



**Students Who are  
Deaf or Hard-of-  
Hearing in Minnesota**

**June 2011**

**FY 2011  
Report  
To the  
Legislature**

**As required by  
Minnesota Statutes  
2009  
125A.63**

**COMMISSIONER:**  
**Brenda Cassellius, Ed. D.**

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Upon request, this report can be made available in alternative formats.

**Estimated Cost of Preparing this Report**

A report to the Legislature must contain the cost of preparing the report. (Minn. Stat. §3.197)

This report required the collection of information that the Department of Education does not collect as part of its normal business functions. It was therefore necessary to gather and analyze information in order to prepare this report. The cost of preparing this report includes estimates of the Department of Education information collection cost as well as the estimate costs of the providers of the information.

Total estimated cost of this report is \$10,808.66.

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# Students Who are Deaf or Hard of Hearing in Minnesota

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## **Legislative Charge**

Minnesota Statutes, section 125A.63 was amended in 2009 to include the legislative charge to:

- (1) identify and report the aggregate, data-based education outcomes for children with the primary disability classification of deaf and hard of hearing, consistent with the commissioner's child count reporting practices, the commissioner's state and local outcome data reporting system by district and region, and the school performance report cards under section 120B.36, subdivision 1; and,
- (2) describe the implementation of a data-based plan for improving the education outcomes of deaf and hard of hearing children that is premised on evidence-based best practices, and provide a cost estimate for ongoing implementation of the plan.

The legislation mandates a report on data gathered from statewide assessments administered as part of the commissioner's state and local outcome data reporting system by district and region. This report will include data that has been gathered which reports on performance of students who are Deaf/Hard of Hearing on the Minnesota Comprehensive Assessments (MCAs) and the Minnesota Test of Academic Skills (MTAS), as well as other data that has statewide impact. The Minnesota Comprehensive Assessments (MCAs) are the state tests that help districts measure student progress toward Minnesota's academic standards and meet the requirements of No Child Left Behind. The reading and mathematics tests are used to determine whether schools and districts have made adequate yearly progress (AYP) toward all students being proficient in 2014. Reading and mathematics tests are given in grades 3-8, 10 and 11.

There are currently three standardized assessments used in the state of Minnesota. They are the MCAs, MCA-modified (MCA-M), and the MTAS. The MCAs are given to the largest number of students. The MCA-M is given to students who have failed to meet proficiency on the MCA (in two separate testings). The MTAS is used with students who have the most significant cognitive disabilities. For all three tests there are important considerations:

- The Individualized Education Program (IEP) team is responsible for determining, on an annual basis, how a student with a disability will participate in statewide testing. This decision-making process must start with a consideration of the general education assessment.
- Participation in the administration of an alternate assessment is not limited to any particular disability category.
- Alternate assessments are aligned with grade-level content standards.
- Students must meet all eligibility requirements for a particular assessment before it is selected by the IEP team.

## **Executive Summary**

This report summarizes some of the efforts, data, and results of work from the education-based agencies, departments, and individuals who serve deaf and hard of hearing (D/HH) students in

Minnesota. The report includes information about the D/HH Resource Center, Minnesota's Special Education Policies and Eligibility Criteria for D/HH students, and D/HH Child Count Data (enrollment figures, demographic information, instructional settings, and graduation rates). Challenges in reporting data for a low incidence disability group like D/HH are carefully outlined in this report and careful consideration of the diversity and heterogeneity within D/HH Education should remain in the front of readers' minds as they go through this document.

This report also provides detailed Early Learning initiatives (such as the Early Hearing Detection And Intervention pilot) and their outcomes; these help to explain the ways early intervention services are critical for D/HH children. State standardized testing data is reported with the caveat that no one test can fully represent a D/HH child or his/her abilities to lead a full and productive life, nor are standardized tests sensitive or flexible enough to sufficiently represent the progress D/HH students make regularly. Information from the two unique schools who serve exclusively D/HH students is reported, as well.

The report concludes with recommendations for D/HH education in the near future including continued or newly-initiated efforts in Early Hearing Detection and Intervention; Progress Monitoring; Literacy; Transition; Minnesota Collaboration, D/HH Special Education Eligibility Criteria Updates and Review; and D/HH Teacher Licensure Recommendations.

### **Information about the Minnesota Resource Center: Deaf and Hard of Hearing**

The Minnesota Resource Center: Deaf and Hard of Hearing (MNRCDHH) is a part of the Minnesota Department of Education (MDE). The Resource Center has an advisory committee.

The purpose of the Minnesota Resource Center Deaf/Hard of Hearing Advisory Committee is to examine services and data for children and youth who are deaf or hard of hearing and to make recommendations designed to improve education for deaf and hard of hearing children statewide.

The MNRCDHH's goals are:

1. To function as a statewide resource center for all children and youth who are deaf/hard of hearing, their parents and educational service providers by engaging in activities which promote the individual talents and capabilities of students who are deaf/hard of hearing, increase their independence and foster interaction and mutual understanding between these students and other members of their present and future communities.
2. To identify and disseminate information on innovative educational programs and best practices as they relate to identification, assessment, program planning, curriculum, instruction, transition, and hearing loss.
3. To increase training opportunities for professionals throughout the state on topics related to special education and services for students who are deaf/hard of hearing.
4. To facilitate effective communication exchange among parents, educators and other concerned citizens on the educational needs of students who are deaf/hard of hearing.

Some activities include:

- Minnesota Statue §125A.63 Resource Centers D/HH mandated to have an advisory committee.
- Technical assistance to interpreters, audiologists, special education administrators, teachers working with students who are deaf/hard of hearing (D/HH), rehabilitation counselors, related and support service providers and parents of students who are deaf/hard of hearing.
- In-service training to meet identified local, regional and state needs.
- Consultation via telephone, e-mail or site visit upon written request from school administration to address questions of special education teams serving students who are deaf/hard of hearing.
- Informational workshops/meetings on best practices methods, materials and assistive devices associated with the education of students who are deaf/hard of hearing. These activities include progress monitoring webinars, literacy training, auditory learning DVDs, Deaf-Plus (additional disabilities), conferences, summer institutes for teachers and interpreters to improve ASL skills, network meetings with teachers of the D/HH and D/HH educational audiologists.
- Evaluation of sign language proficiency for teachers of the deaf/hard of hearing (TDHH) as directed by the Minnesota State Board of Licensure, Minnesota Rule 8710.5200.
- Minnesota Statue §122A.31 American Sign Language/English Interpreters assists with provisionals and extensions.
- Networking activities with national and state professional and consumer organizations sharing common goals for improving programs and services to students who are deaf/hard of hearing including meetings with MDE staff, the Minnesota Deaf/Blind Technical Assistance Project, Advisory Board for Minnesota Hands and Voices, and the Early Hearing Detection and Intervention (EHDI) Committee.
- Referrals to appropriate state agencies and other service providers addressing needs of individuals who are deaf/hard of hearing.
- Workshops/events for students, parents and professionals serving students from birth to graduation.
- Library material loans to professionals and families on deaf/hard of hearing topics related to education, deaf culture, deaf-blind, assessment protocols, communication options,

storybooks with videos, instructional sign language, instructional cued speech, lip-reading and interpreting.

## **Special Education Policy at MDE**

MDE's Special Education Policy Division (SEP) provides statewide leadership to ensure a high-quality education for Minnesota's children and youth with disabilities by applying the most credible data, methods and tools to build capacity in the state's broader educational communities. Through the practice of mutual respect, transparency and responsibility with students, families and educational partners, SEP supports high-learning standards based on each child's unique needs to prepare them for further education, employment, independent living and community participation.

SEP's current organization includes four units. MRCDHH reports to the Low Incidence and Work Force unit, which also encompasses specialists helping deliver high-quality services to students who are deaf or hard of hearing, deaf-blind or physically impaired and those with other health disabilities. In addition, specialists in this unit provide support and guidance on assistive technology, accessible instructional materials, workforce recruitment and retention, the Minnesota State Interagency Committee and other aids.

The Assessment and Accountability unit specializes in services for students with autism spectrum disorder, emotional-behavior disorder, developmental cognitive disabilities and specific learning disabilities. It also provides support and guidance in the areas of Positive Behavioral Interventions and Supports, Response to Intervention, alternate assessments, related services and paraprofessionals; assists the state Special Education Advisory Panel; and provides program planning service for the division.

SEP's Interagency Partnerships specialists work with nontraditional and care and treatment education programs, secondary transition and third-party funding and provide communications support for the division.

The specialists in SEP's Data and Reporting unit coordinate with the U.S. Department of Education's Office of Special Education Programs on required reporting and analysis, administer the State Personnel Development Grant and Continuous Improvement Monitoring Process, and monitor outcomes for minority students and English language learners.

Working together and with its partners at MDE, other state and federal agencies, educators, families and students, SEP's specialists and support staff help achieve the division's vision that all children get necessary support for healthy development and lifelong learning.

## **Highlights of 2010-2011 Report**

The first year a Legislative Report was submitted was 2009-2010. This year's report includes more data, clearer organization, a summary, a table of contents and more recommendations.



## Identification of Students

Data collected was analyzed in a variety of ways, including child count data reflecting those students receiving special education services under the categorical disability of deaf/hard of hearing.

The eligibility criteria for meeting the needs for services as deaf/hard of hearing (D/HH) are found in Minnesota Rule 1335.1331. The rule states:

### Subpart 1. Definition.

“Deaf and hard of hearing” means a diminished sensitivity to sound, or hearing loss, that is expressed in terms of standard audiological measures.

Hearing loss has the potential to affect educational, communicative, or social functioning that may result in the need for special education instruction and related services.

### Subpart 2. Criteria

A pupil who is deaf or hard of hearing is eligible for special education instruction and related services if the pupil meets one of the criteria in item A and one of the criteria in item B, C, or D.

- A. There is audiological documentation provided by a certified audiologist that a pupil has one of the following;
- (1) a sensorineural hearing loss with an unaided pure tone average, speech threshold, or auditory brain stem response threshold of 20 decibels hearing level (HL) or greater in the better ear;
  - (2) a conductive hearing loss with an unaided pure tone average or speech threshold of 20 decibels hearing level (HL) or greater in the better ear persisting over three months or occurring at least three times during the previous 12 months as verified by audiograms with at least one measure provided by a certified audiologist;
  - (3) a unilateral sensorineural or persistent conductive loss with an unaided pure tone average or speech threshold of 45 decibels hearing level (HL) or greater in the affected ear; or
  - (4) a sensorineural hearing loss with unaided pure tone thresholds at 35 decibels hearing level (HL) or greater at two or more adjacent frequencies (500 hertz, 1000 hertz, 2000 hertz, or 4000 hertz) in the better ear.
- B. The pupil’s hearing loss affects educational performance as demonstrated by;
- (1) a need to consistently use amplification appropriately in educational settings as determined by audiological measures and systematic observation; or
  - (2) an achievement deficit in basic reading skills, reading comprehension, written language, or general knowledge that is at the 15th percentile or 1.0 standard deviation or more below the mean on a technically adequate norm-referenced achievement test that is individually administered by a licensed professional.
- C. The pupil’s hearing loss affects the use or understanding of spoken English as documented by one or both of the following;
- (1) under the pupil’s typical classroom condition, the pupil’s classroom interaction is limited as measured by systematic observation of communication behaviors; or,

- (2) the pupil uses American Sign Language or one or more alternative or augmentative systems of communication alone or in combination with oral language as documented by parent or teacher reports and language sampling conducted by a professional with knowledge in the area of communication with persons who are deaf or hard of hearing.
- D. The pupil's hearing loss affects the adaptive behavior required for age-appropriate social functioning as supported by;
- (1) documented systematic observation within the pupil's primary learning environments by a licensed professional and the pupil, when appropriate; and,
  - (2) scores on a standardized scale of social skill development are below the average scores expected of same-age peers.

Children can receive services under the category of deaf/hard of hearing from birth until graduation (which can occur up to age 21, as determined by the IEP team).

### **Challenges in Data**

Students who are identified as D/HH are not a homogenous group. Students present with a wide range of types and degrees of hearing loss. They may speak or use manual communication (e.g., American Sign Language, Signed English, Signing Exact English, Cued Speech) or a combination of sign and speech. They may have one or two hearing aids, one or two surgically-placed cochlear implants, other amplification devices, or no amplification at all. Children coming from another country may have a communication system used in their homeland which is unique. The data collection system in place at the MDE is based on federal requirements and does not allow for more detailed analysis.

Students receiving services in Minnesota schools under the category of deaf/hard of hearing are served in a variety of educational settings. Some children attend schools with a primary goal of providing education to students who are D/HH (Minnesota State Academy for the Deaf (MSAD), Metro Deaf School (MDS)). Most children attend neighborhood schools, with supports from special educators with expertise in D/HH acting in a variety of roles, including providing direct service or consultative services.

As data was collected for this report, it was impossible to isolate data based on a range of factors which impact educational outcomes, including:

- Type of hearing loss.
- Degree of hearing loss.
- Amplification system(s) used.
- Age of onset of hearing loss.
- Age of diagnosis of hearing loss.
- Primary means of communication used in school settings.
- Primary means of communication used at home.
- Family structure and support systems.
- Socio-economic status of family.
- Education services received by the student.
- Identification of additional educational needs for students.

- Parents have the choice to not participate in any educational services if they choose.
- Questions surrounding diplomas granted to IEP students as to whether they have met state standards.

MCA data may not be sensitive enough to reflect challenges and trends within the field. These factors and many more can impact educational outcomes.

**Questions that are not considered in this report but may be relevant to keep in mind when reading this report:**

1. Are scores for D/HH students comparable to outcome data for all students from their district?
2. Are curricula and instruction aligned with educational standards?
3. Are there additional educational needs for students?
4. Is there impact related to socioeconomic status?
5. Is there impact for families for whom English is not a primary language?
6. What is the degree of hearing loss?
7. Is curricula delivered in accessible formats for students?
8. What is the educational setting for students?
9. Do students receive direct instruction from a Teacher of the Deaf and Hard of Hearing (TDHH)?
10. Is there a shortage of qualified interpreters?
11. Is there lack of exposure to a language rich-environment?
12. Are caseloads increasing?
13. Is there a need for a parent survey?
14. Is there a need to collect primary and secondary labels?
15. Are we collecting dual-sensory information?
16. Is there a lack of direct services by teachers of the D/HH.

