
Determining Special Education Eligibility - Deaf or Hard of Hearing

Department of Education, Office of Special Education



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Introduction

These eligibility guidelines were written to provide parents, teachers, special education personnel, administrators, and other professionals' information on the identification, verification, and determination of eligibility for special education services for children who have a hearing loss.

This category of children has been defined by both federal and state regulations. A three-part eligibility requirement for a child to be identified as a child who is Deaf/Hard of Hearing (D/HH), is as follows:

- Meet the eligibility criteria (92 NAC 51.006);
- Documentation of adverse effect on educational performance;
- Determination that a need for special education is evident.

State Definition

Deaf or Hard of Hearing (D/HH) -To qualify for special education services in the category of Deaf or Hard of Hearing (D/HH), a child must have impairment in hearing which: is so severe that the child is impaired in processing linguistic information through hearing with or without amplification, or is permanent or fluctuating, and adversely affects the child's development or educational performance.

This term combines the state definition of "deaf" contained in Nebraska Rev. Stat. 79-1118.01(4), the state definition of "hard of hearing" 79-1118.01(7), the federal definition of "deafness" in 34 CFR 300.8(c)(3), and the federal definition of "hearing impairment" in 34 CFR 300.8(c)(5).

Throughout this document the term deaf or hard of hearing (D/HH) will be used. Nebraska also extends its definition to include permanent and fluctuating losses and recognizes that these losses may have adverse effects on development, as well as educational performance. In those respects, Nebraska has created more flexibility in identifying and serving children with hearing loss.

Under the state definition, any child with a hearing loss, regardless of type, degree, configuration, etiology, or permanency of the loss may be eligible for special education services. The initial task of the Multidisciplinary Evaluation Team (MDT) and the continuing task of the Individual Family Service Plan (IFSP) and Individualized Educational Program (IEP) teams are to determine if the hearing loss has adverse effects on the child's development or educational performance.

Section 1: MULTIDISCIPLINARY EVALUATION (MDT) CONSIDERATIONS

The Multidisciplinary Team (MDT) should include at least the following members:

- The child's parent(s);
- The child's teacher or teacher qualified to teach the child's specific age;
- An educator endorsed to teach a child who is Deaf or Hard of Hearing (D/HH);
- A speech-language pathologist;
- A school district administrator or designated representative.

In addition, the MDT should consider the following team members:

- An audiologist or an individual qualified to interpret the results of the audiological report

Section 2: GUIDELINES

In order for a child to be determined eligible as a child who is Deaf or Hard of Hearing (D/HH), the evaluation should include:

- A written report, with diagnostic documentation, signed by a licensed or certified audiologist verifying a unilateral or bilateral hearing loss based on a current audiological evaluation.
- The analysis and documentation of the adverse effect the impairment has or can be expected to have on the development or educational performance of the child in at least one of the following areas:
 - Effective communication;
 - Expressive or receptive language development;
 - Speech reception or production;
 - Academic and vocational performance;
 - Cognitive ability;
 - Social or emotional competence;
 - Adaptive behavior skills; or
 - Result in a social/behavioral disability.

Children who are deaf or hard of hearing represent a heterogeneous group. Communication preferences and uses by the parents, child, and family must be considered when planning and conducting assessments/evaluations to determine the child's present level of functioning, development, or progress in acquiring and using language.

Implications for Assessment/Evaluation:

In observing, assessing, and evaluating the child's communication abilities/levels, the following factors related to the communication modality of the child must be considered:

1. Communication mode(s) used by the child (and parents);
2. Sophistication of language used by child and partners (parents, siblings, teachers, and peers) in the preferred communication mode(s);
3. Communication and language used with and by the child and interacting partners in various environments (e.g., home, school, playground, etc.);
4. Amount of exposure/access to and use of language in the chosen communication mode(s).

Section 3: PROCEDURES TO DETERMINE ADVERSE EFFECT ON DEVELOPMENT/EDUCATIONAL PERFORMANCE

FACTORS TO CONSIDER

Many factors must be considered in determining if a hearing loss is causing or can be expected to produce significant delays in the child's development or educational performance. These factors include, but are not limited to:

- › Type, degree, and configuration of the hearing loss
- › Cause (if known)
- › Nature/status (permanent, fluctuation, etc.)
- › Age of onset
- › Age of identification
- › Current age
- › Amplification history
- › Intervention history and response
- › Communication modes used by parents, child, and family
- › Language exposure/access and use
- › Relevant family/medical history
- › Current education placement (communication, language, academic, social-emotional)
- › Postsecondary/transition needs
- › Social/emotional skills
- › Adaptive behaviors

Examination of each of these factors may lead to additional considerations. Audiologists, teachers of the Deaf/Hard of Hearing (D/HH), and speech-language pathologists (SLP) are the primary professionals who can determine how these factors may impact the child. Parents, medical professionals, classroom teachers, and the child him/herself can also provide information important in determining the impact of the hearing loss. When concomitant learning or developmental needs exist, the team must determine which condition is the primary cause of the need.

The MDT must determine whether the adverse effects on communication, language, educational performance, or social competence are primarily a result of the hearing loss.

