



GUIDELINES FOR DEVELOPING CONTRACTS FOR SCHOOL-BASED AUDIOLOGY SERVICES

This guideline has been compiled for audiologists who may be considering providing services in schools through a contract. Service delivery could reflect an expansion of audiology services provided by an extant private practice, community agency, university, hospital, ENT clinic, or the development of a new full time or part-time practice. These guidelines focus on services provided through personal service contracts (PSC); they do not address the type of business such as LLC or sole proprietorships nor other necessary components for private practice (business plan, liability issues, employees, etc.).

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1. WHY SCHOOLS NEED AUDIOLGISTS

Audiologists in the schools are uniquely qualified to provide students with hearing impairments and listening problems access to auditory information by maximizing their auditory capabilities. The goal is to provide access to the curriculum and learning environment so that these children and youth have the opportunity to achieve the expected one year academic progress in one year. Specific aspects of audiology services must be performed by the audiologist under scope of practice requirements (see Scope of Services section below), EAA's Advocacy Series core statement, *School-Based Audiology Services* and pamphlet, *16 Reasons Why Your School Needs an Educational Audiologist* (www.edaud.org).

2. COMPETENCIES

Audiologists who provide school-based services should have knowledge about education and related areas as well as the ability to apply audiology constructs to the education context. It is critical that assessment includes classroom-based measures and that results are interpreted for their impact on communication and learning. School-based audiologists must have expertise with

FM systems and other hearing assistive technologies. EAA's *Minimum Competences for Educational Audiologists* describes competencies under the areas of identification/prevention, audiological assessment, referrals, educational management, and direct audiology services.

3. SCOPE OF SERVICES: ESSENTIAL ROLES AND RESPONSIBILITIES UNDER IDEA

Audiology services are defined under several sections of the Individuals with Disabilities Education Act (IDEA). While IDEA regulations generally only pertain to children receiving special education services, identification and assessment services are often provided prior to the establishment of eligibility. Hearing loss prevention activities, by virtue of their purpose, target all children and youth, e.g., the general education population. Audiological assessment and selection, fitting, and adjustment, use and care of amplification systems are unique scope of practice responsibilities of audiologists; these services should never be provided by non-audiologists. The Advocacy Brief: *Educational Audiology Services Under IDEA* summarizes the pertinent regulations that are discussed below (see www.audiology.org).

Definition of Audiology

The Individuals with Disabilities Education Act (IDEA) defines the scope of audiology services that are to be provided to children in schools [34 CFR 300.34(c)(1)].

Identification of children with hearing loss;

- i. Determination of the range, nature, and degree of hearing loss, including referral for medical or other professional attention for the habilitation of hearing;*
- ii. Provision of habilitative activities, such as language habilitation, auditory training, speech reading (lipreading), hearing evaluation, and speech conservation;*
- iii. Creation and administration of programs for prevention of hearing loss;*
- iv. Counseling and guidance of children, parents, and teachers regarding hearing loss; and*
- v. Determination of children's need for group and individual amplification, selecting and fitting an appropriate aid, and evaluating the effectiveness of amplification.*

Audiology as a Related Service

IDEA also defines audiology as a related service:

General. Related services means transportation and such developmental, corrective, and other supportive services as are required to assist a child with a disability to benefit from special education, and includes speech-language pathology and audiology services, interpreting services, psychological services, physical and occupational therapy, recreation, including therapeutic recreation, early identification and assessment of disabilities in children, counseling services, including rehabilitation counseling, orientation and mobility services, and medical services for diagnostic or evaluation

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purposes. Related services also include school health services and school nurse services, social work services in schools, and parent counseling and training. [34 CFR 300.34(a)]

Assistive Technology and Assistive Technology Services

One of the most critical responsibilities for school-based audiology services involves the use of FM systems and other hearing assistive technologies. As described in the IDEA regulations [34 CFR 300.5-.6] the requirement includes not only providing the device at no charge to the child/family but also the services that assure the device is used appropriately. Furthermore, the evaluation for assistive technology must include a functional evaluation of the child in his/her classroom (customary environment).

