



A Report from Minnesota Resource Center D/HH Advisory Committee

Minnesota Department of Education

Outcomes for Students who are Deaf/Hard of Hearing

June 30, 2010



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To: Commissioner of Education: Alice Seagren
Education Policy and Finance Committees of the Legislature
Commission of Deaf, DeafBlind and Hard of Hearing Minnesotans

A Report from Minnesota Resource Center D/HH Advisory Committee- Minnesota Department of Education as required in Minnesota Statutes, section 125A.63

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 Minnesota Comprehensive Evaluations (MCAs) and the Minnesota Test of Alternate Standards (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.

An alternate assessment based on alternate achievement standards, the Minnesota Test of Academic Skills (MTAS), is provided for students with the most significant cognitive disabilities. Although the target population, content coverage, rigor and format are very different for these two alternate assessments, there are some important similarities:

- An alternate assessment may only be administered to a student who currently receives special education services.

- 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 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.

Identification of Students

Data were collected through an analysis of factors, including:

Child count data reflecting those students with receiving special education services under the primary category of deaf/hard of hearing. The criteria for meeting the need 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.

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.

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 in some circumstances, as determined by the IEP team).

There are currently 2,392 children receiving special education services in Minnesota schools under the category 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 are receive 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 2009 child count as reported on the Minnesota Department of Education Website, the distribution of children receiving services through this primary category is:

AGE	NUMBER OF CHILDREN
0-2	136
3-5	246
6-11	938
12-17	928
18-21	144
Total	2,392

This represents 0.262 percent of students of all children enrolled in Minnesota schools, or, 1.897 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 remained relatively stable over the last 10 years. The representation across ethnic groups is not equal, although that may be due to other issues regarding disproportionate representation in the general category of special education in some ethnic groups.

Challenges in Data

Students who are identified as D/HH however, are not a homogenous group. Students may have partial hearing or no hearing. They may speak or use manual communication (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, a surgically implanted cochlear implant, other sound amplification 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, Metro Deaf School - Minnesota North Star Academy.) Most children served under this categorical area 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 service.

As data were 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.

These factors and many more, will impact educational outcomes. It is challenging in supporting us to determine what works for these students without a more in-depth analysis of factors.

Early Learning Outcomes

Child count data for all children receiving services from birth through age 2 as reported on December 1, 2009, indicates that there are 4,479 children being served through early intervention services. Of these children, 136 are identified as receiving services under the categorical area of D/HH. Data also gathered through Early Childhood Outcomes information reported to MDE indicates that there are 162 children who have a hearing loss. There is a discrepancy in this count, but this does indicate that the children not identified under the categorical area of D/HH are receiving services under another categorical area. This is compliant with state and federal standards.

A pilot project has been initiated to provide statewide aggregate information in addition to that which is available through child count data. This pilot will gather input from service providers, and will help in gaining relevant data to assess meaningful progress for children and families. Additional data which will be gathered will include information on:

- “Real time” number of children who have hearing loss and are receiving early intervention services.
- Children eligible under the category of developmental delay who have a hearing loss.
- Age at entrance into early intervention.
- Types/degree of hearing loss.
- Use of technology (hearing aids, cochlear implant, etc.).
- Cultural/linguistic backgrounds of family.
- Specific information on communication, social emotional and readiness outcomes, and
- Quality assessments for children.

As this system grows and matures, outcome data will be reflected in subsequent reports.

Minnesota Comprehensive Assessment 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 to the outcome of a single student. It is neither legal, nor appropriate, to publicly report personally identifiable information. This report will use the limitations established by MDE and approved at the federal level. We will not report on student counts fewer than 10 students in a given cell.

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. Thus, there will only be regional reports for Regions 1 and 2, 3, 4, 5, 6, 8. There are districts which have reportable student outcomes in Regions 7, 9, 10 and 11, which will be reported with the regional outcome data. Please see the map in Attachment A which shows geographic distribution of students.

It is impossible to report by grade level in most districts due to the ability to identify student specific outcomes from the data available. Even schools where most students are served under the category of D/HH (Metro Deaf School and MSAD) have student enrollments small enough to identify student specific outcomes from the data available for most grades. For example, Rochester Public Schools, the largest school district in Region 10 (an eleven county region in southeastern Minnesota) has 137 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). If outcome data were to be reported by grade level, the largest sub-grouping of students taking the MCA test is seven in any particular grade.

Unique Schools Serving D/HH

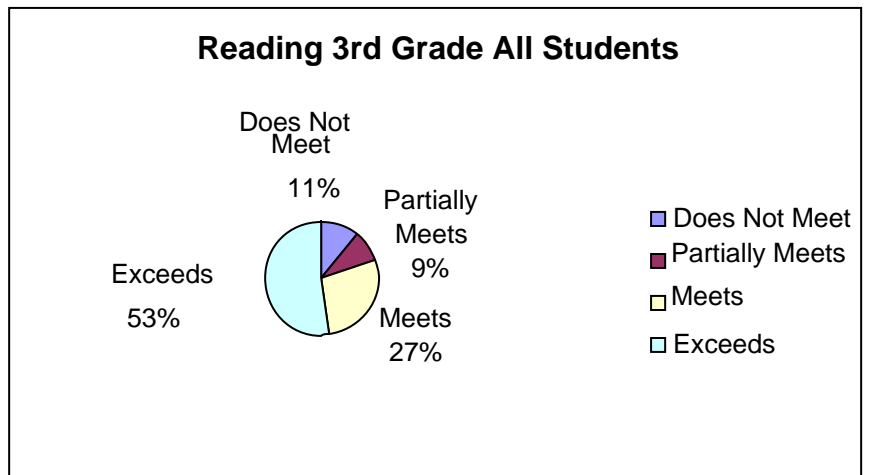
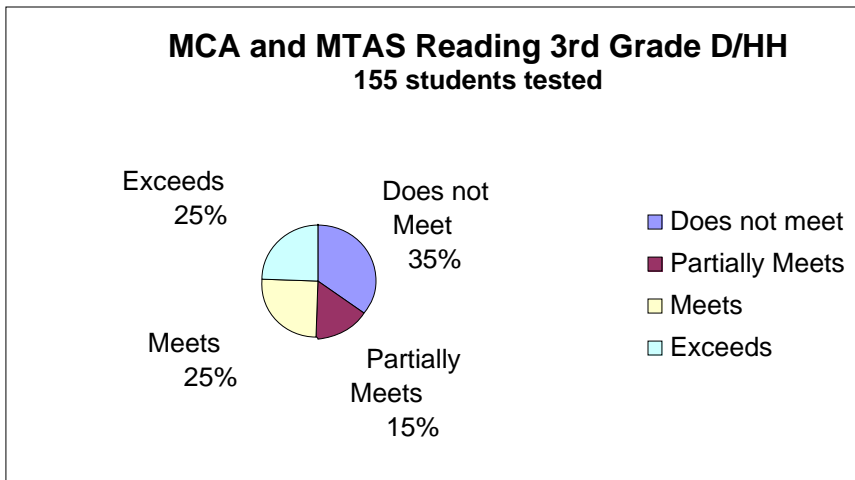
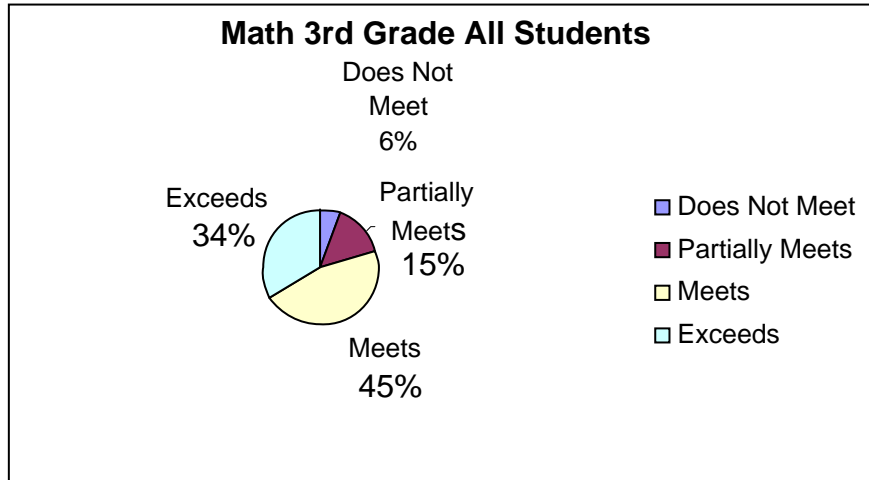
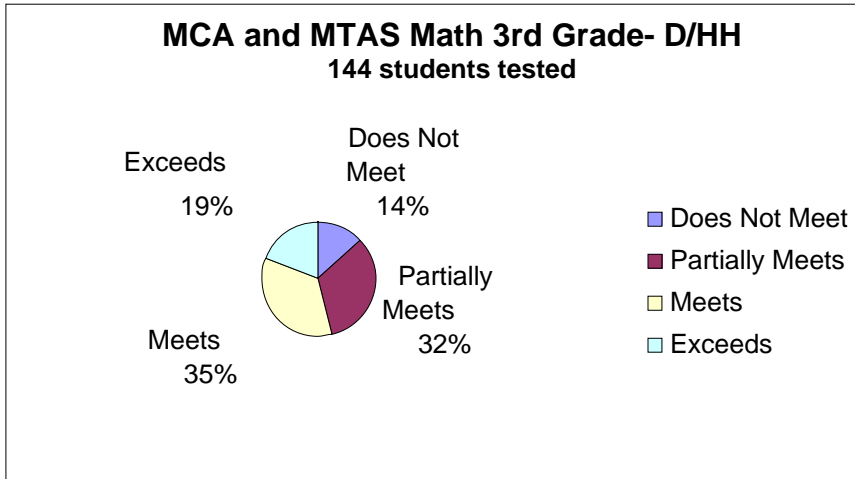
There are two schools in Minnesota with the unique mission of educating students who are deaf/hard of hearing. The Minnesota State Academy for the Deaf (MSAD) enrolled its first student in 1863 and takes pride in a rich tradition of serving the educational, social and emotional needs of deaf and hard of hearing students throughout the state of Minnesota. All students at MSAD have an IEP. 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. An additional 21 percent exhibit characteristics and needs that are addressed through providing specialized services. Enrollment at MSAD typically includes 150– 175 students. Students attend the Academy from throughout Minnesota.

