

## ROLES AND RESPONSIBILITIES OF EDUCATIONAL AUDIOLOGISTS IN EHDI AND EARLY CHILDHOOD PROGRAMS

*(Approved by Executive Board of Educational Audiology Association, October 2023)*

Audiologists who are employed in school settings have an opportunity as well as responsibility to promote early detection and intervention for children with hearing and listening challenges. While Part C of the Individuals with Disabilities Education Act (IDEA) definition of audiology includes identification of children with auditory impairments, the responsibility of population-based hearing screening activities are generally considered health initiatives rather than special education. In addition to identification, IDEA requires assessment, referral, provision of amplification and habilitation services, and activities that promote the prevention of hearing loss. Further, audiologists have a responsibility to support families through the development of the Individual Family Service Plan (IFSP), to participate in the transition from early intervention to school-based services, and to provide services in preschool and beyond. In this role, it is paramount that audiologists provide families balanced information regarding communication options, support families in the choices they make, and help ensure the child's access to language and communication in that chosen method. To do so, educational audiologists should understand and recognize their roles as supporters and facilitators and particularly the importance of neutrality they bring to this process as education representatives.

### **Roles and Responsibilities of Educational Audiologists**

For each of the audiology services stated in IDEA Part C (34 CFR 303.13(b)(2)), activities of the educational audiologist are suggested:

1. Identification of children with auditory impairments, using at-risk criteria and appropriate audiologic screening techniques.
  - assist with equipment trainings at hospitals
  - provide screening in-services
  - assist with data tracking and management
  - provide screening rechecks prior to referral for diagnostic evaluation
  - assist with tracking referrals from screening to rescreening to assessment
  - provide information to families about the screening/rescreening process and necessary follow-up steps for assessment where appropriate
  - participate as a community resource for hearing related services
  - refer to Part C within 2 days of rescreening to initiate referral process for possible service coordination and IFSP services (NOTE: in some communities this step may not be completed until the hearing status is diagnosed; however, if the family needs support and assistance to obtain a hearing evaluation, the Part C referral should be initiated)

2. Determination of the range, nature, and degree of hearing loss and communication functions, by use of audiological evaluation procedures.
  - assist the family in locating appropriate pediatric audiological testing facilities for initial diagnostic evaluation (following rescreen) (NOTE: In some settings, the educational audiologist may be the diagnostic evaluator)
  - facilitate contact with the Part C point of entry within 2 days of reduced hearing confirmation to initiate the IFSP process
3. Referral for medical and other services necessary for the habilitation or rehabilitation of an infant or toddler with a disability who has an auditory impairment.
  - assist family in understanding diagnostic information (e.g., medical diagnosis, genetics, additional testing)
  - assist family in identifying appropriate medical providers, specialists, and early intervention service providers
  - provide balanced information to families regarding communication, hearing instruments, education options and other components of early intervention services
  - act as liaison between medical providers, family and other IFSP team members
  - assist in connecting families with other families, and with deaf and hard of hearing adults
4. Provision of auditory training, aural rehabilitation, speech reading and listening devices, orientation and training, and other services.
  - participate with the multidisciplinary IFSP team to plan services
  - assist the IFSP team in developing functional outcomes around the priorities the family has identified
  - provide parents with information about their service agency options considering necessary service provider qualifications (NOTE: In some settings, the educational audiologist may be the direct service provider.)
  - assist family in transition from Part C to Part B (school) services
5. Provision of services for prevention of hearing loss.
  - participate in transition team meetings whenever possible
  - provide hearing screening services through local Part C and Part B (Child Find) agencies
  - conduct ongoing monitoring of “at risk” children
  - provide information on genetic counseling
6. Determination of the child’s need for individual amplification, including selecting, fitting, and dispensing of appropriate listening and vibrotactile devices, and evaluating the effectiveness of those devices.
  - refer for hearing instrument evaluation (NOTE: In some settings, the educational audiologist may be the direct service provider for selecting and fitting of amplification)
  - assist family in identifying financial resources for hearing instruments if needed
  - assist in evaluating the effectiveness of amplification devices used

