Minnesota Department of Education

Students who are Deaf or Hard of Hearing in Minnesota

Fiscal Year 2012

Report

To the

Legislature

As required by

Minnesota Statutes

125A.63

COMMISSIONER:

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

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FY 2012 Report To the Legislature

As required by Minnesota Statutes

Minn. Stat.125A.63

Cost of Report Preparation

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

The total cost for the MDE to prepare this report was approximately $4,728.45. Most of these costs involved staff time in analyzing data from surveys and preparing the written report. Incidental costs include paper, copying and other office supplies.

Estimated costs are provided in accordance with Minnesota Statutes Section 3.197, which requires that at the beginning of a report to the legislature, the cost of preparing the report must be provided.

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Legislative Charge

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

(1) identify and report the aggregate, data-based education outcomes for children with the primary disability classification of deaf and hard of hearing, consistent with the commissioner's child count reporting practices, the commissioner's state and local outcome data reporting system by district and region, and the school performance report cards under section 120B.36, subdivision 1; and,
(2) describe the implementation of a data-based plan for improving the education outcomes of deaf and hard of hearing children that is premised on evidence-based best practices, and provide a cost estimate for ongoing implementation of the plan. The legislation mandates a report on data gathered from statewide assessments administered as part of the commissioner's state and local outcome data reporting system by district and region. This report will include data that has been gathered which reports on performance of students who are Deaf/Hard of Hearing on the Minnesota Comprehensive Assessments (MCAs) and the Minnesota Test of Academic Skills (MTAS), as well as other data that has statewide impact. The MCAs are the state tests that help districts measure student progress toward Minnesota's academic standards and meet the requirements of No Child Left Behind. The reading and mathematics tests are used to determine whether schools and districts have made adequate yearly progress (AYP) toward all students being proficient in 2014. Reading and mathematics tests are given in grades 3-8, 10 and 11. There are currently three standardized assessments used in the state of Minnesota. They are the MCAs, MCA-modified (MCA-M), and the MTAS. The MCAs are given to the largest number of students. The MCA-M is given to students who have failed to meet proficiency on the MCA (in two separate testings). The MTAS is used with students who have the most significant cognitive disabilities. For all three tests there are important considerations: The Individualized Education Program (IEP) team is responsible for determining, on an annual basis, how a student with a disability will participate in statewide testing. This decision-making process must start with a consideration of the general education assessment. Participation in the administration of an alternate assessment is not limited to any particular disability category. Alternate assessments are aligned with grade-level content standards. Students must meet all eligibility requirements for a particular assessment before it is selected by the IEP team.

Executive Summary

This report summarizes some of the efforts, data, and results of work from education-based agencies, departments and individuals who serve deaf and hard of hearing (D/HH) students in Minnesota. The report includes information about the Minnesota Resource Center: D/HH, MDE Special Education Policy Division, eligibility criteria for D/HH students and the latest D/HH child count data (enrollment figures, demographic information, instructional settings and graduation rates). Challenges in reporting data for a low incidence disability group like D/HH are carefully

outlined in this report and careful consideration of the diversity and heterogeneity within D/HH education should remain in the front of readers' minds as they read through this document.

This report also provides detailed Early Learning initiatives (such as the Early Hearing Detection and Intervention pilot) and their outcomes; these help to explain the ways early intervention services are critical for D/HH children. State standardized testing data is reported with the caveat that no one test can fully represent a D/HH child or his/her abilities to lead a full and productive life, nor are standardized tests sensitive or flexible enough to sufficiently represent the progress D/HH students make regularly. Information from two unique schools that serve D/HH exclusively students is reported as well. The report concludes with recommendations for D/HH education in the near future including ongoing initiatives or newly-initiated efforts in Early Hearing Detection and Intervention, academic outcomes, transition, Minnesota Collaborative Project, D/HH special education eligibility criteria and D/HH teacher licensure recommendations.

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

The Minnesota Resource Center: Deaf and Hard of Hearing (MNRCDHH) is a part of MDE. The Resource Center has an advisory committee. The purpose of the MNRCDHH Advisory Committee is to examine services and data for children and youth who are deaf or hard of hearing and to make recommendations designed to improve education for deaf and hard of hearing children statewide.

The MNRCDHH's goals are:

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

Some activities include:

- Minnesota Statutes section 125A.63: MNRCDHH mandated to have an advisory committee.

- Technical assistance to interpreters, audiologists, special education administrators, teachers working with students who are D/HH, rehabilitation counselors, related and support service providers and parents of students who are D/HH.
- In-service training to meet identified local, regional and state needs.
- Consultation via telephone, e-mail or site visit upon written request from school administration to address questions of special education teams serving students who are deaf/hard of hearing.
- Informational workshops/meetings on best practices methods, materials and assistive devices associated with the education of students who are deaf/hard of hearing. These activities include progress monitoring webinars, literacy training, auditory learning DVDs, Deaf–Plus (additional disabilities), conferences and summer institutes for teachers and interpreters to improve American Sign Language (ASL) skills, network meetings with teachers of the D/HH and D/HH educational audiologists.
- Evaluation of sign language proficiency for teachers of the deaf/hard of hearing (TDHH) as directed by the Minnesota State Board of Licensure, Minnesota Rule 8710.5200.
- Minnesota Statues section122A.31: assists with American Sign Language/English Interpreters' provisional licenses and extensions.
- Networking activities with national and state professional and consumer organizations sharing common goals for improving programs and services to students who are deaf/hard of hearing including meetings with MDE staff, the Minnesota Deaf/Blind Technical Assistance Project, Advisory Board for Minnesota Hands and Voices, and the Early Hearing Detection and Intervention (EHDI) Committee.
- Referrals to appropriate state agencies and other service providers addressing needs of individuals who are D/HH.
- Workshops/events for students, parents and professionals serving students from birth to graduation.
- Library material loans to professionals and families on topics related to education, deaf culture, deaf-blind, assessment protocols, communication options, storybooks with videos, instructional sign language, cued speech, lip-reading and interpreting.

Special Education Policy at MDE

MDE's Special Education Division provides statewide leadership to ensure a high-quality education for Minnesota's children and youth with disabilities by applying the most credible data, methods and tools to build capacity in the state's broader educational communities. Through the practice of mutual respect, transparency and responsibility with students, families and educational partners, it supports high-learning standards based on each child's unique needs to prepare them for further education, employment, independent living and community participation. Its current organization includes four units. MNRCDHH reports to the Low Incidence and Workforce unit, which also encompasses specialists helping deliver high-quality services to students who are deaf or hard of hearing, deaf-blind or physically impaired and those with other health disabilities. In addition, specialists in this unit provide support and guidance on assistive technology, accessible instructional materials, workforce recruitment and retention, the Minnesota State Interagency Committee and other aids. The Assessment and Accountability unit specializes in services for students with autism spectrum disorder,

emotional-behavior disorder, developmental cognitive disabilities and specific learning disabilities. It also provides support and guidance in the areas of Positive Behavioral Interventions and Supports, Response to Intervention, alternate assessments, related services and paraprofessionals; assists the state Special Education Advisory Panel; and provides program planning service for the division. Interagency Partnerships specialists work with nontraditional and care and treatment education programs, secondary transition and third party funding and provide communications support for the division. The specialists in the Data and Reporting unit coordinate with the U.S. Department of Education's Office of Special Education Programs on required reporting and analysis, administer the State Personnel Development Grant and Continuous Improvement Monitoring Process, and monitor outcomes for minority students and English language learners. Working together and with its partners at MDE, other state and federal agencies, educators, families and students, the Special Education Division's specialists and support staff help achieve the division's vision that all children get necessary support for healthy development and lifelong learning.

Highlights of 2011-2012 Report

- The first year a Legislative Report was submitted was 2009-2010.

- In the 2010-2011 Legislative Report, much effort was put into cultivating and refining what data we needed and fixing the format of the report so that readers could access what they needed.

- This year's report (2011-2012) shows the results of the three-year pilot MDE did on Birth to Three D/HH children collecting language progress over time. MDE presented these results at the National Early Hearing Detection and Intervention Conference in St. Louis. Minnesota will also begin to participate with 10 other states in collecting data on children with hearing loss through a Minnesota Department of Health initiative.

- This year's report expands the academic component of our work. Two workshops were given to TDHH. The workshops were Cottage Acquisition Scale for Listening Language Speech (CASLLS) and Theory of Mind. Both of these workshops focus on disability-specific language development for children who have a hearing loss. During 2012- 2013 efforts will be made to make the application of the CASLLS more applicable to TDHH.

- Also this year, the D/HH transition workgroup created a transition guideline to be used by teachers as they work with students who have a hearing loss. This guideline will be piloted during the 2012-2013 school year with TDHH. The goal is to finalize the guideline by the end of the next fiscal year.

- Finally, the collaborative group met twice and put together a plan that identifies some areas that we can work with all of our stakeholders on. First steps are underway with a planned survey to parents slated for fall 2012 and a survey to teachers about caseloads.

Identification of Students

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

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

Subpart 1. Definition. "Deaf and hard of hearing" means a diminished sensitivity to sound, or hearing loss, that is expressed in terms of standard audiological measures. Hearing loss has the potential to affect educational, communicative, or social functioning that may result in the need for special education instruction and related services.

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

A. There is audiological documentation provided by a certified audiologist that a pupil has one of the following;

(1) a sensorineural hearing loss with an unaided pure tone average, speech threshold, or auditory brain stem response threshold of 20 decibels hearing level (HL) or greater in the better ear;

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

(3) a unilateral sensorineural or persistent conductive loss with an unaided pure tone average or speech threshold of 45 decibels hearing level (HL) or greater in the affected ear; or

(4) a sensorineural hearing loss with unaided pure tone thresholds at 35 decibels hearing level (HL) or greater at two or more adjacent frequencies (500 hertz, 1000 hertz, 2000 hertz, or 4000 hertz) in the better ear.

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

(1) a need to consistently use amplification appropriately in educational settings as determined by audio logical measures and systematic observation; or

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

C. The pupil's hearing loss affects the use or understanding of spoken English as documented by one or both of the following;
(1) under the pupil's typical classroom condition, the pupil's classroom interaction is limited as measured by systematic observation of communication behaviors; or,
(2) the pupil uses American Sign Language or one or more alternative or augmentative systems of communication alone or in combination with oral language as documented by parent or teacher reports and language sampling conducted by a professional with knowledge in the area of communication with persons who are deaf or hard of hearing.
D. The pupil's hearing loss affects the adaptive behavior required for age-appropriate social functioning as supported by;
(1) documented systematic observation within the pupil's primary learning environments by a licensed professional and the pupil, when appropriate; and,
(2) scores on a standardized scale of social skill development are below the average scores expected of same-age peers.
Children can receive services under the category of deaf/hard of hearing from birth until graduation (which can occur up to age 21, as determined by the IEP team).

Challenges in Data

Students who are identified as D/HH are not a homogenous group. Students present with a wide range of types and degrees of hearing loss. They may speak or use manual communication (e.g. American Sign Language, Signed English, Signing Exact English, Cued Speech) or a combination of sign and speech. They may have one or two hearing aids, one or two surgically-placed cochlear implants, other amplification devices, or no amplification at all. Children coming from another country may have a communication system which is unique to their homeland. The data collection system in place at MDE is based on federal requirements and does not allow for more detailed analysis. Students receiving services in Minnesota schools under the category of deaf/hard of hearing are served in a variety of educational settings. Some children attend schools with a primary goal of providing education to students who are D/HH (Minnesota State Academy for the Deaf (MSAD), Metro Deaf School (MDS)). Most children attend neighborhood schools, with supports from special educators with expertise in D/HH acting in a variety of roles, including providing direct service or consultative services. As data was collected for this report, it was impossible to isolate data based on a range of factors which impact educational outcomes, including:

- Type of hearing loss.
- Degree of hearing loss.
- Amplification system(s) used.
- Age of onset of hearing loss.
- Age of diagnosis of hearing loss.
- Primary means of communication used in school settings.
- Primary means of communication used at home.
- Family structure and support systems.

- Socioeconomic status of family.
- Education services received by the student.
- Identification of additional educational needs for students.

Parents have the choice to not participate in any educational services if they choose.

In some cases, Individualized Education Program (IEP) teams determine requirements for graduation.

Questions continue surrounding whether IEP students granted diplomas have met state standards.

MCA data may not be sensitive enough to reflect challenges and trends within the field.

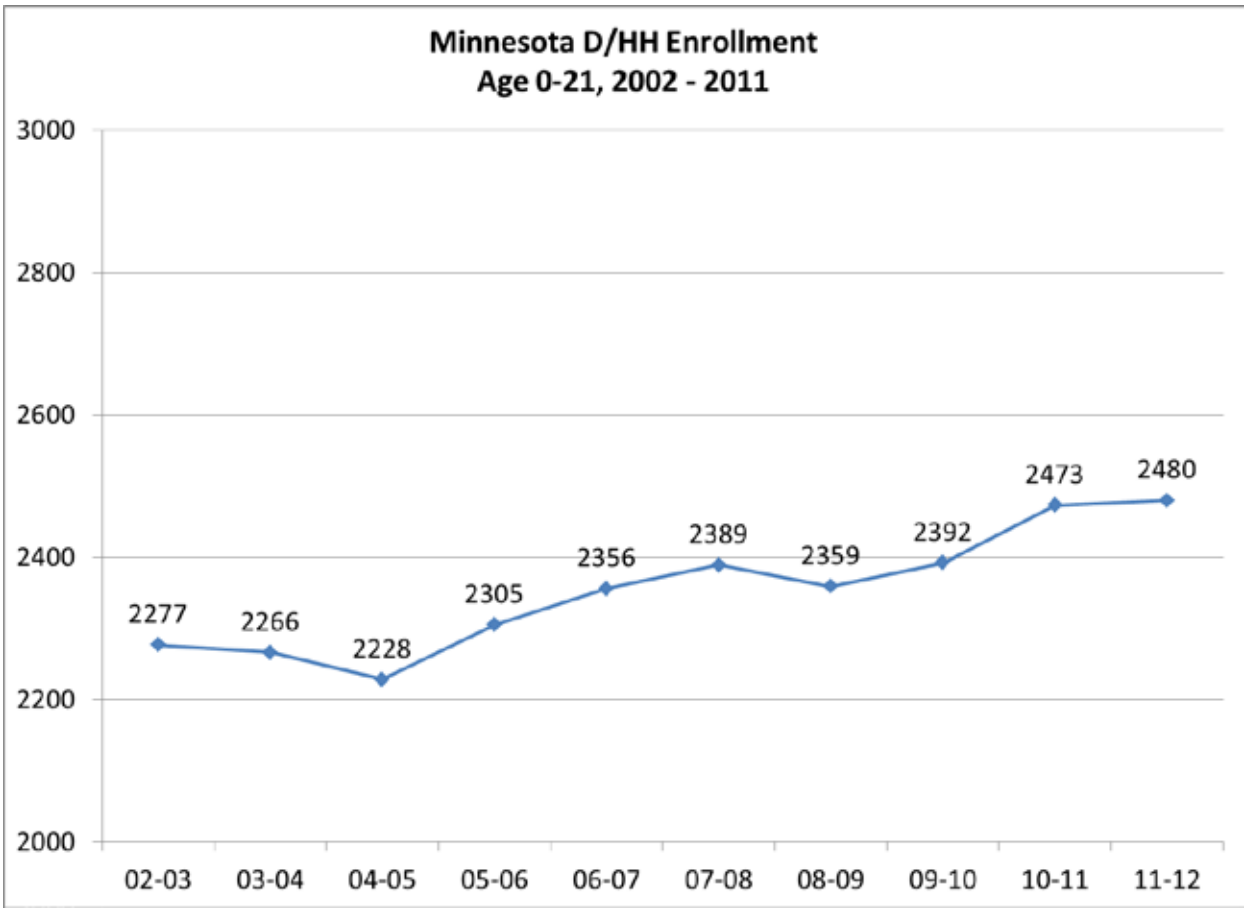
These factors and many more can impact educational outcomes. Questions that are not considered in this report but may be relevant to keep in mind when reading this report include:

- Are scores for D/HH students comparable to outcome data for all students from their district?
- Are curricula and instruction aligned with educational standards?
- Are there additional educational needs for students?
- Is there impact related to socioeconomic status?
- Is there impact for families for whom English is not a primary language?
- What is the degree of hearing loss?
- Is curricula delivered in accessible formats for students?
- What is the educational setting for students?
- Do students receive direct instruction from a TDHH?
- Is there a shortage of qualified interpreters?
- Is there lack of exposure to a language-rich environment?
- Are caseloads increasing?
- Is there a need for a parent survey?
- Is there a need to collect primary and secondary labels?
- Are we collecting dual-sensory information?
- Is there a lack of direct services by teachers of the D/HH?