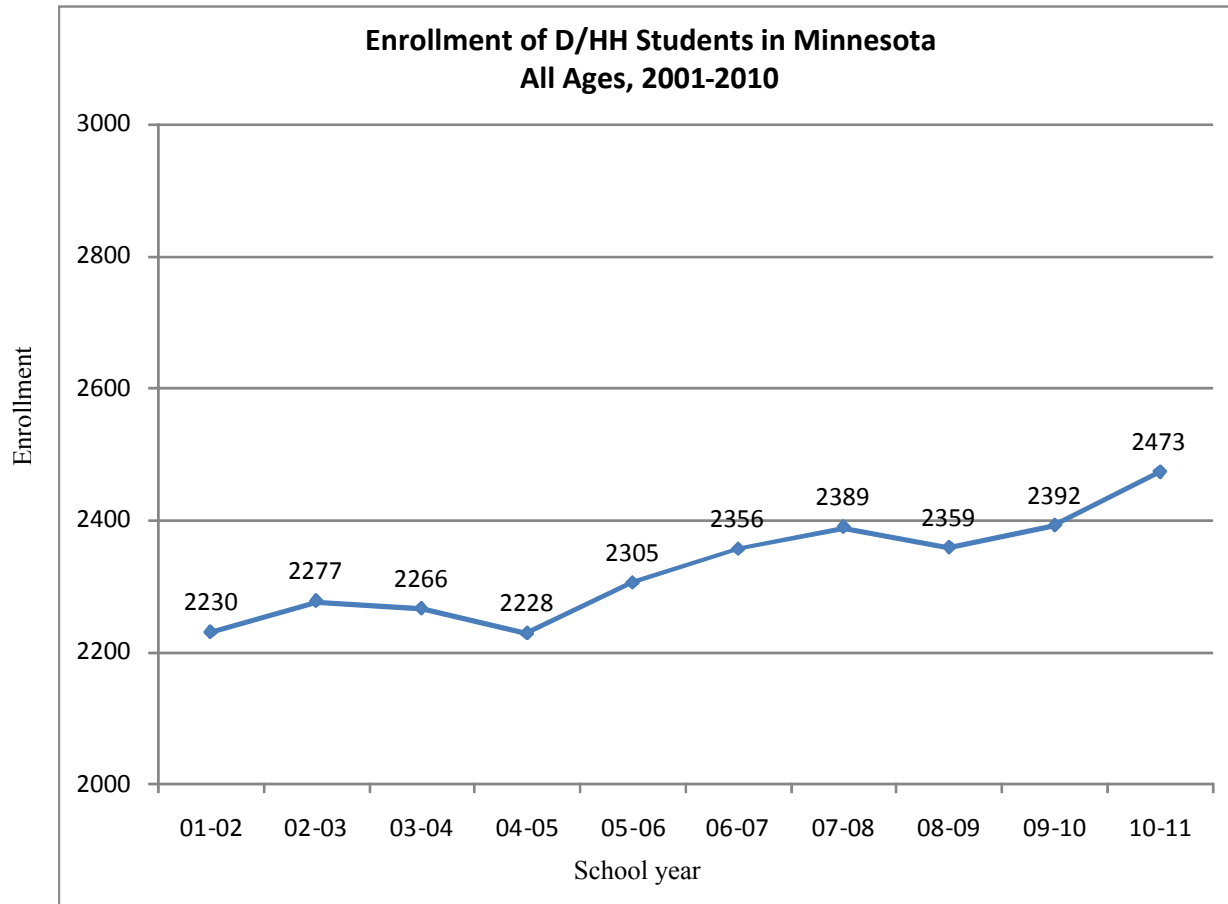
## **Child Count Data**

Child count numbers are collected from each educational district annually by the Minnesota Department of Education from each district on December 1.

There are currently 2,473 children receiving special education services in Minnesota schools under the categorical disability of D/HH in both public and private schools. There are additional children who have a hearing loss, but data is reported and collected only on the primary categorical area identified by an IEP team. Thus, there are students receiving services under the category of D/HH who have additional special education needs, and there are students who receive D/HH services under other categorical areas who have a hearing loss in addition to their other special education needs. There is no way with the current data collection system to report these numbers or to analyze any discrepancies.

Students who are D/HH are represented in all ages of the student population in Minnesota. Based on the December 1, 2010, child count as reported on the Minnesota Department of Education

website, the following graphs were created. Both state and regional graphs show the distribution of children receiving services through this primary category (D/HH):



Data Source: 2010 and previous child count numbers

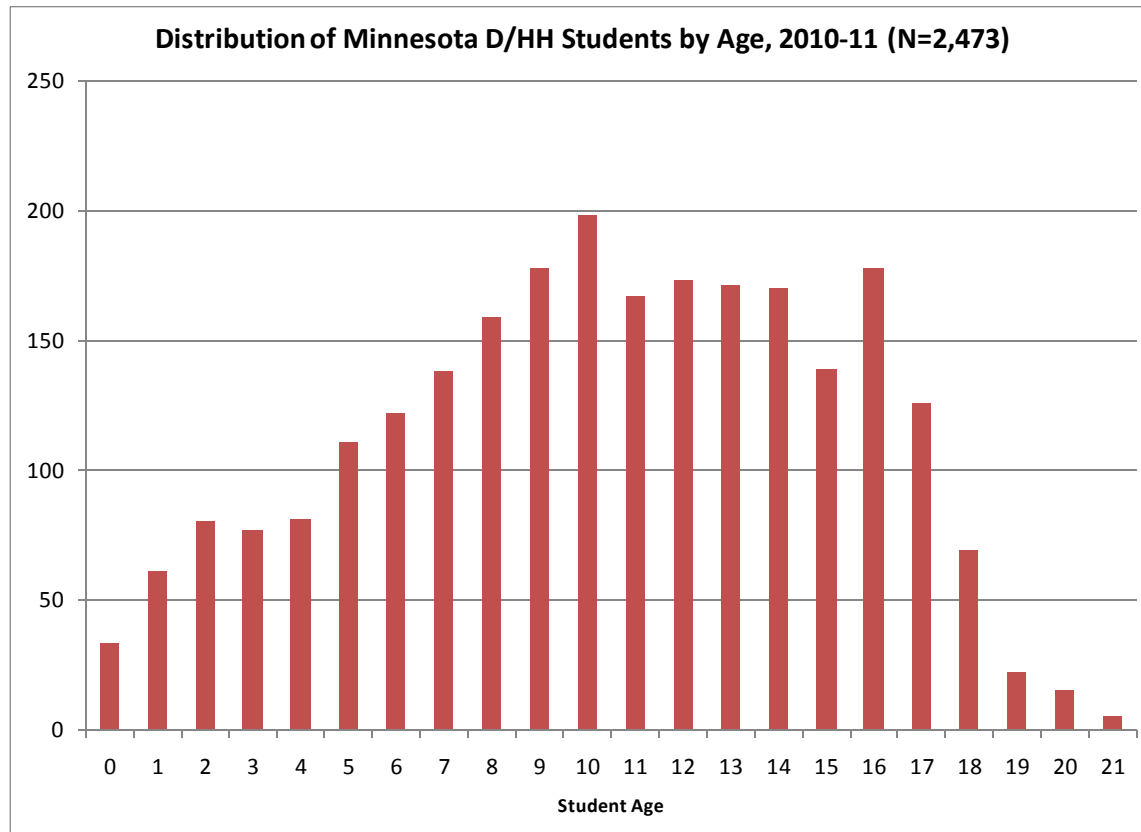
School Year	Student enrollment
2001-02	2230
2002-03	2277
2003-04	2266
2004-05	2228
2005-06	2305
2006-07	2356
2007-08	2389
2008-09	2359
2009-10	2392
2010-2011	2473

Data Source: 2010 and previous child count numbers

Distribution of Minnesota D/HH Students by Age, 2010-11

Age	Number of D/HH Children
0-2	174
3-5	269
6-11	962
12-17	957
18-21	111
Total	2,473

Data Source: 2010 Minnesota Child Count

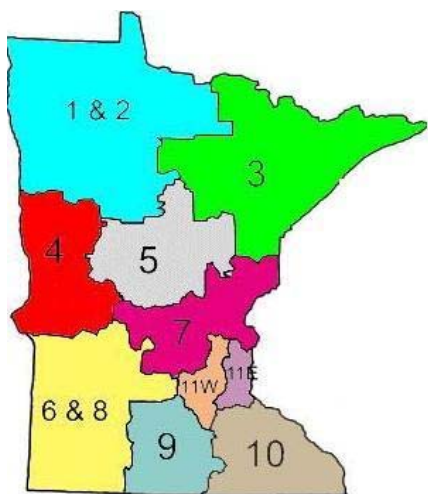


Data Source: 2010 Minnesota Child Count

# Distribution of Minnesota of D/HH Students by Age, 2010-11

Age of D/HH Student	Number of Students
0	33
1	61
2	80
3	77
4	81
5	111
6	122
7	138
8	159
9	178
10	198
11	167
12	173
13	171
14	170
15	139
16	178
17	126
18	69
19	22
20	15
21	5

The map below is a visual representation of the educational regions in Minnesota.



Percentage of Minnesota D/HH Population by Region , 2010-11					
	Total Enrollment	Student with Disabilities (SWD)	D/HH Students	Percent of SWD	Percent of Total Enrollment
(Northwest) Region 1 & 2	28147	4885	54	1.11%	0.19%
(Northeast) Region 3	78248	14325	80	0.56%	0.10%
(West Central) Region 4	31870	5512	80	1.45%	0.25%
(North Central) (East Central) Region 5 & 7	124697	19283	236	1.22%	0.19%
(Southwest) Region 6 & 8	45377	7319	154	2.10%	0.34%
(South Central) Region 9	33017	5916	103	1.74%	0.31%
(Southeast) Region 10	75169	10346	314	3.03%	0.42%
(Metro Area) Region 11	422213	60277	1452	2.41%	0.29%
Total	838738	127863	2473	1.93%	0.29%

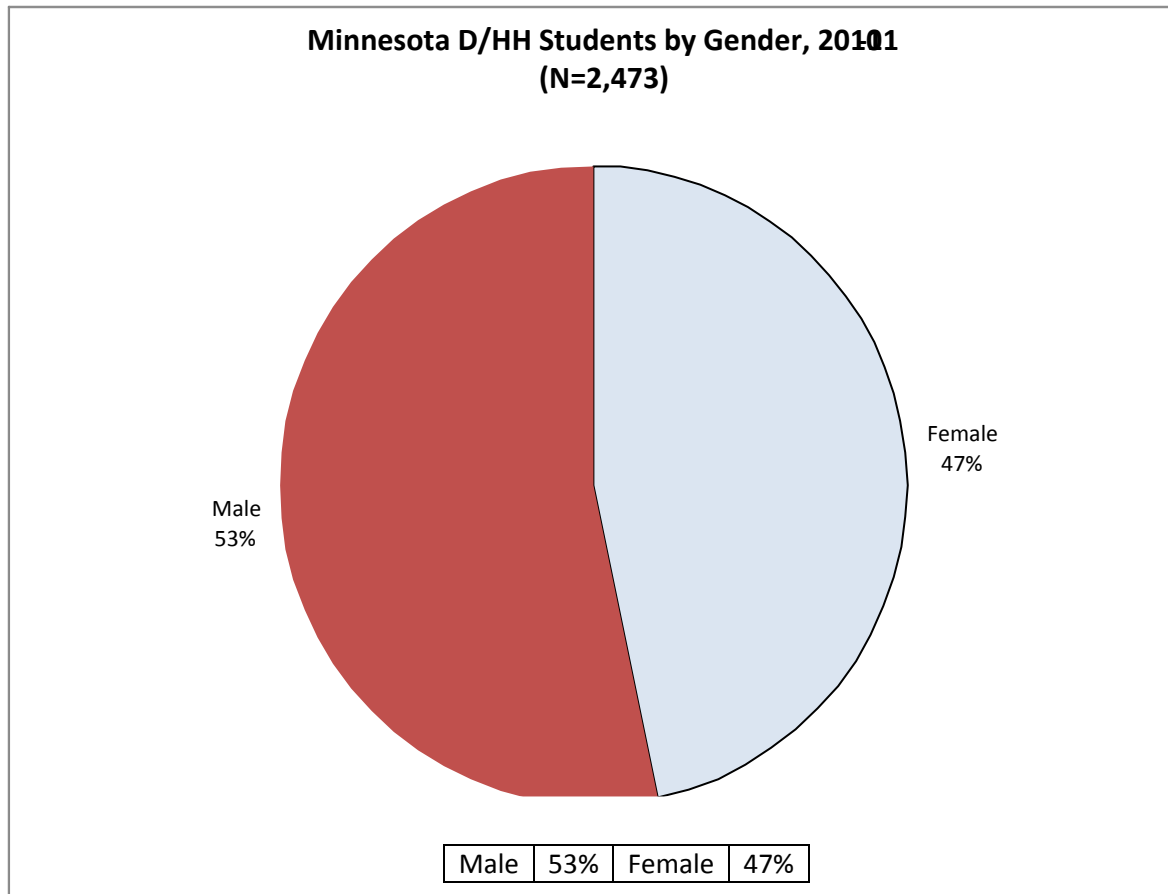
Data Source: 2010 Minnesota Child Count

This represents 0.29 percent of students of all children enrolled in Minnesota schools, or, 1.93 percent of students receiving special education. This clearly meets the standard of being a low incidence disability (students making up 10 percent or less of students receiving special education services).

These numbers and percentages have increased since the Early Hearing Detection and Intervention (EHDI) mandated hospitals to screen for hearing loss at birth.

## Gender

In 2010, of the 2,473 students identified with a hearing loss, 53 percent were male and 47 percent female.



Data Source: 2010 Minnesota Child Count

## Federal Instructional Settings

The setting is based upon the percentage of time spent in the special education setting.

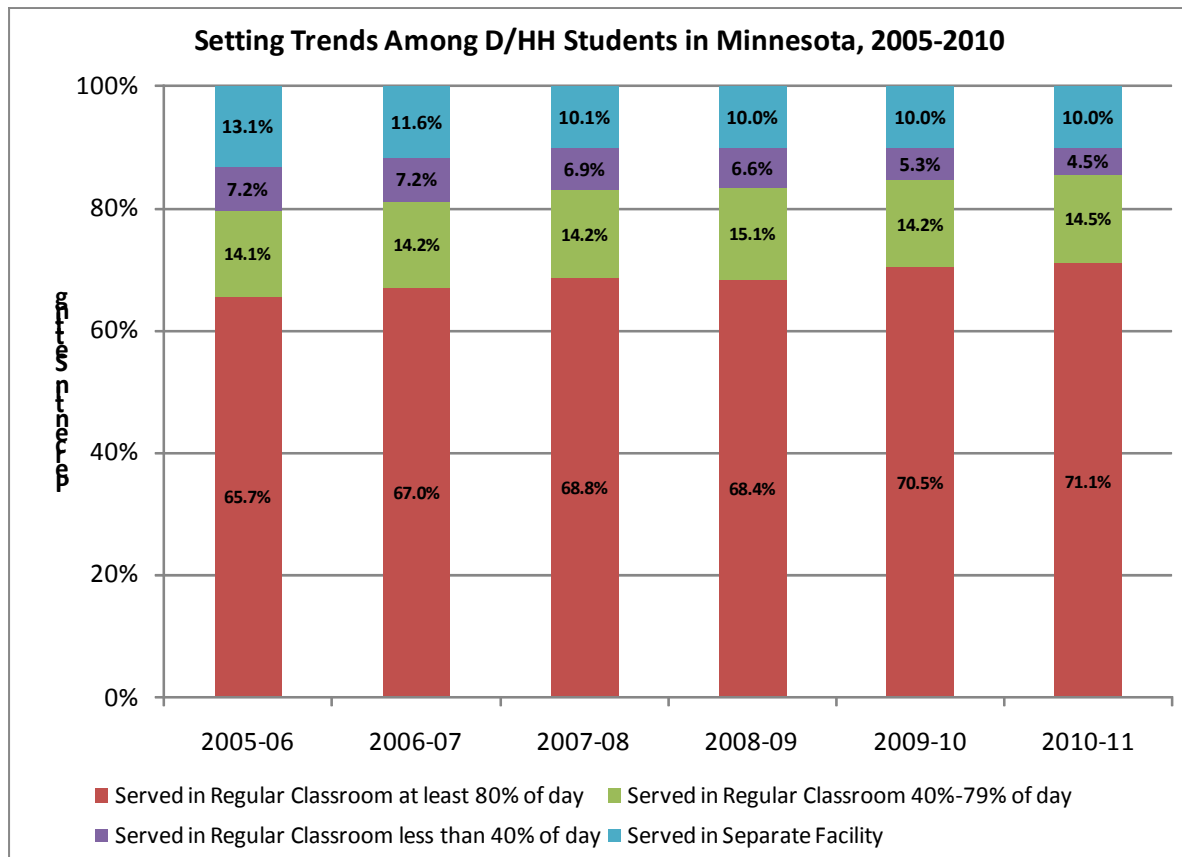
Setting 1: The student is served in general education classes at least 80% of the day.  
Setting 2: The student is served in general education classes at least 40-79% of the day.  
Setting 3: The student is served in general education classes less than 40% of the day.  
Setting 4-8: The student is served in a separate facility.



