

LEAD-K LANGUAGE ASSESSMENT PROGRAM: FINAL RECOMMENDATIONS REPORT



June 27, 2022

Nebraska Commission for the Deaf and Hard of Hearing / Nebraska Department of Education

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- Amanda Mitchell, Educator of the Deaf – Washington Elementary School
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- Debra Smith, Parent Infant Specialist for Deaf & Hard of Hearing
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**Nebraska Commission for the Deaf and Hard of Hearing (NCDHH)
LEAD-K Language Assessment Program: Final Recommendations Report**

The purpose of this report is to summarize the recommendations made by the four LEAD-K Advisory Subcommittees who were charged with developing an action plan to establish and implement a language assessment program for children who are deaf or hard of hearing (DHH), ages birth to five, in Nebraska as described in Legislative Bill 965 (LB965). This report is organized by subcommittee followed by the recommendations proposed by each.

Assessment Instruments and Milestones Subcommittee

Members

Anne Thomas – Chair, Cindy Koch, Jonathan Scherling, Debra Smith, Amy Tyler-Krings

Recommendations

This committee was charged with determining what assessment tools are most appropriate and valid to assess the language development of children who are DHH, ages birth to five, and a timeline/frequency for assessment. After careful discussion and consideration of the various areas associated with language development, the committee determined that there were nine developmental areas that were important to assess to gain a comprehensive and accurate understanding of a DHH child's language development (vocabulary, receptive language, expressive language, cognition/play, literacy, social-emotional, vocal/speech, listening/auditory, and visual communication). The committee conducted research to determine which assessments would be the most valid and reliable to assess development in each area and across multiple languages/modalities, while prioritizing assessments that were efficient/feasible, sought parental input, and addressed multiple areas. Below is a summary of the committee's proposed recommendations of the assessment tools and timeframe to be used/implemented in the language assessment program proposed in LB965.

- a) Table 1 lists the recommended assessments by developmental area. Table 2 lists the recommended assessments by communication modality.
- b) Given the fact that all recommended assessments have their own "built-in" form for monitoring progress/milestone development, the committee recommends using these for tracking progress/development rather than creating new ones.
- c) The proposed language assessments should be given to all children who are DHH, ages birth to five, every 6 months unless delays are indicated, in which case, they recommend they be given every 3 months until delays are no longer indicated.

Table 1.

Assessment Recommendations by Developmental Area

Vocabulary	Receptive Language	Expressive Language	Cognition/ Play	Literacy	Social-Emotional	Vocal/Speech/ Articulation	Listening/ Auditory	Visual Communication
MacArthur-Bates Communicative Development Inventories (MB-CDIs) ; for oral communicators: 3mo.-30mo) AND/OR MacArthur Communicative Development Inventory for American Sign Language (ASL-CDI) ; for visual communicators; 3 mo. – 30 mo.) OR Expressive Vocabulary Test-Third Edition (EVT-3) and Peabody Picture Vocabulary Test-Fifth Edition (PPVT-5) ; for oral and visual communicators 30 mo+)	eCASLLS (for oral communicators) AND/OR Visual Communication and Sign Language Checklist (VCSL; for visual communicators)	eCASLLS (for oral communicators) AND/OR Visual Communication and Sign Language Checklist (VCSL; for visual communicators)	eCASLLS - Cognitive/ Play Scales (for oral and visual communicators)	Reading eCASLLS (for oral and visual communicators)	Social-Emotional Assessment/Evaluation Measure (SEAM) Parent Version (for oral and visual communicators)	eCASLLS AND Goldman Fristoe Test of Articulation 3 (GFTA-3) – starting at age 2 years (for oral communicators)	eCASLLS AND annual audiological testing with Speech Perception Testing beginning at age 2 years if child wears amplification (for oral communicators)	VCSL (for visual communicators)

Table 2.