In most cases personal devices such as hearing aids or eyeglasses are not considered assistive technology because the child needs those devices all of the time, not just for educational benefit. However a hearing aid could be recommended as the assistive technology needed by a child at school and therefore provided for school use. The surgically implanted component of a cochlear implant or bone anchored device is specifically excluded under related services.

If the Individual Educational Program (IEP) team determines that use of an assistive technology device at home, or in another setting, is necessary for a child to achieve his/her IEP goals, IDEA does allow use of school-purchased assistive technology under these circumstances [34 CFR 300.105(b)].

Assistive technology device means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of children with disabilities. The term does not include a medical device that is surgically implanted, or the replacement of such device.

Assistive technology service means any service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device. The term includes-

- (a) The evaluation of the needs of a child with a disability, including a functional evaluation of the child in the child's customary environment;*
- (b) Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by children with disabilities;*
- (c) Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;*
- (d) Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;*
- (e) Training or technical assistance for a child with a disability or, if appropriate, that child's family; and*

- (f) Training or technical assistance for professionals (including individuals providing education or rehabilitation services), employers, or other individuals who provide services to, employ, or are otherwise substantially involved in the major life functions of children with disabilities.*

Routine Checking of Hearing Aids and External Components of Implanted Devices

IDEA requires that hearing aids and external components of implanted devices (CIs, Bahas) be routinely checked to ensure that they are functioning properly [34CFR300.113]. As part of this plan, children should self-monitor their devices as early as possible. It is also important that records are maintained that substantiate the actions of the monitoring plan.

- (a) Hearing aids. Each public agency must ensure that hearing aids worn in school by children with hearing impairments, including deafness, are functioning properly.*
- (b) External components of surgically implanted medical devices.*
- (1) Subject to paragraph (b)(2) of this section, each public agency must ensure that the external components of surgically implanted medical devices are functioning properly.*
- (2) For a child with a surgically implanted medical device who is receiving special education and related services under this part, a public agency is not responsible for the post-surgical maintenance, programming, or replacement of the medical device that has been surgically implanted (or of an external component of the surgically implanted medical device).*

Consideration of Special Factors

One of the most important parts of the IEP for children who are deaf and hard of hearing is the discussion of consideration of special factors [34 CFR 300.324(2)(iv-v)]. This section requires that the IEP team consider the communication needs of the child as well as the need for assistive technology devices and services. The audiologist should ensure that these considerations are part of every IEP for a child with hearing loss and that the considerations are a productive discussion with the parents and the school staff so that each component is addressed and recommendations are derived from them. Many states also have a "Communication Plan" that is an additional required document in the IEP for children who are deaf and hard of hearing. The Communication Plan is generally a more specific guided discussion based on these special factors. Audiologists are also encouraged to discuss each component of "special factors" as part of the Individual Family Services Plan (IFSP) for families of children birth to age 3 as well.

The IEP Team must-

- (iv) Consider the communication needs of the child, and in the case of a child who is deaf or hard of hearing, consider the child's language and communication needs, opportunities for direct communications with peers and professional personnel in the child's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the child's language and communication mode;*
- (v) Consider whether the child needs assistive technology devices and services.*

Audiology Services on the IEP

There are several places within the IEP where audiology information is presented. Though many states now use an electronic IEP form, it is important to obtain a copy of the correct form with the school district or cooperative as IEPs can vary greatly. There may also be slightly different forms for preschool (3-5 years), school-age (K-8th grade/13 years) and transition (14 years of age and over). General guidance for completing IEP forms includes:

- A statement of the assessment results (or audiology report) that includes implications of the hearing impairment for communication and learning should be included with the reporting of Present Levels of Functioning. Some IEPs may also have a section on health information where the audiology report can be attached to the IEP or embedded.
- Direct services with the student such as self-advocacy training, listening skill development, FM or assistive technology orientation and training, understanding accommodations, and transition skills should be included under the Annual Goals and Objectives.
- FM systems and other assistive technology should also be listed under the Assistive Technology devices and services section.
- Recommendations should be included in the Modification and Accommodation section for items such as full time use of personal hearing aids and FM hearing assistive technology systems daily, strategic seating in the classroom, reduction of noise or reverberation, etc. **Note of caution: make sure the statement about hearing aids does not obligate a school to provide personal hearing aids under assistive technology.** Also include a statement related to monitoring the function of the student's personal and assistive hearing devices that includes who will conduct the monitoring, the frequency, the procedure used, the location of where the monitoring occur, and what happens when there is a malfunction.
- Audiology should also be included under the Specialized Instruction and Related Services section indicating the service provider, whether the service is direct or indirect, frequency and duration. Examples include monitoring of student performance such as quarterly monitoring of student academic performance and class participation, and consultation to teachers and staff such as yearly inservices regarding the student's hearing and use of care of hearing aids.