### Setting Trends Among D/HH Students in Minnesota, 2005-2010

	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11
Served in Regular Classroom at least 80% of day	65.7%	67.0%	68.8%	68.4%	70.5%	71.1%
Served in Regular Classroom 40%-79% of day	14.1%	14.2%	14.2%	15.1%	14.2%	14.5%
Served in Regular Classroom less than 40% of day	7.2%	7.2%	6.9%	6.6%	5.3%	4.5%
Served in Separate Facility	13.1%	11.6%	10.1%	10.0%	10.0%	10.0%

Data Source: 2010 Minnesota Child Count



Data Source: 2010 Minnesota Child Count

## Special Education Federal Instructional Settings for D/HH by Grade, 2010-11

Grade Span (2010-11)	Served in Regular Classroom at least 80% of day (Setting 1)	Served in Regular Classroom 40%- 79% of day (Setting 2)	Served in Regular Classroom less than 40% of day (Setting 3)	Served in Separate Facility (Setting 4-8)	Grand Total
K-2	75.82%	11.08%	4.28%	8.82%	100%
3-5	76.50%	14.75%	4.55%	4.19%	100%
6-8	70.62%	18.29%	2.92%	8.17%	100%
9-12	62.66%	13.75%	5.47%	18.13%	100%
Grand Total	70.71%	14.62%	4.38%	10.29%	100%

Data Source: 2010 Minnesota Child Count

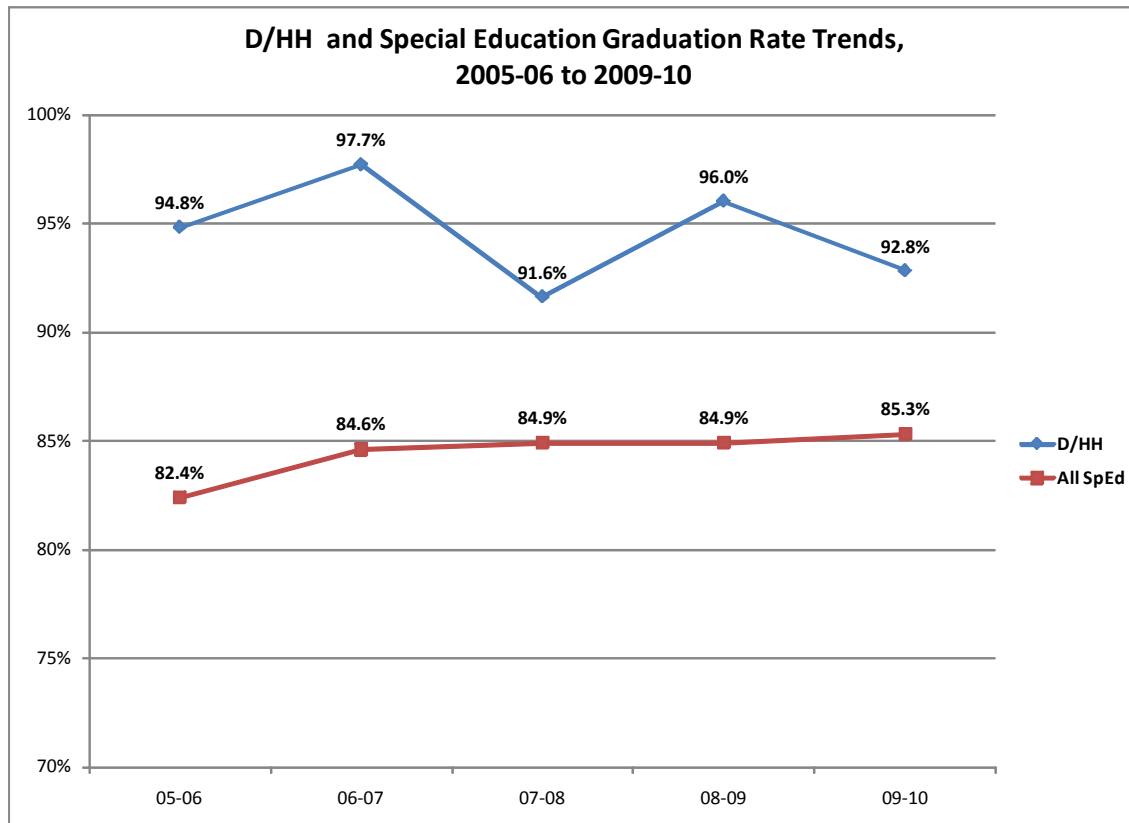
In Minnesota, 71.1 percent of the deaf or hard of hearing students are in the general education classroom at least 80 percent of the school day.

### Graduation and School Dropout Rates

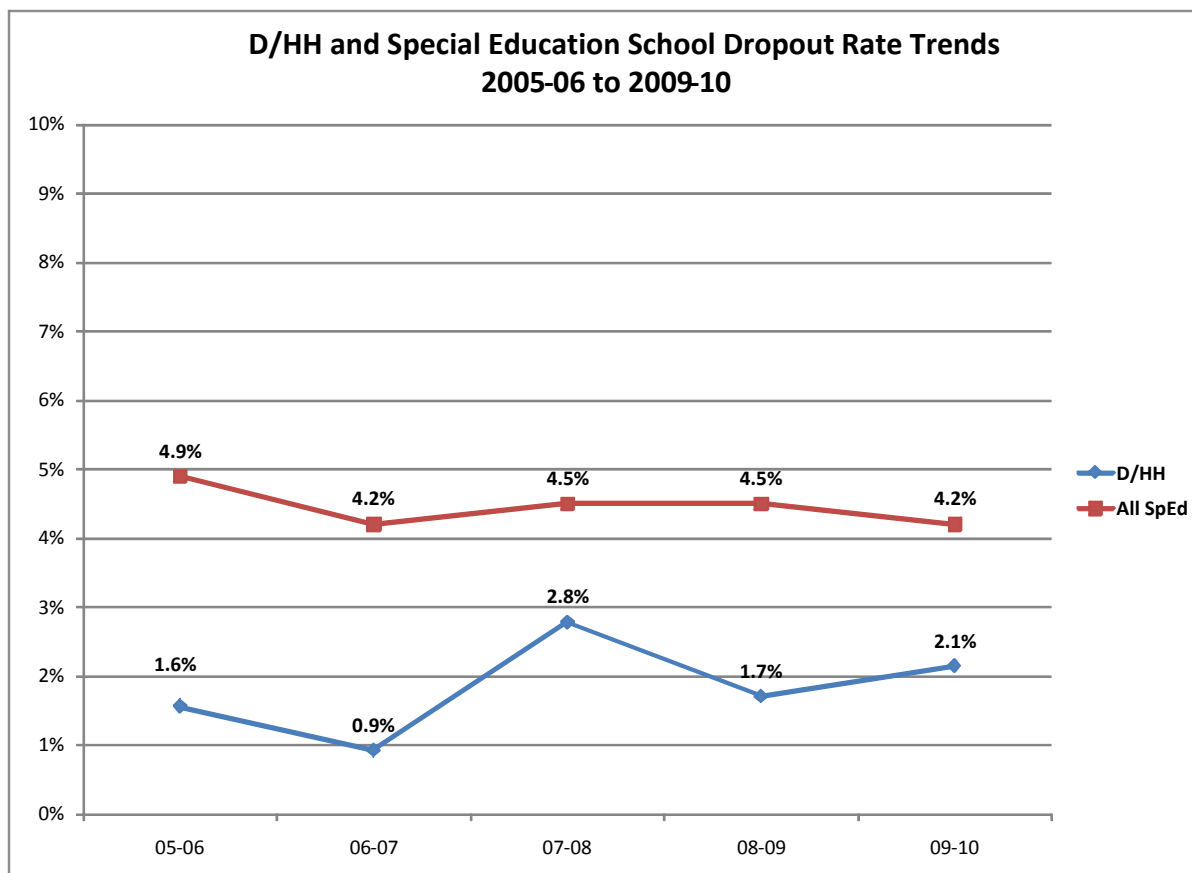
In Minnesota, graduation requirements are defined by Minnesota Statutes, section 120B.024, and the definition of a diploma is provided by Minnesota Statutes, section 125A.04. The graduation status of a student is decided at the local level in Minnesota. In order to graduate, students must be granted credits in the following areas: 4 credits in language arts; 3 credits in math; 3 credits in science; 3.5 credits in social studies; 1 credit in the arts; and 7 elective credits. The specifics of how credits are granted in Minnesota are subject to local decision-making and control. In addition, Minnesota Statutes, section 125A.04 states that “upon completion of secondary school or the equivalent, a pupil with a disability who satisfactorily attains the objectives in the pupil’s Individualized Education Program must be granted a high school diploma.”

Minnesota uses the U.S. Department of Education’s definition of *dropout* and includes all students who dropped out of school and who are not known to have re-enrolled in another school. The data collection time period begins on the first day of the school year and ends October 1 of the following school year.

The graphs below are the graduation and dropout rates of D/HH students in Minnesota for the last five years.



Data Source: EOY MARSS, 2005-06 to 2009-10



Data Source: EOY MARSS, 2005-06 to 2009-10

#### Number of D/HH Graduates and School Dropout rates 2005-06 to 2009-10

School Year	Number of D/HH Graduates	Number of D/HH School Dropout
05-06	127	10
06-07	125	6
07-08	120	18
08-09	121	11
09-10	142	14

Data Source: EOY MARSS, 2005-06 to 2009-10

The number of deaf and hard-of-hearing graduates is increasing and is higher than the rates for all special education students. The number of deaf and hard-of-hearing students who drop out is lower than the rates for all special education students.

#### Additional Demographic Information

When comparing the racial distributions of D/HH enrollment and the total state school-age population, two groups show higher incidence by race/ethnicity among D/HH enrollment. Asian children are twice as likely as students from other races to be enrolled as D/HH students, while Hispanic children are 1.5 times as likely as students from other races to be enrolled as D/HH

students. We recognize that there are various possible contributing factors for these high incidences.

D/HH Enrollment by Race/Ethnicity, 2010-11

Race/Ethnicity	D/HH Enrollment
American Indian	40
Asian	267
Hispanic	243
Black	219
White	1704

Data Source: 2010 Minnesota Child Count

## Early Learning Outcomes

On December 1, 2010, a total of 5,013 Minnesota infants and toddlers from birth through age two received early intervention through Individual Family Service Plans (IFSPs). Of these children, 174 were determined eligible through the categorical criteria for D/HH.

## Part C — Help Me Grow

Help Me Grow is Minnesota's public awareness campaign to actively seek out, refer and identify infants and toddlers who may be eligible for Early Intervention services under Part C federal dollars. Parents also have the choice to not participate in any educational services if they choose.

## Early Childhood Outcomes

Each state is required to measure and report data annually to the Office of Special Education Programs (OSEP) on outcomes achieved by young children with disabilities. Children included must exit Part C during the reporting year after participating in early intervention for a minimum of six months. A total of 2,468 children were included in Minnesota's Part C outcome data. Of these children, 60 were eligible through the categorical disability of D/HH. An additional 99 children were eligible under disability categories other than D/HH but were reported by their educational teams as having a hearing loss at the level recommended by the Early Hearing Detection and Intervention (EHDI) initiative. View more information on this level of hearing loss on the Minnesota Department of Health website.

(<http://www.health.state.mn.us/divs/fh/mcshn/ecipelig/hearing.htm>).

Data on outcomes achieved by all children exiting Part C as well as those children identified as categorically D/HH or having a hearing loss in each of the three required outcomes are shown below.

**Outcome 1:** Positive Social Skills (including social relationships). Making new friends and learning to get along with others is an important accomplishment of the early childhood years. Children develop a sense of who they are by having rich and rewarding experiences interacting with adults and peers. They also learn that different rules and norms apply to different everyday settings and that they need to adjust their behavior accordingly. This outcome involves relating

to adults, relating to other children, and for older children, following rules related to groups or interacting with others. The outcome includes concepts and behaviors such as attachment/separation/autonomy, expressing emotions and feelings, learning rules and expectations in social situations, and social interactions and social play.

**Outcome 2:** Acquisition and use of knowledge and skills (including early language/ communication and, for children 3 through 5, early literacy). Over the early childhood period, children display tremendous changes in what they know and can do. The knowledge and skills acquired in the early childhood years, such as those related to communication, pre-literacy and pre-numeracy, provide the foundation for success in kindergarten and the early school years. This outcome involves activities such as thinking, reasoning, remembering, problem-solving, number concepts, counting, and understanding the physical and social worlds. It also includes a variety of skills related to language and literacy including vocabulary, phonemic awareness, and letter recognition.

**Outcome 3:** Taking appropriate action to meet needs. (including early language/ communication and, for children 3 through 5, early literacy). Over the early childhood period, children display tremendous changes in what they know and can do. The knowledge and skills acquired in the early childhood years, such as those related to communication, pre-literacy and pre-numeracy, provide the foundation for success in kindergarten and the early school years. This outcome involves activities such as thinking, reasoning, remembering, problem-solving, number concepts, counting, and understanding the physical and social worlds. It also includes a variety of skills related to language and literacy including vocabulary, phonemic awareness and letter recognition.

On December 1, 2011 a total of 5,013 Minnesota infants and toddlers from birth through age two received early intervention through Individual Family Service Plans (IFSPs). Of these children, 174 were determined eligible through the criteria for D/HH.

### **Early Childhood Outcomes**

Each state is required to measure and report data annually to the Office of Special Education Programs (OSEP) on outcomes achieved by young children with disabilities. Children included must exit Part C during the reporting year after participating in early intervention for a minimum of six months. A total of 2,468 children were included in Minnesota's Part C outcome data. Of these children, 60 were eligible through the D/HH criteria. An additional 99 children were eligible under disability categories other than D/HH but were reported by their school district teams as having a hear loss at the level recommended by the Early Hearing Detection and Intervention (EHDI) initiative. Information on this level of hearing loss is provided by the Minnesota Department of Health at:

<http://www.health.state.mn.us/divs/fh/mcshn/ecipelig/hearing.htm>

Data on outcomes achieved by all children exiting Part C and those children identified as D/HH or having a hearing loss in each of the three required outcomes are show below.

Outcomes measured are:

Outcome 1: Positive social skills

Outcome 2: Acquisition and use of knowledge and skills

Outcome 3: Taking appropriate action to meet needs

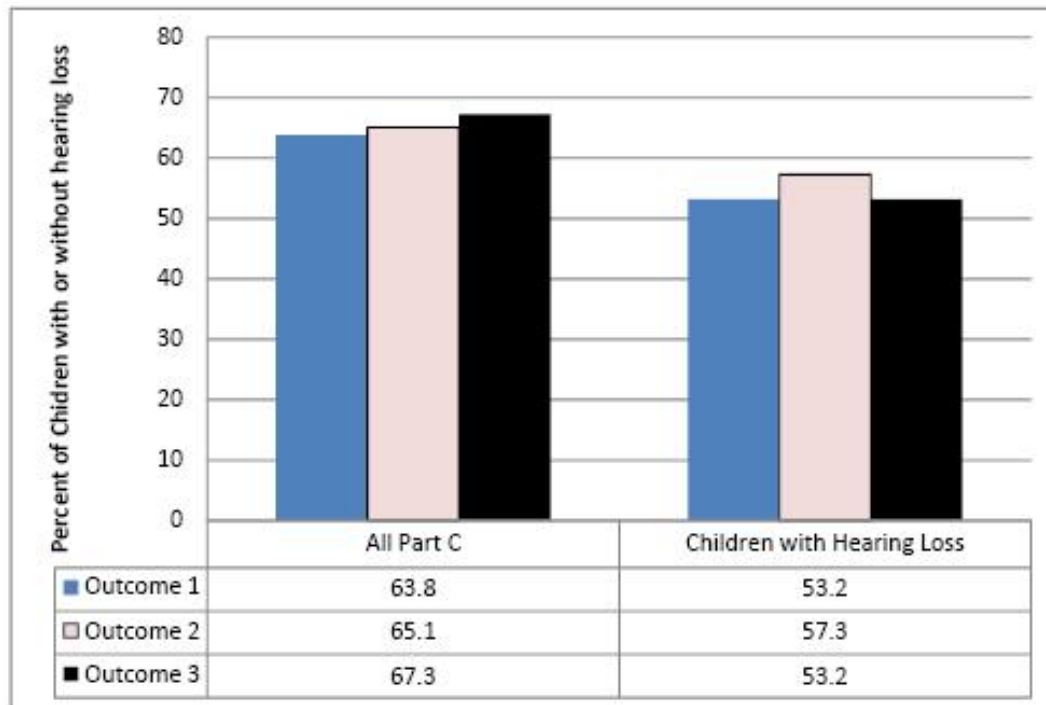


Figure 1: Of those children who enter or exit below age expectations in the outcome area, the percent who substantially increase their rate of growth.