The following questions are to guide documentation and determination of whether the disability has an adverse effect on the child's developmental/educational performance.

Effective signed, spoken, or written communication

Turn taking

- Does the child only ask and answer questions or does he/she contribute to a conversation?
- Does the child ask questions in class at the appropriate times?
- Does the child initiate and terminate a conversation?
- Does the child understand and respond to signals (verbal, signed, and/or body language) by multiple communication partner(s)?
- Does the Child know how to respond to signals by a communication partner?

Maintaining Interaction

- Does the child stay on topic?
- Does the child appropriately transition to a new topic?
- Does the child maintain a conversation by adding related information?

Register (any of the varieties of a language that the child uses in a particular social context)

- Does the child use appropriate register for the communication situation?
- Does the Child adjust his/her register appropriately for the communication situation?

Expressive or receptive language development

Vocabulary

- Does the child comprehend and use vocabulary appropriate for his/her age/grade level in:
 - General vocabulary?
 - Content specific vocabulary?
 - Figurative language?

Functional Language

- Does the child tell a story?
- Does the child understand and use narrative discourse?
- Does the child ask questions to get his/her needs met?
- Does the child follow simple commands?

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- Does the child answer basic questions?
 - Does the child code with to match the modality of the communication partner?

Academic Language

- Does the child understand and use language with embedded concepts?
- Does the child understand and use the language of directions (describe, explain, compare, etc.)?
- Does the child follow multiple step directions?
- Does the child understand and use expository text structures?

Speech reception or production

Reception

- Phonemic/phonological awareness
 - Does the child have the ability to process individual sounds?

Speechreading

- Is the child skilled at speechreading?

Production/Articulation

- Does the child use speech that is intelligible to an unfamiliar listener?
- Does the child use appropriate prosodic features in:
 - Inflection?
 - Rate?
- Does the child have oral motor problems?
- Is the child's speech production age appropriate?

Pre-academic

- Is the child meeting age appropriate milestones?

Cognition

Critical Thinking/Judgement

- Does the child compare/contrast, analyze, categorize, differentiate when interpreting data or information

Attention/Focus

- Does the child focus on tasks in which they are involved?
- Does the child follow multiple directions?
- Does the child continue to focus on tasks when distractions are present?

Problem Solving

- Does a child come up with multiple solutions to a problem?

Decision Making

- Does a child consider the possible consequences and make good choices/decisions?

Academic or vocational performance

Academic

- Does the child meet district standards (outcomes) for his/her grade level?
- Does the child's progress reflect his/her ability levels?

Reading:

- Does the child have the perceptual, conceptual, and linguistic base to support the reading process?
- Does the child interpret meaning from print (pictures, words, graphs)?
- Does the child decode printed materials accurately and fluently?
- Does the child use contextual cues to help him/her understand passages?
- Does the child interpret literature?
- Does the child identify the components of a variety of literary genre
- Does the child respond correctly to basic questions about a passage
- Does the child apply reading skills to acquire information from print?

Math:

- Does the child understand mathematical concepts and processes in:
 - Concept of Number?
 - Mathematical language?
 - Mathematical reasoning?
 - Mathematical relationships?
- Does the child apply the fundamentals of math to everyday life?
- Does the child organize and interpret graph representations of data (charts, bar graphs, pie-graphs, etc.)?
- Does the child understand patterns that describe mathematical relationships?

Written Language:

- Consider the following areas:
 - Idea development
 - Organization
 - Word choice
 - Voice
 - Sentence fluency
 - Conventions

Vocational

- Does the child have communication skills required to obtain and maintain employment?
- Does the child advocate for him/herself?

Social or Emotional Competence

Independent/Self Advocacy Skills

- Does the child function independently in social situations?
- Does the child communicate to get his/her educational needs met?
 - Does he/she ask for clarification when needed?
 - Does he/she ask for preferential seating when needed?
- Does he/she use assistive devices appropriately?
- Does the child accept responsibility for his/her own actions?

Self-esteem

- Is the child's self-esteem affected by his/her hearing loss?
- Does the child have appropriate relationships with peers that are deaf or hard of hearing?
- Does the child have appropriate relationships with typical hearing peers?
- Does the child have appropriate self-confidence?
- Does the child have problem solving skills?
- Is the child assertive?

Section 4: RELATED DEFINITIONS

Amplification – Refers to a variety of devices or systems designed to enhance the sound signal, primarily speech, received by the individual who is deaf or hard of hearing (D/HH).

Audiogram – A graphic representation of thresholds of sensitivity to auditory stimuli.

Audiological Evaluation – A series of tests consisting of evaluations designed to determine the presence or absence of hearing loss for eligibility purposes. May include, but is not limited to:

- **Pure tone audiometry (air conduction/bone conduction):** threshold evaluation of hearing sensitivity designed to determine the amount, type, and configuration of hearing loss.
- **Acoustic Immittance Measurements:** a series of procedures primarily designed to objectively determine the integrity of the outer and middle ear mechanism. May include, but is not limited to, tympanometry, acoustic reflex testing, reflex decay, and physical volume measurements.
- **Speech reception and recognition:** measures of auditory function utilizing speech stimuli.
- **Otoacoustic Emissions Tests (OAE):** objective evaluation involving measurement of sound emitted from the ear linked in time to a stimulus and measured in the external ear canal. One of the two primary tests used with very young children and the difficult to test population.