Child Count Data

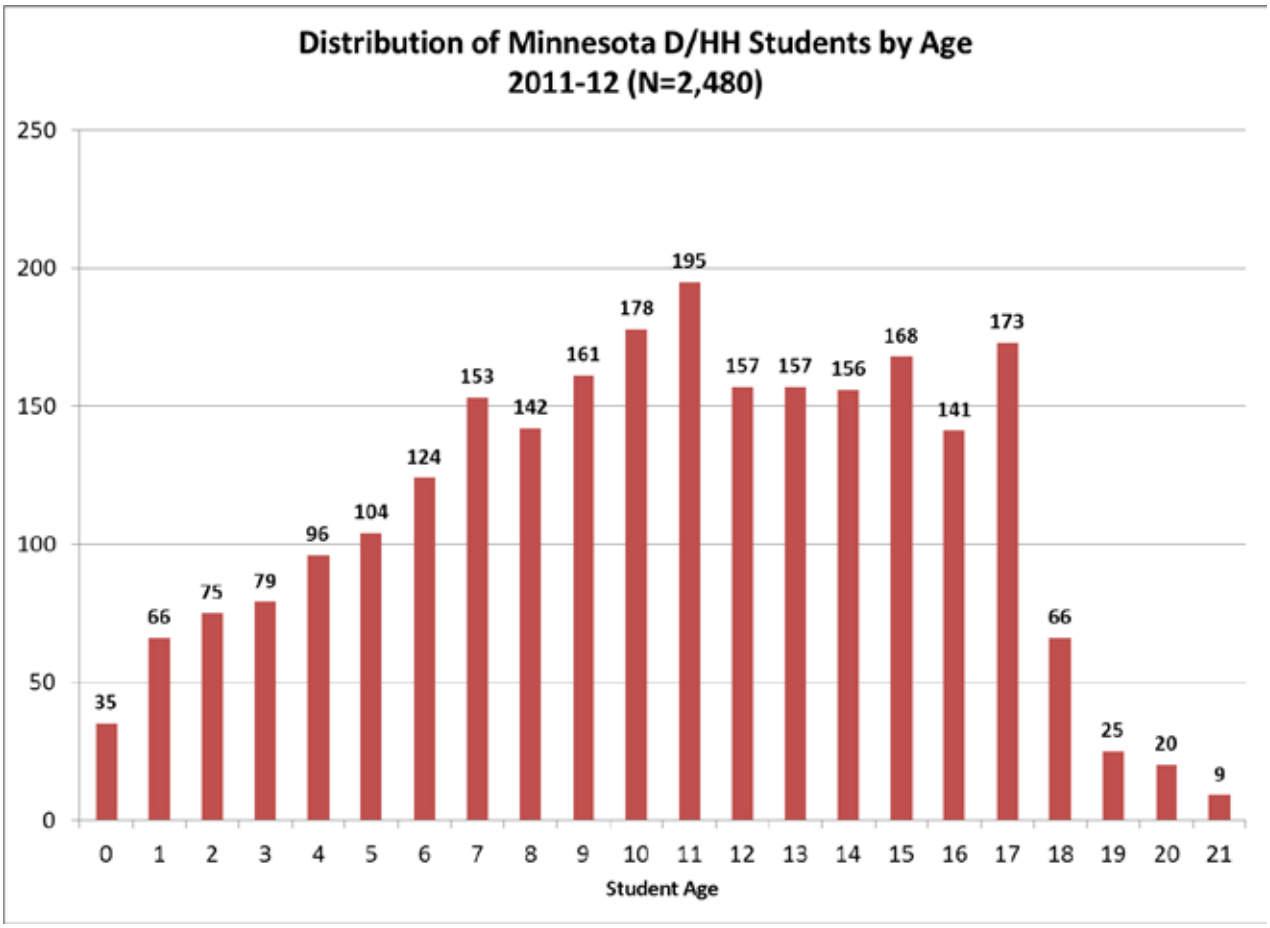
MDE collects child count numbers from each educational district annually on December 1. There are currently 2,480 children receiving special education services in Minnesota public and private schools under the categorical disability of D/HH. There are additional children who have a hearing loss, but data is reported and collected only on the primary categorical area identified by an IEP team. Thus, there are students receiving services under the category of D/HH who have additional special education needs, and there are students who receive D/HH services under other categorical areas who have a hearing loss in addition to their other

special education needs. There is no way with the current data collection system to report these numbers or to analyze any discrepancies. Students who are D/HH are represented in all ages of the student population in Minnesota. Based on the December 1, 2011, child count as reported on the MDE website, the following graphs were created. Both state and regional graphs show the distribution of children receiving services through this primary category (D/HH):



Data Source: 2011 and previous child count numbers

School Year	Student enrollment
2001-02	2230
2002-03	2277
2003-04	2266
2004-05	2228
2005-06	2305
2006-07	2356
2007-08	2389
2008-09	2359
2009-10	2392
2010-2011	2473
2011-2012	2480



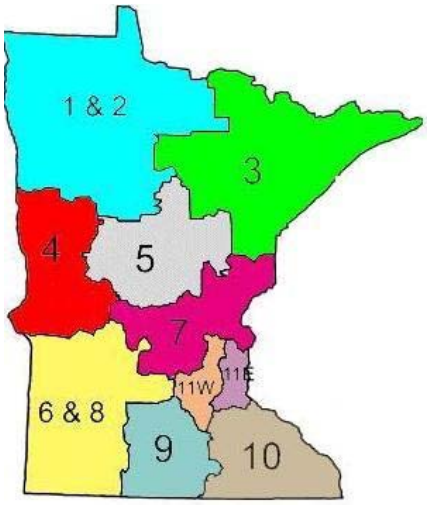
Data Source: 2011 Minnesota Child Count

Distribution of Minnesota D/HH Students by Age, 2011

Age	Number of Students
0	35
1	66
2	75
3	79
4	96
5	104
6	124
7	153
8	142
9	161
10	178
11	195
12	157
13	157
14	156
15	168
16	141
17	173
18	66
19	25
20	20
21	9
Total	2,480

Additional Demographic Information

The map below is a visual representation of the eight educational regions in Minnesota. The regions are: 1&2, 3, 4, 5&7, 6&8, 9, 10, 11.



Percentage of Minnesota D/HH Population by Region, 2011-12					
	Total Enrollment	SWD	D/HH Students	Percent of SWD	Percent of Total Enrollment
Region 1 & 2	27904	4888	48	0.98%	0.17%
Region 3	43712	7198	84	1.17%	0.19%
Region 4	31761	5449	81	1.49%	0.26%
Region 5	25633	4501	59	1.31%	0.23%
Region 6 & 8	45049	7144	152	2.13%	0.34%
Region 7	98751	14906	183	1.23%	0.19%
Region 9	33172	5864	96	1.64%	0.29%
Region 10	75433	10658	336	3.15%	0.45%
Region 11	459026	67822	1441	2.12%	0.31%
Total	840441	128430	2480	1.93%	0.30%

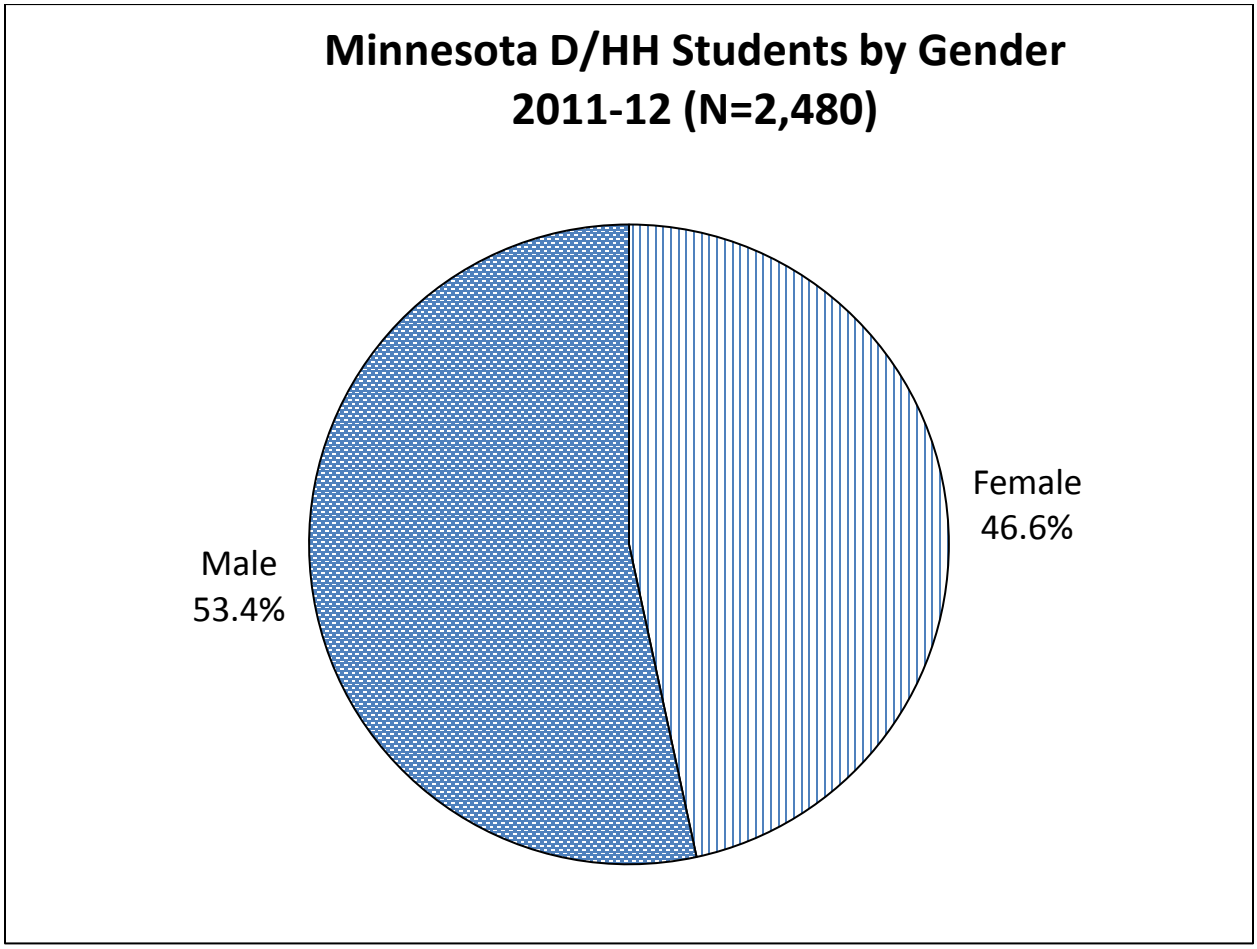
Data Source: 2011 Minnesota Child Count SWD=Students with Disabilities

D/HH students represent 0.30 percent of students of all children enrolled in Minnesota schools, or 1.93 percent of students receiving special education. This clearly meets the standard of being a low incidence disability (students making up 10 percent or less of students receiving special education services).

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

Gender

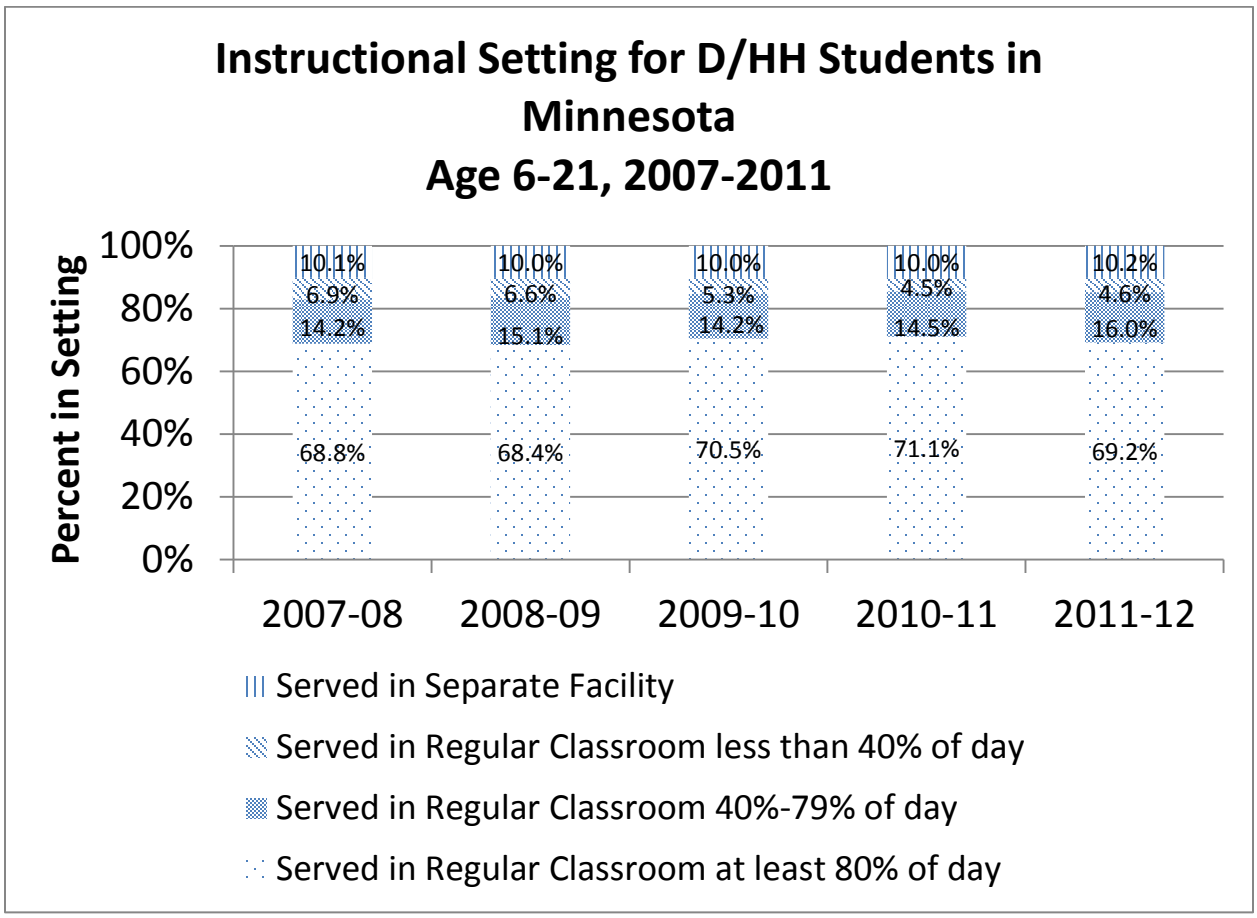
In 2011, of the 2,480 students identified with a hearing loss, 53.4 percent were male and 46.6 percent female.



Data Source: 2011 Minnesota Child Count

Federal Instructional Settings

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



Data Source: 2011 Minnesota Child Count

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

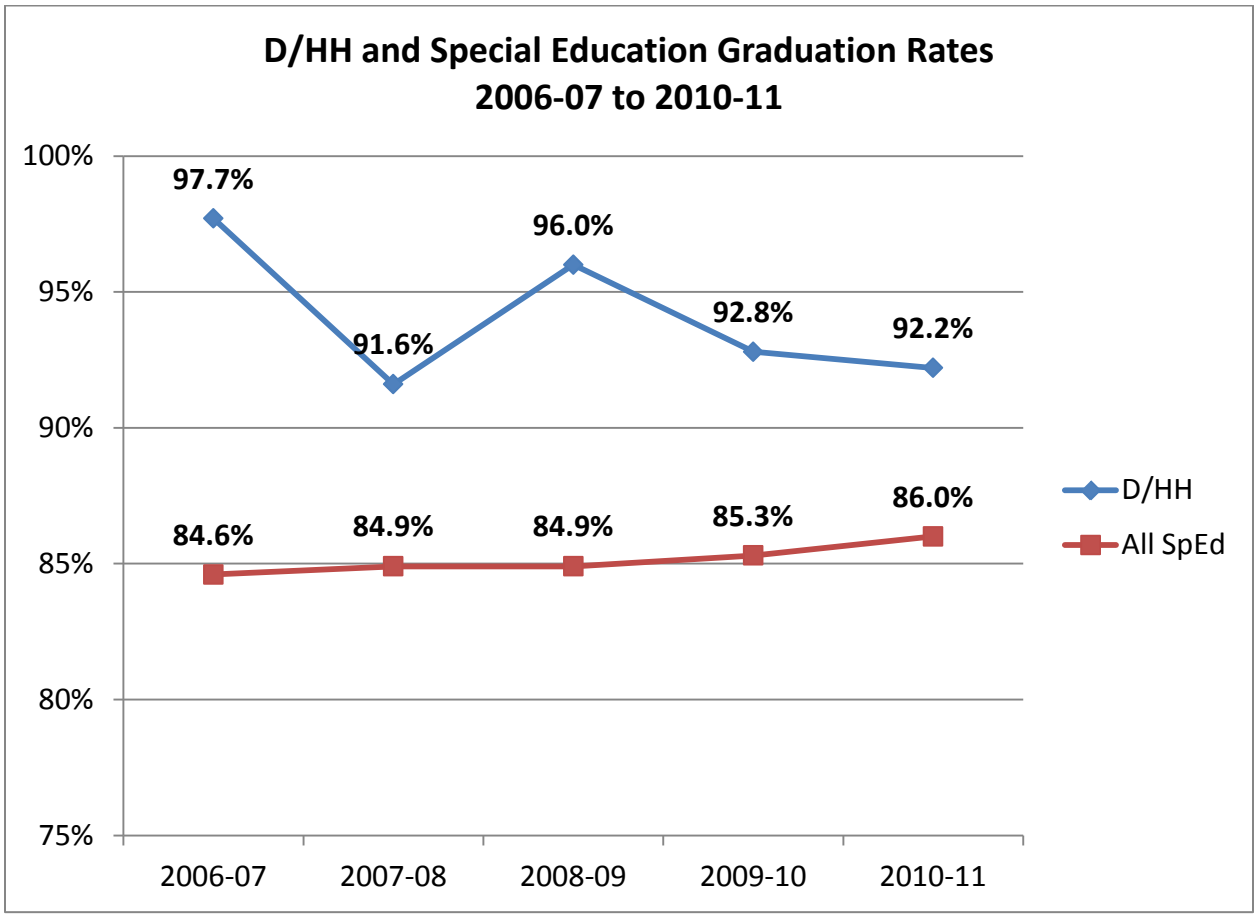
In Minnesota, 69.2 percent of the deaf or hard of hearing students are in the general education classroom at least 80 percent of the school day.

Graduation and School Dropout rates

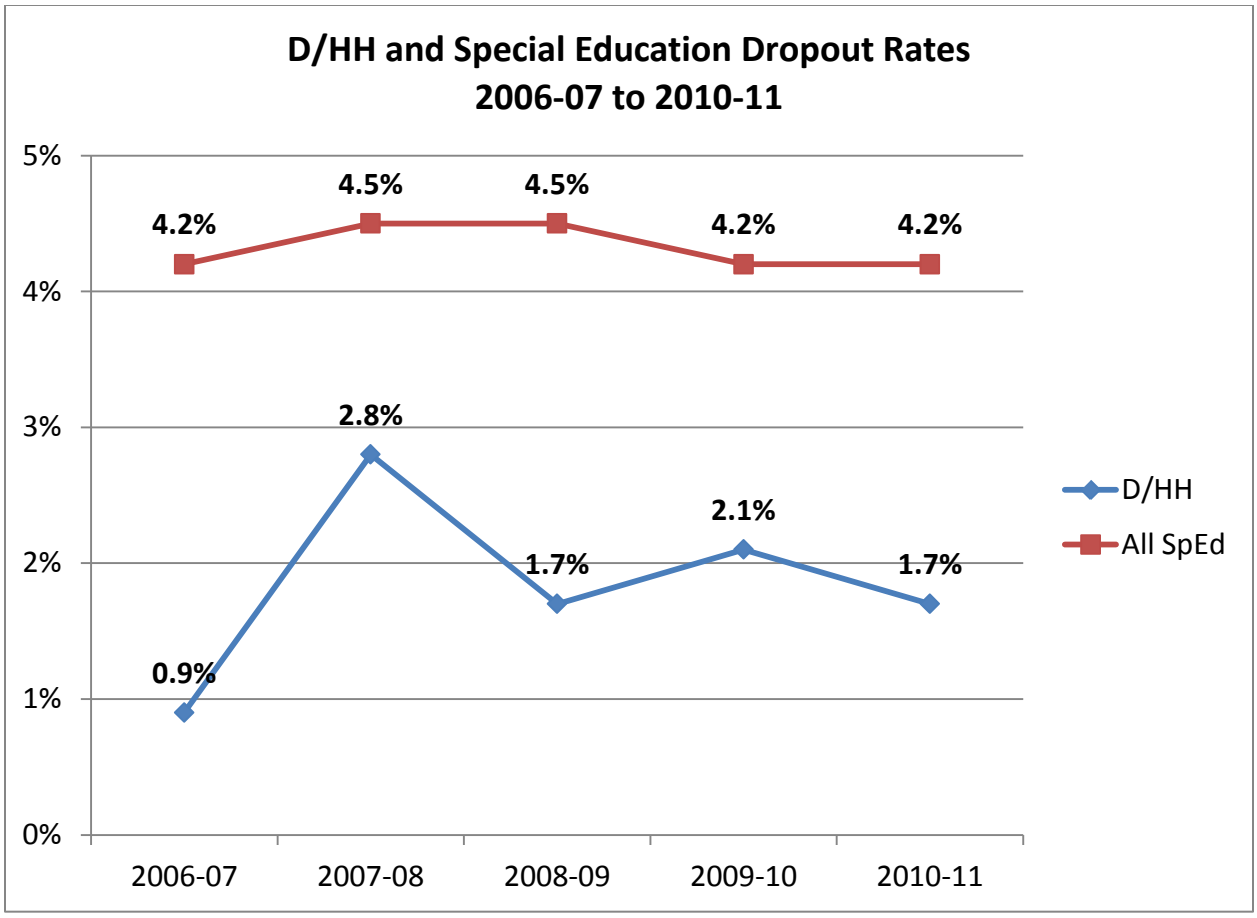
In Minnesota, graduation requirements are defined by Minnesota Statutes, section 120B.024, and the definition of a diploma is provided by Minnesota Statutes, section 125A.04. The graduation status of a student is decided at the local level in Minnesota. In order to graduate, students must be granted credits in the following areas: four credits in language arts; three credits in math; three credits in science; 3.5 credits in social studies; one credit in the arts; and

seven elective credits. The specifics of how credits are granted in Minnesota are subject to local decision-making and control. In addition, Minnesota Statutes section 125A.04 states that "upon completion of secondary school or the equivalent, a pupil with a disability who satisfactorily attains the objectives in the pupil's Individualized Education Program must be granted a high school diploma." Minnesota uses the U.S. Department of Education's definition of dropout and includes all students who dropped out of school and who are not known to have re-enrolled in another school. The data collection time period begins on the first day of the school year and ends October 1 of the following school year.