Metro Deaf School - Minnesota North Star Academy (MDS-MNSA), a charter K-12 school, provides a bilingual and interdisciplinary curriculum using American Sign Language (ASL) and Written English for students who are primarily deaf, DeafBlind, and hard-of-hearing.

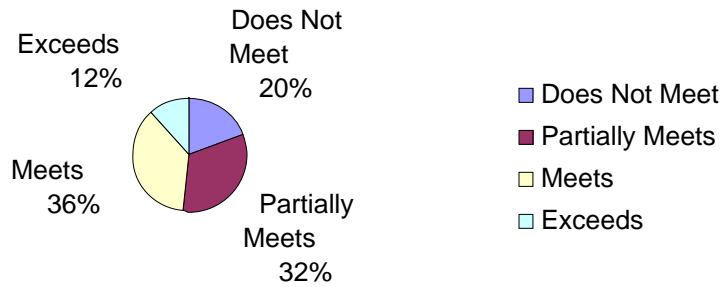
MDS-MNSA is the combined programs of two schools that merged together starting in the 2009-2010 school year. Metro Deaf School was a Pre-K through 8th grade Charter Deaf School. Minnesota North Star Academy was a Charter Deaf High School. Metro Deaf School and Minnesota North Star Academy officially merged on July 1, 2009, to become Metro Deaf School-Minnesota North Star Academy (MDS-MNSA), one school serving 100 students from 44 school districts throughout the metro area and western Wisconsin.

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.

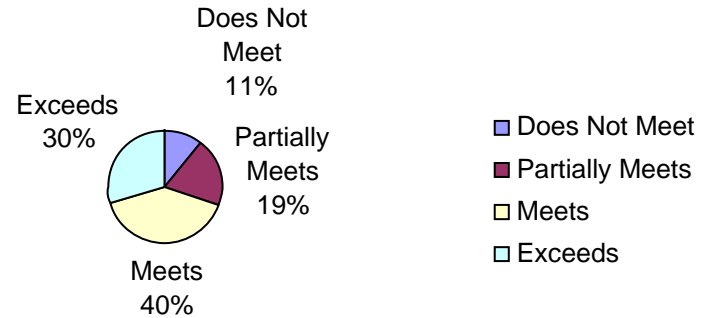
A Comparison of Test Outcomes for Students Identified as D/HH to All Students by Grade



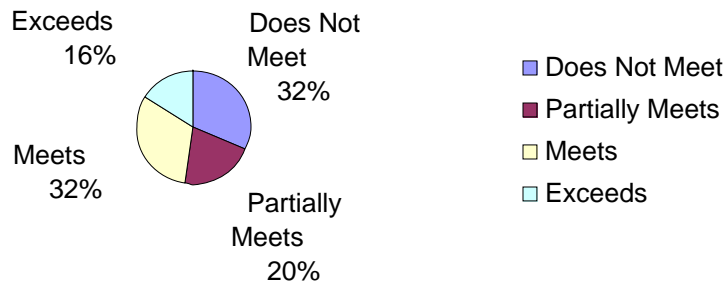
MCA and MTAS 4th Grade Math- D/HH
146 students tested



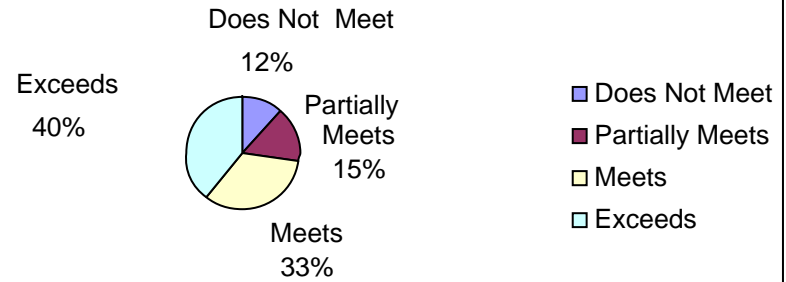
Math 4th Grade All Students



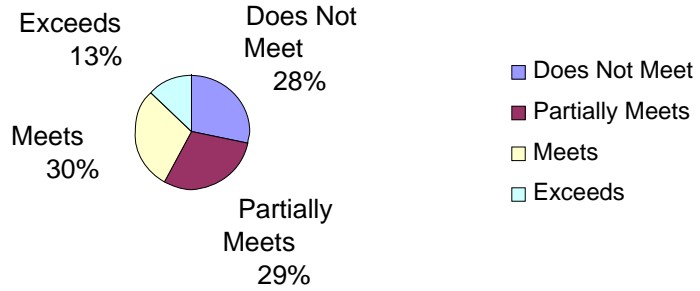
MCA and MTAS 4th Grade Reading- D/HH
155 students tested



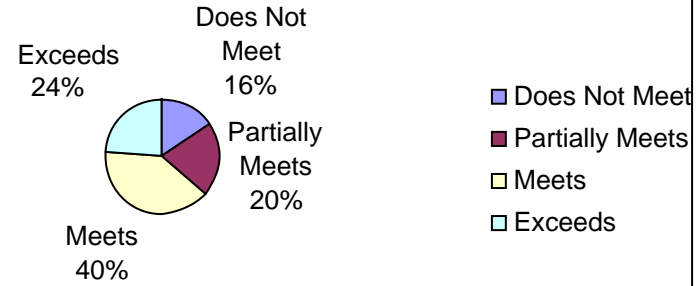
Reading 4th Grade All Students



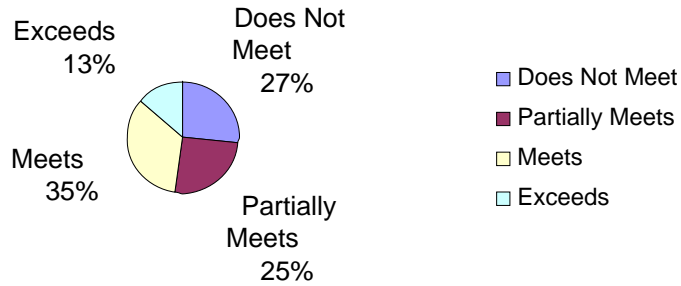
MCA and MTAS 5th Grade Math- D/HH
152 students tested



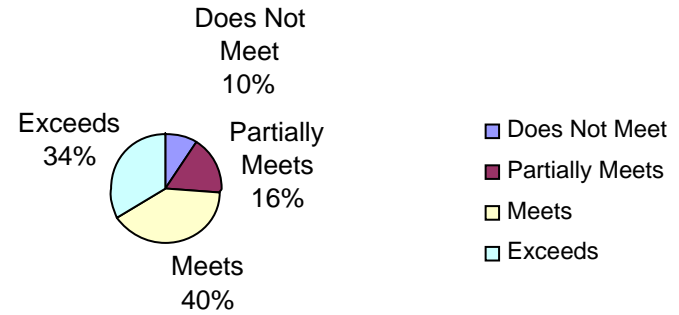
Math 5th Grade All Students



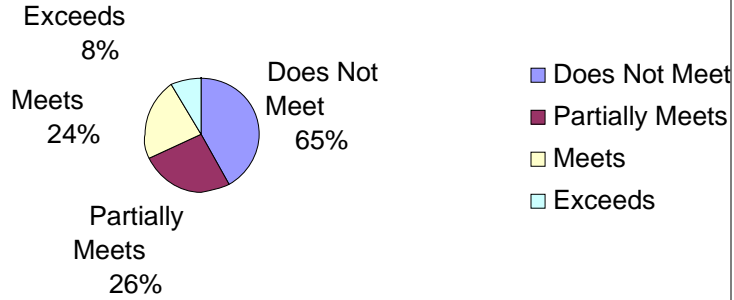
MCA and MTAS 5th Grade Reading- D/HH
165 students tested



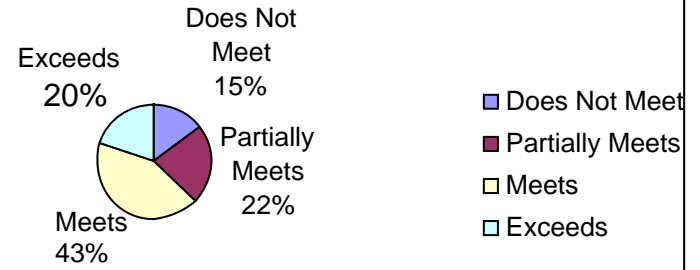
Reading 5th Grade All Students



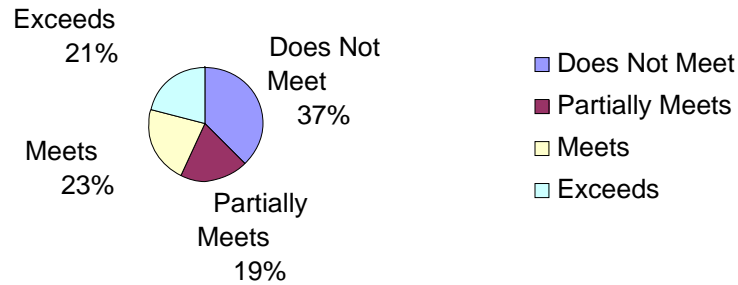
MCA and MTAS 6th Grade Math- D/HH
156 students tested



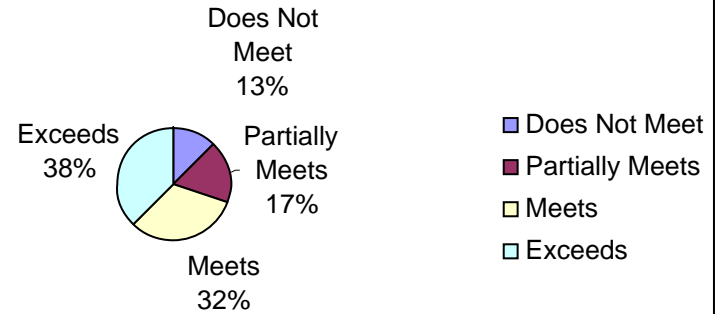
Math 6th Grade All Students



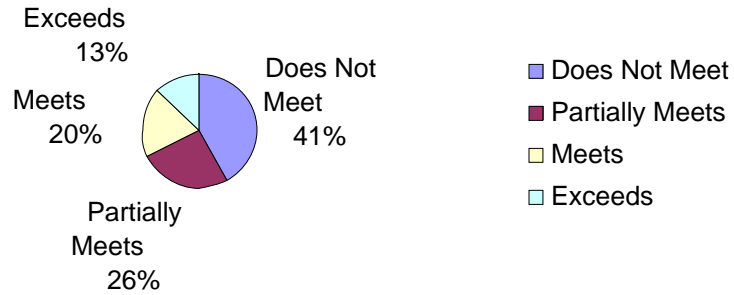
MCA and MTAS 6th Grade Reading- D/HH
160 students tested