- **Auditory Brainstem Response (ABR):** objective evaluation involving measurements of neurological activity in the brain in response to auditory stimuli.
- **Tympanometry:** A method of measuring the middle ear function. An abnormal tympanometry can indicate middle ear dysfunction (fluid in the middle ear due to otitis media, problems with the middle ear bones and muscles, and/or problems with the eardrum).

Audiologist, licensed or certified – An individual who holds a license to practice audiology in Nebraska, or a Nebraska Department of Education Endorsement in Educational Audiology.

Cochlear Implant – A small, complex, electronic device that is surgically placed under the skin behind the ear. A cochlear implant can help to provide a sense of sound to a person who is deaf or hard of hearing (D/HH).

Current Audiogram – An audiogram completed within the previous 12 months. In some instances it may be necessary to have more recent audiological information.

Diagnostic Documentation – Testing results.

Hearing Loss Types:

- **Auditory neuropathy:** a condition of the auditory nerve with normal sensory function.
- **Conductive hearing loss:** a condition of the outer or middle ear that prevents sound from being carried to the inner ear. This type of hearing loss often can be medically treated.
- **Sensorineural hearing loss:** a condition of the inner ear (cochlea or auditory nerve is damaged or defective). This type of hearing loss is usually permanent.
- **Mixed hearing loss:** a condition involving both a conductive loss and a sensorineural hearing loss. In other words, there may be damage in the outer or middle ear and in the inner ear (cochlea) or auditory nerve.

Hearing Loss Descriptors:

- **Fluctuating hearing loss:** a hearing loss that varies over time.
- **Progressive hearing loss:** a hearing loss that becomes more severe over time.
- **Bilateral hearing loss:** a hearing loss existing in both ears.
- **Unilateral hearing loss:** a hearing loss existing in one ear only.

Section 5: FREQUENTLY ASKED QUESTIONS

1. Would a child who has a cochlear implant be identified as a child who is deaf or hard of hearing?

A cochlear implant is an assistive hearing device. An audiological assessment of the child without the cochlear implant should be used for initial identification purposes. If the MDT determines the child meets other eligibility criteria, the child would be identified as a child who is deaf or hard of hearing.

2. If a child has a history of middle ear infections, can the child be identified as a child who is deaf or hard of hearing?

Yes, if the MDT determines that the child has residual hearing loss and meets other eligibility criteria.

3. Is an evaluation by a school psychologist required for a child to qualify as a child who is deaf or hard of hearing?

Documentation is required of the adverse effects expected that the child's hearing loss has on the six areas described in Section 3 of the deaf or hard of hearing eligibility guidelines and suggested members of the MDT is located in section 3 of the eligibility guidelines.

4. Should the MDT request medical information from the child's physician/audiologist?

The Multidisciplinary Evaluation Team (MDT) should determine the information needed from physicians/audiologist. Medical information cannot be the sole factor to establish eligibility but should be one piece of information that the team uses to determine eligibility.

Section 6: REFERENCES AND RESOURCES

REFERENCES

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Nebraska Department of Education. Rule 51: Regulations and Standards for Special Education Programs. Title 92, Nebraska Administrative Code, Chapter 51.

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Tomblin JB, Harrison M, Ambrose SE, Walker EA, Oleson JJ, **Moeller MP**. Language Outcomes in Young Children with Mild to Severe Hearing Loss. *Ear and Hearing*. 2015 Nov-Dec; 36(0 1): 76S–91S.

Tomblin JB, Oleson J, Ambrose SE, Walker EA, McCreery RW, **Moeller MP** (2020) Aided Hearing Moderates the Academic Outcomes of Children with Mild to Severe Hearing Loss. *Ear and Hearing*.

WEB SITES

Alexander Graham Bell Association for Deaf and Hard of Hearing.
www.agbell.org

American Hearing Research Foundation (AHRP) www.american-hearing.org

American Speech-Language-Hearing Association. www.asha.org

Better Hearing Institute www.betterhearing.org

Boys Town National Research Hospital (BTNRH), Center for Childhood Deafness, Language and Learning www.boystownhospital.org

Education Resources Information Center (ERIC)-[https://
eric.ed.gov/](https://eric.ed.gov/)

Gallaudet University www.gallaudet.edu

Guide to Disability Resources on the Internet www.disabilityresources.org

National Association of the Deaf (NAD) www.nad.org

National Institute on Deafness and Other Communication Disorders (NIDCD)
<https://www.nidcd.nih.gov/>

National Rehabilitation Information Center (NARIC) www.naric.com/

What Works Clearinghouse (WWC) <https://ies.ed.gov/ncee/wwc/>

NEBRASKA REGIONAL PROGRAMS FOR CHILDREN WHO ARE DEAF OR HARD OF HEARING

Website: <http://nrpdhh.site.esu9.org/>