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



Data Source: MARSS, 2006-07 to 2009-11



School Year	Number of D/HH Graduates	Number of D/HH School Dropout
05-06	127	10
06-07	125	6
07-08	120	18
08-09	120	11
09-10	142	14
10-11	107	11

The data for the 11-12 year will not be finalized until fall of 2012.

The number of D/HH graduates is increasing and is higher than the rate for all special education students. The number of D/HH who drop out is lower than the rate for all special education students.

Part C — Help Me Grow

Help Me Grow is Minnesota's public awareness campaign to actively seek out, refer and identify infants and toddlers who may be eligible for early intervention services under Part C of

the Individuals with Disabilities Education Act (IDEA). Parents also have the choice to not participate in any educational services if they choose.

Early Childhood Outcomes

Each state is required to measure and report data annually to the Office of Special Education Programs (OSEP) on outcomes achieved by young children with disabilities. Children included must exit Part C during the reporting year after participating in early intervention for a minimum of six months. A total of 2,468 children were included in Minnesota's Part C outcome data. Of these children, 60 were eligible through the categorical disability of D/HH. An additional 99 children were eligible under disability categories other than D/HH but were reported by their educational teams as having a hearing loss at the level recommended by the Early Hearing Detection and Intervention (EHDI) initiative. View more information on this level of hearing loss on the Minnesota Department of Health website (http://www.health.state.mn.us/divs/fh/mcshn/ecipelig/hearing.htm). Data on outcomes achieved by all children exiting Part C as well as those children identified as categorically D/HH or having a hearing loss in each of the three required outcomes developed by the Early Childhood Outcomes Center are shown below.

Outcome 1: Positive Social Skills (including social relationships). Making new friends and learning to get along with others is an important accomplishment of the early childhood years. Children develop a sense of who they are by having rich and rewarding experiences interacting with adults and peers. They also learn that different rules and norms apply to different everyday settings and that they need to adjust their behavior accordingly. This outcome involves relating to adults, relating to other children and, for older children, following rules related to groups or interacting with others. The outcome includes concepts and behaviors such as attachment/separation/autonomy, expressing emotions and feelings, learning rules and expectations in social situations, and social interactions and social play.

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

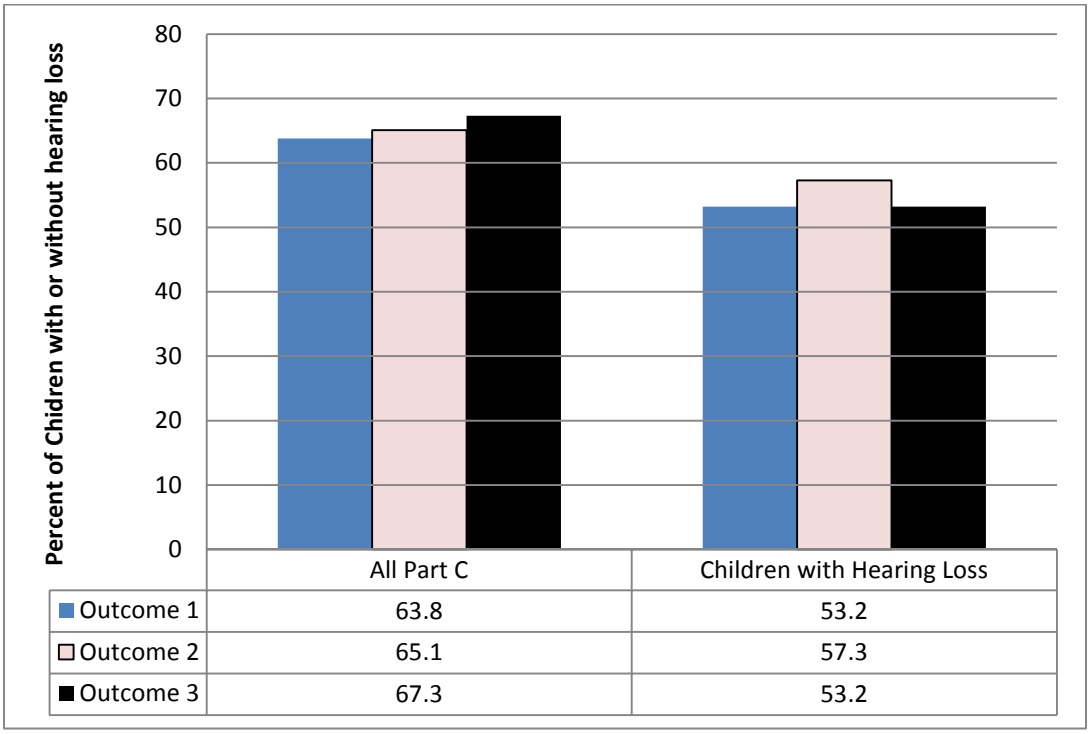
Outcome 3: Taking appropriate action to meet needs (including early language/ communication and, for children 3 through 5, early literacy). As children develop, they become increasingly more capable of acting on their world. With the help of supportive adults, young

children learn to address their needs in more sophisticated ways and with increasing independence. They integrate their developing skills, such as fine motor skills and increasingly complex communication skills, to achieve goals that are of value to them. This outcome involves behaviors like taking care of basic needs, getting from place to place, using tools (such as forks, toothbrushes, and crayons), and, in older children, contributing to their own health, safety and well-being. It also includes integrating motor skills to complete tasks; taking care of one's self in areas like dressing, feeding, grooming and toileting; and acting on the world in socially appropriate ways to get what one wants.

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

Outcomes measured are:

Outcome 1: Positive Social Skills
Outcome 2: Acquisition and use of knowledge and Skills
Outcome 3: Taking appropriate action to meet needs.



	All Part C	Children with Hearing Loss
Outcome 1	63.8	53.2
Outcome 2	65.1	57.3
Outcome 3	67.3	53.2

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

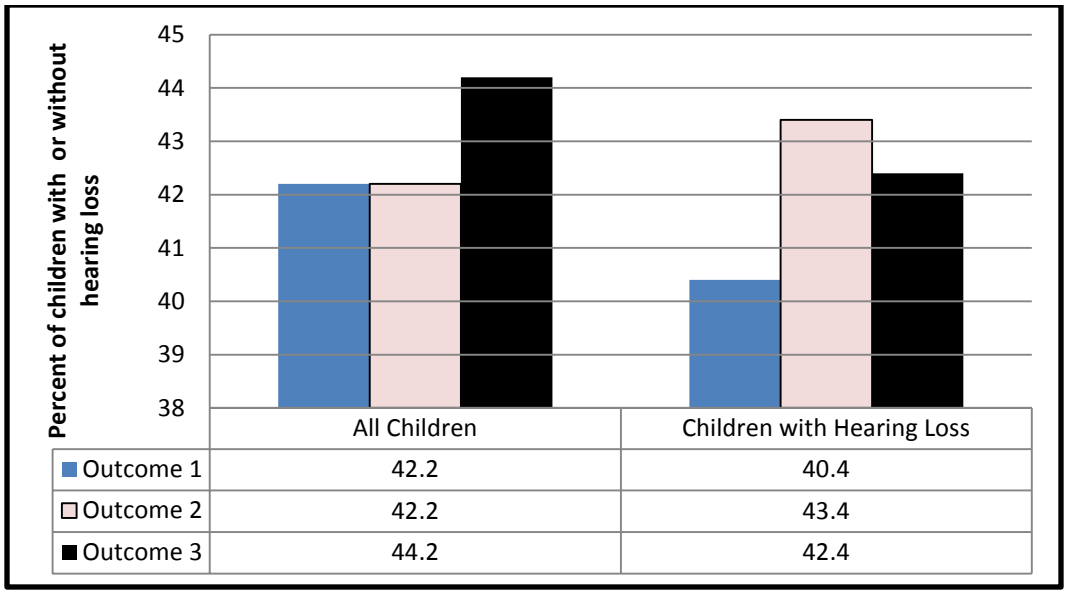


Figure 2: The percent of children who exited Part C demonstrating age-expected skills.

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

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

MDE Early Hearing Detection and Intervention (EHDI) Pilot

The DHH Birth to Three Data and Outcomes Reporting Pilot (2009-2012) has been completed by MDE through the Minnesota Low Incidence Projects to provide statewide aggregate information on services and communication outcomes for infants and toddlers with hearing loss who were receiving Part C Early Intervention Services. The information received provided relevant data to assess meaningful progress and learning outcomes for infants and toddlers with hearing loss and their families in addition to that which is currently available through child-count data and MDE Early Learning Services outcome reporting. The final report of this pilot project along with recommendations will be released separately through the Low Incidence Projects in summer 2012. A summary is provided below:

Through this pilot project, the Minnesota Low Incidence Projects Statewide EHDI Specialist, Minnesota Regional Low Incidence Facilitators, the State Specialist for D/HH, and over 50 TDHH participated in activities to collect and share anonymous, aggregate information that would help:

1. Provide data on how well Minnesota agencies and programs were meeting the national and state EHDI system goal of "1-3-6" for all young children with confirmed permanent hearing loss

and their families (hearing screening completed by 1 month of age, confirmation of hearing loss by 3 months of age, receiving early intervention services by 3 months of age at the latest).

2. Provide a trial period of a potential system of EHDI data collection through educational service providers that would preserve child and family privacy.

3. Establish a statewide baseline of the current aggregate language developmental outcomes for very young Minnesota children, birth to three years of age who have hearing loss receiving early intervention services.

4. Provide TDHH with suggested assessment resources helpful for monitoring the ongoing communication development and progress of the children over time.

5. Help provide information to guide and inform quality, evidence-based early intervention practice for infants and toddlers who have hearing loss.

6. Provide professionals, MDE and the Regional Low Incidence Facilitators with aggregate demographic data, cultural and linguistic backgrounds, types and degrees of hearing loss, services provided and communication choices. This information could then be helpful in discussions of programs and services that could result in optimal communication and learning outcomes for Minnesota babies and toddlers who have hearing loss.

Pilot Year 1: (2009-2010)

- TDHH who were participating in the Minnesota Department of Health's Community Collaborative grant project provided input about current questions within the field and desired EHDI outcomes and recommended assessments specific to communication development for young children with hearing loss and their families. MDE Special Education Division and Early Learning Services provided suggested assessment tools to each Regional EHDI Team.
- Development and trial of a draft paper survey to collect anonymous information from TDHH.

Pilot Year 2: (2010-2011)

- Staff development was provided on suggested assessment tools.
- Additional optional materials were developed and posted online at the Minnesota Low Incidence Projects' EHDI site to assist early intervention service providers with ongoing monitoring of child progress on an individual basis.
- Excel spreadsheet was developed and disseminated to TDHH serving children from birth to three years of age to document timelines of identification of hearing loss, referrals and service initiation as an individual, private record.

- Online survey tool was developed to collect anonymous information for reporting aggregate EHDI system data and language outcomes data on infants and toddlers with hearing loss and their families who were receiving early intervention services by TDHH.
- TDHH completed the online survey for 135 infants and toddlers with hearing loss in service as of December 1, 2010.
- Summary of findings/aggregate data was reported to MDE, Minnesota Low Incidence Facilitators and the Minnesota Newborn Hearing Screening Advisory Committee and was included in the 2011 Report to the Legislature.

Pilot Year 3: (2011-2012)

- Excel spreadsheet and online survey were revised as per professionals' feedback from 2010-2011 process and survey.
- Additional staff development was provided specifically on the Cottage Acquisition Scales for Listening, Language and Speech (CASLLS) as a suggested observation/assessment recording tool.
- A secure file upload site was created at MDE to preserve confidential information separate from the online survey and service providers.
- TDHH and ECSE teachers completed online surveys during December 2011 and January 2012.
- In process: analysis of survey results, aggregate communication outcomes, trends, statewide and regional needs, report summary of the pilot project with recommendations.
- Ongoing discussions with MDE Special Education staff, Regional Low Incidence Facilitators and Early Learning staff regarding next steps, including recommendations for possible additional data elements for MDE Early Learning Services outcome reporting process.

3DHH Birth to Three Data and Outcomes Reporting Pilot: 2011-2012 Summary of Findings

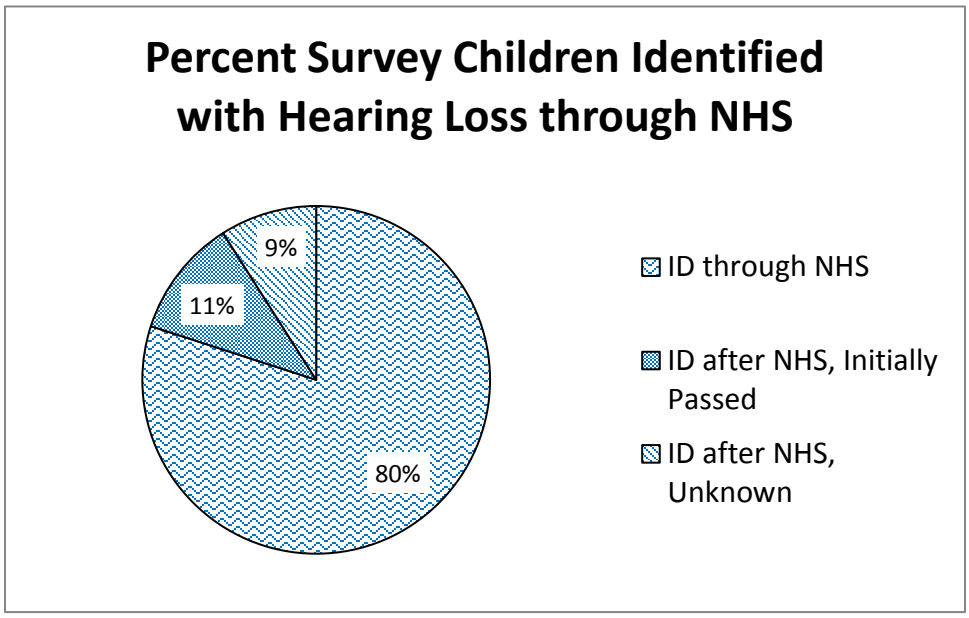
Fifty-one teachers for Deaf Hard of Hearing completed online surveys for 144 infants and toddlers with hearing loss. This is estimated to be about half of the infants and toddlers with hearing loss currently receiving Part C Help Me Grow intervention services in Minnesota. Sixty-two percent (89) of the surveys submitted were for children in the seven-county Region 11 / Twin Cities metro area; 38 percent (55) of the surveys submitted were for children in Greater Minnesota Regions. Survey responses were received from all regions of the state. This pilot survey does not provide information on all young children with hearing loss in Minnesota. The survey and process, while carefully constructed, were not designed as scientific research. Survey information was requested in the areas of (1) "EHDI System" timelines related to confirmation of hearing loss, referral to early intervention and service initiation; (2) health/medical Information, including known health conditions, types and degrees of hearing loss, and hearing technology; (3) parent/family and childcare participation; (4) home language and family communication choices; (5) summary of assessments of child

development and language development; (6) types and locations of Help Me Grow service provision.

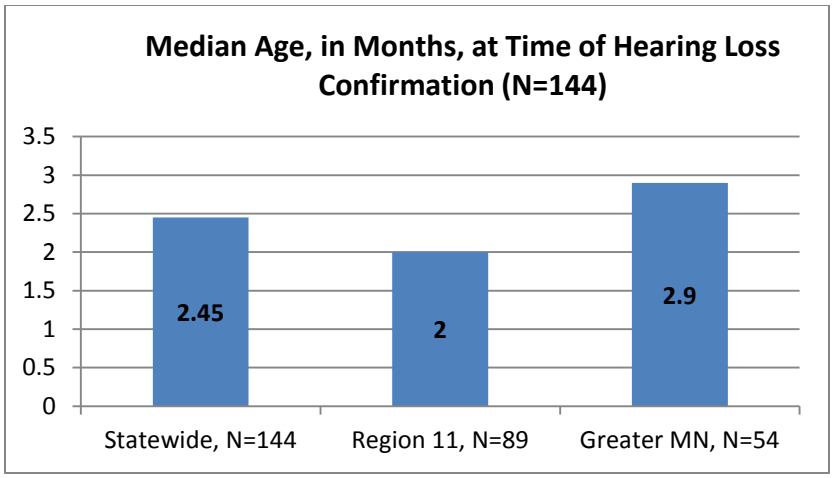
The aggregate statewide survey results included infants and toddlers across Minnesota who: (1) were between birth and three years of age as of December 1, 2011; (2) had any type and degree of confirmed hearing loss; (3) were receiving Part C early intervention services from a TDHH; (4) may or may not have been diagnosed with co-occurring conditions; (5) demonstrated varied development across domains; and (6) were members of families with varied cultural and linguistic backgrounds.

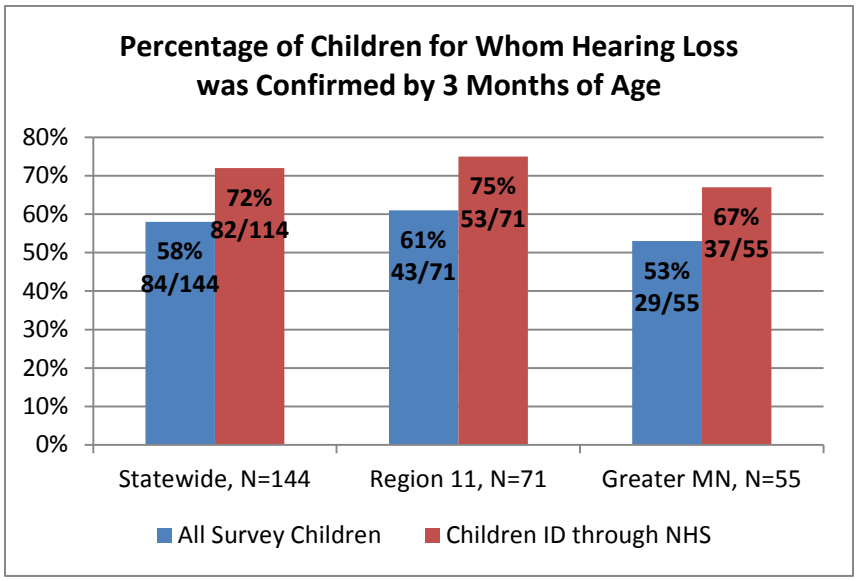
EHDI System Timelines

Eighty percent (114 of 143) of the survey children statewide were reported to have been identified with hearing loss as a result of Minnesota newborn hearing screening and follow-up clinical diagnostic hearing evaluations. Twenty percent (29 of 144) of the survey children were reported to have been identified with hearing loss after newborn hearing screening, 16 of whom had initially "passed" newborn hearing screening.