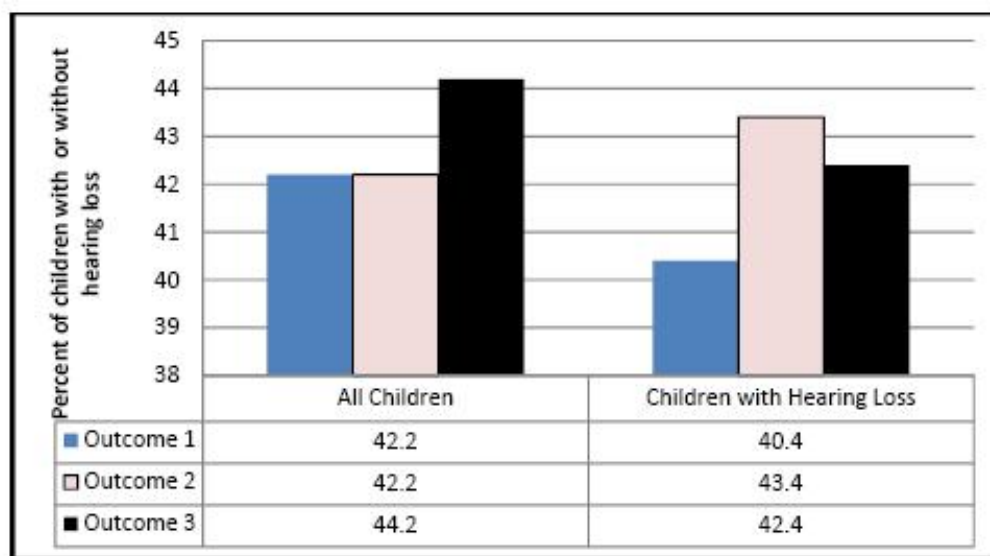


Figure 2: The percent of children who exited Part C demonstrating age-expected skills.

Data Source: Data reported to MDE by Special Education Administrative Units for inclusion in the state's Annual Performance Report.

Note that Figure 2 does not equate to children who are no longer considered to be children with disabilities. There may be children who continue to be eligible for ECSE but are demonstrating age-appropriate skills in one or more outcome areas.

### **MDE Early Hearing Detection and Intervention (EHDI) Pilot**

A three-year (2009-2012) pilot project has been initiated by MDE to provide statewide aggregate information in addition to that which are available through child-count data. This pilot is gathering input from service providers and will help in gaining relevant data to assess meaningful progress for D/HH children and their families.

The 2010 -2011 Birth-to-Three Deaf Hard of Hearing Data/Outcomes Survey was created in the second year of the pilot process for reporting aggregate EHDI system data and language outcomes data for children with hearing loss who are receiving Help Me Grow early intervention services and their families. Teachers of D/HH children statewide completed this online survey during December 2010 and January 2011. Activity in 2009-2010 included a paper survey and overview of assessments with a few TDHH who were participating in MDH's Community Collaborative grant project.

The purpose and goals of the 2010 -2011 survey were:

- To help provide information with regard to the EHDI system goal of “1, 3, 6” for all young children with hearing loss and their families in Minnesota (all babies should be screened by 1 month. If they do not pass the initial screening, they should receive a diagnostic audiological evaluation by 3 months, and be enrolled in an appropriate early intervention program by 6 months).
- Establish a baseline of current aggregate language development outcomes for children with hearing loss from birth to three years of age who are receiving early intervention services.
- Help provide information to guide and inform quality early intervention practice for infants and toddlers who have hearing loss.
- Provide TDHH with suggested assessment resources helpful for monitoring communication development and progress over time.
- Provide professionals and regional low-incidence facilitators with aggregate demographic data, information on types and degrees of hearing loss, communication choices, services provided, etc. that could inform discussions of programs and services.
- To provide a trial period of a potential system of EHDI Data collection through Help Me Grow service providers that would preserve child and family privacy.

Forty three Teachers for Deaf Hard of Hearing completed online surveys for 135 infants and toddlers with hearing loss, approximately half of the infants and toddlers with hearing loss currently receiving Part C Help Me Grow intervention services in Minnesota. Fifty three percent (72) of the surveys submitted were for children in the seven-county Twin Cities metro area; 47 percent (63) of the surveys submitted were for children in Greater Minnesota Regions. Survey responses were received from all regions of the state. This pilot survey does not provide information on all young children with hearing loss in Minnesota. The survey and process, while



carefully constructed, were not designed as scientific research. Survey information was requested in the areas of “EHDI System” timelines for confirmation of hearing loss, referral to early intervention and service initiation; Information about Hearing Loss, Information about Hearing Technology; Parent/Family, Childcare Participation; Language and Communication Modes; Types and Locations of Help Me Grow Service Provision; Child’s Developmental Status; Frequently-used Assessments of Language Development.

The aggregate statewide survey results included the following for the total number of the survey children, including all children across Minnesota who: (1) were between birth and three years of age as of December 1, 2010; (2) had any type and degree of confirmed hearing loss; (3) were receiving Help Me Grow services by a Teacher DHH; (4) may or may not have co-occurring conditions; (5) demonstrated varied development across domains; and, (6) were members of families with varied cultural and linguistic backgrounds.

- The average chronological age at which hearing loss was confirmed by a clinical audiologist was 5.13 months. (Goal: Less than 3 months. Survey range was .03 months to 33.7 months of age.)
- Thirty nine percent (52) of the survey children were referred to Help Me Grow within 7 days of confirmation of hearing loss. (Goal: 2 days for all children. Survey range was 0 days – 641 days from the date of confirmation of hearing loss, with an average of 61 days between confirmation of hearing loss and referral to Help Me Grow.)
- Eighty percent of the children began receiving Help Me Grow infant and toddler intervention services within 75 days of referral. (forty five days for eligibility evaluation and IFSP meeting, with an additional 30 days allowed on the survey for families to consider, agree to proposed services, and services to begin.)
- Thirty six percent (49) of the survey children were receiving Help Me Grow services by 6 months of age; 56% (75) of the survey children were receiving Help Me Grow Services by 12 months of age. (Goal: Service Initiation by 6 months of age for all children identified through newborn hearing screening.)
- Forty four percent (59) of the survey children started receiving Help Me Grow services within 2 months of clinical confirmation of hearing loss. (Goal: within two months of confirmation of hearing loss for all young children.)
- Newborn hearing screening and follow-up diagnostics identified hearing loss in 109 of the 135 survey children (81%). Later screening identified 24 more children, 16 of whom had initially passed newborn hearing screening.
- Thirty percent (41) of the survey children had additional physical or health concerns.

- Eighty percent (107) of the survey children had bilateral hearing loss. Twenty percent (27) of the survey children had unilateral hearing loss.
- Sixty nine percent (93) children had some sensorineural hearing loss.
- Ten percent (14) of the survey children had progressive hearing loss.
- Audiologists recommended hearing technology for 77 percent (104) of the surveyed children. Seventy (95) families chose hearing technology for their child. Twenty (15%) of the survey children had received at least one cochlear implant. Ten children had received one cochlear implant; an additional 10 children had received bilateral cochlear implants.
- Family's primary language/mode goals for their child were: (134 survey responses)
  - 64% (86) Understanding and use of spoken English.
  - 13% (18) Understanding and use of two or more spoken languages (spoken English and home spoken language).
  - 9% (12) ASL.
  - 8% (11) ASL and one or more spoken language.
  - 4% (6) Sign-supported spoken English.
  - 1% (1) Sign language and cued/spoken English.
- Forty percent (30%) of the survey children were receiving childcare outside of their home, with Help Me Grow services provided to 18 these children within the children's child care location *in addition to* the services provided to the child and family at home.
- The Service Coordinator assigned to the child was a Teacher for DHH for 30% (40) of the survey children. An ECSE Teacher was the assigned service coordinator for 52% (70) of the survey children. Speech Language Pathologists were assigned as the service coordinators for 6% (8) of the survey children. A dual-licensed Teacher DHH plus ECSE or SLP was the service coordinator for 7% (10) of the survey children. Other educational professionals were assigned as the Service Coordinators for 6% (7) of the survey children.
- Language Development reported by the child's team and DHH teacher on the current survey (statewide responses: 98 out of 135 total survey children):
  - Receptive Language Development: 45 children (46% of 98 responses) were reported with receptive language skills within average range of development compared to typically-hearing peers.
  - Expressive Language Development: 40 children (41% of 98 responses) were reported with expressive language skills within average range of development compared to typically hearing peers.
  - Sixty five percent Children (66% of 98 responses) were reported to demonstrate communication development commensurate with their cognitive abilities.
- Language Development reported for survey children *who had hearing loss only, typical cognitive skills and no other identified health or physical concern* (N= 81 survey

children, 60% of the total number of survey children (135). Fifty eight percent responses were received out of 81 possible survey children):

- Receptive Language Development: 38 children (66% of 58 responses) were reported with receptive language skills within average range of development compared to typically-hearing peers.
- Expressive Language Development: 37 children (64% of 58 responses) were reported with expressive language skills within average range of development compared too typically- hearing peers.
- Forty five percent children (78% of 58 responses were reported to show communication development commensurate with their cognitive abilities.

### **Minnesota Comprehensive Assessment (MCA) Data**

As required by statute, a significant portion of this report will outline student performance on Minnesota Comprehensive Assessments. As D/HH is a low incidence category in special education, it is essential to note that much of the data available, even from an entire school district, is personally identifiable, that is, reveals the outcome of a single student. It is neither legal nor appropriate to publicly report personally identifiable information. Using the limitations established by MDE and approved at the federal level, data will not be reported for groups of less than 10 students.

Data will be reported by each of the educational regions of the state. Several of the regions have very low child counts of students who are D/HH, particularly in greater Minnesota. Some results will be reported with the regional outcome data. Regional data can be found on page 25.

It is impossible to report by grade level in most districts due to the ability to identify specific student outcomes from the data available. Even schools where most students are served under the category of D/HH (Metro Deaf School (MDS) and Minnesota State Academy for the Deaf (MSAD) have student enrollments small enough to identify specific student outcomes from the data available for most grades. For example, Rochester Public Schools, a school district in Region 10 (an 11 county region in southeastern Minnesota), has 73 students identified as D/HH. Of those students, there is MCA outcome data for 51 students. The other students are not in grades that are tested, including students served under Part C (pre-kindergarten students). The largest sub-grouping of students taking the MCA test is seven in any particular grade.

### **State Data**

In Minnesota, academic proficiency has four performance categories:

**Not proficient** — students at this level succeed at a few of the most fundamental skills established in the Minnesota Academic Standards.

**Partially Proficient** — students at this level succeeded at some of the skills established in the Minnesota Academic Standards.

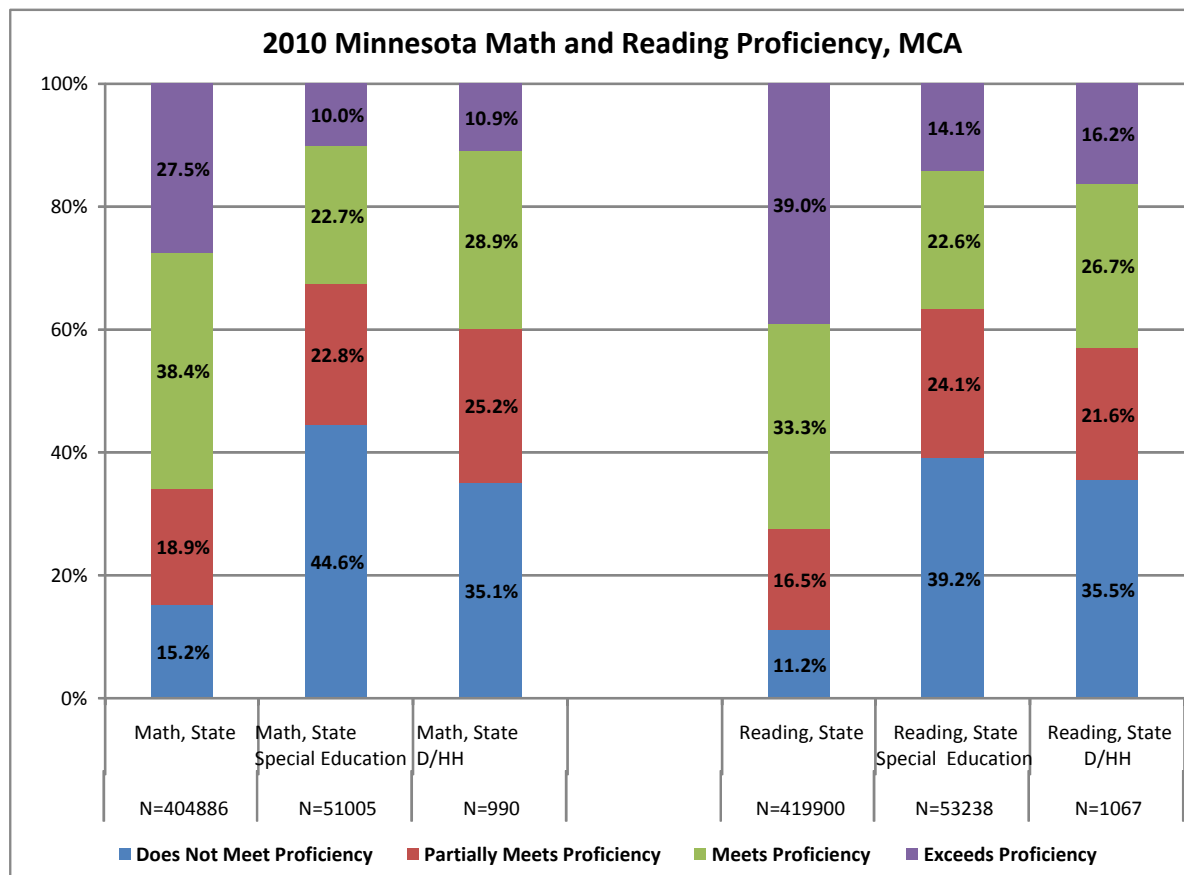
**Proficient** — students at this level meet the standards established in the Minnesota Academic Standards.

