



White Paper:

Kindergarten Readiness for Children Who are Deaf or Hard of Hearing *Overly Prescriptive LEAD-K Mandates are Misguided and Unnecessary*

Policy Statement

ASHA opposes the tenets of LEAD-K and related legislation in federal and state legislatures. ASHA supports state efforts to enhance current programs under EHDI and IDEA to ensure that appropriate assessments, services, and funding exists to provide a smooth transition through these programs.

Rationale

ASHA supports ensuring young children who are deaf or hard of hearing (D/HH) have a strong language foundation. However, creating costly commissions, prescriptive requirements, additional assessments, and data collection measures may be duplicative of existing programs and is a misguided use of already strapped state budgets. Data collection systems already required by EHDI and IDEA should be accessed to monitor progress of children in early intervention and K-12 programs who are D/HH.

Background

Language Equality and Acquisition for Deaf Kids (known as LEAD-K) is a national campaign to promote language acquisition for children who are deaf or hard of hearing (D/HH). According to the LEAD-K website, the campaign intends to propel state-level legislative, litigation, and social media efforts. The campaign's strategies are twofold: 1) raise the awareness and understanding of the general public, parents, and the education system of a deaf child's experience in language learning, the role of visual learning for a deaf child and how that impacts their educational success; and 2) to work with other partners to change public policy related to the education of deaf children who use American Sign Language (ASL), English, or both language, for Kindergarten-readiness.

The campaign has initiated legislative efforts in states that are often prescriptive, duplicative, costly, and may usurp mandates set forth in the Individuals with Disabilities Education Act (IDEA) for providing all children with disabilities an individualized family service plan (IFSP) and individualized education program (IEP).

Families of children who are D/HH already have access to assessment and intervention services for their child through IDEA and the state early hearing detection and intervention (EHDI) programs. The statute requires that children with suspected disabilities, including those who are D/HH receive a comprehensive assessment by a full range of qualified professionals and that the IFSP/IEP team (including parents) be convened to determine the appropriate supports and services necessary to enable the child to benefit from his/her educational program. The federal EHDI program enables states, territories, families, and providers to develop complete and coordinated systems of care so that newborns, infants, and young children who are D/HH are identified and get the care they need when they need it.

LEAD-K's Mission

Some advocacy groups, including proponents of LEAD-K, believe the civil rights of all children who are deaf are violated unless they have the opportunity to acquire a visual language (i.e., ASL). Organizations such as the National Association of the Deaf (NAD) and the Conference of Educational Administrators of Schools and Programs for the Deaf (CEASD) are actively working at both the federal and state level to mandate:

- access to ASL;
- regularly scheduled language assessments; and
- collection of outcomes data for all children who are D/HH in public education settings.

These initiatives are consistent with the LEAD-K campaign, whose aim is to decrease the number of children who are D/HH entering school without language.

The mission of LEAD-K is to ensure the foundation of language necessary for acquisition of English literacy when they enter school. Although LEAD-K supporters believe that children who are deaf benefit most from ASL, its stated objective is language acquisition regardless of the language used, whether ASL, English, or both. The LEAD-K campaign calls for testing language development in ASL and/or English when children are first identified as deaf and every three months afterwards, from age 0 to 5, as part of the IFSP or IEP process. It also promotes informing parents about the benefits of ASL and providing them with opportunities and resources to learn ASL. While there is variation in legislative intent at the state level in terms of language acquisition, required assessments and assessors, and the role of a state commission, the legislative intent of the national LEAD-K campaign is to promote access to language to ensure kindergarten readiness.

ASHA's Principles for Supporting Children Who Are D/HH

ASHA supports ensuring young children who are D/HH have a strong language foundation for kindergarten readiness, literacy, and future language learning and academic success. ASHA recognizes that policies are already in place through federal laws (i.e., EHDI, IDEA) that address the health and education needs of infants and children identified with a hearing loss. States can look to these established federal/state systems and support and build upon those to improve outcomes for children who are D/HH.

ASHA's supports a family's right to determine the most appropriate language, communication mode, and education plan for their child who is D/HH based on informed, evidence-based decision making as well as the child and family's needs.

ASHA supports the following key principles:

- Early access to language, either visual-manual (e.g., ASL) and/or listening-spoken (e.g., English);
- Parents' right to choose the most appropriate language and communication modalities for their child and family based on balanced evidence-based information;
- Assessment of language, communication, academic, and social-emotional development at an early age and throughout the child's educational experience;
- Early intervention services to support acquisition of a language base for communication during the child's early, critical years;

- Qualified personnel* to implement appropriate assessments and interventions for children who use ASL and/or listening and spoken language in the primary communication mode(s) and language(s) used; and
- Direct access to auditory and visual information necessary for instruction and other school-based programs, services, or activities in the child's preferred language and communication mode, with the appropriate supports and/or accommodations (e.g., assistive technology, interpreters). (ASHA, 2013; 2017)

ASHA supports implementation of communication and educational methods that ensure language acquisition and academic success. A multidisciplinary team, including parents and qualified professionals experienced in working with children who are D/HH, should together determine the assessments, communication methods, language and education plans, and services that are best for the child and family.

References

1. American Speech-Language-Hearing Association. (2013). Supplement to the JCIH 2007 position statement: principles and guidelines for early intervention following confirmation that a child is deaf or hard of hearing [Position Statement]. Retrieved from www.asha.org/policy/ps2013-00339/.
2. American Speech-Language-Hearing Association. (2017). Additional Education Position Statements for 2017 [Parent's Right to Choose; Alice Cogswell and Anne Sullivan Macy Act]. Retrieved from www.asha.org/Advocacy/Additional-Education-Position-Statements-for-2017/.
3. American Speech-Language-Hearing Association. (n.d.). Practice Portal Clinical Topics. Retrieved from www.asha.org/Practice-Portal/Clinical-Topics/.
4. Laurent Clerc National Deaf Education Center. (n.d.) State-by-State Resources. Retrieved from <http://www3.gallaudet.edu/clerc-center/info-to-go/national-resources-and-directories/state-by-state-resources.html>.
5. LEAD-K. (n.d.). Frequently Asked Questions. Retrieved from <http://www.lead-k.org/leadkfaq/>.
6. National Center for Hearing Assessment and Management (NCHAM). (n.d.). Retrieved from www.infanthearing.org/.

* As defined by Individuals with Disabilities Education Improvement Act of 2004, 20 U.S.C. § 303.31 *et seq.* Qualified Personnel means personnel who have met State approved or recognized certification, licensing, registration, or other comparable requirements that apply to the areas in which the individuals are conducting evaluations or assessments or providing early intervention services.