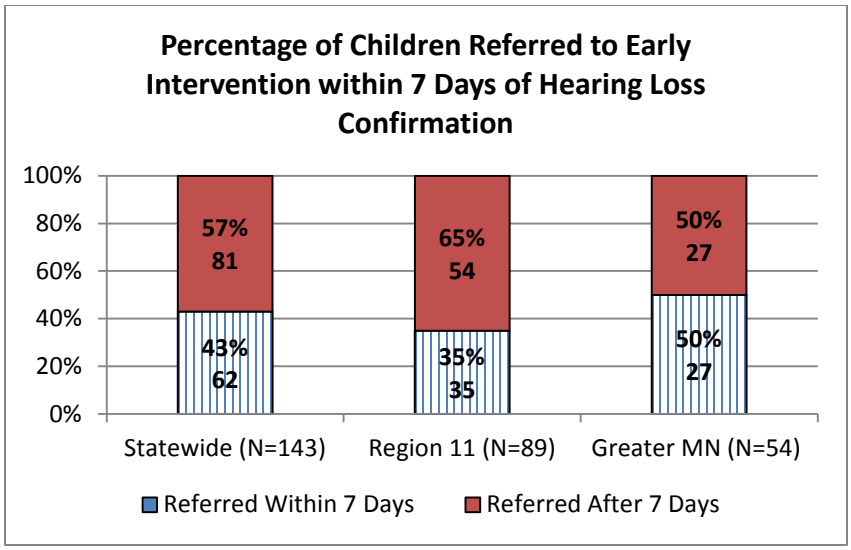


For infants with congenital hearing loss, confirmation of the child's hearing loss no later than 3 months of age is a national and Minnesota EHDI goal. On the 2011 survey, the median age of surveyed children statewide at the time of clinical confirmation of hearing loss was 2.45 months. The average chronological age at which hearing loss was confirmed by a clinical audiologist was 5.12 months of age; the survey range was 0 months to 33.13 months of age.

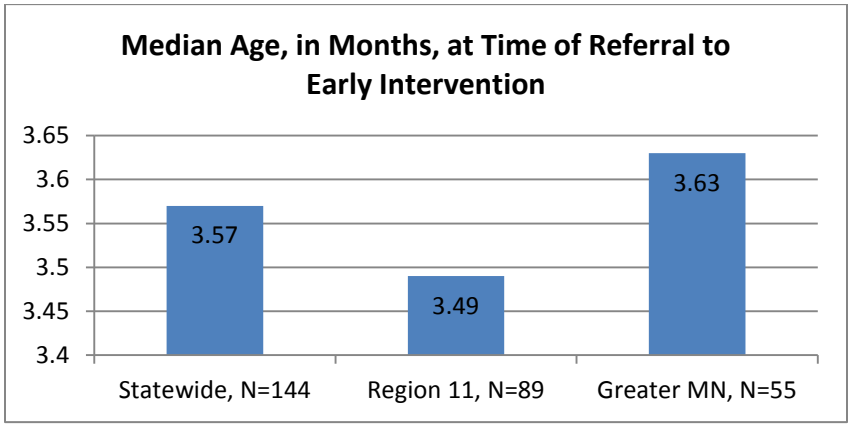




Under Federal IDEA Part C Regulations, audiologists, physicians and/or other professionals are required to refer infants and toddlers with hearing loss to early intervention services no later than seven days following identification of the child's hearing loss. On the 2011 Survey, 43 percent (62 of 143) of the surveyed children statewide were referred to early intervention services within seven days of clinical confirmation of hearing loss. Survey range was (-)68 days to 744 days, with a median of 14 days, and an average of 61.16 days between clinical confirmation of hearing loss and referral to early intervention. Known reasons provided for delays in referral to early intervention included repeated hearing screenings because of middle ear fluid or infections, and parents initially declining a referral to early intervention. MDE staff and Minnesota Department of Health staff are collaborating on professional development activities for clinical audiologists to encourage quick referral to early intervention for all children with confirmed permanent hearing loss or chronic conductive hearing loss.

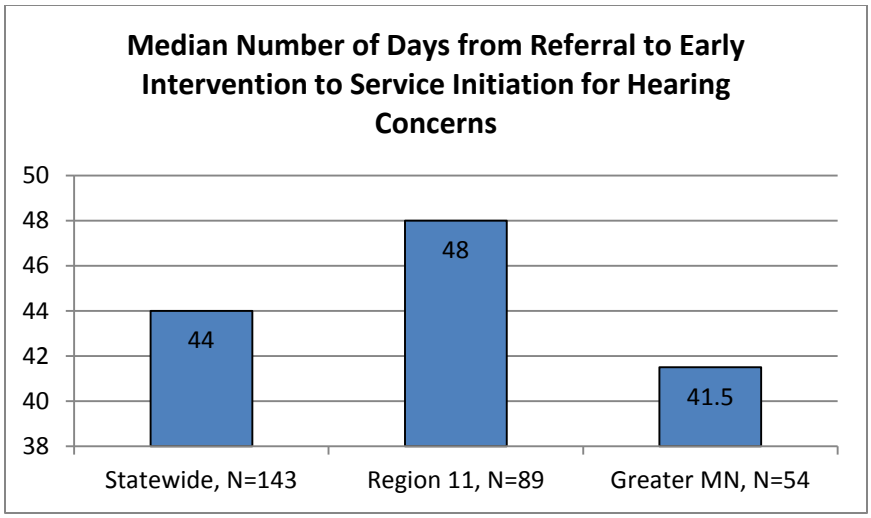


The median chronological age at which children were referred to early intervention for hearing concerns was 3.57 months; the average age was 7.02 months, with a survey range of .03 months to 33 months of age.

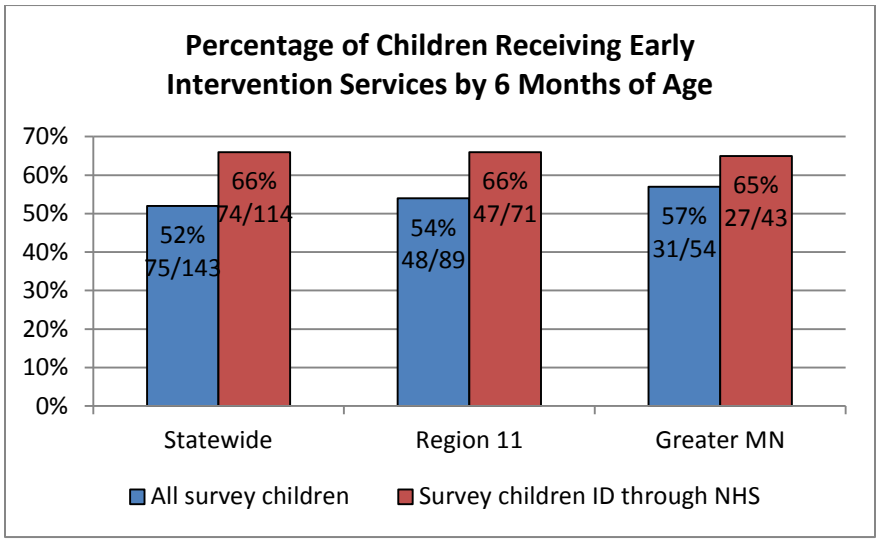


A national and Minnesota EHDI system goal is for infants who have confirmed congenital hearing loss to begin to receive early intervention services by six months of age at the latest.

On the 2011 Survey, 81 percent (116 of 143) of the infants and toddlers began receiving early intervention services within 75 days of referral (45 days were allowed for the eligibility evaluation and IFSP meeting, with an additional 30 days allowed on the survey for families to consider, agree to proposed services, and for services to begin.) Survey range was one day to 483 days, with an average of 63.87 days and a median of 44 days from referral to early intervention to service initiation.

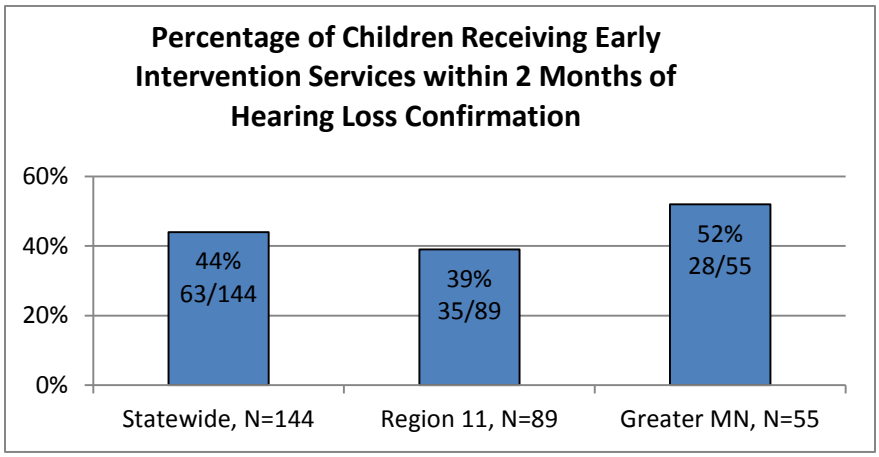


Of the 114 children who were identified with hearing loss through newborn hearing screening, 66 percent (74 of 114) were receiving early intervention services by six months of age. Fifty-two percent (75 of 143) of all of the survey children were receiving early intervention services by six months of age. Known reasons provided for delays in enrollment into early intervention included delayed referrals to early intervention, parents initially declining early intervention services and mixed messages from medical professionals about the need for early intervention for children with mild or unilateral hearing loss.



A national and Minnesota EHDI system goal is for all infants and toddlers with confirmed hearing loss to begin to receive early intervention services within two months of clinical confirmation of hearing loss. On the 2011 Survey, 44 percent (63 of 144) of the survey children started receiving early intervention services within two months of clinical confirmation of

hearing loss. The survey range was 8 days to 753 days, with an average of 63.87 days and a median of 65 days from confirmation of hearing loss to initiation of early intervention services.



Children's Health/Medical Information, including known health conditions, types and degrees of hearing loss, hearing technology

Sixty-three percent (91 of 144) of the survey children were reported to have been identified as children who are Deaf/Hard of Hearing "only".

Thirty-five percent (50 of 143) of the survey children were reported to have been formally diagnosed with a health or medical condition in addition to hearing loss.

Twenty-five percent (36 of 144) of the survey children were reported to demonstrate developmental cognitive delays in addition to hearing loss.

Seventy-two percent (103 of 143) of the survey children had bilateral hearing loss. Twenty-eight percent (40 of 143) of the survey children had unilateral hearing loss.

Seventy-six percent (109 of 143) children had some degree of sensorineural hearing loss.

Fifteen percent (21 of 143) of the survey children were reported to have hearing loss that changed since the time of initial confirmation of hearing loss.

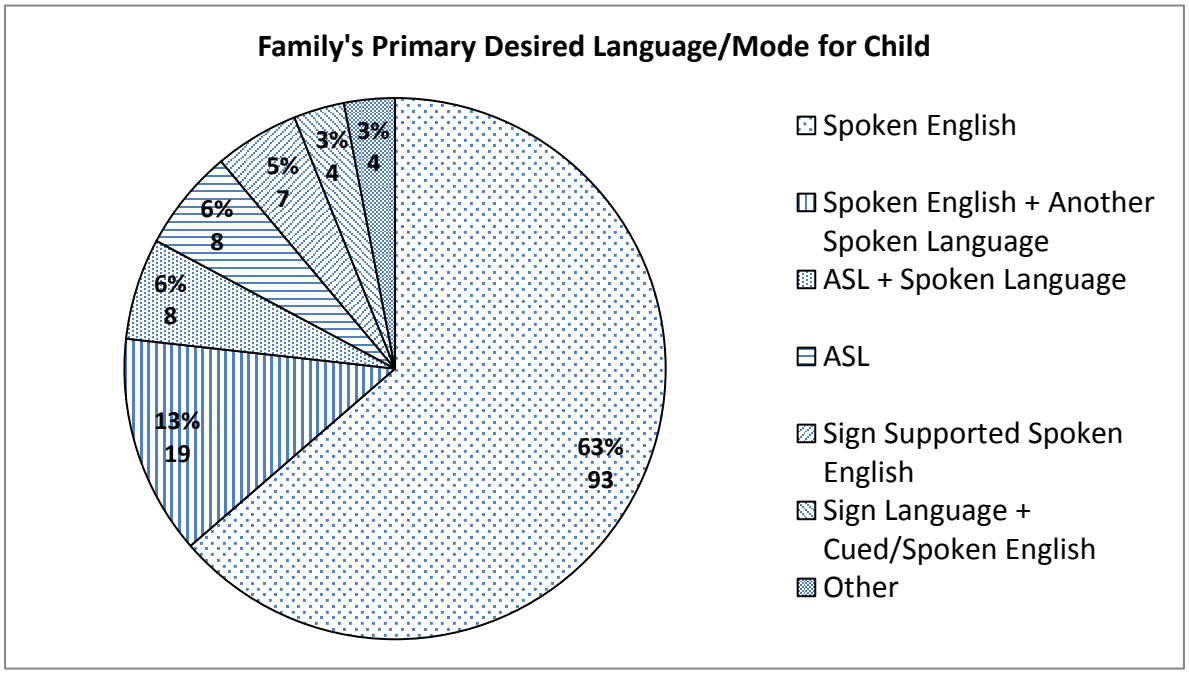
Audiologists recommended hearing technology for seventy-four percent (107 of 144) of the survey children. Ninety-one percent of these families (97 of 107) chose hearing technology for their child.

Eight percent (12 of 144) of the survey children had received at least one cochlear implant. Six children had received one cochlear implant; six children had received bilateral cochlear implants.

Home Language and Family Communication Choices

Teachers, Deaf Hard of Hearing reported families' primary desired language/mode goals for their children. Of 143 survey responses:

- Understanding and use of spoken English, 65 percent (93).
- Understanding and use of two or more spoken languages (spoken English and home spoken language), 13 percent (19).
- ASL and one or more spoken languages, 6 percent (8).
- ASL, 6 percent (8).
- Sign-supported spoken English, 5 percent (7).
- Sign language and cued/spoken English, 3 percent (4).
- Other3 percent, (4).

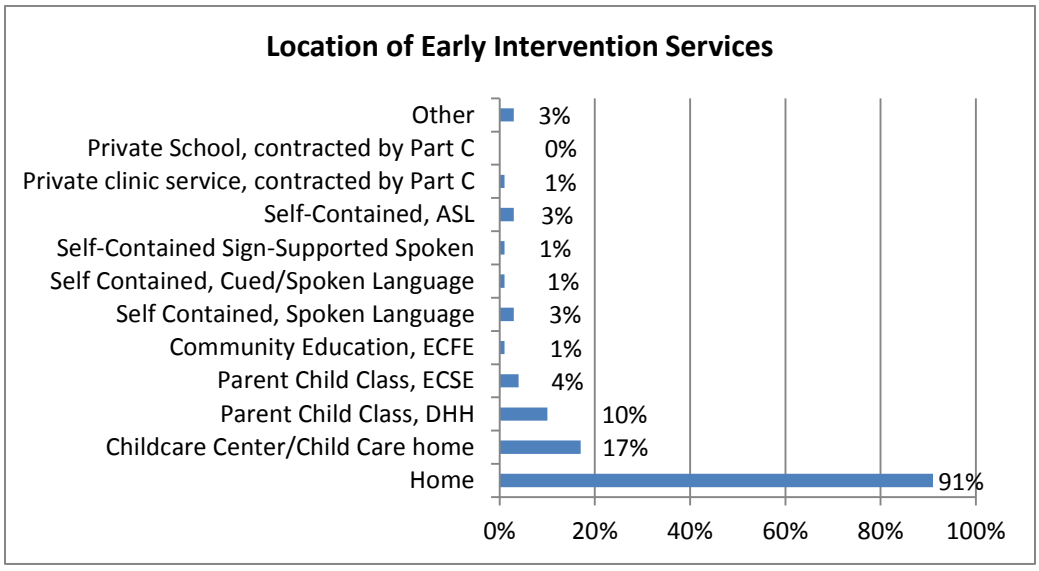


Early Intervention Services to Children and Families

Parent(s)/family member(s) were the primary caregiver(s) for 76 percent of the surveyed children; early intervention services were provided to the child and parent/family member at home for 91 percent (131 of 144) of the children.

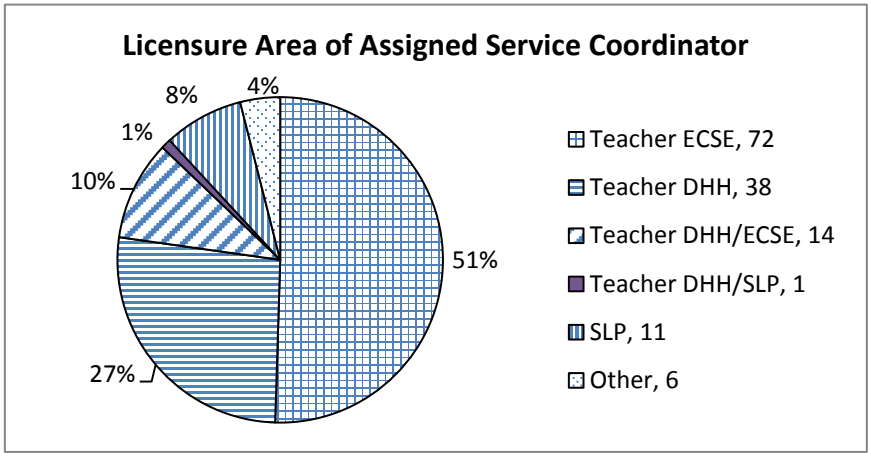
Twenty-four percent (34 of 143) of the survey children were receiving childcare outside of their home, with early intervention services provided to seventy percent (24 of 34) of these children within the children's child care location *in addition to* the services provided to the child and family at home.

Ten percent (15 of 144) of children participated in parent-child classes specifically for infants and toddlers with hearing loss.



Sixteen percent (23 of 144) of families had arranged for their child to receive private early intervention services specific to the child's hearing and communication needs, at their own expense, in addition to the early intervention services that were provided through the local public school district and interagency partners

The Service Coordinator assigned to the child was a TDHH for 27 percent (38 of 142) of the survey children. An ECSE teacher was the assigned service coordinator for 51percent (72 of 142) of the survey children. Speech Language Pathologists (SLP) were assigned as the service coordinators for eight percent (11 of 142) of the survey children. A dual-licensed TDHH plus ECSE or SLP was the service coordinator for 11 percent (15 of 142) of the survey children. Other educational professionals were assigned as the service coordinators for four percent (6 of 142) of the survey children.