**Exceeds Proficiency** — students at this level exceed the standards established in the Minnesota Academic Standards.

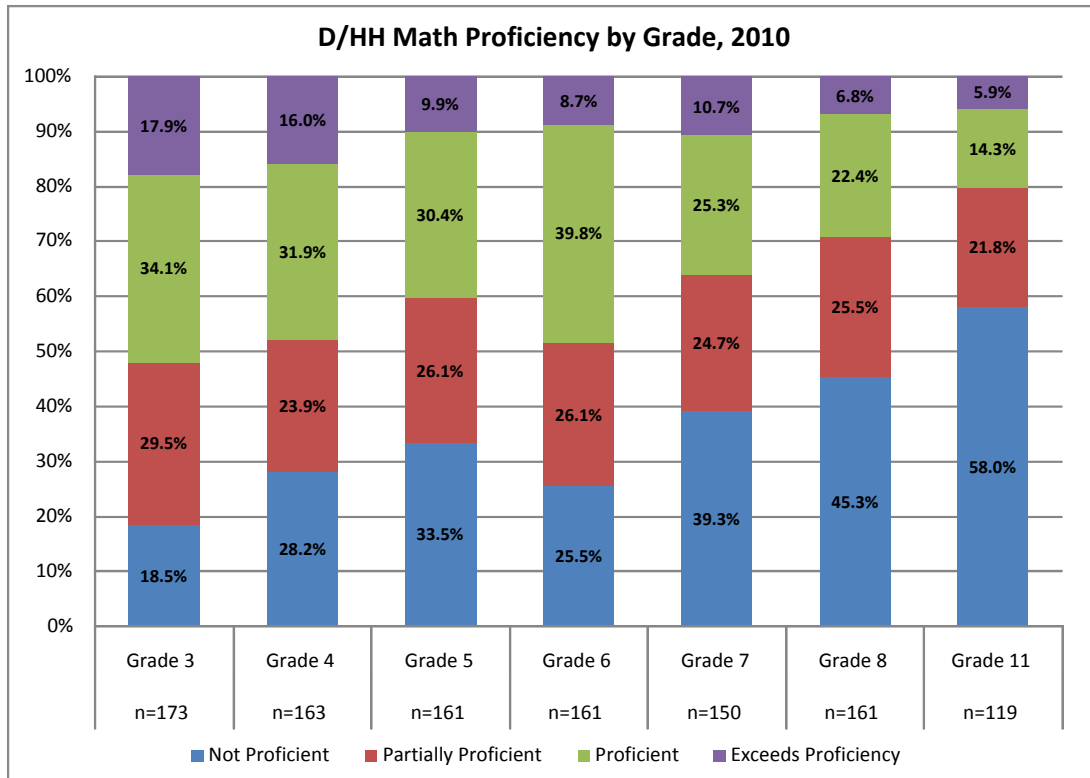
For more specificity for each standard please refer to the MDE website.

<http://education.state.mn.us/mde/index.html>

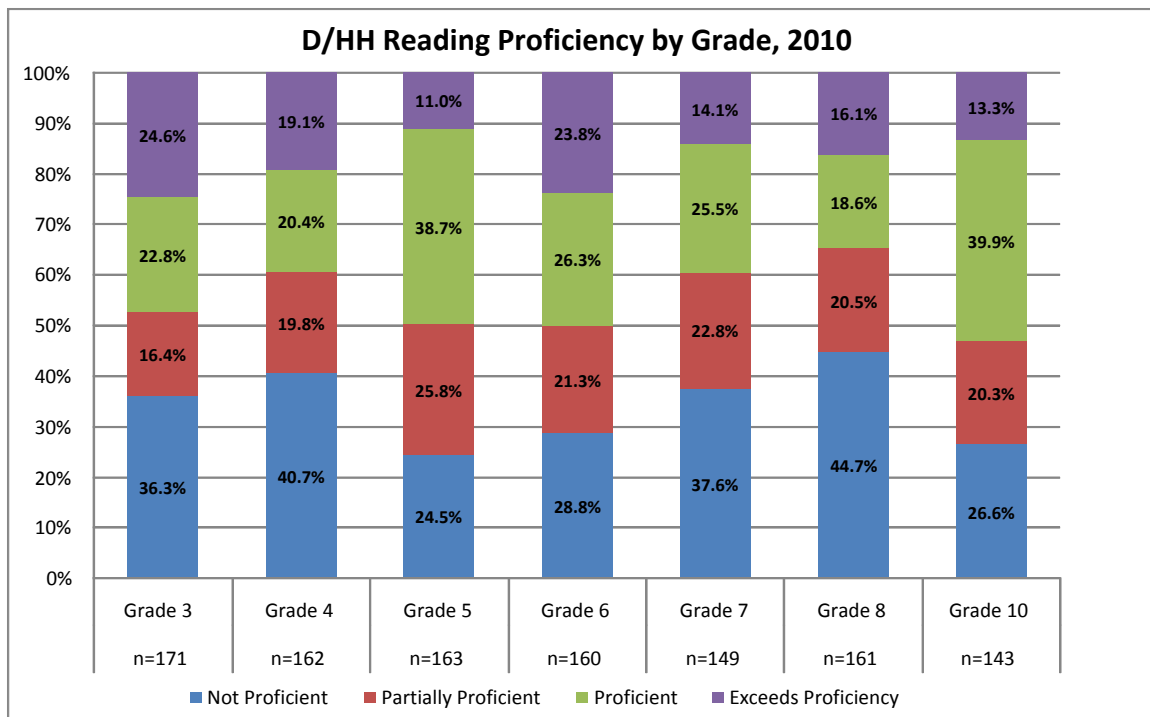
Some students' tests use alternate conditions and achievement standards. The cut-scores for these alternate assessments differ depending on the grade level and content areas assessed but are also categorized as not proficient, partially proficient, proficient or exceeds proficiency.



Data Source: Assessment Database, 2010



Data Source: Assessment Database, 2010



Data Source: Assessment Database, 2010

## **Regional Data**

Multiple districts within the educational regions of the state do not have student counts of 10 or more students who are identified as D/HH which allows for reporting by district. Regional data only is reported in these cases. Region 11 has the largest number of districts for which data can be reported. Over half of the D/HH students are served in the metro area.

Data presented in the following sections are taken from 2006-2010 Child Count and from the 2010 Assessment Database.

For a visual representation of the educational regions in Minnesota please refer to page 10.

## Region 1 & 2

**Region 1&2 D/HH Enrollment Trends**

	2006-07	2007-08	2008-09	2009-10	2010-11
Total	63	69	58	62	54

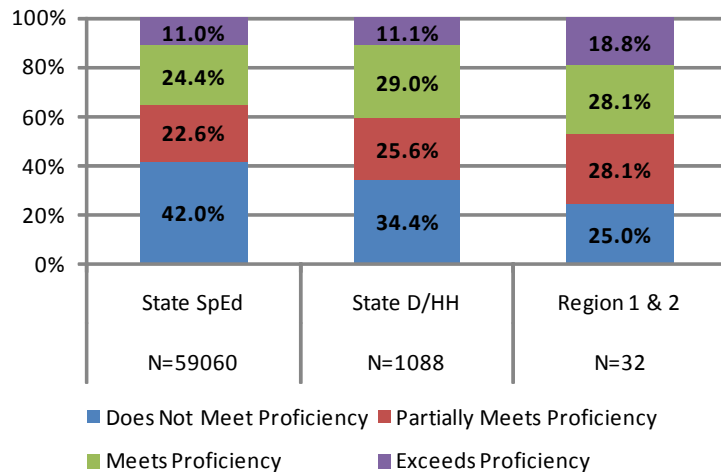
**Enrollment Trends of Districts in the Region**

	2006-07	2007-08	2008-09	2009-10	2010-11
Bemidji	11	11	12	14	14

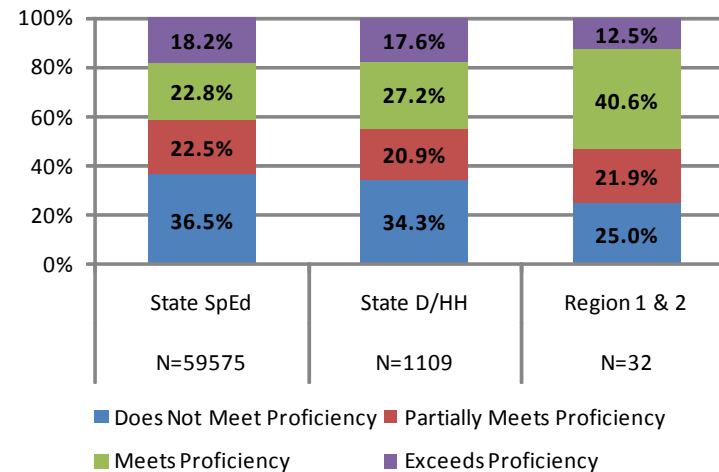
**Region 1&2 Sex and Grade Distributions, 2010-11 SY**

Sex	Count	Percentage
F	26	48.1%
M	28	51.9%
Grade Level		
Pre-K	3	5.6%
K-5	26	48.1%
6-8	12	22.2%
9-12	13	24.1%
Total	54	

**2010 Math Proficiency, Region 1&2\***



**2010 Reading Proficiency, Region 1&2\***



\*District must have at least 10 D/HH students tested in order to be included separately in the proficiency charts.

## Region 3

**Region 3 D/HH Enrollment Trends**

	2006-07	2007-08	2008-09	2009-10	2010-11
Total	81	85	78	82	80

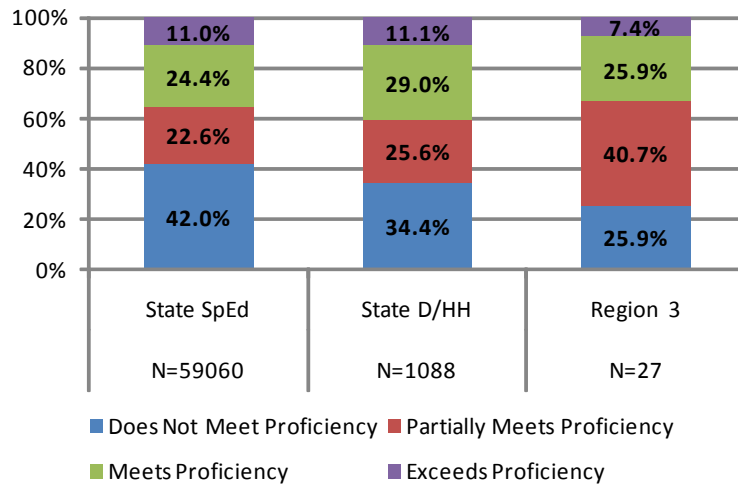
**Enrollment Trends of Districts in the Region**

	2006-07	2007-08	2008-09	2009-10	2010-11
Duluth	19	22	24	21	23

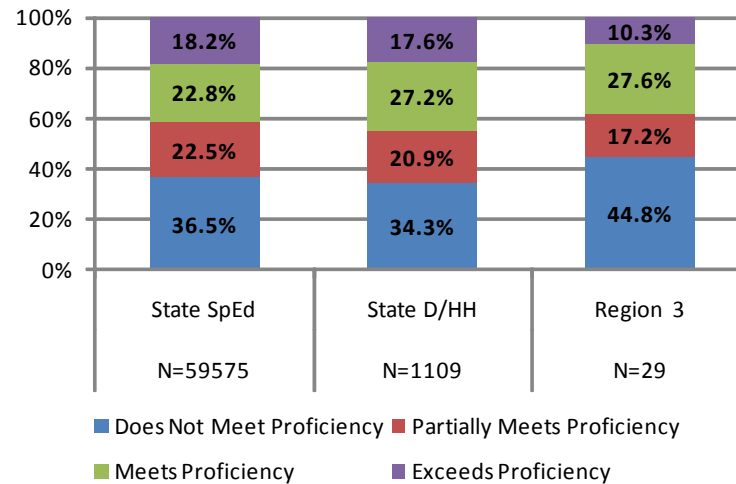
**Region 3 Sex and Grade Distributions, 2010-11 SY**

Sex	Count	Percentage
F	30	37.5%
M	50	62.5%
Grade Level		
Pre-K	13	16.3%
K-5	34	42.5%
6-8	16	20.0%
9-12	17	21.3%
Total	80	

**2010 Math Proficiency, Region 3\***



**2010 Reading Proficiency, Region 3\***



\*District must have at least 10 D/HH students tested in order to be included separately in the proficiency charts.



## Region 4

**Region 4 D/HH Enrollment Trends**

	2006-07	2007-08	2008-09	2009-10	2010-11
Total	78	77	81	78	80

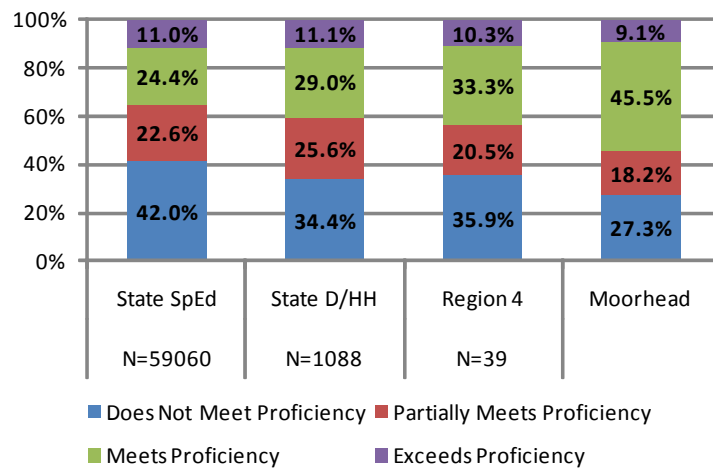
**Enrollment Trends of Districts in the Region**

	2006-07	2007-08	2008-09	2009-10	2010-11
Moorhead	20	20	24	24	21

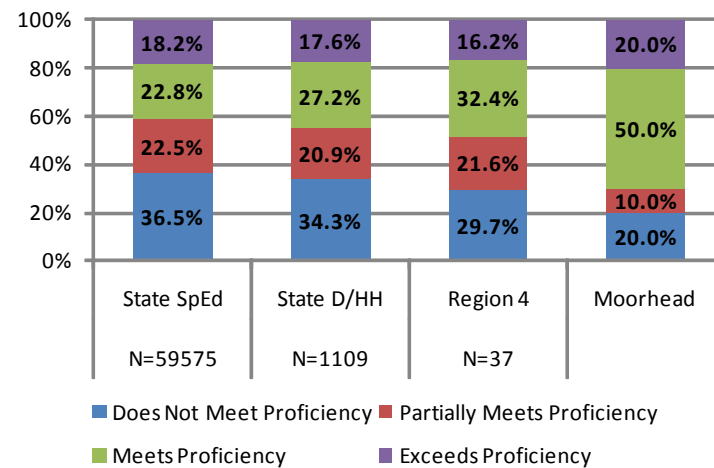
**Region 4 Sex and Grade Distributions, 2010-11 SY**

Sex	Count	Percentage
F	40	50.0%
M	40	50.0%
Grade Level		
Pre-K	10	12.5%
K-5	36	45.0%
6-8	17	21.3%
9-12	17	21.3%
Total	80	

**2010 Math Proficiency, Region 4\***



**2010 Reading Proficiency, Region 4\***



\*District must have at least 10 D/HH students tested in order to be included separately in the proficiency charts.