**Communication**

When discussing communication opportunities with families of newly identified infants, audiologists must provide balanced information about American Sign Language as well as the various English options for signing, cueing, listening, and speaking. Families are unlikely to be able to identify the communication method that is appropriate for their child before they have had the opportunity to examine the various options and put them in the context of their child's development. CDC's resources, *Decision Guide to Communication Choices*, and *Making a Plan for your Child: IFSP Considerations for Children who are Deaf and Hard of Hearing* provide information and a guide for parents to explore these options and should be included as part of the Individual Family Service Plan (IFSP). Educational audiologists can support families in acquiring knowledge about language and communication by connecting them to parent organizations such as Hands & Voices ([www.handsandvoices.org](http://www.handsandvoices.org)) and the American Society for Deaf Children ([www.asdc.org](http://www.asdc.org)), deaf and hard of hearing adults, families with deaf and hard of hearing children as well as professional organizations that focus on early language and communication development for deaf and hard of hearing children.

**Family Centered Early Intervention Services**

JCIH (2019, 2007) reaffirmed the need to provide families with individualized support and information specific to language and communication development in order to ensure optimal cognitive, social, emotional, and educational development. Educational audiologists can support and assist parents in identifying and accessing timely intervention services that have family needs and wishes as a priority and include appropriate qualified providers who have optimal knowledge and skill levels, providing services based on research, best practices and proven models. Balanced descriptions of communication, hearing instruments and education options as well as consistent monitoring of child and family outcomes should be provided to support parent needs during the IFSP, intervention and transition process. In addition, audiologists can facilitate organization of parent support groups and assist in connecting families with other families and with deaf and hard of hearing adults.

**Natural Environments**

IDEA states that early intervention services and supports are to be provided in the child and family's natural environments, to the maximum extent appropriate, including home and community locations where infants and toddlers without disabilities participate (add citation). This requirement emphasizes home-based early intervention services as provided through public funded state agency programs. However, many deaf and hard of hearing children still receive services through private or non-profit specialty centers or clinics. Therefore, educational audiologists should be familiar with their individual state level policies regarding funding sources for "private" therapy.

As educational audiologists, it is our responsibility to advocate for communication access as key to an accessible natural environment. This includes consideration for environments where auditory and visual communication and specialized assistive technology are supported. For infants and toddlers who are deaf and hard of hearing, this environment may include one in which other deaf and hard of hearing children are typically found. Many children may attend

typical daycare settings for at least part of the day where the providers need guidance on hearing device care, insertion, and hearing device checks. We should analyze the acoustics of the environment and provide strategies to parents and providers to promote access to language and communication.

### **Qualified Providers**

Access to qualified early intervention specialists (i.e., those with training and experience working with deaf and hard of hearing infants and toddlers) is limited in many states. Because Part C is non-categorical there is not a direct link to early childhood teachers of the deaf/hard of hearing, audiologists, and speech-language pathology specialists. Therefore, many early intervention providers may not have the necessary expertise to guide and support families. To help ensure the benefits of early identification and intervention are realized, educational audiologists should help families understand the importance of a trained provider and identify service providers who are appropriately trained in auditory, speech, and language development, visual communication access including sign language, deafness, child development, counseling, community collaboration, and family-centered intervention practices. The “Guide By Your Side” program of Hands & voices is an additional family to family service offered in many states to assist families in addressing their questions and locating appropriate providers.

