

HB 2013

“The program must ensure that each preschool child with a disability has access to a comprehensive plan for communication that allows the child, by the age of three years, to engage in expressive and receptive communication across all learning, home and community settings. The plan may allow for communication orally, by sign language, by assistive technology or by augmentative communication.”

My name is Debbie King. I am a Speech and Language Pathologist as well as an EI/ECSE Coordinator for WESD. Today I would like to respectfully address HB 2012, specifically, Section 10, 1 (b) that states **SEE ABOVE**

As a licensed Speech and Language Pathologist, I wholeheartedly agree with this mandate. Evidence –based practice demonstrates that, communication has been recognized as essential for all individuals to function in all societies. The acquisition of language skills is a complex process during which, over the course of only a few years, children make great strides in learning the meaning and structure of words, how to use words to convey meaning, and how to understand and use printed materials. In acquiring communication, children gain the ability to articulate ideas, share them with others, and respond to the ideas and actions of other people. A child who acquires language has acquired an incredibly complex and powerful system. The ability to communicate effectively – through oral language, the written word, and alternative means (especially for children with speech, language and hearing disabilities) – is essential for a broad range of activities that characterize daily living. Language plays a vital role in the development of cognition, logic, and reasoning skills by providing symbols that represent concepts. Language is also a mediator of social competence. Children need to be able to not only use language as a tool to express their own thoughts, feelings, and ideas to others, but also to receive, understand, and interpret communications from other people. We know that children do not acquire language skills out of context. No matter which language is being learned (e.g., English, American Sign Language, Cantonese), the vital role of children’s environment cannot be neglected. Language is fundamentally embedded in children’s everyday relationships and experiences. Parents, primary caregivers, and teachers play a critical role in facilitating young children’s language and development by providing exposure to language and print-rich environments, interactions, and opportunities. External input from the environment, teaching of specific skills, and the rich cultural ways of life promote the acquisition of language and literacy skills. Because communication is essential for success in school and life, supporting, communication, are vital to young children’s learning and development. Every child has the right to be able to access and use communication and we know that there are *risk indicators and protective factors*. A range of environmental, biological, genetic, and prenatal conditions may be associated with adverse developmental outcomes, in which case in depth assessment must be done to determine the best mode of communication for young children that also matches their developmental need. Currently, every EI program in the state considers a child’s mode of communication; it is a mandate both by federal and state regulations. I believe that we do an outstanding job of meeting all of a child’s communication needs and assistive devices (such as IPADS) and augmentative communication tools are always considered when a child is developmentally ready to use such devices. I cannot see this changing.

However, as a School Administrator, I have concerns regarding this section of the House Bill. Oregon has an average caseload of 50 children, and in our case, WESD EI/ECSE SLP travels to 70 different sites weekly. Additionally, there is a shortage of SLPs to work in the education system in Oregon. WESD currently has 12 contracted SLPs to meet child/student intervention needs. Only 1.5 of them works with birth- three population, leaving the bulk of intervention to the EI specialist. If this bill passes; should an SLP be assigned to every EI child as a consult/ interventionist to ensure communication is being properly addressed? Could intensive training be given to EI Specialists, by SLPs be done to meet the intent of this HB? If this is a mandated service, there needs to be resources allocated to provide these services. If this bill is to move forward, considerations must be made as to where these Communication Specialists can be located and funding must be in place to pay these specialists and provide them resources to find appropriate communication systems, train family or provider, and monitor progress. Without these measures it would simply be a shell of a law with no way to implement it.

Thank you for this opportunity to speak with you today.