## Region 5

**Region 5 D/HH Enrollment Trends**

	2006-07	2007-08	2008-09	2009-10	2010-11
Total	45	55	51	55	59

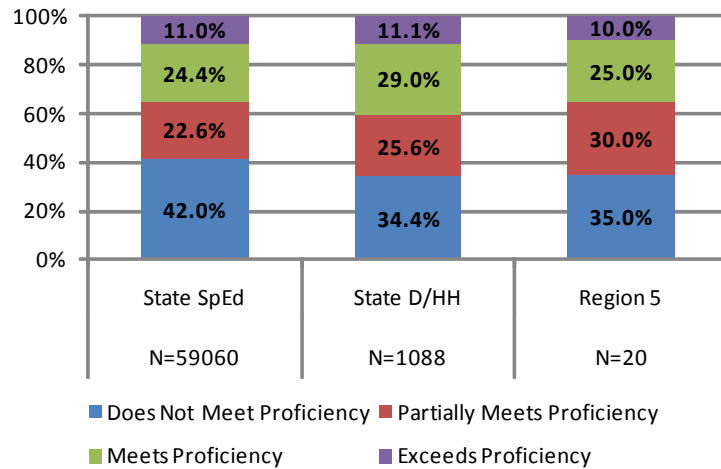
**Enrollment Trends of Districts in the Region**

	2006-07	2007-08	2008-09	2009-10	2010-11
Brainerd	13	14	12	14	14

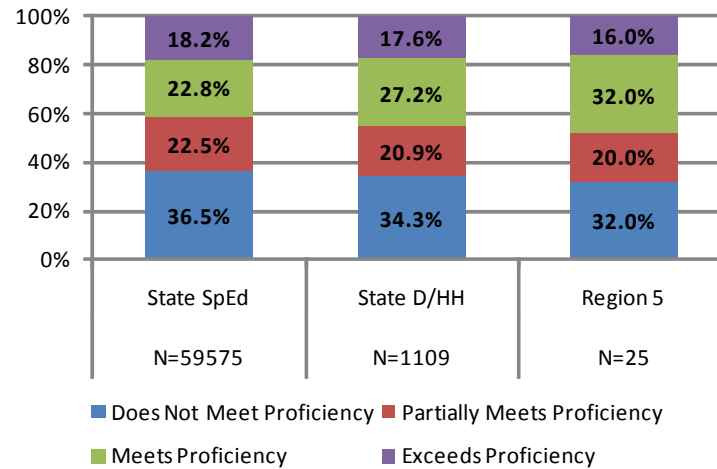
**Region 5 Sex and Grade Distributions, 2010-11 SY**

Sex	Count	Percentage
F	30	50.8%
M	29	49.2%
Grade Level		
Pre-K	14	23.7%
K-5	22	37.3%
6-8	11	18.6%
9-12	12	20.3%
Total	59	

**2010 Math Proficiency, Region 5\***



**2010 Reading Proficiency, Region 5\***



\*District must have at least 10 D/HH students tested in order to be included separately in the proficiency charts.

## Region 6&8

**Region 6&8 D/HH Enrollment Trends**

	2006-07	2007-08	2008-09	2009-10	2010-11
Total	142	144	148	147	154

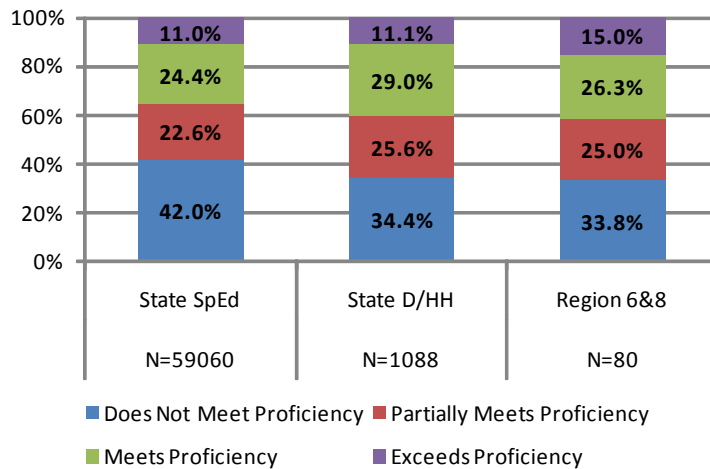
**Enrollment Trends of Districts in the Region**

	2006-07	2007-08	2008-09	2009-10	2010-11
Willmar	10	16	16	17	15

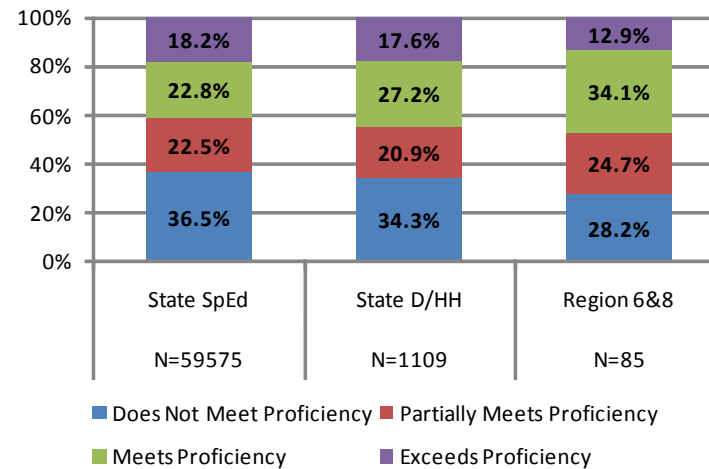
**Region 6&8 Sex and Grade Distributions, 2010-11 SY**

Sex	Count	Percentage
F	67	43.5%
M	87	56.5%
Grade Level		
Pre-K	9	5.8%
K-5	63	40.9%
6-8	40	26.0%
9-12	42	27.3%
Total	154	

**2010 Math Proficiency, Region 6&8\***



**2010 Reading Proficiency, Region 6&8\***



\*District must have at least 10 D/HH students tested in order to be included separately in the proficiency charts.

## Region 7

**Region 7 D/HH Enrollment Trends**

	2006-07	2007-08	2008-09	2009-10	2010-11
Total	204	202	193	180	177

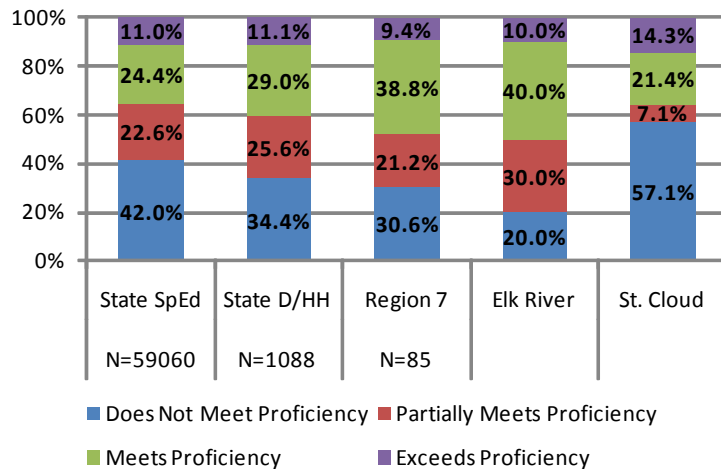
**Enrollment Trends of Districts in the Region**

	2006-07	2007-08	2008-09	2009-10	2010-11
St. Cloud	27	25	27	27	28
Elk River	28	29	25	20	24
Monticello	15	12	13	12	9

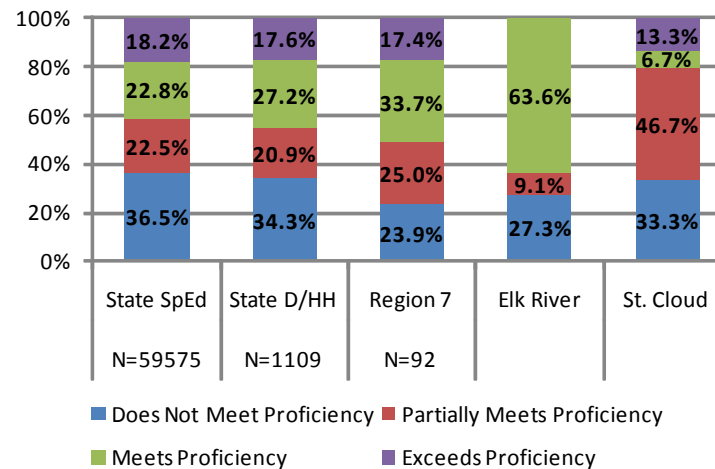
**Region 7 Sex and Grade Distributions, 2010-11 SY**

Sex	Count	Percentage
F	90	50.8%
M	87	49.2%
Grade Level		
Pre-K	21	11.9%
K-5	73	41.2%
6-8	39	22.0%
9-12	44	24.9%
Total	177	

**2010 Math Proficiency, Region 7\***



**2010 Reading Proficiency, Region 7\***



\*District must have at least 10 D/HH students tested in order to be included separately in the proficiency charts.

## Region 9

**Region 9 D/HH Enrollment Trends**

	2006-07	2007-08	2008-09	2009-10	2010-11
Total	94	103	99	102	103

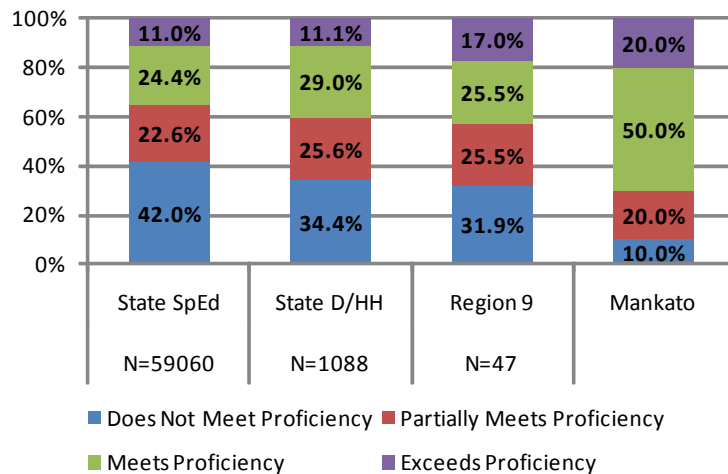
**Enrollment Trends of Districts in the Region**

	2006-07	2007-08	2008-09	2009-10	2010-11
Mankato	20	24	22	28	31

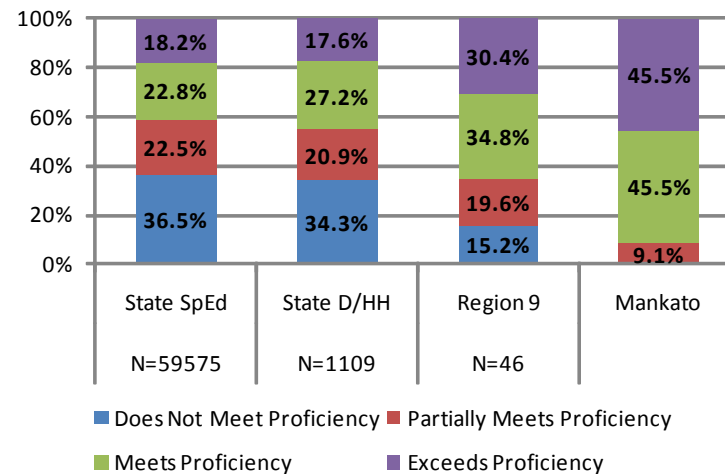
**Region 9 Sex and Grade Distributions, 2010-11 SY**

Sex	Count	Percentage
F	46	44.7%
M	57	55.3%
Grade Level		
Pre-K	17	16.5%
K-5	39	37.9%
6-8	28	27.2%
9-12	19	18.4%
Total	103	

**2010 Math Proficiency, Region 9\***



**2010 Reading Proficiency, Region 9\***



\*District must have at least 10 D/HH students tested in order to be included separately in the proficiency charts.

## Region 10

**Region 10 D/HH Enrollment Trends**

	2006-07	2007-08	2008-09	2009-10	2010-11
Total	299	297	279	294	314

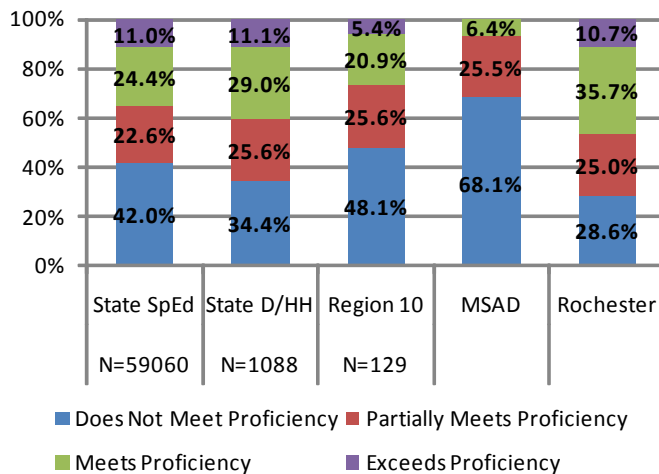
**Enrollment Trends of Districts in the Region**

	2006-07	2007-08	2008-09	2009-10	2010-11
MSAD	121	110	91	110	111
Rochester	58	63	67	65	73
Faribault	24	21	18	13	16
Northfield	16	15	12	11	12

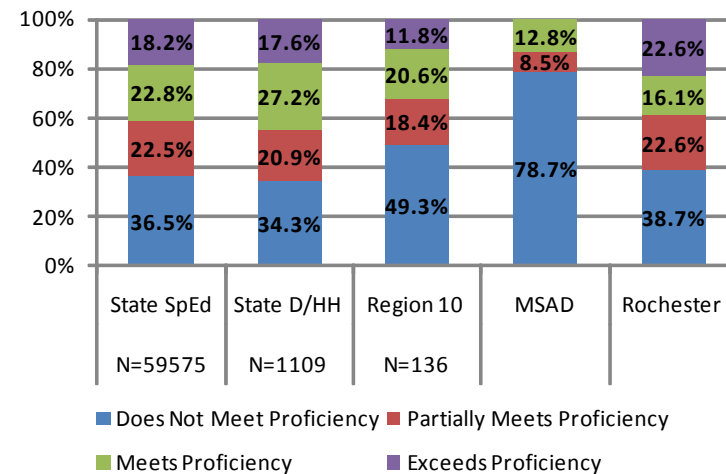
**Region 10 Sex and Grade Distributions, 2010-11 SY**

Sex	Count	Percentage
F	144	45.9%
M	170	54.1%
Grade Level		
Pre-K	51	16.2%
K-5	116	36.9%
6-8	52	16.6%
9-12	95	30.3%
Total	314	

**2010 Math Proficiency, Region 10\***



**2010 Reading Proficiency, Region 10\***



\*District must have at least 10 D/HH students tested in order to be included separately in the proficiency charts.