Audiology Services for Non-IEP Students

Growing numbers of students with hearing impairment are no longer eligible for IEPs but should be served on a 504 Plan. All services except specialized instruction can be provided for students through a 504 Plan. Generally these plans focus on accommodations. Check with your local school district to obtain a copy of the 504 Plan that is used and to learn more about how 504 services are delivered. The goal with these students is to monitor performance and to provide sufficient support so that they maintain their expected growth trajectories. See the EAA Advocacy Series statement, *Educational Audiology Services under 504*, for additional information on this topic (www.edaud.org).

EAA Advocacy Series

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The EAA Advocacy Series are *brief statements* that describe the role of audiology expertise in specific practice areas (e.g., Auditory (Re)Habilitation, Assessment, Classroom Acoustics, Classroom Audio Distribution Systems, Educational Audiology Services Under IDEA: Pertinent Regulations, Educational Audiology Services Under 504, Educational and Clinical Audiology Partnership, Hearing Assistance Technology, Hearing Screening, Noise and Hearing Loss Prevention, Role in EHDI, On-Going Hearing Loss Surveillance in Young Children). These briefs are designed to provide information about school-based audiology services to administrators and educators. All of the briefs, or selected ones, can be added to the Advocacy core statement and used to support the need for specific audiology services.

4. CONSIDERATIONS REGARDING DELIVERY OF SCHOOL-BASED AUDIOLOGY SERVICES

- It is important to maintain an emphasis on the whole child including counseling, auditory rehabilitation and access to the educational curriculum and peers.
- Most small to medium size school districts will not or cannot fund a full time position. Therefore services need to be prioritized. Services that support accessing auditory information in the classroom for students should be the primary focus. Development of hearing loss prevention programs may not be the highest priority to district administrators.
- Whenever possible, relate goals and services to your state's content standards. Many states have adopted the *Common Core State Standards* (www.corestandards.org). The areas of listening and speaking in the standards are well suited to audiology goals. Teachers will appreciate your knowledge and desire to support the classroom curricular standards.
- The use of technology to access auditory information may be the initial emphasis of services and a good platform on which to base expansion of services. Supports that are needed for technology to be effective, e.g., counseling, self-advocacy, teacher consultation, input into RtI programs is the value-added for audiology services.
- Whenever possible participate in relevant staff development such as school-wide initiatives (e.g., response to intervention, literacy, provision and management of technology and IDEA and 504 updates) in order to build relationships with other school staff and to stay current with local and national education agendas. Expertise in case law as it relates to deaf education and knowledge of regulations specific to audiology and deaf education may also be shared in these staff development opportunities.
- School nurses may be responsible for school hearing screening programs but generally welcome involvement of an audiologist in the hearing screening program for children who are challenging to screen.
- Even if audiologists are not the organizers/supervisors of hearing screening programs, they should play a significant role in the development of protocols and tracking outcomes. In some programs, audiologists are the last step in the screening process rescreening students who did not pass and making recommendations for medical or audiological referral.

- General education funds for nursing services may be available to purchase equipment necessary for screening programs (e.g., audiometers with insert earphones, OAE screeners, screening tympanometers, otoscopes). Audiologists are an excellent resource for recommendations and subsequent training on new equipment purchases.
- Monthly middle ear screening with otoscopy and tympanometry for students with PE tubes or histories of recurrent fluid/infection takes a relatively small amount of time and can prevent unidentified hearing loss issues in the classroom.
- Phonemic/phonological acquisition critical to literacy can be delayed if the child does not have a learning environment that promotes the good transmission of these sounds and language. Classroom acoustics and its relationship to classroom learning is an essential component of audiological assessment. Classroom acoustics and other out-of-the-booth classroom measurements such as functional assessments and classroom observations bridge the audiology clinic to the classroom building important relationships with classroom teachers and other school staff. Recommendations to modify and manage classroom learning environments gain authenticity and teachers feel more supported to implement them.

