

Good afternoon. My name is Kim Winter. I am a speech language pathologist speaking on behalf of the early intervention/early childhood special education program at Northwest Regional ESD. I am here to comment on HB 2013, section 10 that "requires that a preschool child with a disability have a comprehensive plan for communication that allows child, by age of three years, to engage in expressive and receptive communication."

We appreciate that the bill recognizes the importance of communication in young children; however, a system for developing a comprehensive communication plan exists within our current regulations. Additional legislation around this area is not needed.

OARs mandate that children referred to EI are evaluated in all areas of development. Evaluations are conducted by a multidisciplinary team including a licensed SLP. Communication skills are carefully assessed at the initial evaluation.

Regulations mandate that a child's individual needs are addressed through the IFSP process per the OARs. The family's chosen modality of communication is determined and reflected in the IFSP services and goals. Services are provided by specialists in the areas of need.

The IFSP serves as the intervention guide and is formally reviewed at least every 6 months. The review process requires that progress toward each goal and objective be considered. When communication skills are less than expected, new strategies are added. Recent advances in technology have also made accessing technical devices, such as iPads, more available at younger ages. NWRES D has recently purchased more than 50 iPads that have been distributed to EI and ECSE teams. Teams carefully consider which children have the prerequisite skills of engagement, joint attention, choice making and understanding that pictures represent objects, prior to introducing technical devices. When there is evidence that oral communication will not be achieved without an external device, teams make an appropriate device available. However, current research regarding screen-time and young children indicates that caution must be exercised when considering use of electronic devices as it may, in fact, interfere with social engagement.

When a device is needed, a referral is made to the AC specialist who meets with the team, including parents, to determine which tools have already been tested and what types of devices may require further exploration. The ESD maintains inventory of 148 communication devices; 14 different types, that are available for trials. Following the trial, the team reconvenes to determine which device will be recommended. The AC specialist works with the family to determine funding source for a personal device and assists with application.

Therefore, the legislation proposed in Section 10 of HB 2013 appears to be unnecessary. The IFSP team process, as required by OARs, carefully considers a child and family's needs and develops a comprehensive plan to meet individual needs, including augmentative communication. IFSP teams throughout Oregon are successfully accessing and utilizing systems that are ensuring children are engaged in expressive and receptive communication by age three. However, not all children are developmentally ready by age 3 to utilize a device.

Thank you for the opportunity to speak with you today.