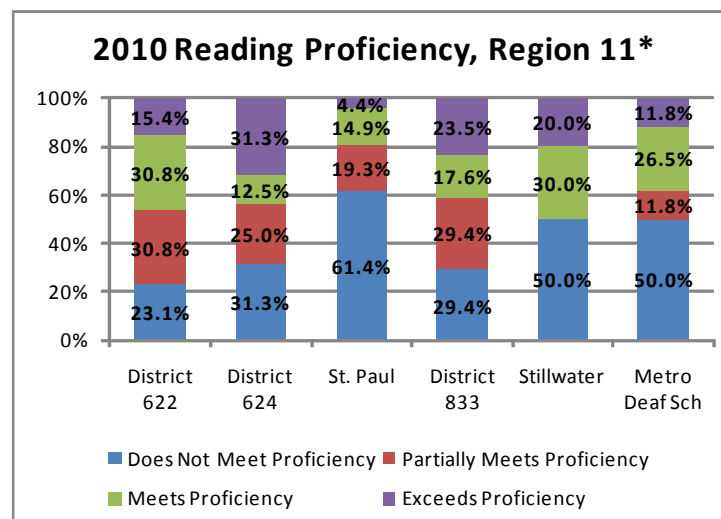
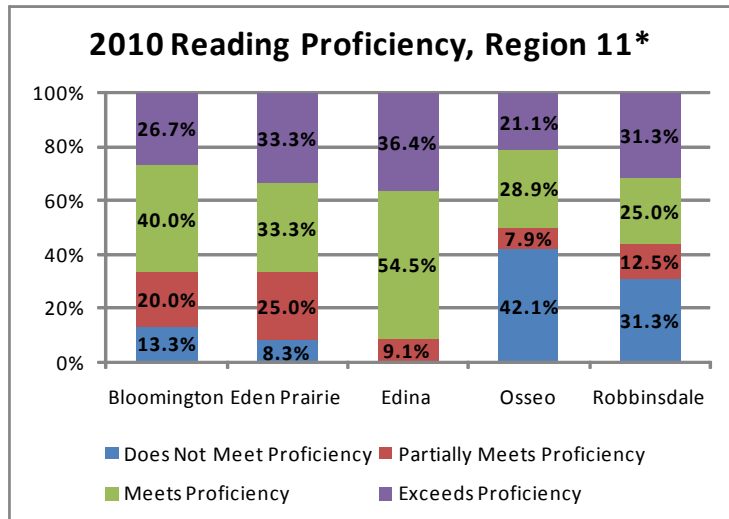
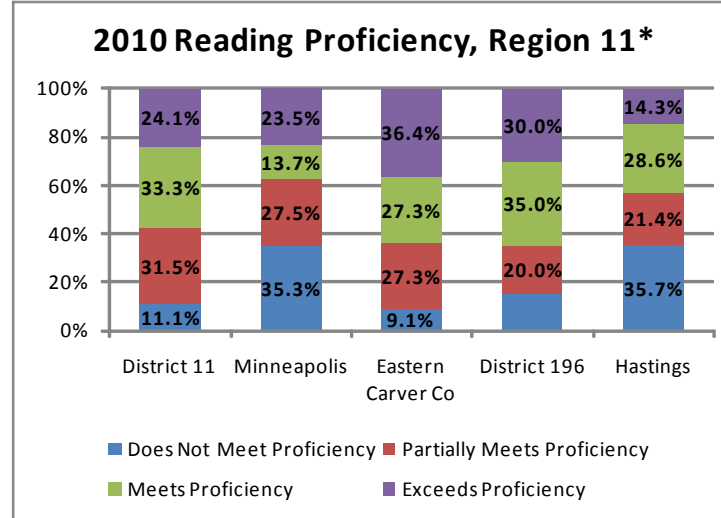
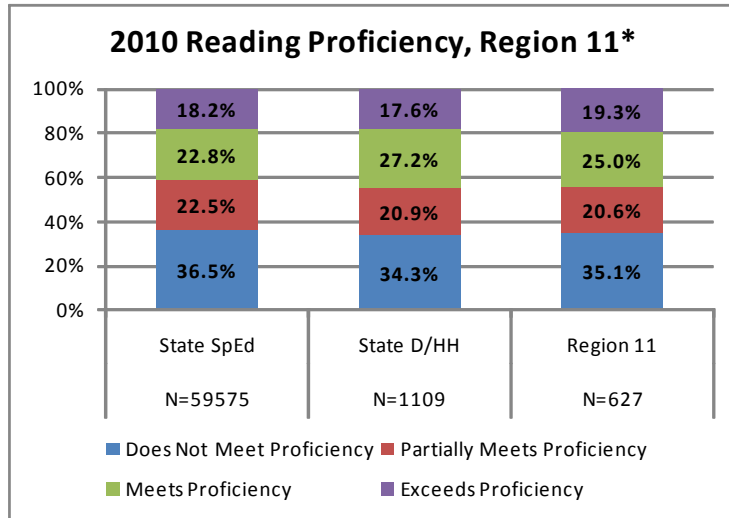
## Region 11

Region 11 D/HH Enrollment Trends					
	2006-07	2007-08	2008-09	2009-10	2010-11
Region 11 Total	1350	1357	1372	1392	1452
Anoka-Hennepin	114	113	107	112	95
Minneapolis	131	130	138	134	126
Eastern Carver County	23	21	24	20	22
Burnsville	20	19	17	17	15
Lakeville	14	17	16	16	15
Rosemount-Apple Valley-Eagan	83	95	92	90	94
West St. Paul-Mendota Heights	14	15	14	16	19
Inver Grove Heights	13	16	15	14	17
Hastings	26	22	19	21	21
Hopkins	18	16	13	14	17
Bloomington	36	29	29	28	25
Eden Prairie	34	34	32	29	30
Edina	26	24	24	25	27
Osseo	77	75	67	81	91
Richfield	11	14	17	12	15
Robbinsdale	38	46	42	40	48
St. Louis Park	15	14	13	14	12
Wayzata	23	27	27	17	17
Mounds View	20	22	23	21	21
North St. Paul-Maplewood	39	37	29	28	24
Roseville	19	22	18	24	28
White Bear Lake	26	31	31	37	36
St. Paul	203	194	202	216	253
Prior Lake-Savage	13	13	14	15	17
Forest Lake	19	22	25	26	21
South Washington County	43	46	40	41	33
Stillwater	12	11	23	17	16
Metro Deaf School	59	50	61	82	88

Region 11 Sex and Grade Distributions, 2010-11 SY		
Sex	Count	Percentage
F	683	47.0%
M	769	53.0%

Grade Level	Count	Percentage
Pre-K	235	16.2%
K-5	537	37.0%
6-8	299	20.6%
9-12	381	26.2%
Total	1452	

## Region 11 Reading Proficiency



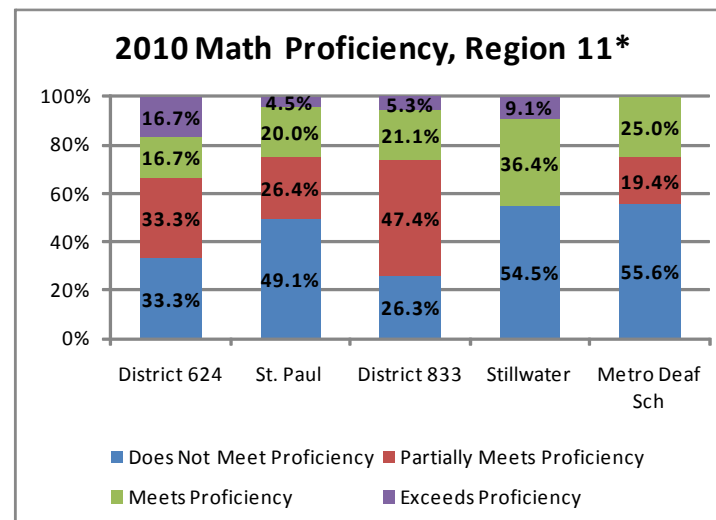
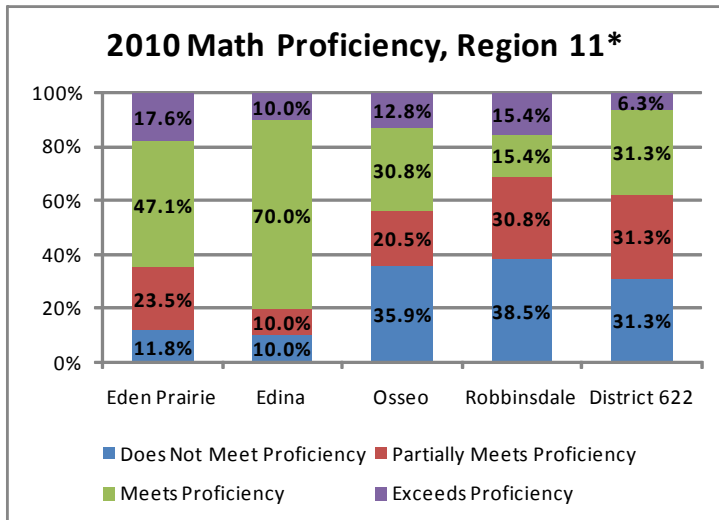
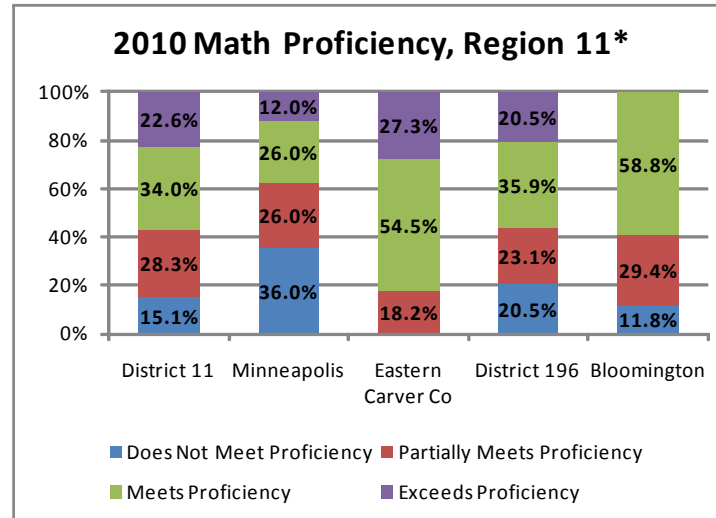
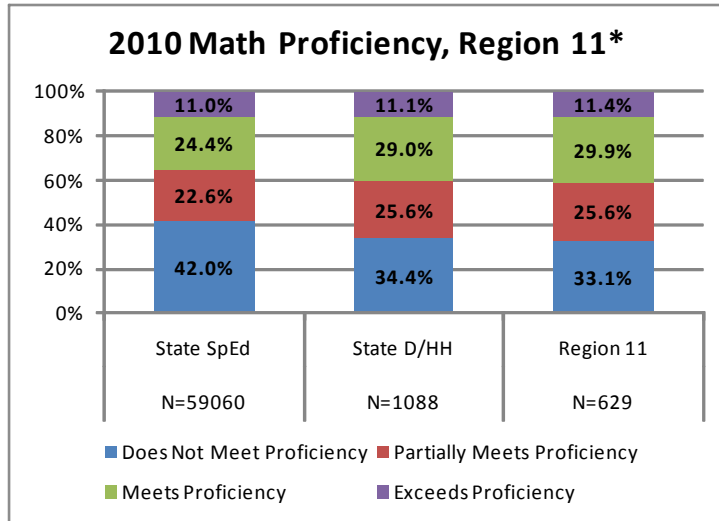
\*District must have at least 10 D/HH students tested in order to be included separately in the proficiency charts.

District 11=Anoka-Hennepin; District 196=Rosemount-Apply Valley-Eagan; District 622=North St. Paul-Maplewood;

District 624=White Bear Lake; District 833=South Washington County;



## Region 11 Math Proficiency



\*District must have at least 10 D/HH students tested in order to be included separately in the proficiency charts.

District 11=Anoka-Hennepin; District 196=Rosemount-Apply Valley-Eagan; District 622=North St. Paul-Maplewood;

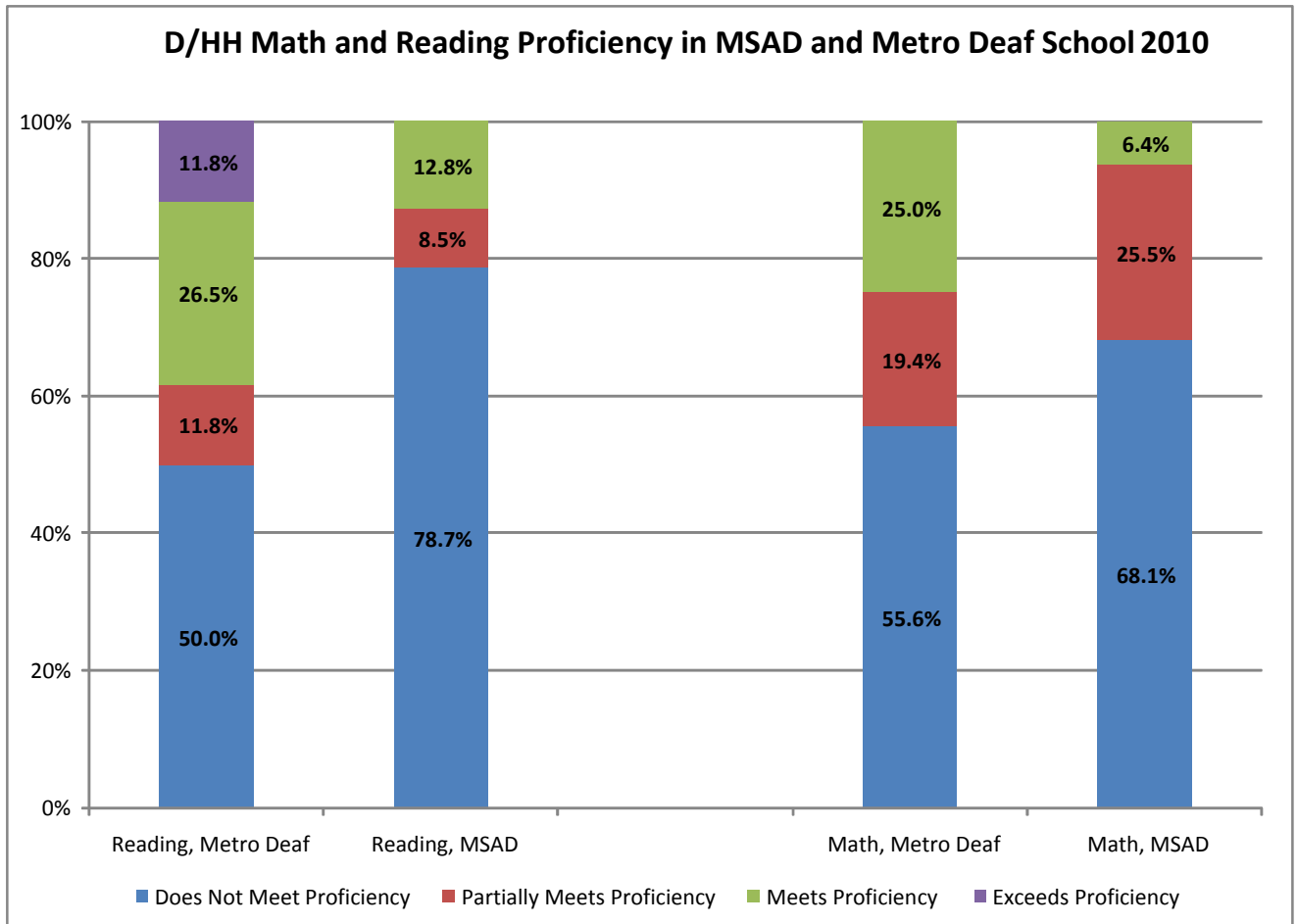
District 624=White Bear Lake; District 833=South Washington County;

## **Unique Schools Serving D/HH**

There are two schools in Minnesota with the unique mission of educating students who are deaf/hard of hearing. The Minnesota State Academy for the Deaf (MSAD) enrolled its first student in 1863 and takes pride in a rich tradition of serving the educational, social and emotional needs of deaf and hard of hearing students throughout the state of Minnesota. All students at MSAD have an Individual Education Plan. The Academy serves infants through a combination of in-home and group activities, an early childhood program and students in academic settings in kindergarten through 12th grade. Presently, 31 percent of MSAD students have secondary disabling conditions listed on their IEPs. About 21 percent exhibit characteristics and needs that are addressed through providing specialized services. Enrollment at MSAD typically includes 140-150 students. Students from throughout Minnesota attend the Academy.

Metro Deaf School is a bilingual charter school serving PK-12<sup>th</sup>-grade students who are primarily Deaf, DeafBlind and Hard of Hearing. Current enrollment is 100-110. MDS serves the greater Twin Cities area and western Wisconsin. At Metro Deaf School (MDS), all students are instructed in American Sign Language (ASL) and English is taught through print. MDS has a challenging interdisciplinary curriculum that incorporates Minnesota's Academic Standards. Currently, approximately 25 percent of MDS' students have a diagnosed second disability with an additional 20 percent requiring specific accommodations and/or modifications to the curriculum as written into the IEP. Students who need more time in high school have an opportunity to continue in MDS' Transition Plus program through the school year in which student turns 21.

Neither of these schools has a large number of students. It would be a disservice to make a generalization about the educational quality of these schools based solely on test scores for such a small sample of students.



Data Source: Assessment Database 2010

## Recommendations to improve services for students who are deaf or hard of hearing

The 2010-2011 Advisory Committee for the Minnesota Resource Center D/HH suggested these seven recommendations.

### 1. Early Hearing Detection and Intervention (EHDI)

The Minnesota Department of Education established Early Hearing Detection and Intervention (EHDI) Regional Teams in each of the educational regions. The teams work to build capacity in the local areas and to offer a full array of early intervention services to meet the unique needs of Deaf and Hard-of-Hearing (D/HH) infants, toddlers and their families. The teams also expanded professional expertise regionally by offering advanced training. Each team is charged with developing a regional plan based on identified needs. These educational teams consist of three professional members: a teacher of the D/HH, educational audiologists and special education early childhood teacher. The Minnesota Department of Education currently funds a half-time EHDI position and supports these regional teams with annual training. In addition, MDE continued year two (2010-2011) of

a voluntary three-year pilot to begin collecting data on the birth-to-three D/HH population after much work on determining which assessments to utilize.