### **Transition to Part B**

Every effort must be made to ensure that a full assessment sufficient in scope to identify each student’s unique needs as described in IDEA is completed. These assessments should include all aspects of language, vocabulary, social and cognitive function in addition to auditory development. Educational audiologists should be part of this transition assessment to support this process as well as to review the preschool learning environments that are being considered to identify necessary accommodations. Parent counseling and training as a related service should also be discussed to assist parents with acquiring skills that will support their child’s IEP goals. For students who do not meet eligibility for special education, a 504 Plan should be discussed to support the child in community preschool environments. It is recommended these children should be monitored closely during the preschool years to ensure they are not falling behind in their language and other developmental areas and, if concerns are raised, a referral for special education should be made.

### **Preschool and other Early Childhood Services**

Preschool placement decisions must address each student’s unique needs in relation to LRE. Appropriate preschool services are essential to support a child’s language, social, and other pre-academic needs to prepare for kindergarten and school-age educational programs. Yet, many schools struggle to provide appropriate preschool options for these young deaf and hard of hearing children. As stated in IDEA’s special factors (34 CFR §300.324 (a)(2)(iv), the setting must *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.*

The U.S. Department of Education has emphasized the importance of inclusive preschool programs for children with disabilities in a series of Dear Colleague and Policy Clarification letters (2012, 2015, 2017). The policies state:

- *Before a child with a disability can be placed outside the regular educational environment, the group of persons making the placement decision must consider whether supplementary aids and services could be provided that would enable the education of the child, including a preschool child with a disability, in the regular educational setting to be achieved satisfactorily (34 CFR §300.114(a)(2)).*
- *If a determination is made that the education of a particular child with a disability cannot be achieved satisfactorily in the regular educational environment, even with the provision of appropriate supplementary aids and services, that child then could be placed in a setting other than the regular educational setting (34 CFR §300.115).*
- *In selecting the LRE, consideration also must be given to any potential harmful effect on the child or on the quality of services that the child needs (34 CFR §300.116(d)).*

The Education Department also recognized the challenges to providing appropriate inclusive programs (DOE, 2015) and provides a range of recommendations to address those challenges, most of which do not consider the unique language, communication and educational needs of students who are deaf and hard of hearing. Audiologists and other providers for deaf and hard of hearing children must take into account language levels and the need for full communication access (sign/visual/auditory) to all activities and other aspects of the early childhood or preschool program as well as the availability of qualified providers when discussing placement and service options. These include whether the program provides a language rich environment that addresses the special factors cited above, specifically:

- comprehensive assessment by qualified professionals to identify the child's individual needs
- a visually oriented environment (e.g., appropriate lighting, visual access to students and teachers)
- full auditory access
- language models and communication in the child's primary language mode(s)
- interactive communication with peers.

### **Summary**

Educational audiologists should support early hearing detection and intervention by assisting with local screening and follow-up efforts. They should promote infant and toddler services that are family-centered and provide unbiased information by qualified early intervention providers. As children enter preschool, educational audiologists should continue to support communication access in the early childhood educational settings and appropriate services to ensure the opportunity for a free and appropriate public education (FAPE). Specifically, educational audiologists should help to ensure that:

- Identification procedures are provided and include timely follow-up and tracking of referrals.

- Appropriate assessment, amplification, (re)habilitation, and parent counseling and training have been addressed.
- Language development opportunities, communication options and early intervention program options have been discussed by the family and their IFSP team.
- Opportunities for direct communication with peers and adults who are deaf or hard of hearing have been offered and any specific parent requests for peers and adults who represent the language and communication mode chosen by the family have been honored.
- Opportunities for intervention services are available from professionals who have demonstrated proficiencies providing early intervention services to children who are deaf and hard of hearing and who can directly communicate with the child in a manner consistent with the child's developmental level and communication mode.
- Early intervention services are provided in natural environments to the extent that those environments provide active and consistent communication in the mode used by the child.
- A comprehensive assessment as required by IDEA is completed at transition to Part B for special education eligibility and IEP development. If a child is not eligible, a plan for monitoring language and other developmental milestones is implemented.
- Early childhood learning environments are fully accessible for language development and communication access and meet the child's special factors requirements of IDEA (34.C.F.R.300.324(a)(2)).

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