Children's Language Development Reported on 2011 Survey

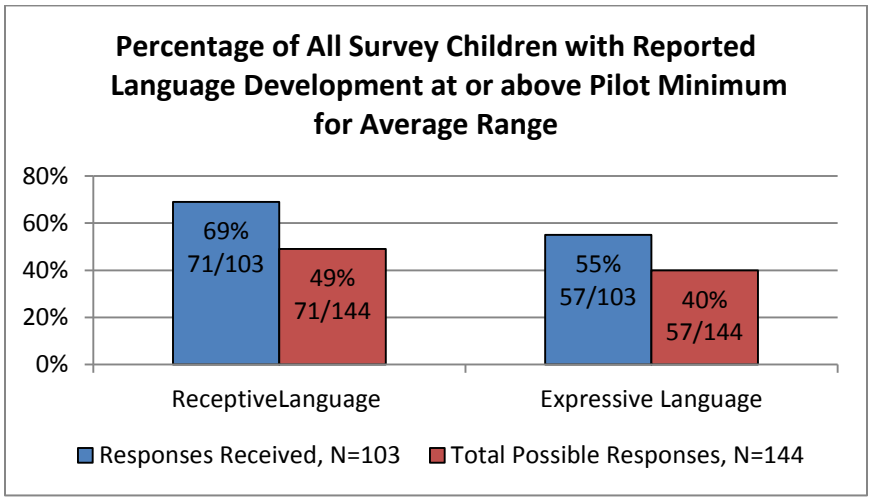
Children's acquisition and use of language at developmental levels appropriate to their chronological age as compared to typically hearing peers, or commensurate with their developmental cognitive abilities, is a national and Minnesota EHDI goal.

A summary of children's assessed receptive and expressive language development levels based on pilot assessment tools was reported on the 2011 survey for 103 out of 144 total surveyed children. No receptive or expressive language development information was received for 41 survey children. Thus, the following results are approximations only. Additional valid assessment measures are needed. Efforts are continuing to assure professionals' and families' access to appropriate assessment tools to continually monitor communication growth for all children.

On the 2011 survey, 69 percent (98 of 143 responses) of all survey children, including those children with multiple identified developmental needs, were reported to demonstrate communication development commensurate with their developmental cognitive abilities.

Receptive Language Development: 71 children (69 percent of 103 responses received; 49 percent of 144 possible responses) were reported to demonstrate receptive language skills at or above the pilot minimum for average range of development compared to typically-hearing peers who demonstrate typical cognitive development.

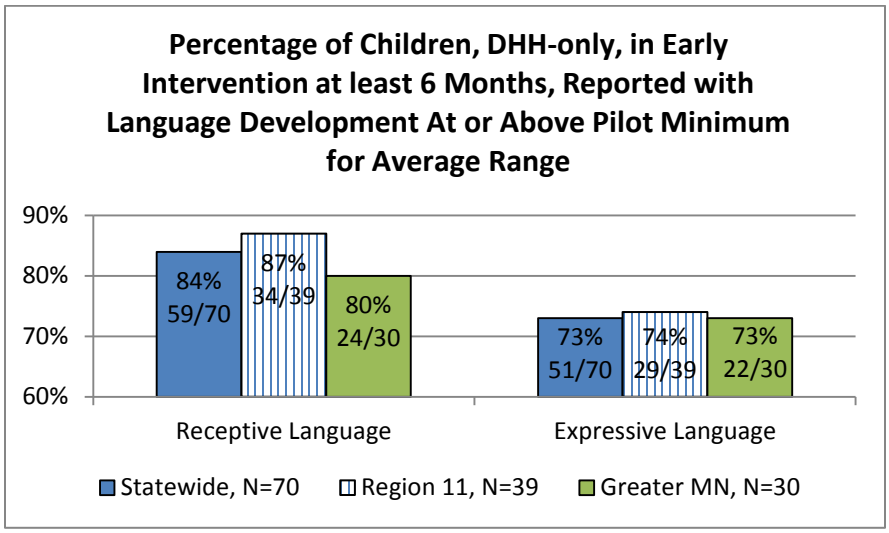
Expressive Language Development: 57 children (55 percent of 103 responses received; 40 percent of 144 possible responses) were reported to demonstrate expressive language skills at or above the pilot minimum for average range of development compared to typically- hearing peers who demonstrate typical cognitive development.



In the 2011 survey, receptive and expressive language development summaries were also reported specifically for survey children *who had hearing loss only, typical cognitive skills, no other identified health or physical concern and who had been in early intervention for more than 6 months* (70 children statewide, 48.6 percent of the 144 total survey children).

Receptive Language Development: 59 of 70 children (84 percent of 70 responses) were reported to demonstrate receptive language skills at or above the pilot minimum for average range of development compared to typically-hearing peers, who also demonstrate typical cognitive development.

Expressive Language Development: 51 of 70 children (73 percent of 70 responses) were reported to demonstrate expressive language skills at or above the pilot minimum for average range of development compared to typically-hearing peers who also demonstrate typical cognitive development.



Minnesota Comprehensive Assessment (MCA) Data

As required by statute, a significant portion of this report will outline student performance on Minnesota Comprehensive Assessments. As D/HH is a low incidence category in special education, it is essential to note that much of the data available, even from an entire school district, is personally identifiable, that is, reveals the outcome of a single student. It is neither legal nor appropriate to publicly report personally identifiable information. Using the limitations established by MDE and approved at the federal level, data will not be reported for groups of less than 10 students. Data will be reported by each of the educational regions of the state. Several of the regions have very low child counts of students who are D/HH, particularly in greater Minnesota. Some results will be reported with the regional outcome data. Regional data can be found on page 38. It is impossible to report by grade level in most districts due to the ability to identify specific student outcomes from the data available. In schools where most students are served under the category of D/HH (Metro Deaf School (MDS) and Minnesota

State Academy for the Deaf (MSAD)), student enrollments are small enough to identify specific student outcomes from the data available for most grades. For example, Rochester Public Schools, a school district in Region 10 (an 11 county region in southeastern Minnesota), has 81 students identified as D/HH. Of those students, there is MCA outcome data for 51 students. The other students are not in grades that are tested, including students served under Part C (pre-kindergarten students). The largest sub-grouping of students taking the MCA test is ten in any particular grade.

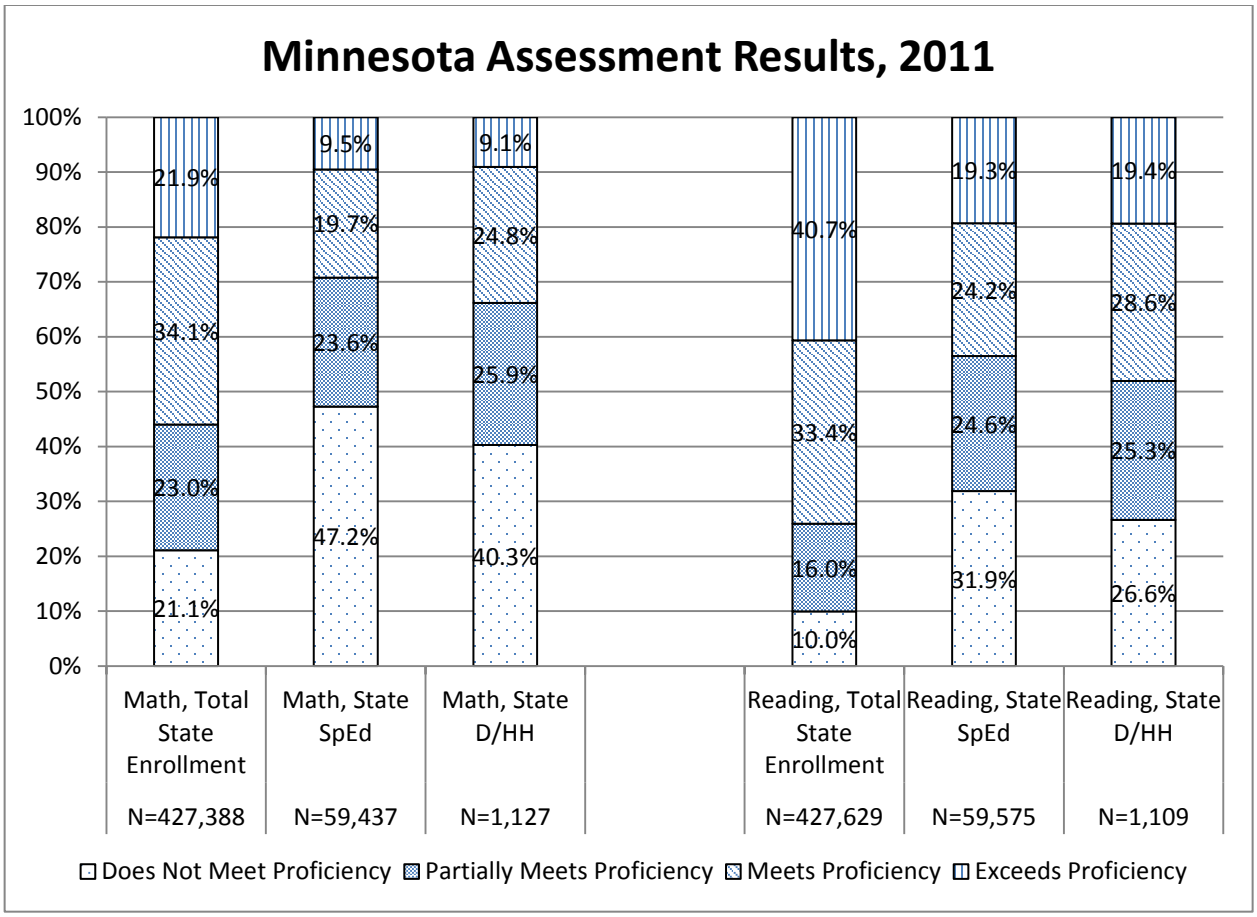
State Data

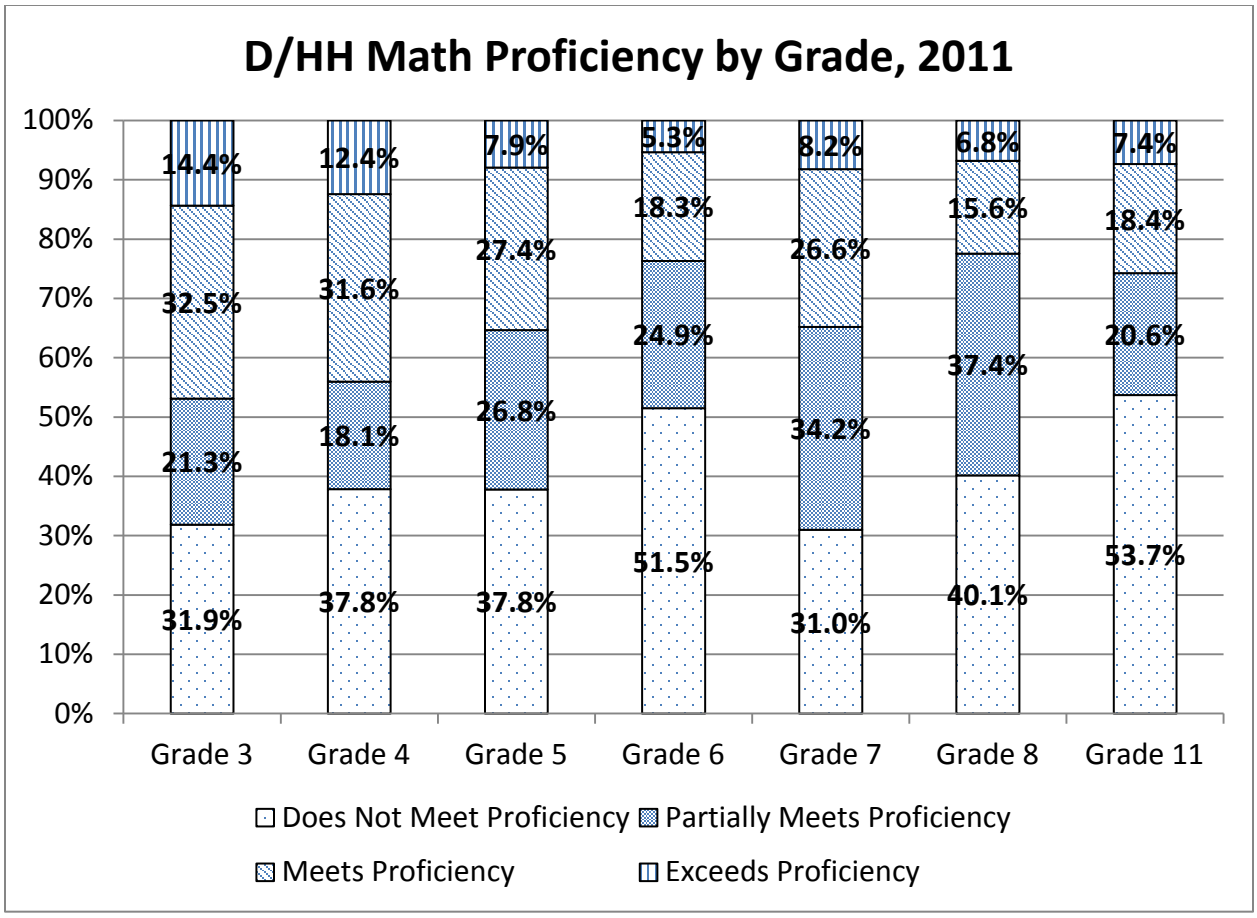
In Minnesota, academic proficiency has four performance categories:

Not proficient — students at this level succeed at a few of the most fundamental skills established in the Minnesota Academic Standards.
Partially Proficient — students at this level succeeded at some of the skills established in the Minnesota Academic Standards.
Proficient — students at this level meet the standards established in the Minnesota Academic Standards.
Exceeds Proficiency — students at this level exceed the standards established.

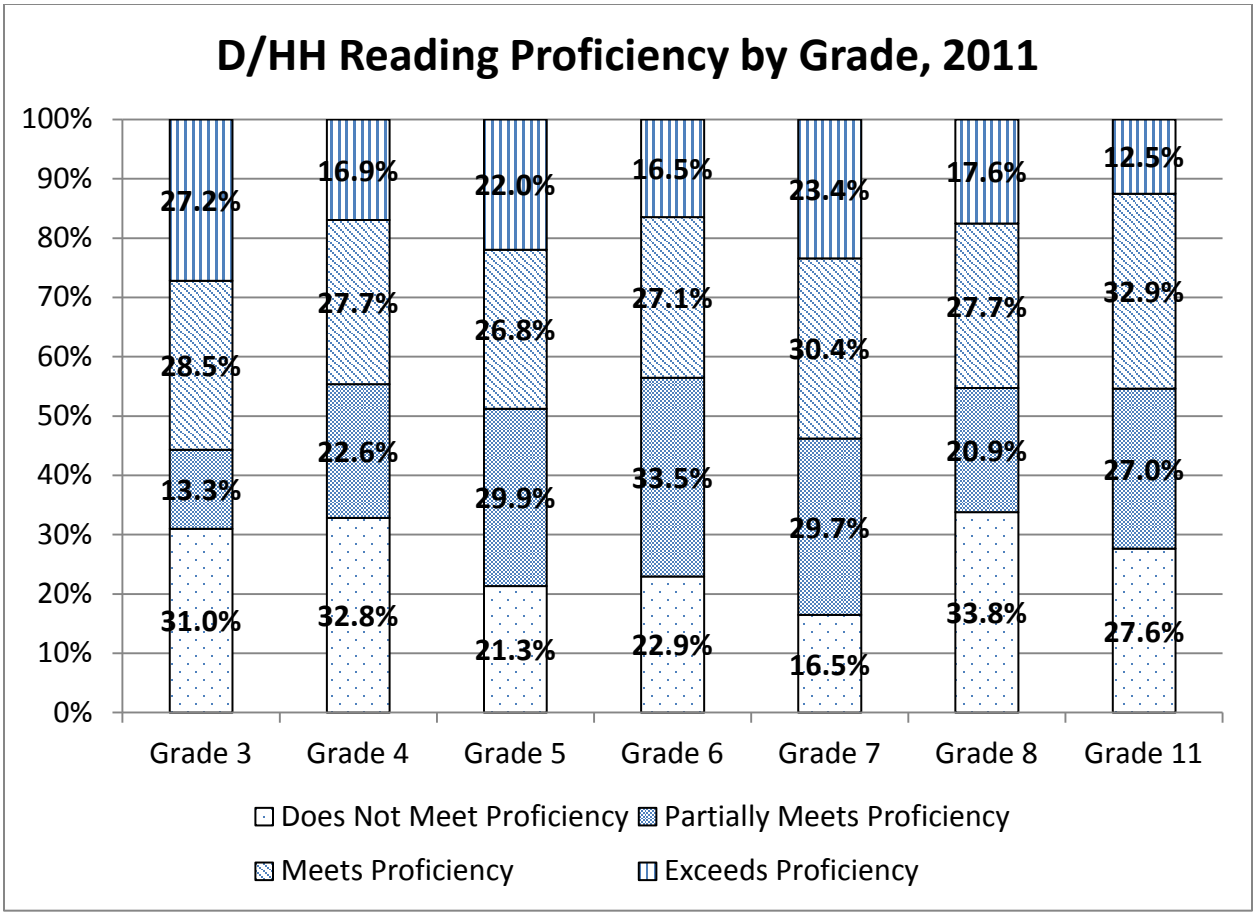
For more specificity for the four performance categories, please refer to the MDE website.

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


Minnesota Assessment Results, 2011
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
21.9%
34.1%
23.0%
21.1%
9.5%
19.7%
23.6%
47.2%
9.1%
24.8%
25.9%
40.3%
40.7%
33.4%
16.0%
10.0%
19.3%
24.2%
24.6%
31.9%
19.4%
28.6%
25.3%
26.6%
Math, Total State Enrollment
N=427,388
Math, State SpEd
N=59,437
Math, State D/HH
N=1,127
Reading, Total State Enrollment
N=427,629
Reading, State SpEd
N=59,575
Reading, State D/HH
N=1,109
Does Not Meet Proficiency
Partially Meets Proficiency
Meets Proficiency
Exceeds Proficiency



Data Source: Assessment Database, 2011



Data Source: Assessment Database, 2011

Regional Data

Multiple districts within the educational regions of the state do not have student counts of 10 or more students who are identified as D/HH which allows for reporting by district. Regional data only is reported in these cases. Region 11 has the largest number of districts for which data can be reported. Over half of the D/HH students are served in the metro area. Data presented in the following sections are taken from 2007-2011 Child Count and from the 2011 Assessment Database. For a visual representation of the educational regions in Minnesota please refer to page 16.