Assessment Recommendations by Communication Modality

Complete for children only exposed to/developing listening and spoken language	Children only exposed to/developing sign language	Children exposed to/developing both listening/spoken language AND sign language
<ul style="list-style-type: none"> eCASLLS (all scales) MB-CDIs (up to 30 mo.); or EVT/PPVT (30 mo.+) SEAM – Parent Version Reading CASLLS GFTA-3 (starting at age 2) 	<ul style="list-style-type: none"> VCSL ASL-CDI (up to 30 mo.); or EVT/PPVT (30 mo.+) SEAM – Parent Version Reading CASLLS 	<ul style="list-style-type: none"> eCASLLS (all scales) MB-CDIs (up to 30 mo.) AND ASL-CDI (up to 30 mo.); or EVT/PPVT (30 mo.+) VCSL SEAM – Parent Version Reading CASLLS GFTA-3 (starting at age 2)

Qualifications and Training Subcommittee

Members

Sue Petersen – Chair, Cindy Koch, Vicki Steinhauer-Campbell, Margie Propp, Jonathan Arteaga

Recommendations

This committee was charged with determining the qualifications, roles, and training required of the individuals responsible for conducting the language assessments for all DHH children. The committee carefully considered the systems/teams already in place in the state that collect data on children with disabilities, ages birth to five. Multidisciplinary IFSP/IEP teams are required by law, under IDEA, to collect assessment data on language & communication development (as well as other areas) of children with identified disabilities. These teams generally include certified professionals with knowledge of evidence-based, best practices in the assessment of children with disabilities. However, not all of these teams/professionals may be knowledgeable of or use assessments that are valid, reliable, and/or sensitive enough to accurately and comprehensively assess the language development of children who are DHH. As such, the committee proposes the following recommendations to ensure that the language development of all DHH children, ages birth to five, in the state is accurately assessed and monitored.

- a) To avoid the duplication of efforts and placing undue/additional burden on practitioners and families, the committee recommends utilizing/designating members of the current/existing multidisciplinary (IFSP/IEP) teams in the state to serve on the *LEAD-K Language Assessment Teams* and carry out the language assessments proposed in the previous section.
- b) At a minimum, it is recommended that every *Language Assessment Team* consist of the following members in order to efficaciously carry out the language assessment program described in LB965:
 - i. At least one person proficient in American Sign Language (ASL) as evidenced by obtaining a Level 4 or higher on the American Sign Language Proficiency Interview (ASLPI), a Rating of Advanced or higher on the Sign Language Proficiency Interview (SLPI), or a Level 4: Advanced Intermediate or higher on the Educational Interpreter Performance Assessment (EIPA) or hold RID certification. This person would be designated as the *ASL Language Professional*. If more than one person on the team meets the ASL proficiency requirement, the language assessment team will vote to determine who should be designated as the *ASL Language Professional*. If no one on the current multidisciplinary IFSP/IEP team meets the ASL proficiency requirement, the team will have up to two years to identify a member of the team to work on meeting the proficiency requirement. Additionally, the committee recommends that the team member working to develop proficiency take on of the ASL proficiency assessments annually to identify areas of growth and areas in need of improvement in order to ensure a passing score at the two-year mark.
 - ii. At least one *Deaf Adult* (i.e., an individual who is: with a documented hearing difference, an identified member of the Deaf community, and communicates in ASL). The *Deaf Adult* may serve as the *ASL Language Professional*, assuming they provide evidence of meeting the ASL proficiency requirement. The *Deaf Adult* may be present for the language assessment(s) or watch video-recordings of the

implemented assessment(s) with a member(s) of the assessment team. The *Deaf Adult* can also serve as an advocate for the family if the family chooses to use or are considering using ASL with their child.