5. SCHOOL BUDGETS

How do school districts fund educational audiology services? Typically, the personal service contract (PSC) is generated from and under the direction of the special education director/department. Districts may not have a broad view of the variety of students served and assume that audiology services are only “special education”. School-based services should provide service across all student populations. Funding sources can include general education funds, preschool funding, special education, building funds for 504 plans, ADA and funds supporting RtI programs. Most special education directors welcome this discussion and rationale for additional funding sources.

When developing proposals that contain equipment, it is often helpful to spread the purchases over a multi-year plan beginning with the essential equipment and technology needed to get the services started. Also remember to include a replacement schedule. Most electronic equipment has about a 5 year life. A budget should allow for continuous replacement and phase-in of newer and more efficient technology.

6. PERSONAL SERVICE CONTRACTS (PSC)

The PSC can provide audiology services for extended time periods such as the length of the school year or for a full year. Terms may limit the amount of time per week/month or may be based on a total number of hours that can be spread over the length of the contract. The PSC can also be for a very specific activity such as a one-time evaluation of a student that addresses a specific question about the educational programming. For example:

- Will this student benefit from the use of an FM system?
- Does the student need an interpreter to facilitate access to the curriculum?

- What accommodations should be included on this student's 504 plan?

Contracts that are for a limited time per week, per month, etc. will force a prioritization of services. Again, keep service areas broad so the definition of services will not end up being a barrier to expanding services. For example:

Restrictive description: "Develop a monitoring plan for FM system used by students in the District on a monthly/weekly/daily basis."

General description: "Selection and monitoring of FM system equipment and monitoring of hearing aid use".

The second description allows for inclusion of students with only hearing aids, and the development of a broader program that could include staff inservices and scheduled sessions with students to address self advocacy and competency training in use and care of the technology.

The PSC could be service or student based. That is, the PSC pays for time spent delivering the services or pays based on the number of students receiving services. The advantage to time-based reimbursement is payment is made for the actual time required by each student.

Services based per student can be bundled. For example, a student who requires on-going monitoring of hearing and classroom consultation could be billed at 10 hours/year while a student who uses FM system hearing assistive technology could be billed at 20 hours/year allowing for the evaluation, fittings, monitoring and maintenance of equipment and the increased time for consultation. If the audiologist is not in the position to complete comprehensive audiological evaluations, the per student cost should include case management, review and interpretation of audiological information to school staff and parents. Both contract forms include participation in the process of developing IEPs and 504 plans. The audiologist completes the appropriate sections on the IEP/504 plan and attends the annual review or re-evaluation meetings, which is critical in planning for the listening, and learning needs of the student.

Fee for-service per student and time-based contracts may not reflect the need for audiology input into other programs such as Response to Intervention (RtI) and hearing screening programs. These are important areas that can be included in our services to students.

In general, the PSC will define the delivery of service as a consultant model rather than as "staff". In most cases, this means that participation in staff meetings, committee commitments, and other organizational/educational expectations are not required. While this allows use of all the contracted time for students or student-related needs, it also tends to make it somewhat more difficult to keep up with district policies, issues and current initiatives. There are many considerations when developing a PSC. Always prepare ahead of time to be knowledgeable of the law and requirements of schools for audiology services and to demonstrate that you have important expertise to offer. Get to know the school system so that you are familiar with current practices, student demographics, and other characteristics of the school system. While you may not get the breadth of contract that you feel is needed, just getting started will open the door to building relationships with existing teachers and staff and generally to future expansion of services.

PSC Example #1

AGREEMENT BETWEEN _____ PUBLIC SCHOOLS AND AUDIOLOGIST

I. PROPOSAL

To provide audiology services to students attending _____ School District under the authorization of Student Support Services Department Director. This agreement will be for the period of September 20, 2011 through August 20, 2012 and will be reviewed and renewed annually.