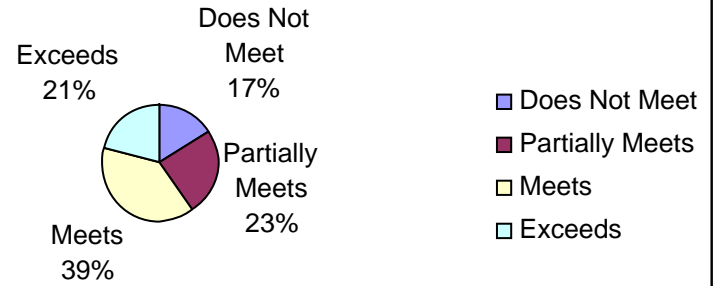
Reading 6th Grade All Students



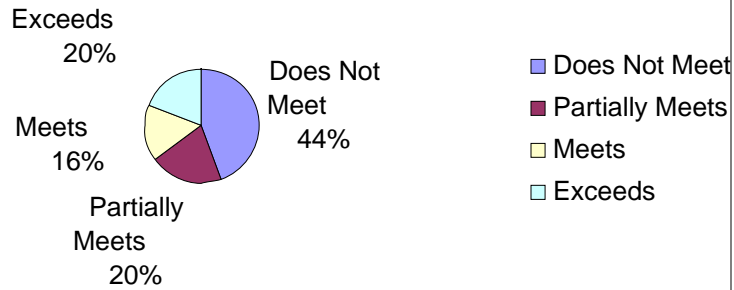
MCA and MTAS 7th Grade Math- D/HH
156 students tested



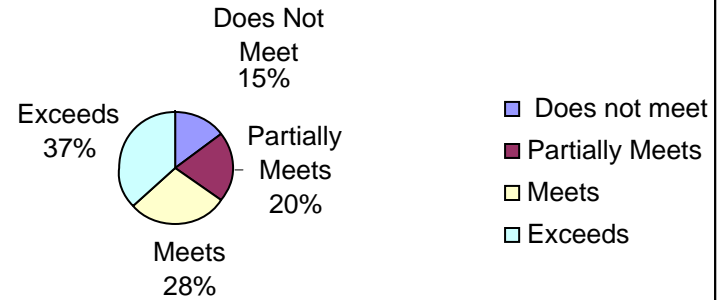
Math 7th Grade All Students



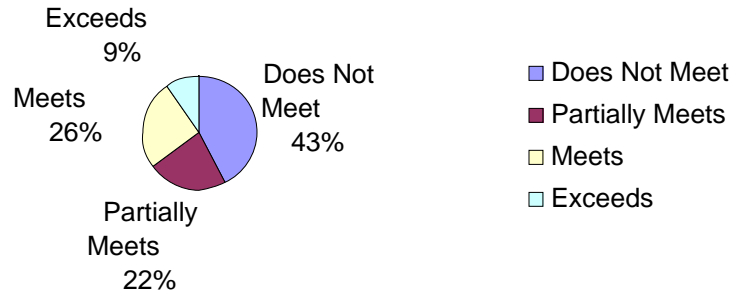
MCA and MTAS 7th Grade Reading- D/HH
164 students tested



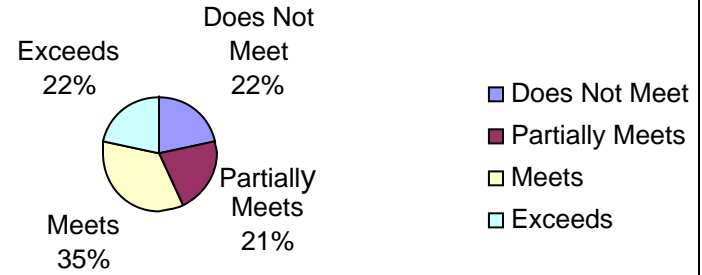
Reading 7th Grade All Students



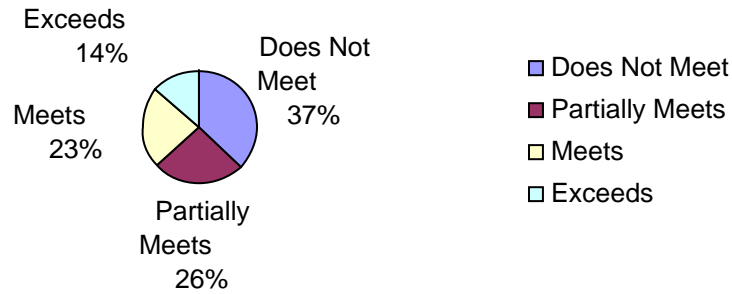
MCA and MTAS 8th Grade Math- D/HH
161 students tested



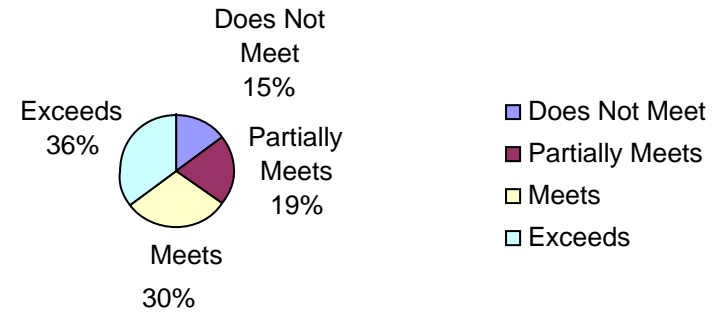
Math 8th Grade All Students



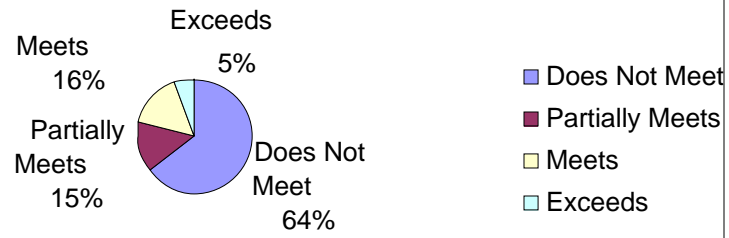
MCA and MTAS 8th Grade Reading
152 students tested



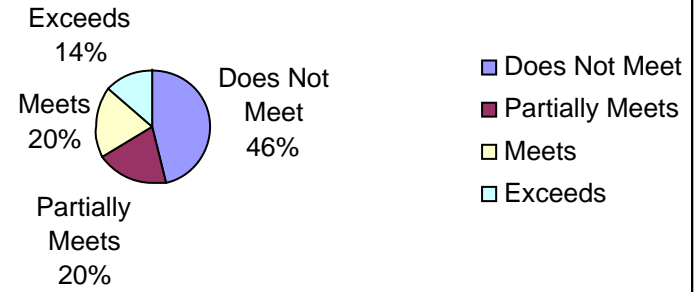
Reading 8th Grade All Students



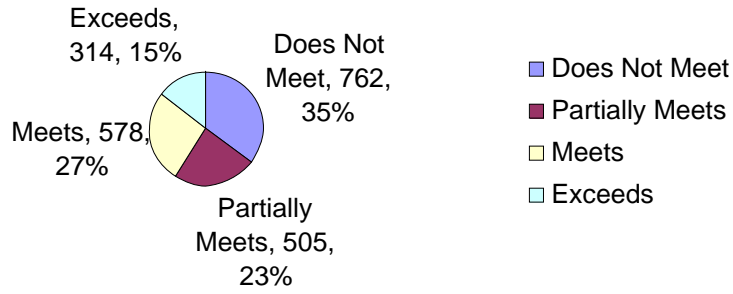
MCA and MTAS 11th Grade Math- D/HH
131 students tested