- iii. At least one individual who has received professional training in the use of evidence-based/best practices in assessing the language skills of children who are DHH, including ASL assessment. This person would be designated as the *Language Assessment Evaluator* and would be responsible for leading/conducting the recommended language assessments. In most cases, this individual will be the certified Teacher of the Deaf (TOD), but may also be an Early Interventionist, Speech-Language Pathologist, Audiologist, Special Educator, or anyone else on the team who received professional training in the use of evidence-based/best practices in language assessment of children who are DHH. It is the responsibility of the *Language Assessment Evaluator* to become knowledgeable of/trained in the administration procedures of any the language assessments for which they are unfamiliar *before* administering them, and to stay abreast of procedural changes/updates for the language assessments they are using. The *Language Assessment Evaluator* may also serve as the *ASL Language Professional*, assuming they provide evidence of meeting the ASL proficiency requirement. If the *Language Assessment Evaluator* is fluent in ASL, they can serve as an advocate for the family.
- c) All families have some exposure to/interaction with a Deaf adult/mentor at some point during the assessment process so that the family can have exposure to a language opportunity other than English.
- d) The committee recommends that *Language Assessment Teams* partner with NeAD's Deaf Mentoring Program and Hands and Voices Guide By Your Side program to ensure that all necessary resources are being provided to families.
- e) The committee recommends that all *Language Assessment Teams* in the state, or at least one representative from every *Language Assessment Team* in the state, meet at least every 6 months in the first 1-2 years of the language assessment program, and then annually thereafter. The purpose of these meetings would be to review the implementation of the language assessment program, answer questions, discuss what's working/not working, and make any necessary modifications/changes. These meetings may occur via a Zoom, in-person, or using a hybrid format.

Reporting Results & Database Subcommittee

Members

Anne Thomas – Chair, Jessica Anthony, Amanda Mitchell

Recommendations

This committee was charged with determining how the assessment data gathered by the individual *Language Assessment Teams* would be managed, collated, and reported to all necessary entities (e.g., parents, IFSP/IEP teams, school districts/ESUs, NDE, Education Committee of the Legislature, etc.). Given that a centralized database for collating and managing assessment data from multidisciplinary IFSP/IEP teams does not currently exist in the state, one would need to be established in order effectively manage the assessment data obtained from the *Language Assessment Teams*. However, no funding was provided as part of

LB965 to support the development of such a database. Therefore, the committee proposes the following recommendations in order to address this issue and fully execute the requirements of the language assessment program described in LB965.

- a) Request that the legislature put forth another bill for funding to support the development and management of a centralized database for the language assessment program.
- b) In the meantime, develop a survey (via Qualtrics or Google Forms) to determine what recommended assessment tools IFSP/IEP teams are currently using.

Considerations Related to Implementation Subcommittee

Members

Amanda Mitchell – Chair, Amy Bunnell, Debra Smith, Vicki Steinhauer-Campbell

Recommendations

This committee was charged with considering issues related to the implementation, sustainability, and maintenance of the language assessment program and how information about the program would be communicated to necessary stakeholders. Below are their recommendations.

- a) Use systems and organizations already in place (e.g., NDE/district webinars, newsletters, listservs policy memos, EDN, NEDHHS, etc.) in place to disseminate and communicate information about the language assessment program to stakeholders (i.e., parents, professionals, school districts, early intervention program, doctors, etc.) around the state.
- b) Any information intended for parents/families be translated in as many languages as possible to reach more families.
- c) The purchasing of language assessments be paid for with funding school districts and ESUs already receive from special education legislation (IDEA Part C and B, ADA, etc.)
- d) NDE, in conjunction with NCDHH and the Regional Programs for the DHH, provide training to Language Assessment Teams on the purpose, requirements, and procedural steps of the language assessment program. These trainings can be provided in multiple ways (e.g., Zoom/Virtual, Pre-recorded videos, Face-to-Face with ESUs at different locations around the state).
- e) NCDHH create an informational video and brochure (using parent-friendly language) for parents/families that describes the purpose and benefits of the language assessment program and how it differs from the assessments to qualify for an IFSP/IEP. This video and brochure should be posted online where other informational brochures are posted (NDE/NCDHH websites, social media, etc.) and shared with partner agencies that work with parents/families who have children with disabilities (e.g., Hands and Voices, Guide By Your Side, Parent Training Center, EDN, BoysTown, etc.).

This report was written by Anne Thomas, PhD.

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Approved by Advisory Committee June 16, 2022