Region 1&2

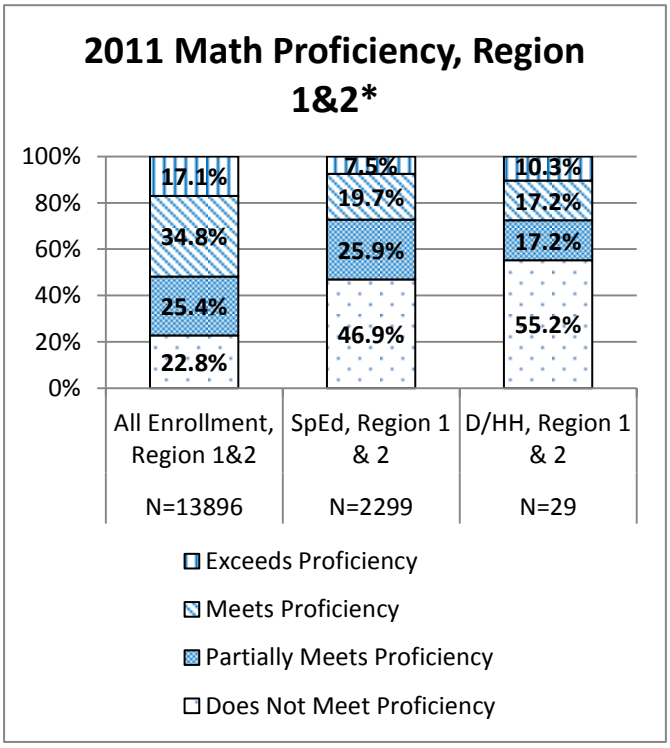
Region 1&2 D/HH Enrollment Trends

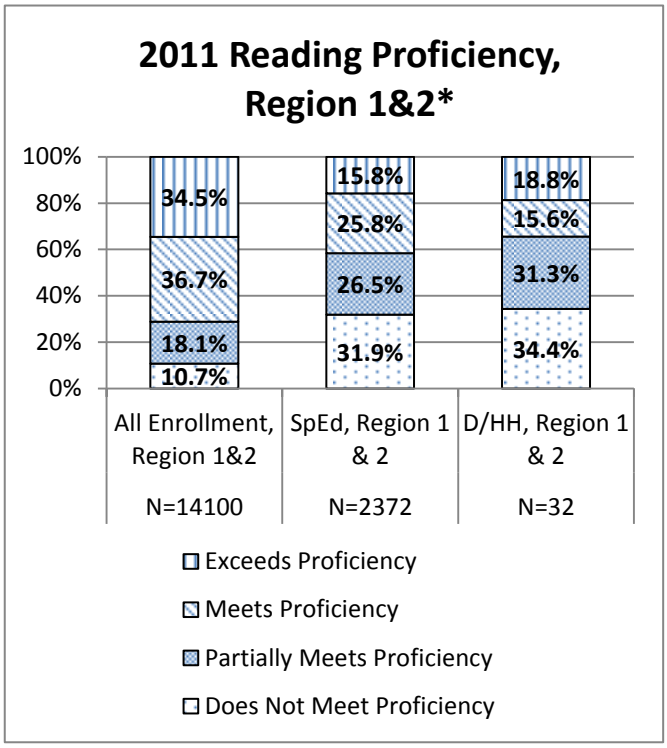
	2007-08	2008-09	2009-10	2010-11	2011-12
Total	69	58	62	54	48

Enrollment Trends of Districts in the Region

	2007-08	2008-09	2009-10	2010-11	2011-12
Bemidji	11	12	14	14	12

Region 1&2 Sex and Grade Distributions, 2011-12 SY		
Sex	Count	Percentage
F	22	45.8%
M	26	54.2%
Grade Level		
Pre-K	1	2.1%
K-5	20	41.7%
6-8	12	25.0%
9-12	15	31.3%
Total	48	





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

Region 3

Region 3 D/HH Enrollment Trends

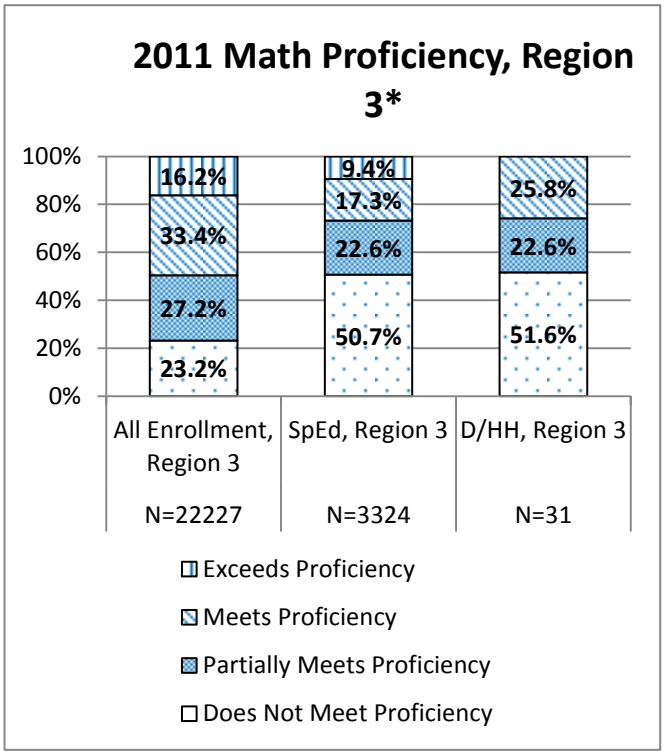
	2007-08	2008-09	2009-10	2010-11	2011-12
Total	85	78	82	80	84

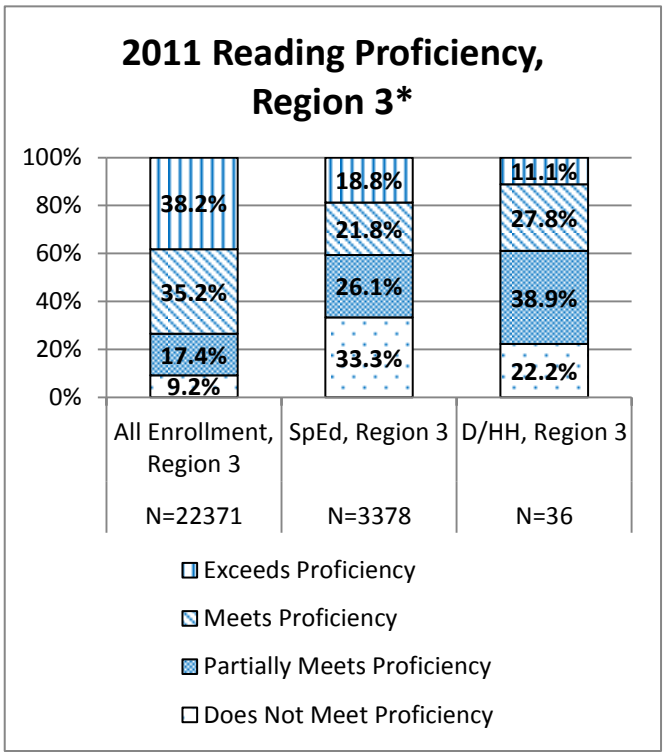
Enrollment Trends of Districts in the Region

	2007-08	2008-09	2009-10	2010-11	2011-12
Duluth	22	24	21	23	21

Region 3
Sex and Grade Distributions, 2011-12 SY

Sex	Count	Percentage
F	34	40.5%
M	50	59.5%
Grade Level		
Pre-K	14	16.7%
K-5	36	42.9%
6-8	17	20.2%
9-12	17	20.2%
Total	84	





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

Region 4

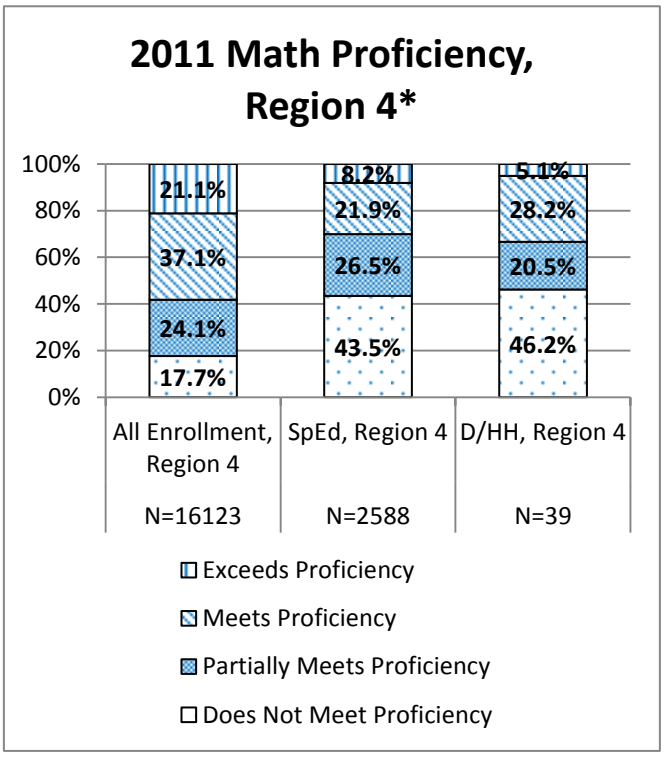
Region 4 D/HH Enrollment Trends

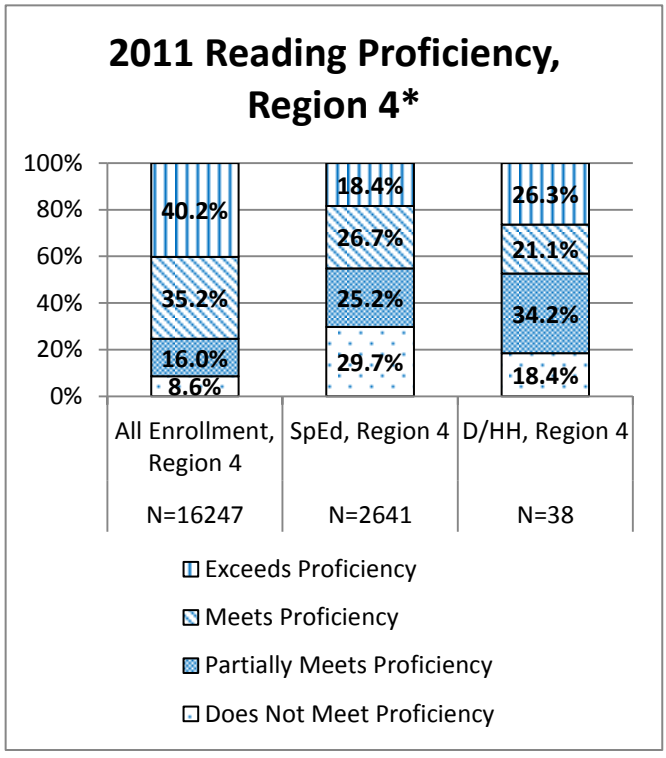
	2007-08	2008-09	2009-10	2010-11	2011-12
Total	77	81	78	80	81

Enrollment Trends of Districts in the Region

	2007-08	2008-09	2009-10	2010-11	2011-12
Moorhead	20	24	24	21	21

Region 4 Sex and Grade Distributions, 2011-12 SY		
Sex	Count	Percentage
F	41	50.6%
M	40	49.4%
Grade Level		
Pre-K	13	16.0%
K-5	29	35.8%
6-8	18	22.2%
9-12	21	25.9%
Total	81	





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

Region 5&7

Region 5&7 D/HH Enrollment Trends

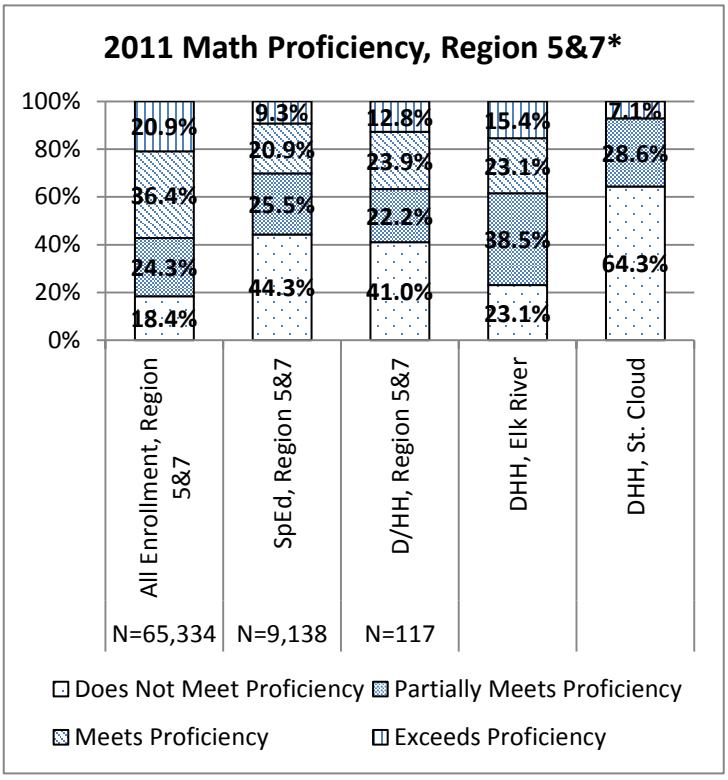
	2007-08	2008-09	2009-10	2010-11	2011-12
Total	257	244	235	236	242

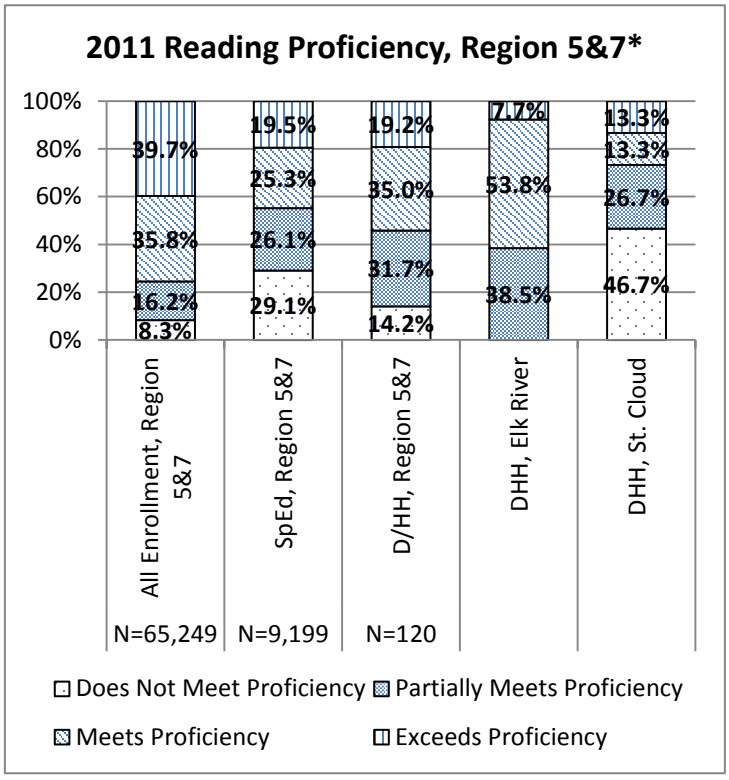
Enrollment Trends of Districts in the Region

	2007-08	2008-09	2009-10	2010-11	2011-12
Brainerd	14	12	14	14	18
St. Cloud	25	27	27	28	32
Elk River	29	25	20	24	21
Monticello	12	13	12	9	11

Region 5&7
Sex and Grade Distributions, 2011-12 SY

Sex	Count	Percentage
F	116	47.9%
M	126	52.1%
Grade Level		
Pre-K	41	16.9%
K-5	87	36.0%
6-8	55	22.7%
9-12	59	24.4%
Total	242	





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

Region 6&8

Region 6&8 D/HH Enrollment Trends

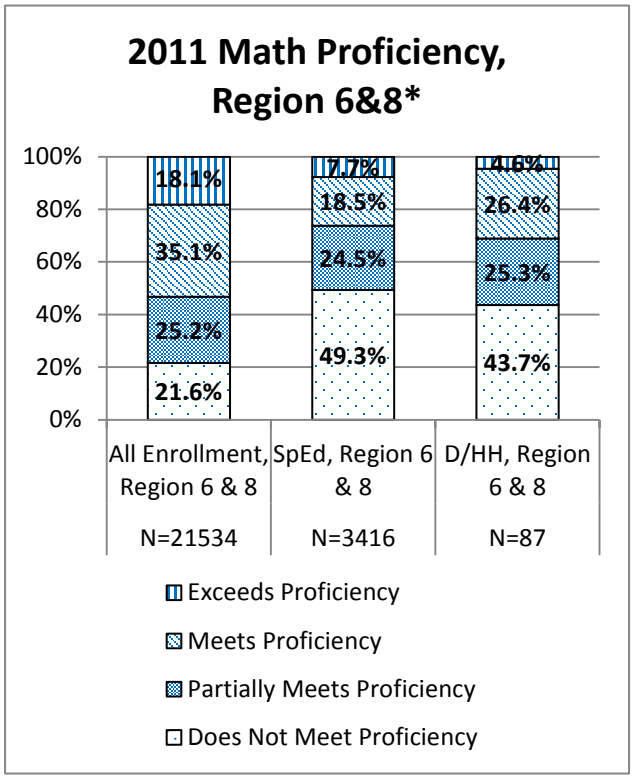
	2007-08	2008-09	2009-10	2010-11	2011-12
Total	144	148	147	154	152

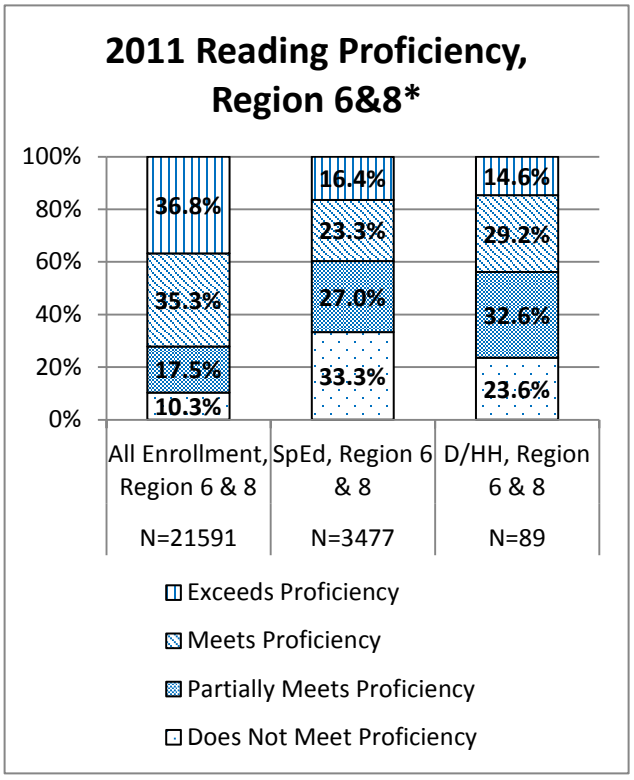
Enrollment Trends of Districts in the Region

	2007-08	2008-09	2009-10	2010-11	2011-12
Willmar	16	16	17	15	13
Worthington	9	12	11	12	19

Region 6&8
Sex and Grade Distributions, 2011-12 SY

Sex	Count	Percentage
F	72	47.4%
M	80	52.6%
Grade Level		
Pre-K	11	7.2%
K-5	61	40.1%
6-8	41	27.0%
9-12	39	25.7%
Total	152	