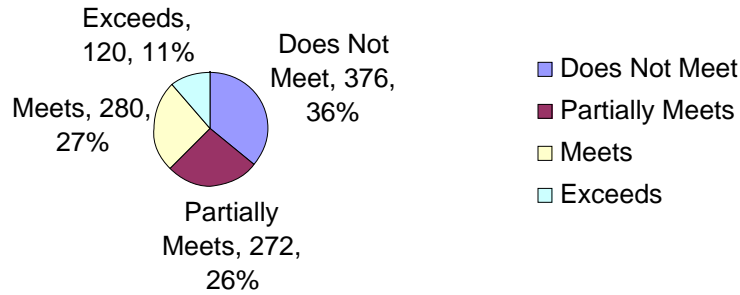
Math 11 Grade All Students



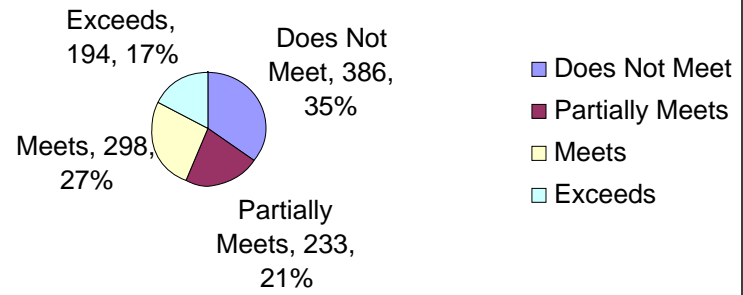
MCA/MTAS- All Grades/Subjects- D/HH



MCA and MTAS All Grades Math –D/HH
1048 students



MCA and MTAS All Grades Reading- D/HH
1111 students



Regional Data

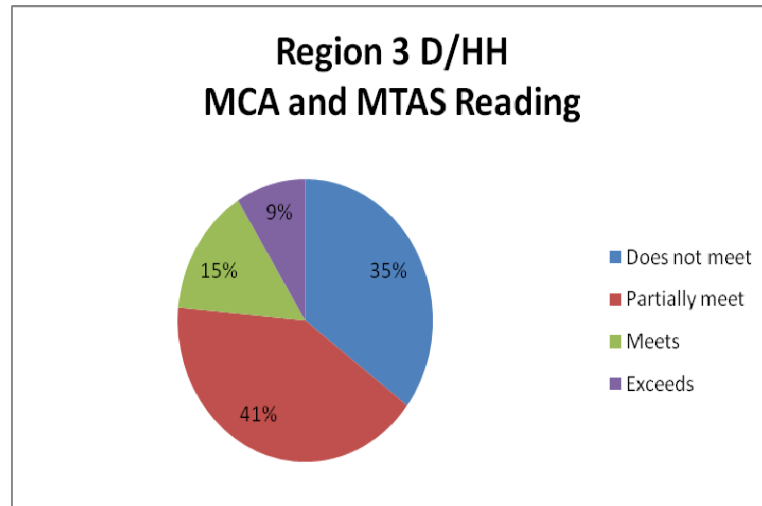
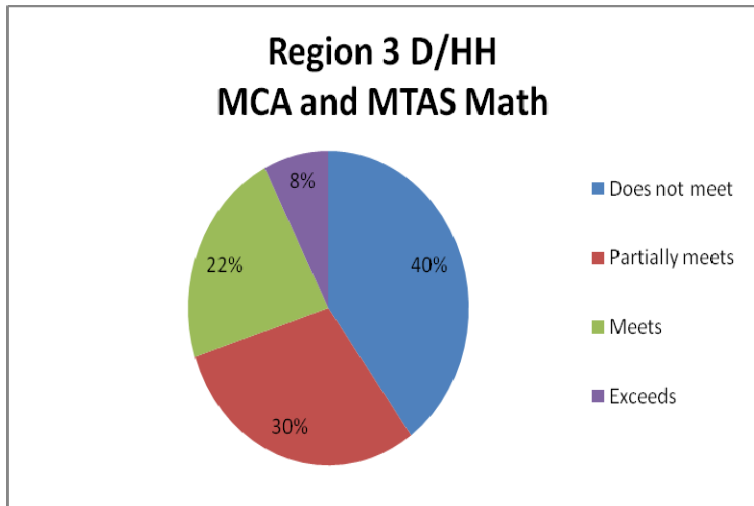
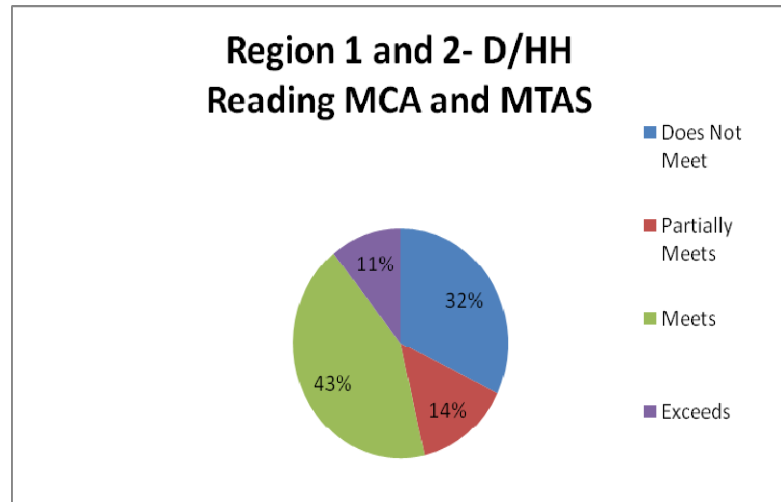
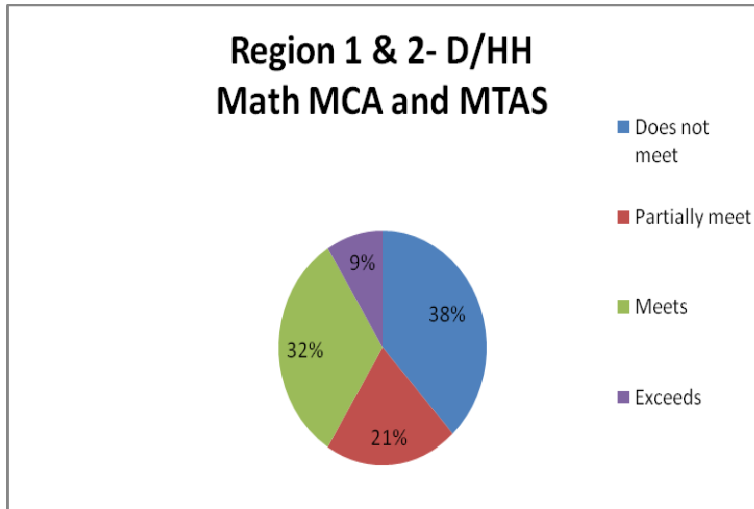
Multiple regions of the state do not have child counts that allow for report by district. Regions 1 & 2, 3, 4, 5 and 6 do not have districts with student counts of 10 or over of students who are identified as D/HH. Regional data only is reported in these cases.

Region 9 has one district which can be reported (Mankato,) Region 10 has two districts (Rochester and Minnesota State Academy.) Region 11 has the largest number of districts for which data can be reported. It is also obvious that there is great disparity among the districts' data. This is typical for outcomes for all schools' outcomes.

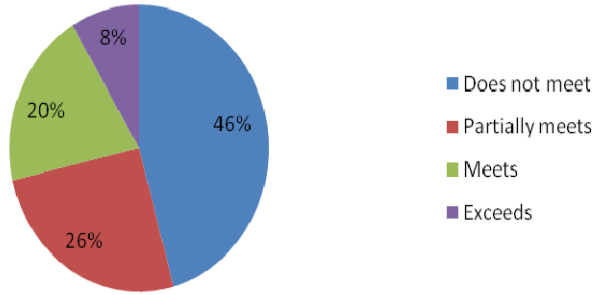
Questions that may be explored:

1. Are scores for D/HH students comparable to outcome data for all students from their district?
2. Is instruction aligned with educational standards?
3. Are there additional educational needs for students?
4. Is there impact of socioeconomic status?
5. Is there impact from families for whom English is not a primary language?
6. What is hearing loss of students?
7. Is curriculum delivered in accessible formats for students?
8. What is the educational setting for students?
9. Do students receive direct instruction from teacher of D/HH?

