.

The critical changes to this section are the additions of transcription services and services for children who are deaf-blind. Several examples of transcription services to include CART, C-Print and Type Well were provided. The Department of Education (ED) referred only to “special interpreting services” for the child who are deaf and blind because of the many and varied methods.

ED, in the Analysis of Comments and Changes section of the regulations declined the opportunity to specifically list American Sign Language (ASL), indicating that the general term “interpreting services” is broad enough in scope to include it. There was a discussion regarding the qualifications of interpreters. ED declined to add anything to the section citing that §300.156 provides states the opportunity to establish personnel qualifications (refer to IDEA Issue Brief on Personnel Preparation).

Implications for ASHA Members

This section broadens the more typical thinking that interpreting is the provision of sign language only. It provides the child with options based on their specific communication needs. ASHA professionals will need to have the skills, abilities, and tools to adequately assess the child’s receptive communication skills and abilities in several modalities (e.g., speechreading, use of residual audition) to best advocate for the child based on his/her abilities. This should allow the child the most appropriate interpreting or transliteration services.

Transcription systems require the child to take advantage of the printed word in an almost real-time environment. Speech-language pathologists can assist access to this type of service as they work with children who are deaf, hard of hearing, or deaf-blind to improve their reading skills, vocabulary development, and language.

What ASHA Members Can Do

¹ In the Analysis of Comments and Changes discussion section of the regulations, ED clarified the requirements to provide interpreting services to students who are limited English proficient by citing other relevant references.

ASHA members need to expand their assessment protocols for children who are deaf or hard of hearing to determine their ability to use different modalities for receptive communication. Cued speech, speech reading, and the auditory recognition of running speech, as found in the classroom, become critical determinants in the provision of the optimal interpreting services. Typically, these decisions have been left to teachers of the deaf and hard of hearing. Now, the new Part B regulations offer ASHA members a great opportunity for input.

Audiologists and speech-language pathologists should familiarize themselves with the different transcription systems to help determine if the child who is deaf, hard of hearing, or deaf-blind can access them. Each system has its own benefits and limitations which could impact the child's success.

For more information, please contact Anne Oyler, Associate Director, Audiology Professional Practices, at aoyler@asha.org.