



AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

April 14, 2017

Representative Margaret Doherty
Chair, Committee on Education
900 Court St. NE, H-282
Salem, OR 97301

RE: HB 3412

Dear Representative Doherty and Members of the Committee on Education:

The American Speech-Language-Hearing Association (ASHA) is the national professional, scientific, and credentialing association for 191,500 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students. Over 2,000 of our members reside in Oregon.

On behalf of ASHA's members, I am writing with concerns regarding HB 3412, which requires the establishment of a Task Force on Assessments of Children Who Are Deaf or Hard of Hearing and calls for the Task Force to analyze and recommend a framework for assessing deaf and hard of hearing children. Specifically, the bill requires the Task Force to recommend the use of existing and available tools or assessments for educators to use to assess the language and literacy development of deaf and hard of hearing children. We believe that this bill, supported by a LEAD-K effort through the National Association for the Deaf, would establish a new precedent of placing hearing disabilities ahead of others identified in the Individuals with Disabilities Education Act (IDEA), by adding disability specific mandates and requiring additional resources for deaf and hard of hearing students only.

LEAD-K

The LEAD-K campaign supports legislative efforts to ensure that children who are deaf or hard of hearing have early access to American Sign Language (ASL). They believe that many deaf children are not kindergarten ready because they do not have the foundation of a visual language. While ASL may be the most appropriate choice for some children, we do not believe that only one communication option should be made available to families.

Families Role in Determining the Mode(s) of Communication for their Child

ASHA recognizes that families are the primary decision makers in choosing the desired mode of communication for a child who is deaf or hard of hearing. We further believe that in order for families to make informed decisions, they need information about all available communication options.

Importance of a Comprehensive Assessment

Federal education law requires early intervention programs and schools to administer a comprehensive assessment to students who are suspected of having a disability. The assessment

team must include qualified providers who are trained to assess the full range of the suspected disability, including communication disorders. Assessors must administer appropriate assessments and recommend interventions and supports based on the child's needs and the family's priorities. Allowing a state task force to determine language assessments for students who are deaf or hard of hearing would usurp the decision-making authority of the Individualized Family Services Plan (IFSP)/ Individualized Education Program (IEP) team, a violation of federal law.

Role of the IFSP or IEP Team

An IFSP or IEP team consists of qualified providers and parents who meet to develop an individualized program to address the student's needs. Families who are dissatisfied with their child's goals or progress on their IFSP/IEP already have the right, under IDEA, to request additional assessments or changes to the IFSP/IEP.

ASHA is also concerned that establishing state committees to develop language milestones and appropriate tools and assessments is redundant, burdensome, and costly.

Speech-Language Pathologists: Professionals Trained to Assess and Treat Speech and Language Disorders

Allowing the Task Force to recommend language tools and assessments for IFSP/IEP teams, negates the role of a highly trained communication specialist—the speech-language pathologist (SLP). SLPs are uniquely educated and trained to assess and treat children and adults with speech, language, hearing, swallowing, and cognitive communication disorders. These services help children acquire language and enable individuals to recover essential skills to communicate about their health and safety, to safely swallow adequate nutrition, and to have sufficient attention, memory, and organizational skills to function in their environments.

SLPs complete a comprehensive education program that meets rigorous standards of practice based on objective methodology, which includes the following:

- A master's or doctoral degree with **75 semester credit hours in a course of study addressing the knowledge and skills pertinent to the field of speech-language pathology, as determined, validated, and systematically updated using a skills validation process;**
- A minimum of 400 clock hours of supervised clinical experience in the practice of speech-language pathology, with the supervision provided by individuals holding the ASHA Certificate of Clinical Competence (CCC);
- A passing score, determined by a cut score analysis, on a national examination administered and validated by the Educational Testing Service;
- Completion of a supervised Clinical Fellowship to meet the requirements of the CCC, the recognized standard in the field;
- State licensure (SLPs are regulated in all 50 states and the District of Columbia) and
- Completion of 30 hours of professional development activities every 3 years.

SLPs are highly skilled professionals who are uniquely qualified to treat children with hearing loss that present with speech, language, communication or cognitive problems. Rather than developing a costly overly burdensome system for treating children with hearing loss, we recommend that the state:

- encourage collaboration among state agencies to develop guidance for professionals treating students with hearing loss, including mentoring and professional development programs;
- explore other service delivery options, such as telehealth/telepractice, that would allow students remote access to trained professionals; and
- enforce existing laws so that families have access to a comprehensive evaluation and a full range of communication options.

Given the financial constraints that school systems face and the cost of educating students with disabilities in the state, it seems prudent to utilize the talented professionals, including SLPs, who work with students with hearing loss every day, rather than creating costly and redundant systems that violate the tenets of IDEA.

Thank you for the opportunity to provide comments. Should you have any questions, please contact Eileen Crowe, ASHA's director of state association relations, at ecrowe@asha.org, or Janet Deppe, ASHA's director of state advocacy, at jdeppe@asha.org.

Sincerely,



Gail J. Richard, PhD, CCC-SLP
2017 ASHA President