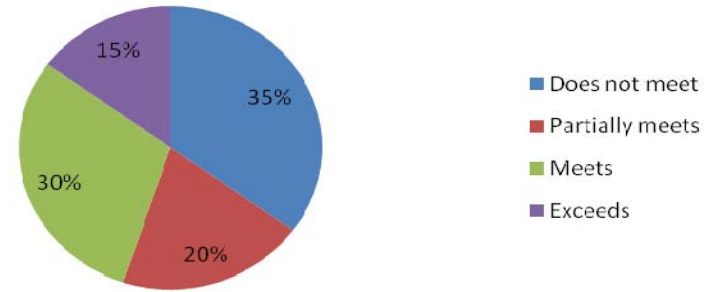
Regional Data for D/HH students



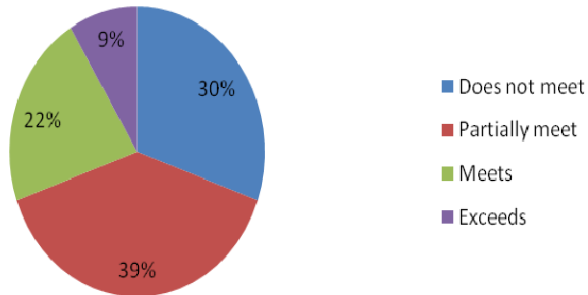
Region 4 D/HH MCA and MTAS Math



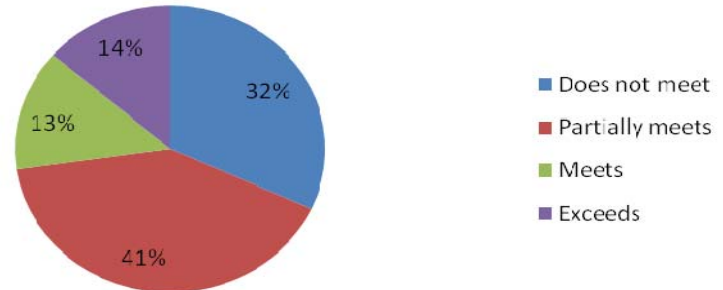
Region 4 D/HH MCA and MTAS Reading



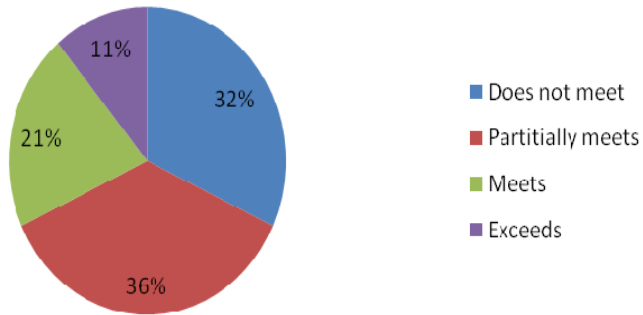
Region 5 D/HH MCA and MTAS Math



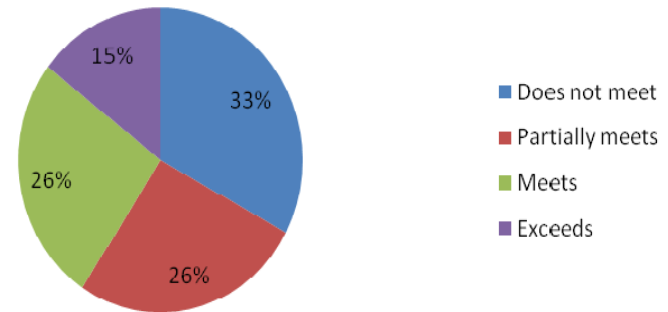
Region 5 D/HH MCA and MTAS Reading



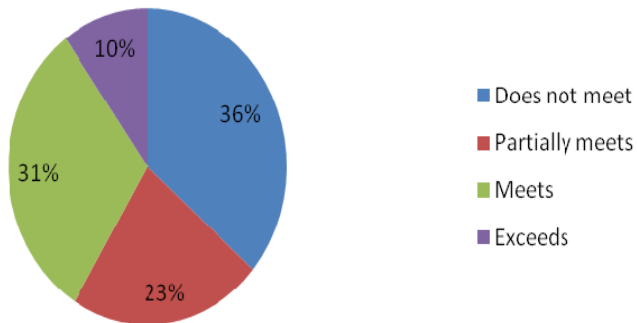
Region 6 D/HH MCA and MTAS Math



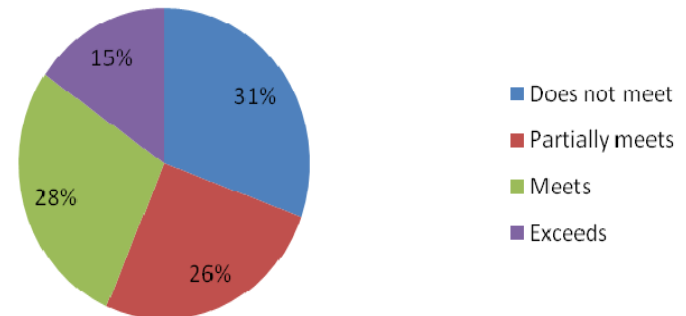
Region 6 D/HH MCA and MTAS Reading



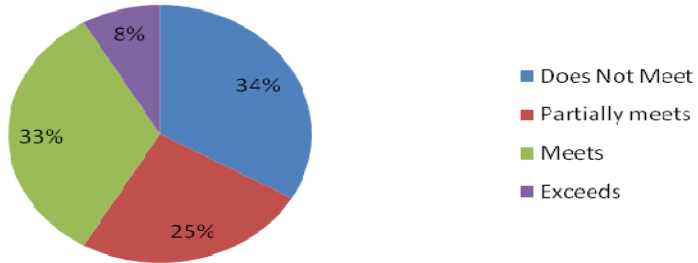
Region 7 D/HH MCA and MTAS Math



Region 7 D/HH MCA and MTAS Reading

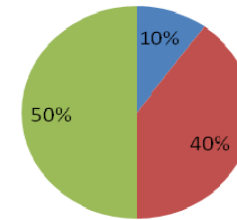


Elk River D/HH MCA and MTAS Reading



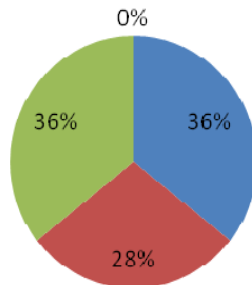
Elk River D/HH MCA Math

■ Does not meet ■ Partially meets ■ Meets ■ Exceeds



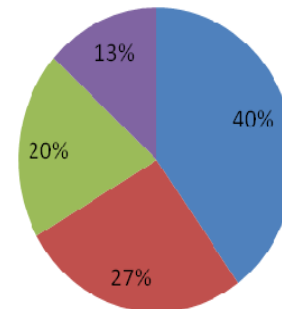
St Cloud D/HH MCA and MTAS Math

■ Does not meet ■ Partially meets ■ Meets ■ Exceeds

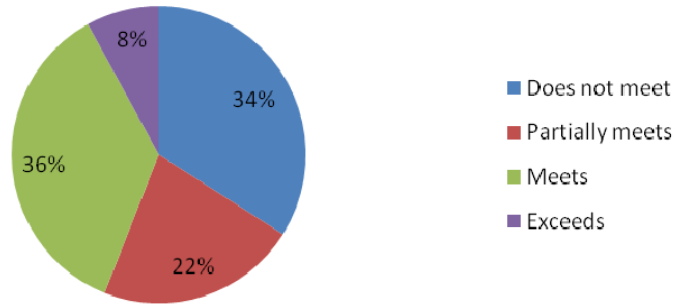


St Cloud D/HH MCA Reading

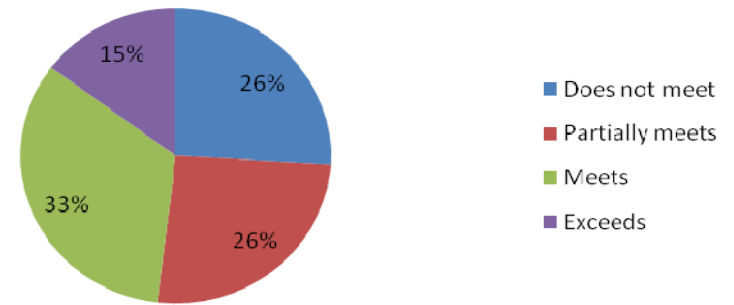
■ Does not meet
■ Partially meets
■ Meets
■ Exceeds



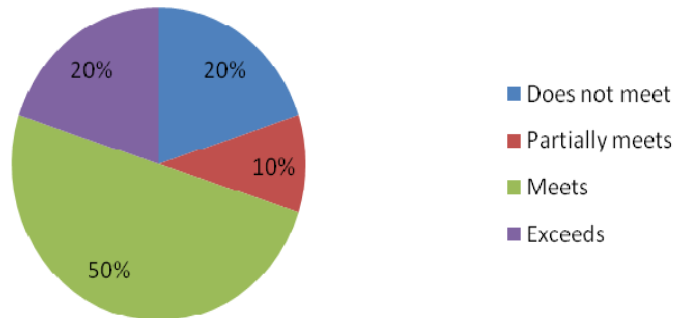
Region 9 D/HH MCA and MTAS Math



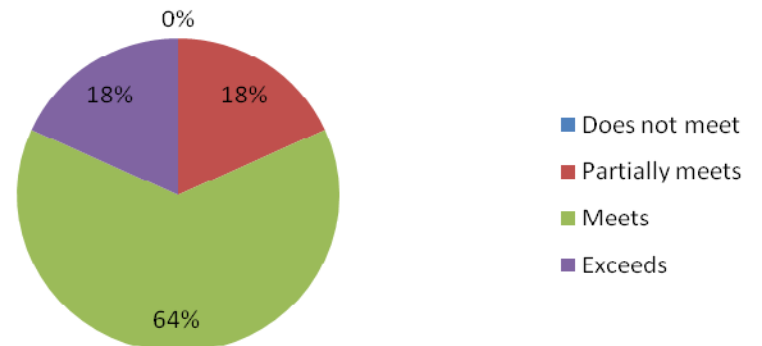
Region 9 D/HH MCA and MTAS Reading



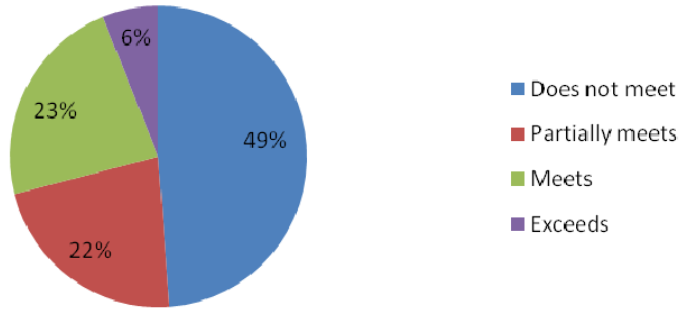
Mankato D/HH MCA Math



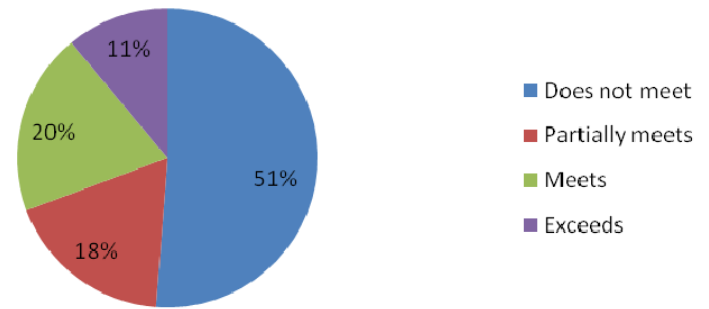
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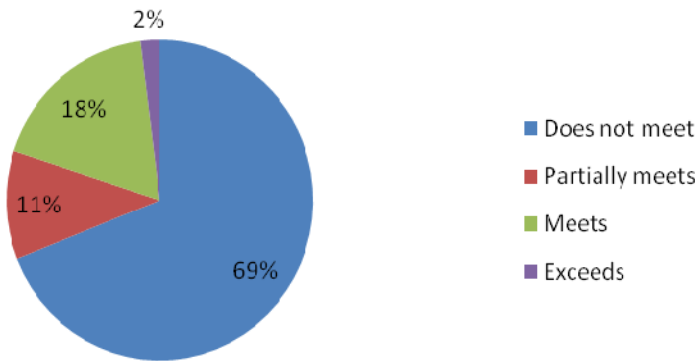
Region 10 D/HH MCA and MTAS Math



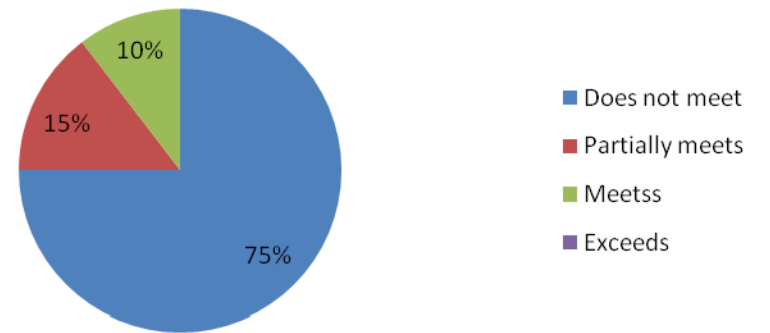
Region 10 D/HH MCA and MTAS Reading



Minnesota State Academy MCA and MTAS Math

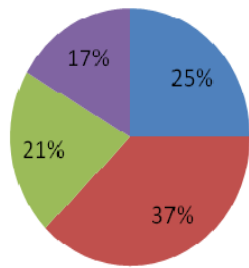


Minnesota State Academy MCA Reading



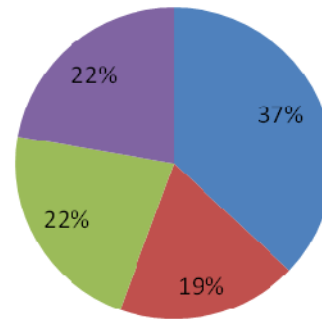
Rochester D/HH MCA Math

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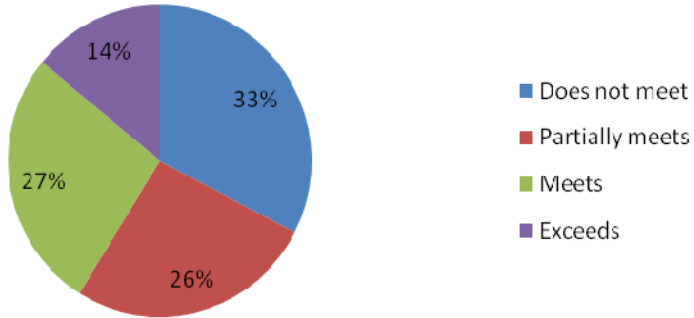