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

Region 9

Region 9 D/HH Enrollment Trends

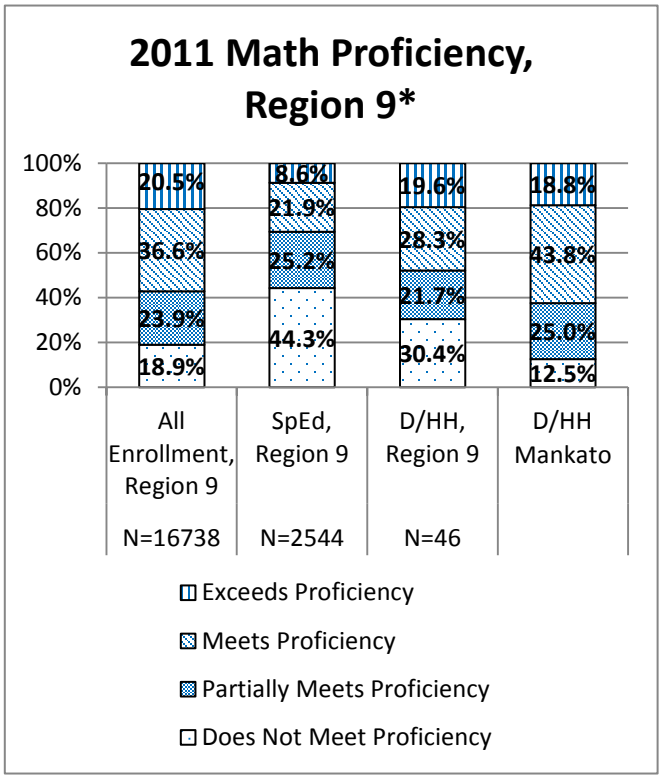
	2007-08	2008-09	2009-10	2010-11	2011-12
Total	103	99	102	103	96

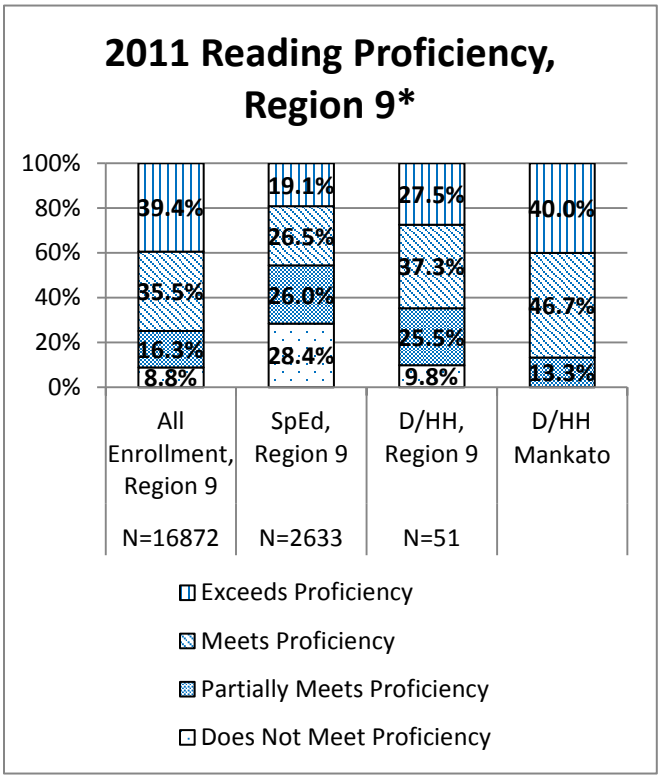
Enrollment Trends of Districts in the Region

	2007-08	2008-09	2009-10	2010-11	2011-12
Mankato	24	22	28	31	32

Region 9
Sex and Grade Distributions, 2011-12 SY

Sex	Count	Percentage
F	39	40.6%
M	57	59.4%
Grade Level		
Pre-K	15	15.6%
K-5	35	36.5%
6-8	25	26.0%
9-12	21	21.9%
Total	96	





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

Region 10

Region 10 D/HH Enrollment Trends

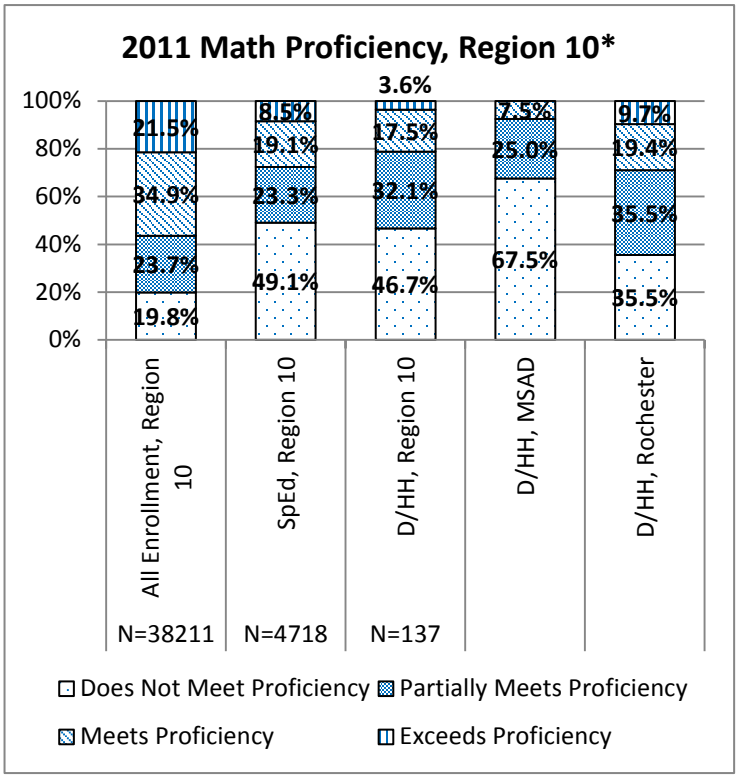
	2007-08	2008-09	2009-10	2010-11	2011-12
Total	297	279	294	314	336

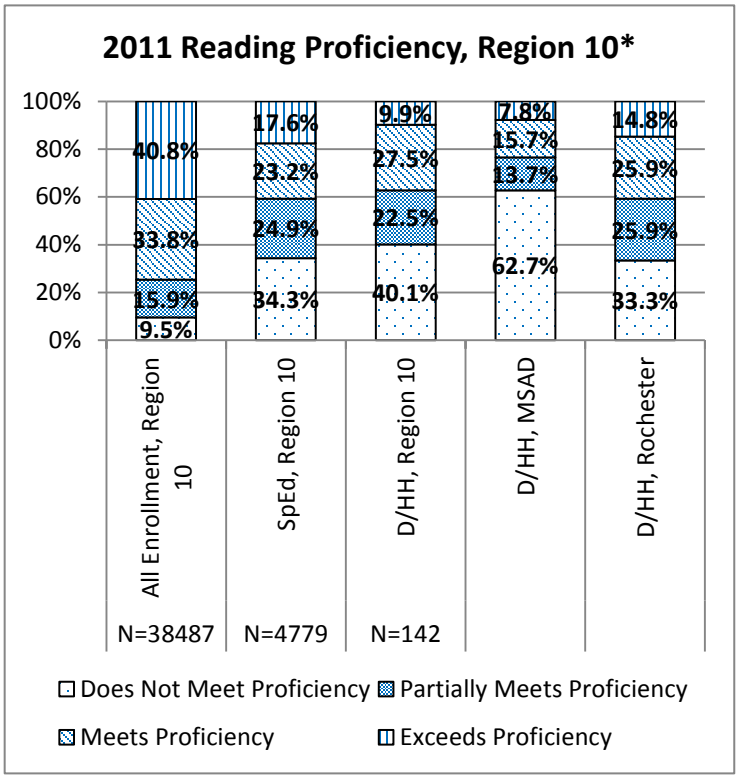
Enrollment Trends of Districts in the Region

	2007-08	2008-09	2009-10	2010-11	2011-12
MSAD	110	91	110	111	124
Rochester	63	67	65	73	81
Faribault	21	18	11	12	12
Northfield	15	12	11	12	12
Owatonna	10	10	10	15	17

Region 10
Sex and Grade Distributions, 2011-12 SY

Sex	Count	Percentage
F	159	47.3%
M	177	52.7%
Grade Level		
Pre-K	52	15.5%
K-5	111	33.0%
6-8	62	18.5%
9-12	111	33.0%
Total	336	





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

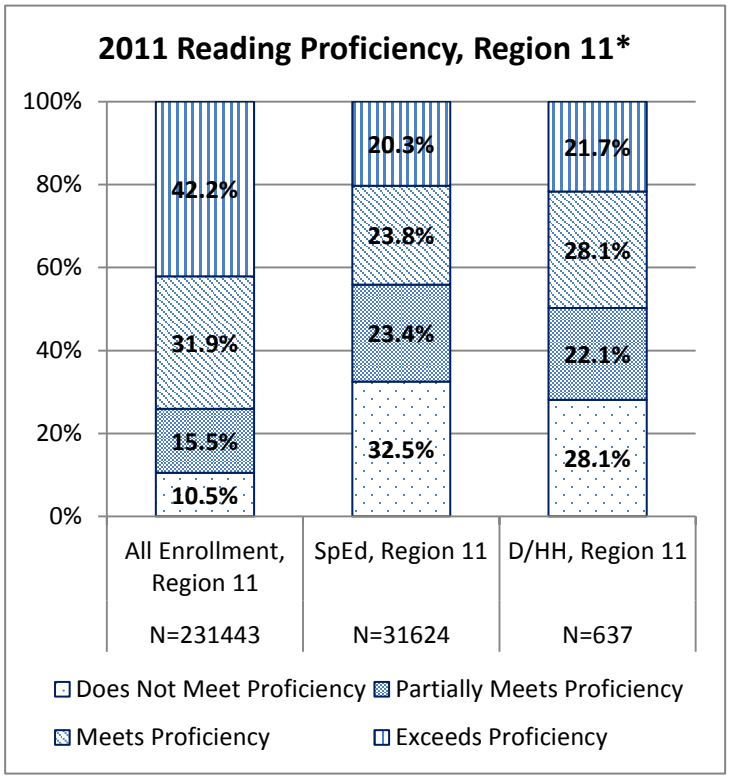
Region 11

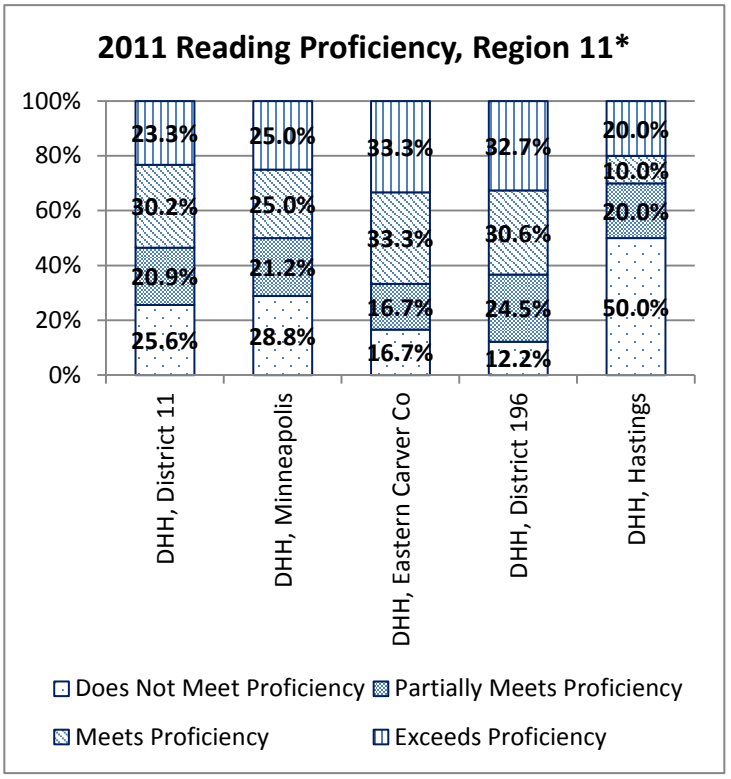
Region 11 D/HH Enrollment Trends					
	2007-08	2008-09	2009-10	2010-11	2011-12
Region 11 Total	1357	1372	1392	1452	1441
Anoka-Hennepin	113	107	112	95	103
Minneapolis	130	138	134	126	114
Eastern Carver County	21	24	20	22	26
Burnsville	19	17	17	15	16
Lakeville	17	16	16	15	11
Rosemount-Apple Valley-Eagan	95	92	90	94	87
West St. Paul-Mendota Heights	15	14	16	19	19
Inver Grove Heights	16	15	14	17	22
Hastings	22	19	21	21	20
Hopkins	16	13	14	17	18
Bloomington	29	29	28	25	24
Eden Prairie	34	32	29	30	29
Edina	24	24	25	27	32
Osseo	75	67	81	91	89
Richfield	14	17	12	15	15
Robbinsdale	46	42	40	48	48
St. Louis Park	14	13	14	12	13
Wayzata	27	27	17	17	16
Mounds View	22	23	21	21	21
North St. Paul-Maplewood	37	29	28	24	30
Roseville	22	18	24	28	28
White Bear Lake	31	31	37	36	35
St. Paul	194	202	216	253	255
Prior Lake-Savage	13	14	15	17	15
Forest Lake	22	25	26	21	15
South Washington County	46	40	41	33	24
Stillwater	11	23	17	16	17
Metro Deaf School	50	61	82	88	84

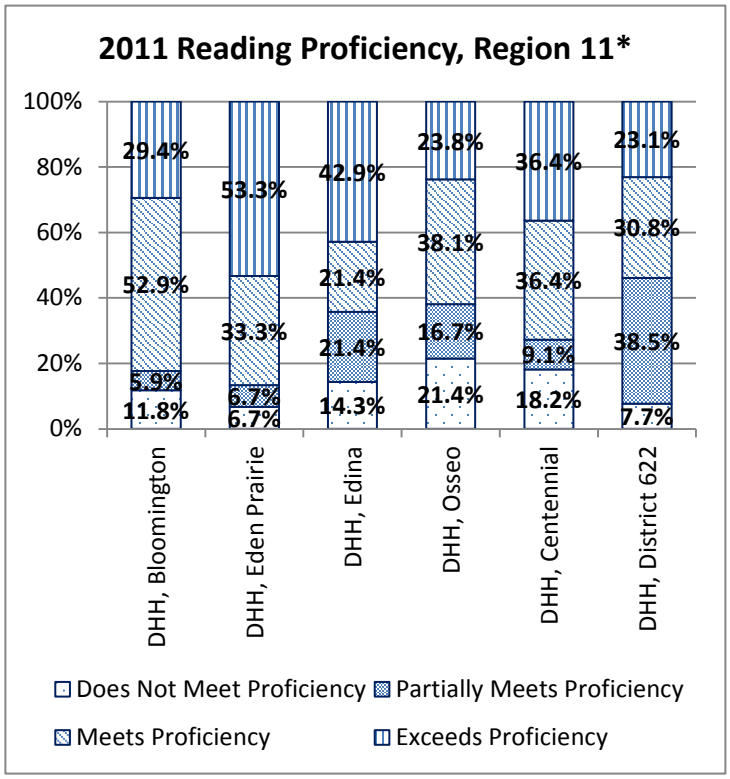
Region 11 Sex and Grade Distributions, 2011-12 SY		
Sex	Count	Percentage
F	673	46.7%
M	768	53.3%

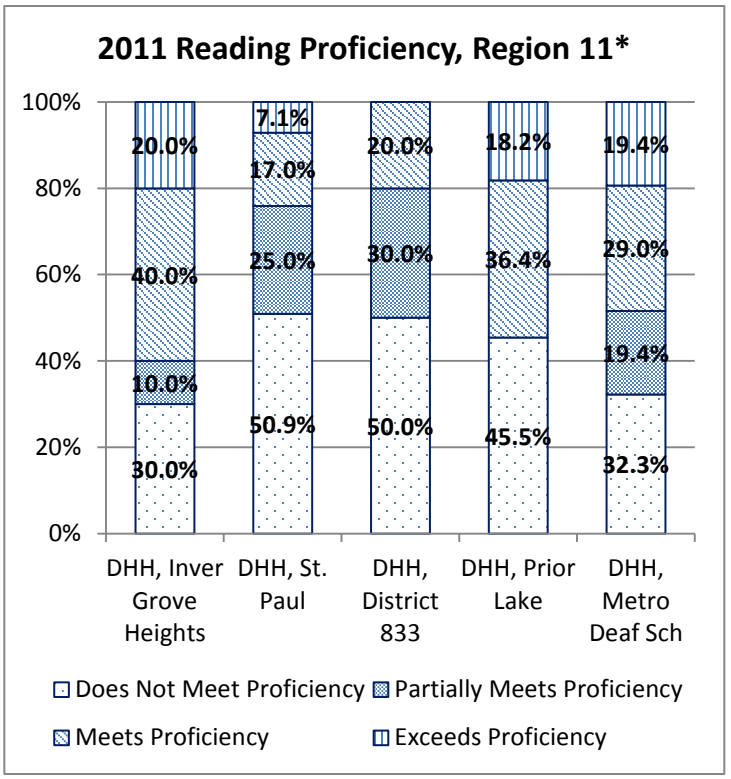
Grade Level	Count	Percentage
Pre-K	240	16.7%
K-5	547	38.0%
6-8	268	18.6%
9-12	386	26.8%
Total	1441	