MDE developed and piloted a three-year statewide data reporting system of communication and developmental outcomes for Minnesota children from birth to three years of age with hearing loss who are receiving Part C early intervention services for the purposes listed below. This pilot process could potentially involve up to 300 Minnesota infants and toddlers with hearing loss and their families each year (September 1, 2009 – June 30, 2012). The purpose of the pilot is to:

1. Provide MDE Early Learning and Special Education Policy staff with a real-time child count of the number of Minnesota children with hearing loss who are referred to and are receiving early intervention services through Part C — Help Me Grow. This is a critical EHDI data point following newborn hearing screening and diagnosis of hearing loss. In addition, provide a system of interagency sharing among MDE, the Department of Health and the Department of Human Services of data on child-specific hearing screening, diagnostic information, referral date and entrance date into early intervention services. The IFSP date is critical to ensure that all young children with hearing loss and their families have the opportunity to receive timely early intervention services and are not “lost to follow-up.”
2. Provide MDE Early Learning and Special Education Policy staff with current demographic information and trends regarding young children with hearing loss to document the prevalence of hearing loss and co-occurring conditions in Minnesota, evaluate statewide program and staff development needs specific to supporting all Minnesota children with hearing loss and their families, coordinate EHDI efforts between MDE and our partner state EHDI agencies and leverage resources.
3. Provide valid, aggregate outcome data of children’s communication and functional developmental levels as directed in Minnesota Statutes, section 125A.63, subdivision 4(b).
4. Provide MDE, local education agencies, and Part C — Help Me Grow interagency partners with reliable information on reported prevalence data, types of early intervention services provided and developmental outcomes to help plan and implement quality early intervention services for young children with hearing loss and their families.
5. Through a statewide data recording system, provide local IFSP teams with confidential access to cumulative assessment information and a trajectory of development to help their ongoing progress monitoring of individual children with hearing loss, communication with families, and guiding and informing practice.

MDE continued to fiscally support EHDI involvement on Learning Collaborative teams with the Minnesota Department of Health (MDH). This year we assisted on a national EHDI summit as well as continuing to partner at EHDI Advisory board meetings.

EHDI Community Collaborative teams identify the loss to follow-up issues specific to their local communities and develop Plan-Do-Study-Act (PDSA) small tests of change to decrease the number of infants and children who are lost to follow-up and assure children with a hearing loss are offered early intervention (Part C) and are connected to early supports and services. These collaborative teams sunset in March of 2011 but now MDH plans to provide regional activities which we hope to continue to collaborate in.

### **2011-2012 Recommendations for EHDI**

Continue with half-time EHDI Coordinator, re-establish Regional EHDI annual trainings, complete last year of three-year pilot (birth-to-three) and continue to create ways to develop a secure database and link with Part C — Help Me Grow. Meet with three to five MDE specialists to expand data collection and assist MDH as they plan regional trainings.

MDE staff meets weekly on EHDI, sits on the Advisory Board of EHDI and participates on several relevant sub-committees.

#### **Potential Initiatives:** (currently not funded or budgeted for)

- Maintain regional teams and provide annual training opportunities in latest trends and research. (\$30,000)
- Improve current child count procedures that identify all who have a hearing loss. Provide screening tools to schools. (\$50,000)
- Expand upon Early Childhood Early Hearing Detection and intervention (pilot) and require all that have a hearing loss must report yearly (birth through age 10). (\$20,000)
- Establish a secure Web-based access for teachers of the D/HH to report this information. Determine how this data will be reported to protect privacy of students and their families. (\$100,000)
- Ensure that a TDHH is on IEP an IFSP teams and evaluation has a full license so families are given the full array of communication choices and placement options in a non-biased manner.
- Improve the information that Early Intervention — Help Me Grow provides to assist parents in making communication and placement decisions for their children and to show what the trends are in D/HH education. (\$40,000)
- Provide online training opportunities that are disability-specific and address the skill sets recommended by the Council of Exceptional Children (CEC). (\$150,000)

## **2. Present Levels of Performance; Progress Monitoring**

Educational progress for students receiving special education services is based on goals established by a team and documented in an Individualized Family Service Plan (IFSP) or Individualized Education Program (IEP) as well as on progress on grade-level academic standards. To support teachers of the deaf and hard of hearing (TDHH) in measuring student progress, MDE contracted with the University of Minnesota to develop online progress-monitoring training that all TDHH can utilize independently. This project addresses general and special education reforms by focusing on indicators that can be used to provide scientifically based data related to effective instructional outcomes and accountability.

This series of four webinars includes: 1) an overview, purpose and function of progress monitoring strategies; 2) common assessment and progress monitoring practices, (e.g., Curriculum Based Assessments (CBA), Mastery Monitoring (MM), Curriculum Based Measurement (CBM)) for use with students who are deaf or hard of hearing); 3) discussion and demonstration of CBM as a progress monitoring strategy in reading; and, 4) discussion and demonstration of CBM as a progress monitoring strategy with written expression. It is expected that all teachers of the D/HH will come away from the webinars with skills in the following objectives:

- Identify and differentiate between examples of achievement tests and progress monitoring tools including Mastery Monitoring (MM), Curriculum Based Measurement (CBM) and other general outcome-based systems.
- Compare and contrast progress monitoring and traditional assessments used with students who are deaf and hard of hearing.
- Define scientifically-based progress-monitoring processes (valid and reliable indicators of students' academic performances).
- Discuss why progress monitoring measures are used with students who are deaf and hard of hearing.
- Provide three examples of how progress-monitoring measures can be integrated into instruction with students who are deaf or hard of hearing.
- Apply progress-monitoring measures to the development of IEP goals and benchmarks.
- Apply progress-monitoring measures as indicators of individual student academic progress.

### **2011-2012 Recommendation for Progress Monitoring**

A next step would be to assure that all TDHH have access to the progress monitoring webinars (2011-2012) and begin implementing these strategies. Statewide training in a variety of settings (workshops, ITV, conferences, etc.) will be provided if needed.

**Potential Initiatives:** (currently not funded or budgeted)

### **3. Literacy**

To address the literacy learning needs of D/HH students. MDE is working with Karen Erickson of University of North Carolina - Chapel Hill in incorporating whole-to-part reading strategies with deaf and hard of hearing learners. All teachers of the D/HH in Minnesota have been invited to attend a Minnesota camp to implement these strategies hands-on. Other TDHH have been exposed to this work at workshops and conferences.

Annually, literacy for students who are Deaf/Hard of Hearing has been a training topic at the Minnesota Teachers of the D/HH Conference. This was the first year that the disability specific conference was not held. It was determined by MDE that a cross categorical conference would better meet the needs of all disabilities. There is a need for disability specific training on literacy that addresses the unique needs of students who are Deaf/Hard of Hearing. The state conference provided this beneficial training which also included opportunities for networking, sharing resources and information with professionals from around the state. The Advisory Committee acknowledges the loss of this valuable disability specific state conference and hopes it will be reinstated in the future.

#### **2011-2012 Recommendation for Literacy**

MDE will provide opportunities for TDHH to learn whole-to-part reading strategies.

**Potential Initiatives:** (currently not funded or budgeted)

- Utilize technology-enhanced strategies for providing differentiated instruction in reading and writing (\$100,000).
- Determine/create/purchase a set of assessment tools that can be used for students from birth to age 10. Keep in mind the variety of languages including American Sign Language (ASL), Somali, and Hmong (\$100,000).
- Establish a way to graph individual progress and state data and explain it in a manner so parents can both understand and contribute (\$50,000).
- Provide students/professionals with materials/workbooks/online training in areas of learning (\$200,000).

### **4. Transition**

Presentations from MDE and PepNet left us with many questions in this area. It was determined that a transition workgroup needs to be established. Refer to MDE's transition website for materials:

[http://education.state.mn.us/MDE/Learning\\_Support/Special\\_Education/Interagency\\_Services/Secondary\\_Transition/index.html](http://education.state.mn.us/MDE/Learning_Support/Special_Education/Interagency_Services/Secondary_Transition/index.html)

## **2011-2012 Recommendations for Transition**

Work with MDE Transition Specialist Jayne Spain to provide transition training as needed. Invite someone from DEED to sit on the Advisory Committee. Establish a transition workgroup to address needs identified by the Advisory Committee.

### **Potential Initiatives:** (currently not funded or budgeted)

- Determine a set of transition assessment tools to be used by deaf-and-hard of hearing students (\$50,000).
- Create a transition follow-up survey (\$2,000).
- Create a transition skills checklist (\$8,000).

## **5. Minnesota Collaborative - Deaf and Hard of Hearing**

In 2004, A National Agenda for the Education of Students who are Deaf and Hard of Hearing was developed. Its goal was to improve the quality of educational services for students who are deaf or hard of hearing. Access the agenda: ([www.ndepnow.org/pdfs/national\\_agenda.pdf](http://www.ndepnow.org/pdfs/national_agenda.pdf)) Each year thereafter state teams have been invited to a “National Deaf Summit” to address the eight goals identified in the National Agenda for the Education of Students who are Deaf and Hard of Hearing.

National Deaf Summit is held annually. The Minnesota Department of Education has been an active partner in these meetings. These goals are based on the National Deaf Summit:

- Participants (states) will connect with others (states) across the country and will leave with ideas and information learned from interactive conversations.
- States will have formed or strengthened their individual state stakeholder teams that include parents, the state department of education, state school, and regional program leaders, individuals who are deaf or hard of hearing, higher education representatives and other critical players.
- Participants (states) will identify current research and effective strategies to be used for improvement planning and selection of improvement strategies/programs as they are applied to accountability for student outcomes in deaf education.
- State teams will leave with an updated action plan, including review of critical team members, actions needed to ensure a functional team and steps for moving forward with improvement planning.

## **2011-2012 Recommendations for Minnesota Collaborative**

MDE is committed to working with our stakeholders. MDE purchased the webcast from the 2011 National Deaf Summit conference which will be shared with stakeholders as we identify current research and effective strategies to be used for improvement planning.



**Potential Initiatives:** (currently not funded or budgeted)

- Identification of improvement /Facilitator/Attendance at meetings (\$10,000).

6. \*The advisory committee strongly endorses these efforts to change Minnesota Rule.

**Update the Criteria to reflect early hearing detection and intervention efforts, team membership and audiological changes.**

Changes in the criteria reflect recent work in EHDI, audiological measures and team membership. Advisory Committee requested that changes be included in the report and it is their hope that MDE will address these rule changes internally.

**3525.1331 DEAF AND HARD OF HEARING.**

Subpart 1.**Definition.** "deaf and hard of hearing" means a diminished sensitivity to sound, or hearing loss, that is expressed in terms of standard audiological measures.

Hearing loss has the potential to affect educational, communicative, or social functioning that may result in the need for special education instruction and related services.

Subp.2. **Criteria.** A pupil who is deaf or hard of hearing is eligible for special education instruction and related services if the pupil meets one of the criteria in item A and one of the criteria in item B, C, or D.

**\*Pupils from birth to kindergarten who have a diagnosed hearing loss are eligible for early intervention, special education and related services regardless of whether the pupil has demonstrated need or delay if the diagnosed hearing loss has a high probability to affect educational, communicative or social functioning**

A. There is audiological documentation provided by a Certified **licensed** audiologist that a pupil has one of the following:

(1) A sensorineural hearing loss with an unaided pure tone average **500 Hz., 1000 Hz., 2000 Hz.**, speech threshold, or auditory brain stem response threshold of 20 decibels hearing level (HL) or greater in the better ear;

(2) A conductive hearing loss with an unaided pure tone average **(500 Hz., 1000 Hz., 2000 Hz.)** or speech threshold of 20 decibels hearing level (HL) or greater in the better ear persisting over three months or occurring at least three times during the previous 12 months as verified by audiograms with at least one measure provided by a ~~certified~~ **licensed** audiologist;

(3) A unilateral sensorineural or persistent conductive loss with an unaided pure tone average **(500 Hz., 1000 Hz., 2000 Hz.)** or

speech threshold of 45 decibels hearing level (HL) or greater in the affected ear; or

(4) A sensorineural hearing loss with unaided pure tone thresholds at 35 decibels hearing level (HL) or greater at two or more of the ~~adjacent~~ frequencies (2000 Hz., 3000 Hz. or 4000 Hz.) in the better ear.

B. The pupil's hearing loss affects educational performance as demonstrated by:

(1) A need to consistently use amplification in educational settings as determined by audiological measures and systematic observation; or a need to consistently use amplification in educational settings as determined by a licensed audiologist contracted by the school district, or

(2) An achievement deficit in basic reading or math skills, reading comprehension, written language, or general knowledge that is at the 15th percentile or 1.0 standard deviation or more below the mean on a technically adequate norm-referenced achievement test that is individually administered by a licensed professional.

C. The pupil's hearing loss affects the use or understanding of spoken English Language as documented by one or both of the following:

(1) Within the pupil's education setting, under the pupil's typical classroom Condition the pupil's classroom the pupil's interaction is limited as measured by systematic observation of communication behaviors; or

(2) the pupil uses American Sign Language or one or more alternative or augmentative systems of communication alone or in combination with oral language as documented by teacher reports and language sampling conducted by a professional with knowledge in the area of communication with persons who are deaf or hard of hearing.

D. The pupil's hearing loss affects the adaptive behavior required for age-appropriate social functioning as supported by:

(1) Documented systematic observation within the pupil's primary learning environments by a licensed professional and the pupil, when appropriate; and

(2) Scores on a standardized scale of social skills development are below the average scores expected of same-age peers.

\*Subp.3. Team Membership. The team determining eligibility and educational programming for a pupil with a hearing loss must include at least one teacher of the deaf/hard of hearing due to the complexity of this disability and the specialized intervention methods that are needed.

7. \*The advisory committee strongly endorses these efforts to change Minnesota Rule.

**Recommendations made to the Board of Teaching (BOT) regarding obtaining a License for Deaf and Hard of Hearing in Minnesota that were NOT included in the BOT final proposal. Advisory Committee requested that changes be included in the report and it is their hope that MDE will address these rule changes internally.**

1. Phase out the Auditory/Oral license (8710.5250). The Deaf/Hard of Hearing License (8710.5200) includes all the requirements needed to address a broad range of D/HH students from Auditory/Oral to American Sign Language (ASL).

Licensees are required to possess a range of background for addressing their students' needs. An Auditory/Oral License does not meet the range of student needs for D/HH. Currently, school districts have teachers with an auditory/oral license who are working with students who need sign language and due to seniority; school districts are unable to hire a teacher that would serve the child with ASL needs appropriately. Teachers of the D/HH should be able to articulate to families all the options and communication modes. An Auditory/Oral teacher who can't use conversational sign language would not be able to articulate this in an unbiased way to families of infants, children and youth who have a hearing loss.

2. Reduce the amount of ASL CEU requirements needed for teachers of the deaf and hard of hearing (8710. 5200- Subp. 5) from 60 CEUs to 30 CEUs every five years.

### **Document Conclusion Summary**

This report summarized some of the efforts, data, and results of work from the education-based agencies, departments, and individuals who serve deaf and hard of hearing (D/HH) students in Minnesota. The report included information about the D/HH Resource Center, Minnesota's Special Education Policies and Eligibility Criteria for D/HH students, and D/HH Child Count Data (enrollment figures, demographic information, instructional settings, and graduation rates). Challenges in reporting data for a low-incidence disability group like D/HH were carefully outlined and consideration of the diversity and heterogeneity within D/HH Education should have been in the forefront of readers' minds as they read through this document.