Rochester D/HH MCA Reading

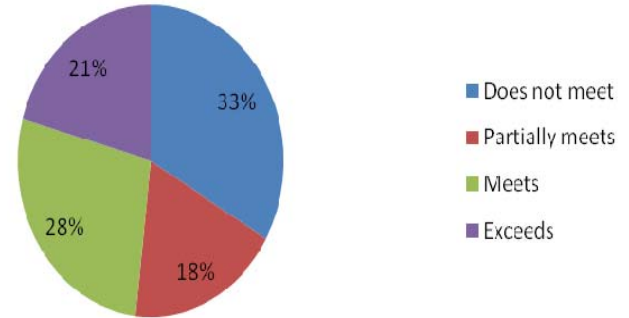
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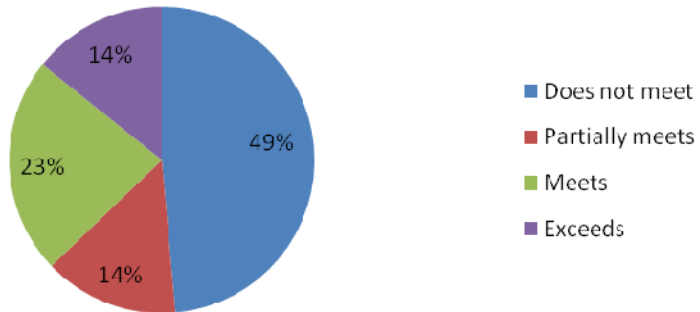
Region 11 D/HH MCA and MTAS Math



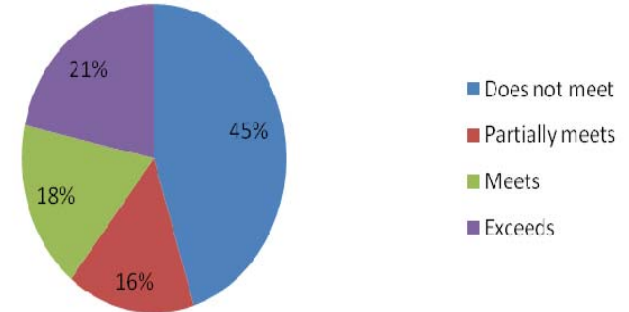
Region 11 D/HH MCA and MTAS Reading



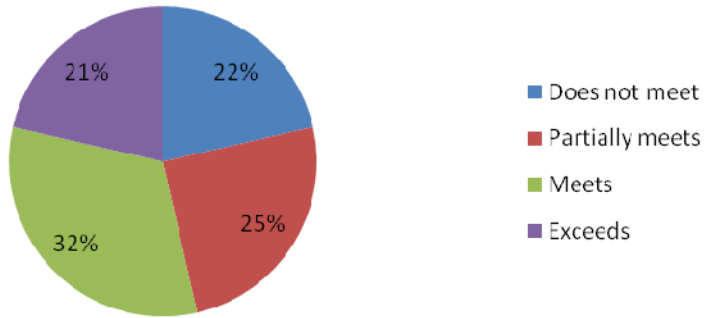
Minneapolis D/HH MCA and MTAS Math



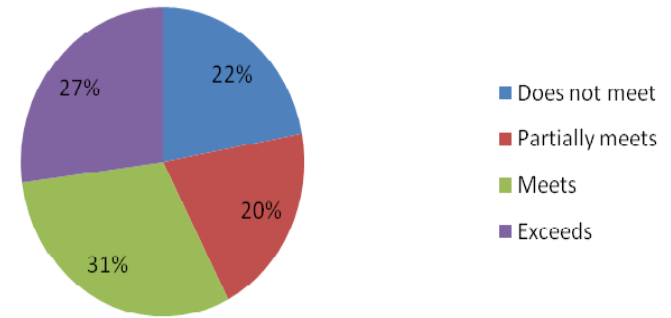
Minneapolis D/HH MCA and MTAS Reading



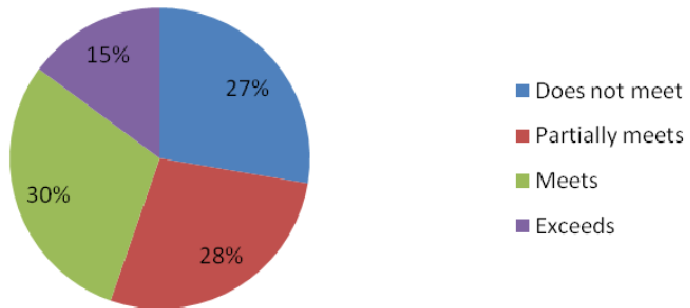
Anoka Hennepin D/HH MCA and MTAS Math



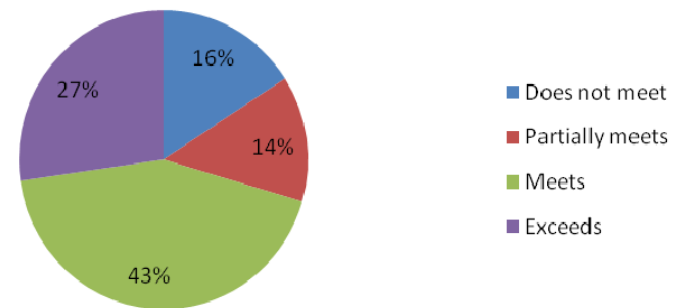
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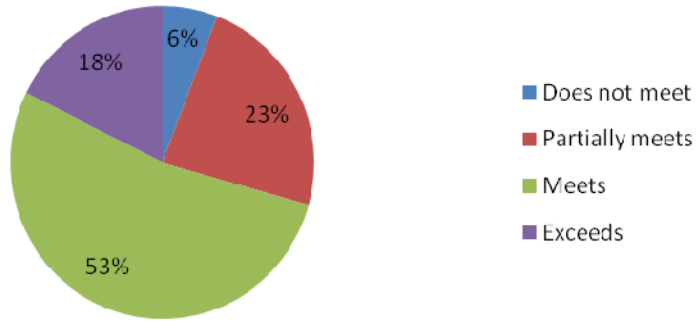
Rosemount Eagan Apple Valley D/HH MCA and MTAS Reading



Rosemount Eagan Apple Valley D/HH MCA Reading

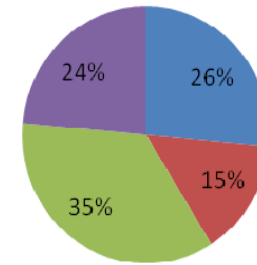


Osseo D/HH MCA and MTAS Math

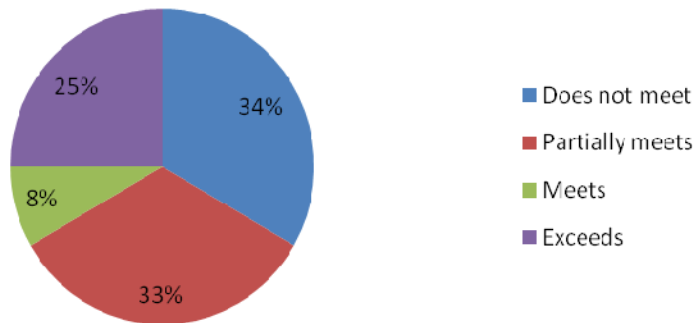


Osseo D/HH MCA Reading

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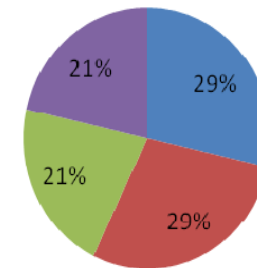


Robbinsdale D/HH MCA and MTAS Math

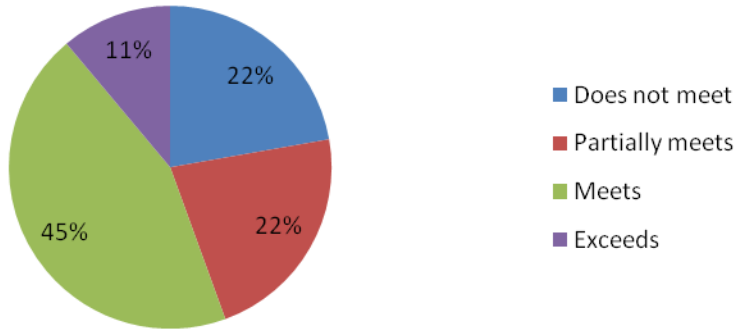


Robbinsdale D/HH MCA and MTAS Reading

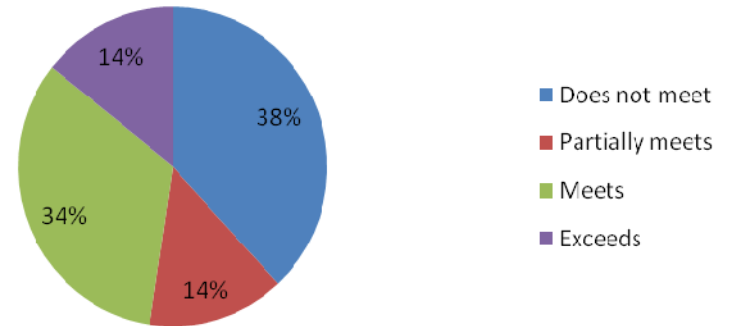
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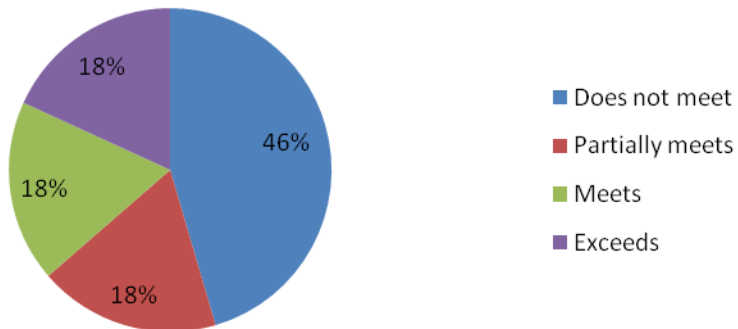
North St Paul D/HH MCA and MTAS Math