Region 11 Reading Proficiency



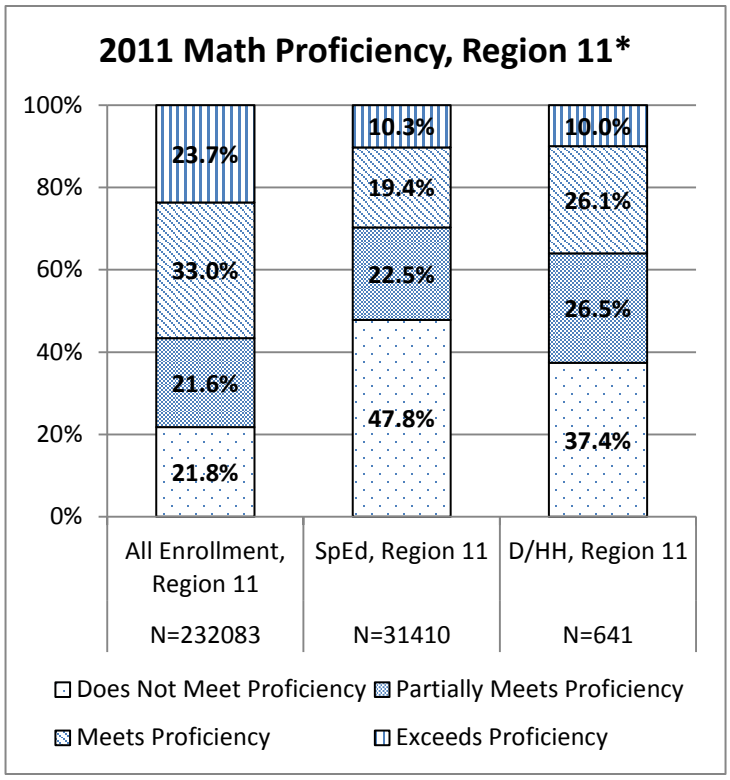


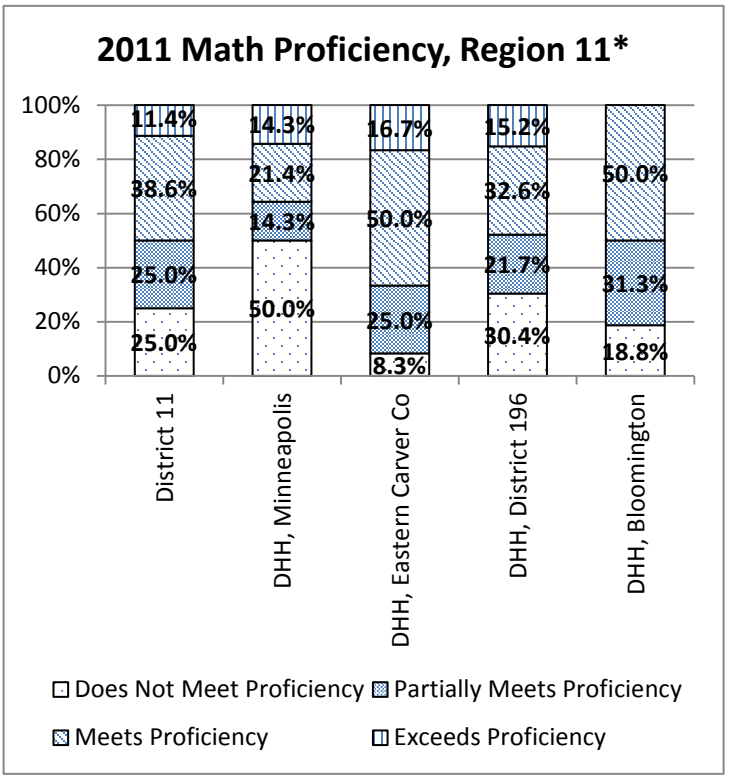


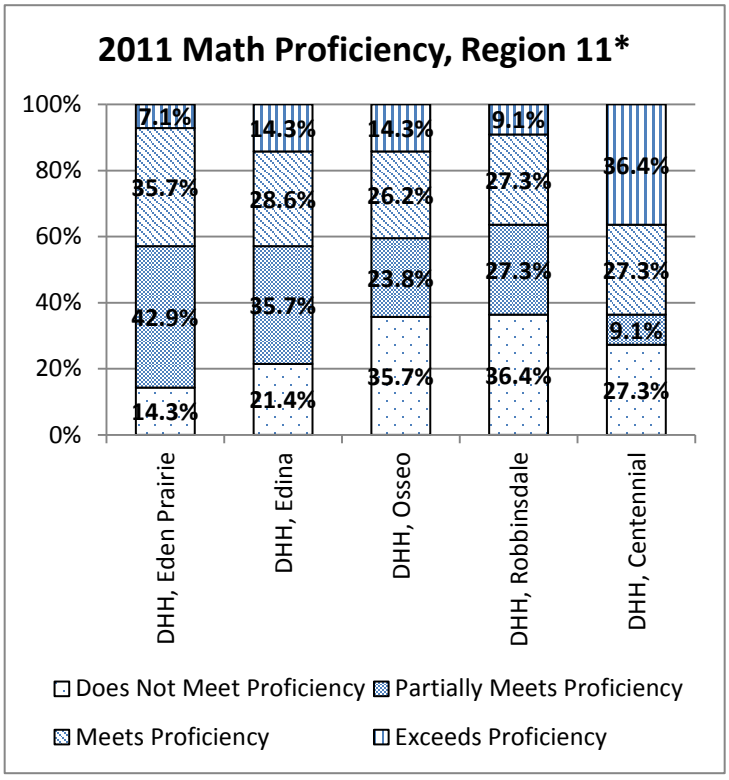


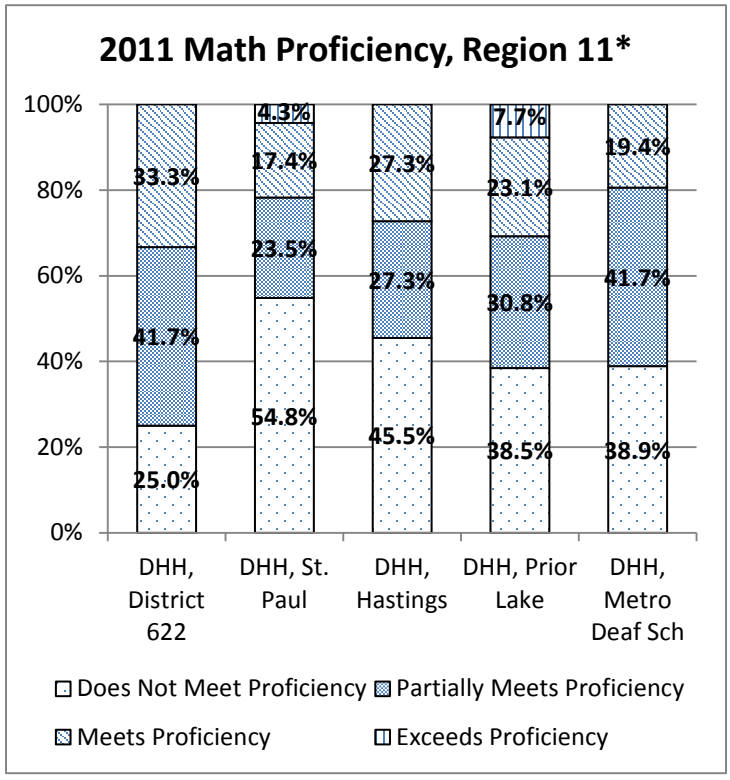
* District must have at least 10 D/HH students tested in order to be included separately in the proficiency charts. District 11=Anoka-Hennepin; District 196=Rosemount-Apple Valley-Eagan; District 622=North St. Paul-Maplewood; District 833=South Washington County.

Region 11 Math Proficiency







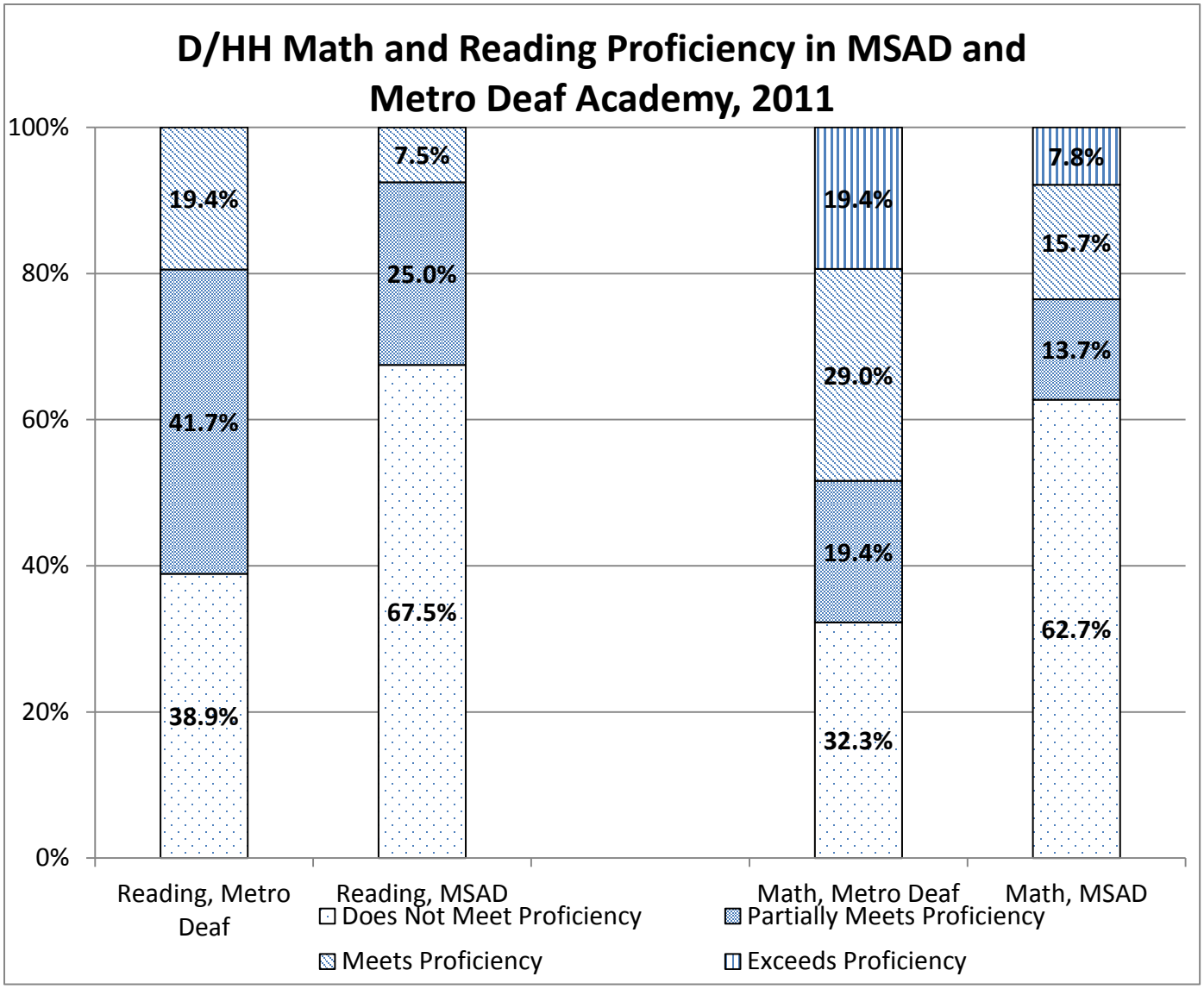


* District must have at least 10 D/HH students tested in order to be included separately in the proficiency charts.
District 11=Anoka-Hennepin; District 196=Rosemount-Apple Valley-Eagan; District 622=North St. Paul-Maplewood.

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. MSAD serves students from birth to 21 years of age. All students at MSAD have an Individual Education Plan. MSAD 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. Students ages 18-21 may participate in post-high school transition activities including college coursework, career exploration and independent living skill development. MSAD is a Project Search site and students may apply to this program or may participate in a newly designed transition collaborative with the Faribault and Northfield public schools. MSAD also creates individually structured transition programs designed to meet the needs of a specific student. Presently, 31 percent of MSAD students have secondary disabling conditions listed on their IEPs. About 21 percent exhibit characteristics and needs that are addressed through providing specialized services. Enrollment at MSAD typically includes 150-160 students. Students from throughout Minnesota attend MSAD.

Metro Deaf School is a bilingual charter school serving PK-12th-grade students who are primarily Deaf, Deaf Blind and Hard of Hearing. Current enrollment is 100-110. MDS serves the greater Twin Cities area and western Wisconsin. At MDS, all students are instructed in American Sign Language (ASL) and English is taught through print. MDS has a challenging interdisciplinary curriculum that incorporates Minnesota's Academic Standards. Currently, approximately 25 percent of MDS' students have a diagnosed second disability with an additional 20 percent requiring specific accommodations and/or modifications to the curriculum as written into the IEP. Students who need more time in high school have an opportunity to continue in MDS' Transition Plus program through the school year in which student turns 21. Neither of these schools has a large number of students. It would be a disservice to make a generalization about the educational quality of these schools based solely on test scores for such a small sample of students.



Data Source: Assessment Database 2011

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

The 2011-2012 Advisory Committee for the Minnesota Resource Center D/HH made the following recommendations for 2012-2013.

Early Hearing Detection and Intervention (EHDI) Summary

The Minnesota Department of Education re-established Early Hearing Detection and Intervention (EHDI) Regional Teams in each of the educational regions. The teams work to build capacity in local areas and to offer a full array of early intervention services to meet the unique needs of D/HH infants, toddlers and their families. The teams also expanded their professional expertise by attending annual advanced training. Each team is charged with developing a regional plan

based on identified needs. These educational teams consist of three professional members: a TDHH, educational audiologists and special education early childhood teacher.

MDE currently funds a half-time EHDI position just for this topic.

In addition, MDE completed a voluntary three-year pilot (2009-2012) to begin collecting data on the birth-to-three D/HH population after much work on determining which assessments tools to utilize. MDE developed a 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.

2012-2013 Recommendations for EHDI

1. Continue with half-time EHDI Coordinator.
2. Continue Regional EHDI annual training.
3. Develop a secure MDE database and link with Part C — Help Me Grow.
4. Continue to participate on the Advisory Board of EHDI and subsequent workgroups as needed.
5. Maintain regional teams and provide annual training opportunities in latest trends and research.
6. Continue Early Childhood Early Hearing Detection and Intervention (pilot).
7. Begin expanding the current data collection to include three year olds to kindergarten by determining which assessments would be appropriate for this age group.
8. Put 15 articles written for parents in 2010 on MDE's website.

Academic Outcomes Summary

Reading and Math MCA data indicates that there is still room to improve scores for children with a hearing loss. This was the second year that the disability-specific conference was not held. It was determined by MDE that a cross categorical conference would better meet the needs of all disabilities. The collaborative conference does not give the specific adaptations that are needed for teachers to work with Deaf and Hard of Hearing students. There is an ongoing need for disability-specific training to address the unique needs of students who are D/HH. The disability-specific state conference provided this beneficial training which also included opportunities for networking and sharing resources and information with other D/HH professionals from around the state. The Advisory Committee acknowledges the loss of this valuable disability specific state conference and hopes it will be reinstated in the future.

Two workshops were given this year. The two workshops were Cottage Acquisition Scales of Listening and Language Speech (CASLLS) and the Theory of Mind. Both of these workshops were designed to meet the needs of students with a hearing loss. It was determined that further training is needed to utilize the CASLLS better.

2012-2013 Recommendations for Academic Outcomes

1. MDE will provide opportunities for TDHH to improve their learning of CASLLS Strategies (upon request).
2. MDE will provide opportunities for TDHH to improve their assessment skills in the area of pragmatics (October 2, 2012).
3. MDE will provide a workshop that shows how to work with students who are Deaf and have Developmental Cognitive Disability (DCD) (November 19, 2012).
4. MDE will explore which assessments are needed to measure language/ reading skills for 3-5 year olds.

Transition Summary

A transition workgroup was established this year. The workgroup examined many guides and determined that a guide for Minnesota was needed. TDHH were encouraged to participate in MDE's transition toolkit training to obtain the necessary basic transition training. A guide that is disability-specific will be piloted in the 2012-2013 school year.

2012-2013 Recommendations for Transition

1. Pilot the new guide for TDHH in Minnesota.
2. Make revisions and have guidelines ready by 2013-2014.
3. Put the guide on the MDE website when done.

Minnesota Collaborative - Deaf and Hard of Hearing – Summary

The purpose of the *Minnesota Collaboration Plan for Maximizing and Monitoring Learner Progress for Children who are Deaf, Deafblind, and Hard of Hearing and their Families* is to improve educational outcomes so that each student upon graduation is prepared to enter the adult workforce or continue his/her education and be a productive member of each one's community. This plan proposes three global goals and eleven objectives that address critical components of development and education from birth to high school graduation. The goals and objectives are aligned with the goals of the National Agenda in Deaf Education (http://www.ndepnow.org/pdfs/national_agenda.pdf), Minnesota's State Performance Plan indicators for special education and the goals of the state Early Hearing Loss Detection and Intervention (EHDI). For each objective, outcomes, measureable indicators and proposed benchmarks, activities, responsible agencies and timelines have been identified. Data collected on the

indicators will provide Minnesota agencies information to monitor the progress of its deaf, deafblind, and hard of hearing children and youth towards achievement of these goals. This plan represents the collaborative work of a broad stakeholder group.

2012-2013 Recommendations for Minnesota Collaborative

1. MDE is committed to working with our stakeholders as we identify and work towards change.
2. MDE will assist with parent survey.
3. MDE will assist with teacher survey.

*The D/HH Advisory Committee strongly endorses these efforts to change Minnesota Rule.

- Update the deaf and hard of hearing eligibility criteria to reflect early hearing detection and intervention efforts, team membership and audiological changes.
- Changes in the criteria reflect recent work in EHDI, audiological measures and team membership. The Advisory Committee requested that changes be included in the report and it is their hope that MDE will address these rule changes internally.

ALL CHANGES ARE UNDERLINED.

3525.1331 DEAF AND HARD OF HEARING.

Subpart 1.Definition. "Deaf and hard of hearing" means a diminished sensitivity to sound, or hearing loss, that is expressed in terms of standard audio logical measures. Hearing loss has the potential to affect educational, communicative, or social functioning that may result in the need for special education instruction and related services.

Subp.2. Criteria. A pupil who is deaf or hard of hearing is eligible for special education instruction and related services if the pupil meets one of the criteria in item A and one of the criteria in item B, C, or D. *Pupils from birth to kindergarten who have a diagnosed hearing loss are eligible for early intervention, special education and related services regardless of whether the pupil has demonstrated need or delay if the diagnosed hearing loss has a high probability to affect educational, communicative or social functioning

A. There is audio logical documentation provided by a certified licensed audiologist that a pupil has one of the following:

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

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

(3) A unilateral sensorineural or persistent conductive loss with an unaided pure tone average (500 Hz., 1000 Hz., 2000 Hz.) or speech threshold of 45 decibels hearing level (HL) or greater in the affected ear; or

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

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

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

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

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

(1) Within the pupil’s education setting, the pupil’s interaction is limited as measured by systematic observation of communication behaviors; or

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

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

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

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

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

*The D/HH Advisory Committee strongly endorses efforts to change Minnesota Rule.

Recommendations made to the Board of Teaching (BOT) regarding obtaining a License for Deaf and Hard of Hearing in Minnesota that were NOT included in the BOT final proposal:

- Phase out the Auditory/Oral license (8710.5250). The Deaf/Hard of Hearing License (8710.5200) includes all the requirements needed to address a broad range of D/HH students from Auditory/Oral to American Sign Language (ASL). This has become a default license for teachers of the Deaf and Hard of Hearing who are unable to sign.
  Licensees are required to possess a range of backgrounds for addressing their students' needs. An Auditory/Oral License does not meet the range of student needs for D/HH. Currently, school districts have teachers with an auditory/oral license who are working with students who need sign language and due to seniority; school districts are unable to hire a teacher that would serve the child with ASL needs appropriately. Teachers of the D/HH should be able to articulate to families all the options and communication modes. An Auditory/Oral teacher who can't use conversational sign language would not be able to articulate this in an unbiased way to families of infants, children and youth who have a hearing loss.

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

Document Conclusion Summary

This report summarized some of the efforts, data, and results of work from the education-based agencies, departments, and individuals who serve deaf and hard of hearing (D/HH) students in Minnesota. The report included information about the D/HH Resource Center, Minnesota's special education policies and eligibility criteria for D/HH students, and D/HH Child Count data (enrollment figures, demographic information, instructional settings, and graduation rates). Challenges in reporting data for a low-incidence disability group like D/HH were carefully outlined and consideration of the diversity and heterogeneity within

D/HH education should have been in the forefront of readers' minds as they read through this document.

The MNRCDHH Advisory Committee provided valuable input and time into the Legislative Report. The Advisory Committee is made up of 12-15 members. They are appointed to four-year terms. New members are sought every two years. This includes administrators, supervisors, coordinators, teachers of the D/HH, parents, higher education and other state agencies. Meetings reflect recommendations made the previous year and efforts are made to ensure that the most current information is provided to the committee so recommendations can be made by the advisory committee for the annual legislative report.

2012-2013 Advisory Committee Members

Ann Vaubel (Chair) - TDHH

Cindy Bruning - Parent

Lisa Dembouski - Coordinator D/HH

Jay Fehrman -Supervisor

Michelle Isham - TDHH

Diane Joseph - TDHH

Kristin Larson - TDHH

Linda Mitchell - Superintendent

Greta Palmberg - Parent

Anna Paulson - Higher Education

Marcia Schutt - State Agency

Dyan Sherwood - Supervisor

Mary Cashman-Bakken - MDE