II. DATES AND TIMES

It is understood that the party rendering consultative services will be for a maximum of _____ hours per contract year, unless otherwise negotiated and addendum added to contract.

III. MODERATING FEE

It is understood the party rendering services will receive \$--.--per hour for a maximum of _____ hours per contract year. It is understood that taxes and benefits are not responsibility of _____ School District. Expenses (including mileage) are the responsibility of the consultant.

IV. DISCLAIMER OF AGENCY

This agreement shall not be construed as creating an agency, partnership, or any other form of legal association between the parties, a condition which affects the terms of this agreement.

V. TERMS

District Time Sheets, detailing services rendered as well as category (special education, 504, general education, preschool) will be completed and submitted by **** ** by the last day of each month for payment the following month. Budget codes: _____ based on the time allocation in each category. No deductions for FICA-Med, FICA-OAS, or Federal Withholding will be taken from the payment. _____ School District must have a completed W-9 Form on file before any payment is made.

VI. BINDING EFFECT

This agreement shall be binding on the heirs, successors, and assigns of _____ Public Schools and **** **.

VII. COMPLETE UNDERSTANDING

This agreement constitutes the entire agreement between the parties concerning the subject matter. Any waiver or amendment of any provisions of this agreement shall be effective only when put in writing and signed by the parties.

VIII. GOVERNING LAW

This agreement shall be governed by the law of the state of _____. Any action brought to enforce the terms or provisions of this agreement shall be brought in the State Court sitting in _____ County, state _____, or in the U.S. Courts for the state _____, in which the prevailing party in any suit or action shall be entitled to costs and reasonable attorney's fees for trial and appeal.

IX. NONDISCRIMINATION

**** ** assures the _____ School District that she/he will comply with all state and federal guidelines and/or regulations. Therefore, all applicants seeking employment opportunities and all contracts for goods and services will be considered and will not be discriminated against on the basis of race, color, national origin, gender, or disability.

This is in accordance with Title VI of the 1964 Civil Rights Act; Section 504 of the Rehabilitation Act, 1973, as amended; Americans with Disabilities Act, July 26, 1990, P.L. 101-336; and Title IX/Chapter 28A.640 RCW of the Education Amendments of 1972, as amended.

Signed:

<hr/> Director, Student Support Services <hr/> Public Schools	<hr/> Date <hr/>
<hr/> Audiologist <hr/>	<hr/> Date <hr/>

PSC EXAMPLE #2
CONTRACT FOR PERSONAL SERVICES

Between

_____ SCHOOL DISTRICT

And

(CONTRACTING PARTY)

In consideration of the promises and conditions contained herein, the _____ School District and the Consultant do mutually agree as follows:

Consultant will provide Audiologist Consultant Services to _____ School District students as assigned.

1.0 Consultant Responsibilities: In consideration of the promises and conditions contained herein, the Consultant will provide audiologist consultant services to district students as assigned by (NAME) Director of Special Programs, for _____ School District.

2.0 _____ School District Responsibilities: In consideration of the consultant's satisfactory performance of the responsibilities set forth herein (see attached list of consultant responsibilities), the _____ School District shall compensate the Consultant as follows:

The fee of \$_____ per hour shall be paid for no more than __ days (___ hours) per week, as assigned, for up to ___ weeks in the _____ school year.

2.1 Total compensation to Consultant under the terms of this agreement shall not exceed: \$_____.

2.2 Federal Identification Number of Consultant: _____

Consultant assures the _____ School District that its agency/labor union will comply with all state and federal guidelines and/or regulations. Therefore, all applicants seeking employment opportunities and all contracts for goods and services will be considered and will not be discriminated against on the basis of race, color, national origin, gender, or disability. This is in accordance with Title VI of the 1964 Civil Rights Act; Section 504 of the Rehabilitation Act, 1973, as amended; Americans with Disabilities Act, July 26, 1990, P.L. 101-336; and Title IX/Chapter 28A.640 RCW of the Education Amendments of 1972, as amended.

I agree to the above terms and compensation:

Signature: _____ Date: _____
Consultant

Contract approved by _____ School District Representative:

Signature: _____ Date: _____

Budget Code Number:

Original to Accounts Payable
Copy to Originator
Copy to Consultant

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