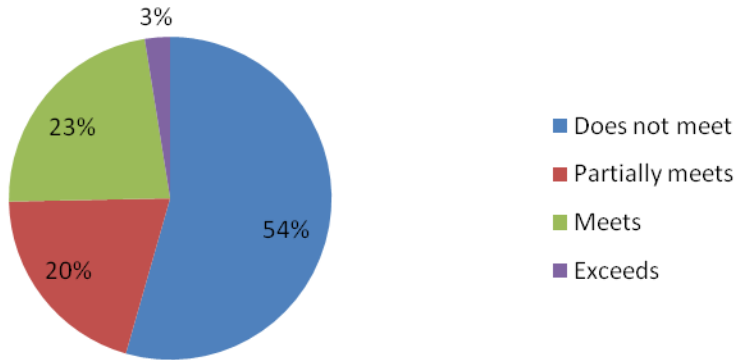
North St Paul D/HH MCA and MTAS Reading



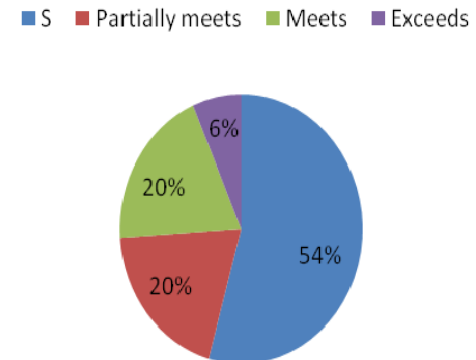
White Bear Lake D/HH MCA and MTAS Math



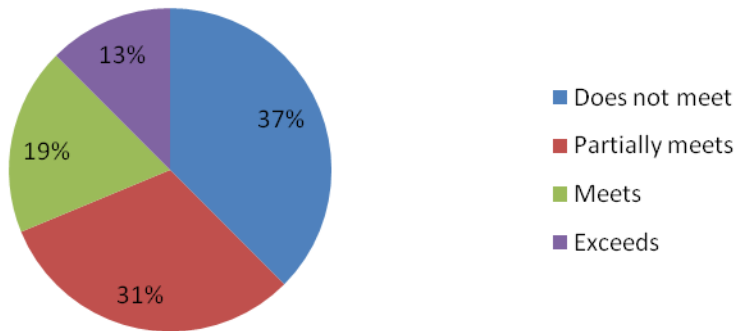
St Paul D/HH MCA and MTAS Math



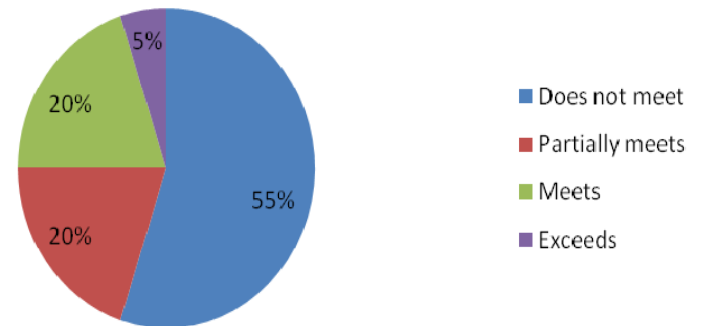
St Paul D/HH MCA and MTAS Reading



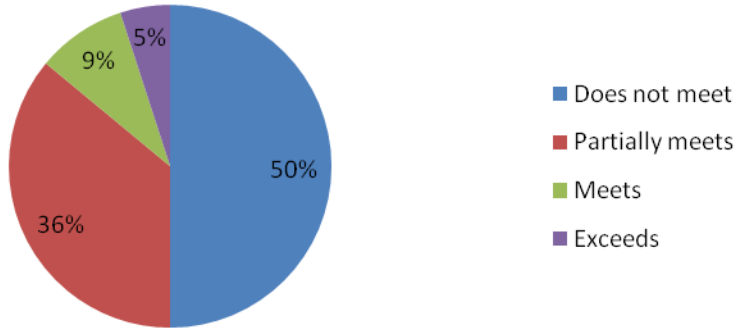
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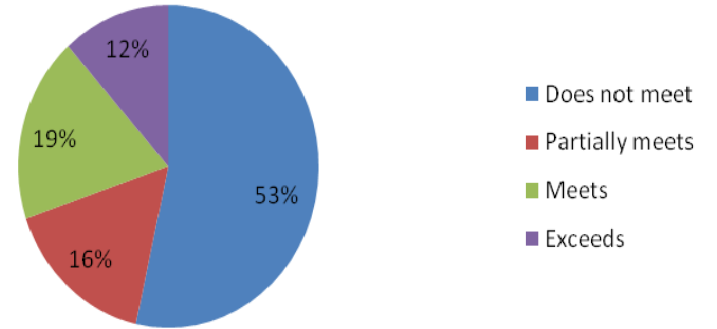
So. Washington Cty D/HH MCA Reading



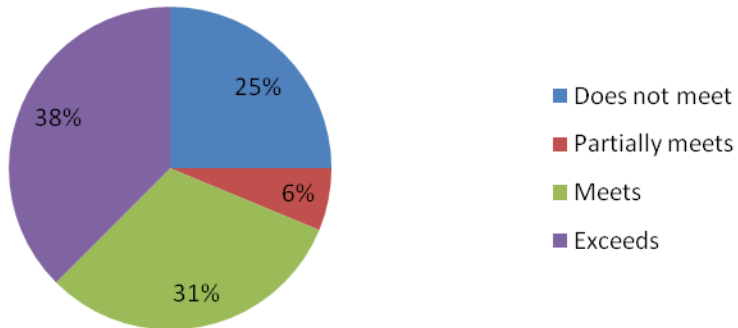
Metro Deaf School MCA and MTAS Math



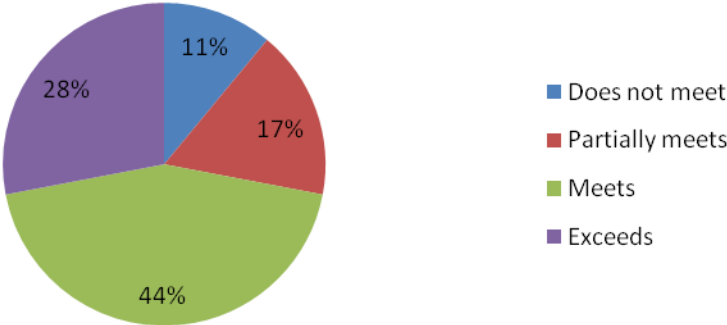
Metro Deaf School MCA and MTAS Reading



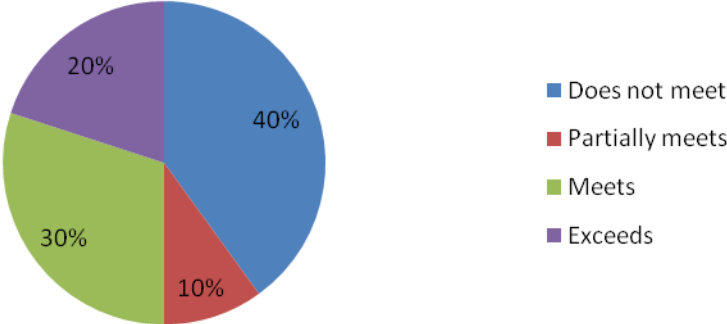
Bloomington D/HH MCA and MTAS Reading



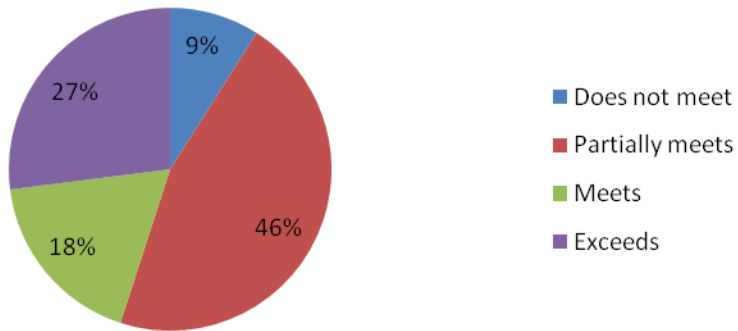
Eden Prairie D/HH MCA Reading



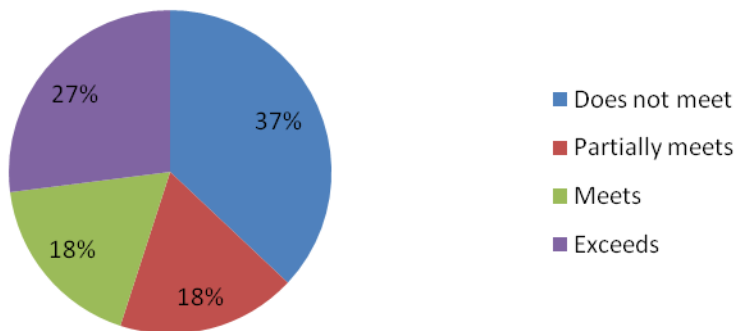
Richfield D/HH MCA Reading



Forest Lake D/HH MCA and MTAS Reading



Stillwater D/HH MCA Reading



Other Outcome Data

In preparing this report, we have explored reporting outcome data for those students taking the Northwest Evaluation Association (NWEA). These are not state mandated tests, and not all districts in Minnesota use the tests. Nor are districts required to publicly report outcomes. These tests can be particularly valuable in reporting individual student progress. MDE has asked NWEA to share outcomes for students who are D/HH. NWEA does not collect data about special education categories, thus, it becomes essential for local districts to release outcome data to MDE. We have made requests for permission to obtain relevant data from school districts, but have not received data in time for this initial report.

Parent Satisfaction

Two separate parent satisfaction surveys were conducted last year. One was conducted by the PACER Center as part of MDE's verification visit by the U.S. Department of Education. The second was conducted by a student completing her work for a Master of Arts in Counseling. Both surveys were conducted among parents who sought connections with parent advocacy organizations- either PACER Center, or Minnesota Hands and Voices. Not all the parents contacted through Hands and Voices have a child with an IEP or receive services through a Minnesota public school.

While the surveys asked different questions, several important themes arose. Most parents believe that their students are receiving services in an appropriate setting. Most parents believe that their students are being challenged appropriately, and that their children's teachers have high expectations for the students. These are encouraging findings.

Most parents reported that they are satisfied with the quality of education received by their child, and that parents are encouraged to be active members of their student's individual educational program (IEP) planning team. An overwhelming majority of parents also believe that they understand the issues in their student's IEP meeting. Reported parental satisfaction with education is stronger among parents of younger students, with less satisfaction reported as students progress through grades. This is not an unusual finding among families of children receiving special education.

Needs are evident in parents' satisfaction with postsecondary transition planning. Parents report concerns that their child is not prepared for postsecondary life or that their child is not prepared to be a self-advocate. Parent concerns were also expressed about the amount of time an appropriately trained teacher was available to support their student.

A Plan to Improve Services for Students who Are D/HH

Information was gathered for this plan from two surveys, a focus group and the Minnesota Advisory Board for the Resource Center: Deaf/Hard of Hearing.

Two surveys:

1. Minnesota Department of Education (MDE) survey (2008-9), focused on the eight areas of the National Agenda for the Deaf/Hard of Hearing (D/HH). Briefly they are: Early Identification and Intervention, Communication Language and Literacy, Collaborative Partnerships, System Responsibility, Placement and Programs, Technology, Professional Standards and Preparation, and Research. For more information on the National Agenda please refer to: <http://www.ndepnow.org/agenda/agenda/htm>.
2. Minnesota Commission Serving Deaf, Hard of Hearing, Deaf Blind (2010). For more information on the survey refer to: <http://www.mncdhh.org/faq/85/education>.

Similarities between the two surveys:

- Most of the people who responded to both surveys were teachers of the Deaf and Hard of Hearing (TDHH). Generally, they had more than five years of experience.
- Both surveys reported that TDHH are providing direct services as well as indirect services.
- Surveys showed that TDHH have skills in using a variety of assessment tools.
- Surveys showed that TDHH are using many tests assess where students are.
- Both surveys indicate that NWEA and MCA's are being used with D/HH students.
- Surveys show that interpretation of assessment data is a high need.
- Surveys showed that caseloads are a concern but data did not match to allow conclusions.
- Both surveys talked about monitoring students' progress over time.
- Both surveys identified further needs for training. A range of topics were provided:
 - Progress monitoring
 - Early assessments
 - More general education data
 - Adapting curriculum
- Both surveys identified the need for resources and instructional materials.
- Surveys had comments that management of interpreters and paraprofessionals is not an issue.

A focus group was held on March 8, 2010. Participants in the group included teachers of D/HH, school administrators and representatives of institutes of higher education that prepare special education teachers for D/HH licensure. The focus group suggested that

we need to have data to use in developing a remedial plan that focuses on best practices. The group proposed eight areas we could start to address. These areas include:

- Early Hearing Detection and Intervention (EHDI),
- Progress Monitoring,
- Development of a Bank for goals, objectives and sample Individual Education Programs(IEP) and relate this to assessments ,
- Workforce,
- On Line Coaching for Teachers,
- Teacher mentoring,
- Input on the Standards Based Academic Standards (2012) and
- Transition.

The Minnesota Resource Center: D/HH Advisory Board met four times between October, 2009 and May, 2010. The board members provided input suggestions for the plan at each meeting. They prioritized the focus group ideas suggesting that we focus on the following three first: EHDI, Progress Monitoring and Transition.

Early Identification and Intervention

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 2009-2010 MDE initiated 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 use.

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 (Sept. 1, 2009 – July 31, 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, a system of interagency data sharing among MDE, the Minnesota Departments of Health and Human Services of 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 at MDE, 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.

Minnesota Department of Education continues to fiscally support EHDI involvement on Learning Collaborative teams with interagency partner Minnesota Department of Health. 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.

2010-2011 Plan for EHDI

Continue with half-time EHDI Coordinator, provide training of EHDI teams, fiscally support Learning Collaborative initiative with interagency partner, continue three year pilot (birth-to-three), and create ways to develop a secure database.

MDE staff meets weekly on EHDI, sit on the Advisory Board of EHD and participate on several relevant sub-committees.

Potential Future Initiatives:

- 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. (\$100,000)
- Expand upon EC Early Hearing Detection and intervention (Pilot) and require all that have a hearing loss must report yearly (Birth through age 10). (\$120,000)
- Establish a secure Web-based way 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 each team 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 (D/HH) that address the skill sets recommended by the Council of Exceptional Children (CEC) (\$150,000)

Present Levels of Performance/ Progress Monitoring and Literacy

Educational progress for students receiving special education services are 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 on-line 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 will include: 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), and 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's academic progress

2010-2011 Plan

A next step would be to assure that all TDHH have access to the progress monitoring webinars (2010-2011) and begin implementing these strategies. Statewide training in a variety of setting on this (workshops, ITV, conference, 1-1 etc.) will be provided. MDE is developing a strand specific to D/HH to assist TDHH with whole-to-part reading strategies.

The Minnesota Department of Education will meet with Teachers of the Deaf/Hard of Hearing four times a year, Educational Audiologist two to three times a year, and will provide yearly training opportunities for TDHH and Interpreters working with D/HH students. In attempting to standardize the skills of interpreters, they are being mentored and regional workshops are provided based on need identified by test results and by individual mentors so that interpreters can pass national interpreting tests.

Initiatives MDE could consider:

- Determine/create/purchase a set of assessment tools that can be used 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 that parents can both understand and contribute to. (\$50,000)
- Develop kits for math and reading (goals and objectives and sample IEPs for both school and home based on assessment outcomes). (\$150,000)
- Monitor closely progress that is made on goals and objectives. MDE may need to develop a goal and objectives bank that is Web-based (\$100,000)
- Expand the concept of Extended School Year so that it addresses literacy. If a student is two years behind in reading or math they are eligible for extended school year- minimal two hours per day per subject-must be with a teacher who is in the school during the regular school year and familiar with scope and sequence, reading and math materials used in the district. June (3 weeks), July (3weeks), and August (3 weeks). One week in August to assess is not part of week of instruction. (\$300,000)
- Provide students/professionals with materials/workbooks/online training in areas of learning. (\$200,000)
- Develop fluency of ASL- online courses, webinars, etc. for parents, students, and professionals (\$200,000)

- Other Visual Forms of English Cued Speech online courses, webinars, etc. for parents, students and professionals. (\$ 200,000)
- Utilize technology-enhanced strategies for providing differentiated instruction in reading and writing. (\$100,000)
- Have all schools aware of Components of a Quality Auditory/Oral Program Checklist and Placement and Readiness Checklists for Students who are Deaf and Hard of Hearing. Provide Training to Administrators.

Transition

This goal was identified as a goal at the May 2, 2010 meeting.

The Minnesota Department of Employment and Economic Development (DEED), Vocational Rehabilitation Services (VRS) division, recently undertook a comprehensive look at the services they provide to Minnesota students with special needs who are leaving high school, their parents, teachers, other government agencies (including the Department of Education) and other interested groups. The report found most who use VRS services are satisfied and do get important help with their transitions to life after high school. It also found a need to improve communication between and among VRS and the people it serves and to ensure those who need VRS services have access to them in all areas of the state. [Read the VRS report on Transition-Age Consumer Satisfaction on the DEED Website.](#)

2010-2011 Plan

Work with MDE Transition Specialist Jayne Spain to provide transition training as needed. Work with Advisory board to further expand this area.

National Agenda- D/HH

Deaf Education State Leaders Summit was held on April 22 and 23, 2010. The Minnesota Department of Education along with the Minnesota Commission Serving Deaf and Hard of Hearing co- sponsored a virtual linkage to this meeting.

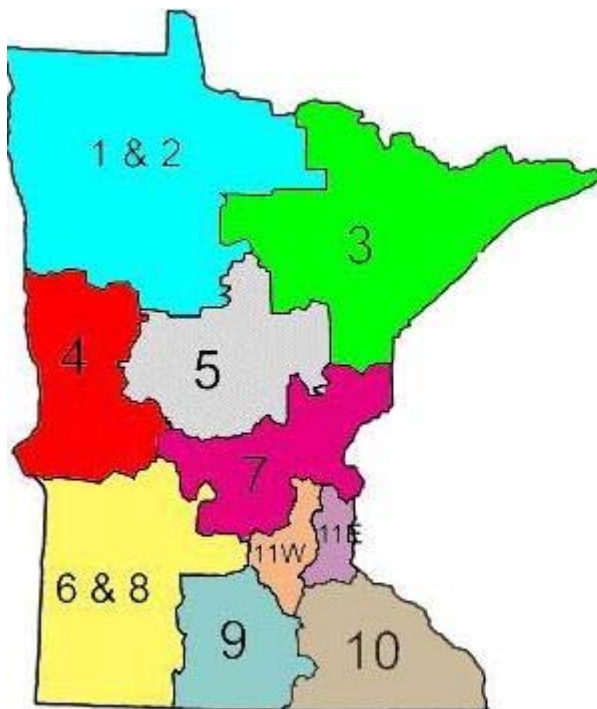
There were five goals:

1. Participants will connect with others across the country and will leave with ideas and information learned from interactive conversations.
2. States will have formed or strengthened their 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.
3. Participants 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.
4. 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.
5. Teams will assess their state's progress in meeting the goals of the National Agenda.

2010-2100 Plan

MDE is committed to working with our stakeholders as we look at the National Agenda goals and create a plan to address needs identified for Minnesota.

Attachment A
Regional Distribution of Deaf/Hard of Hearing Students Across Minnesota



Region	Total Child Count 2009	Student Count- D/HH 2009
1 and 2	29,027	62
3	46,273	82
4	33,712	78
5	26,948	55
6 and 8	48,772	147
7	105,935	180
9	36,988	102
10	80,945	294
11	505,746	1,392
State totals	914,296	2,392