Using the DRDP (2015) with Children Who Are Deaf or Hard of Hearing

The DRDP (2015) is an authentic assessment based on ongoing observations of children in their typical environments. This guide is designed to assist teachers and service providers in using the DRDP (2015) to conduct informed and meaningful assessments of children who are deaf or hard of hearing (DHH) by better understanding:

1. The communication needs of children who are DHH
2. How an individual child's hearing and communication modes influence the child's behaviors, interactions, and learning; and
3. How to provide an appropriate learning environment that leads to a more accurate assessment of knowledge, behaviors, and skills for children who are deaf or hard of hearing.

This guide is a supplement to the guidance that appears in the DRDP (2015) Assessment Manual. It provides information about suggested practices that will facilitate appropriate assessment of young children who are deaf or hard of hearing (DHH) on the DRDP (2015). Please read the Introduction and Appendices in the Assessment Manual in their entirety, paying careful attention to the sections focused on the following topics.

- **Adaptations:** Adaptations are changes in the environment or differences in observed child behavior that allow children with IFSPs and IEPs to demonstrate their knowledge and skills in typical environments. The adaptations used for the DRDP (2015) are: 1) changes or modifications to the environment, activities, or materials and/or 2) one or more skills consistently demonstrated in a unique way. See examples of adaptations on the DRDP Access Project website.
- **Collaboration:** An accurate assessment of a child who is DHH involves collaborating with the child's family and other service providers including teachers of the deaf and hard of hearing, early childhood special education (ECSE) teachers, speech and language pathologists, early childhood teachers, and childcare providers. Refer to Appendix F of the DRDP (2015) Assessment Manual for further guidance on collaboration.
- **Universal Design:** In the context of assessment, "Universal Design" refers to the development of assessments that are appropriate for all children to the greatest extent possible. The measures of the DRDP (2015) were developed by applying the principle of Universal Design so that all children can demonstrate their knowledge and skills in a variety of ways. For more information, refer to the Introduction of the DRDP (2015) Assessment Manual.
- **Mastery Criteria:** A developmental level is mastered if a child demonstrates the knowledge, skills, and behaviors defined at that level consistently over time and in different situations or settings (DRDP, 2015). It is important to adhere to these criteria for demonstration of mastery when rating the DRDP (2015). Sometimes a child who is DHH will demonstrate a skill at a level of mastery even though the skill is demonstrated in a way that is different than peers. Similarly, a level can be rated as mastered even when earlier levels of the measure have not been observed and/or mastered.

In addition to the information included in the DRDP (2015) Assessment Manual, many useful resources are available at the Desired Results Access Project web site.

Recommended Practices for Using the DRDP (2015) with Children Who Are Deaf or Hard of Hearing

1. Become knowledgeable about the child's language and communication

- Home language
- Language and communication approaches
- Type and level of hearing
- Amplification devices

2. Help the child understand and communicate in the environment

- Ensure someone is present who can communicate using the child's language and communication mode
- Be sure to have the child's full attention
- Maintain close proximity between the speaker/signer and the child ensuring the child can see the speaker's face
- Provide time and prompts to help the child locate the person who is speaking or signing
- Use facial expressions that convey the intended message
- Give the child time to communicate
- Give the child the opportunity to visually inspect items prior to communicating
- Encourage the child to scan and respond to the visual environment
- Encourage the child to attend to the auditory environment
- Check frequently for understanding

3. Optimize the environment for observation

Optimize positioning

- Make sure the child's back is to the window or light source
- Provide preferential seating in groups
- Organize the environment to maximize one-to-one communication
- Locate activities away from air conditioner and/or heating vents as much as possible

Optimize visual access

- Minimize visual distractions
- Display visual schedules
- Arrange the environment to support visual access
- Provide visual supports

Optimize auditory access

- Check amplification technology daily
- Minimize auditory distractions
- Create quiet spaces
- Promote the child's participation in activities involving music

Summary References Resources

1 Become knowledgeable about the child's language and communication

- Home language
- Language and communication approaches
- Type and level of hearing
- Amplification devices

Home language

Children who are DHH, like all children, may come from homes where a variety of languages are used. Some families may use a spoken language only, while others may use a sign language. Some hearing parents' primary language may be a language other than English, such as Spanish or Vietnamese. Some deaf parents may use Spanish Sign Language or Portuguese Sign Language rather than ASL. The assessor must know what the child's home language is, and be able to communicate with the family about the home language to understand the impact of the home language on the child's communication. Communication with the parents of young children who are DHH is crucial and may require the services of a qualified interpreter. To ensure family-professional communication and collaboration, the educational team must develop a plan for communicating with family members in those situations where the home language of the child's family is other than spoken English.

Note about ELD measures: The English Language Development (ELD) domain of the DRDP (2015) is designed for use with children whose home language is a spoken language other than English. The ELD measures describe the development of spoken English when being acquired as a second spoken language. If a child is DHH and learning spoken language, and if an oral language other than English is spoken at home, then the ELD measures may be helpful in gaining information about the child's status and progress in acquiring spoken English. However, the ELD measures were not designed for children whose families use ASL or another sign language at home.

Language and communication approaches

It is important to understand and note the difference between language and communication when discussing early development.

- Language – "Language can be defined as a socially shared code or conventional system for representing concepts through the use of arbitrary symbols and rule-governed combinations of those symbols" (Owens, 2012, p.6). Examples of languages include English, Spanish, and American Sign Language. Using ***language***, an individual can express complex ideas and feelings.
- Communication – Communication is the process used to exchange information and ideas, needs and desires (Owens, 2012). Communication can be accomplished in many different ways and can be accomplished without the use of language, however, the use of language facilitates communication.
- Language and Communication are ***different*** yet intertwined.

Based on information about the child's level of hearing and advice from professionals, the family will select the language and method of communication that their child will use. Differences in communication modes (auditory vs. visual) are based on the degree to which the child will use residual or amplified hearing only, vision only, or a

combination of hearing and vision for communicating. The primary communication methods and educational approaches include:

- **Bilingual Approach:** Uses American Sign Language (ASL) as the first language, spoken English based on the individual child's goals, and written English to support literacy
- **Listening and Spoken Language (LSL):** Focuses on listening to develop speech
- **Total Communication (TC) or Simultaneous Communication (SimCom):** Uses both speech and manual signs at the same time

The Bilingual Approach is the dual use of American Sign Language (ASL) and written English as an educational philosophy and approach. ASL is used as the primary language for receptive and expressive communication and instruction. English is used for reading and writing. Because more children who are deaf have demonstrated the potential to access spoken language through digital hearing aids and cochlear implants (CI), many programs have implemented the ASL/English bimodal-bilingual approach which focuses on both ASL and spoken English (Nussbaum, Scott, & Simms, 2012). The Bilingual Approach uses American Sign Language and English with the goal that all students will graduate high school with proficiency in both languages (written English and signing). Given the possibility of language delay if a child does not have accessible language, families should be provided with the supports necessary to provide and ensure a strong language foundation for the deaf or hard of hearing child as early as possible. ASL classes, mentors who are deaf and home visits are a vital part of each child's and family's program plan.

Listening and Spoken Language (LSL) is an oral/auditory approach, previously known as the "Auditory-Oral Approach," or the "Auditory-Verbal Approach." LSL is an educational approach that promotes the development of a child's listening abilities and spoken language. The goal is to help children learn to listen and speak as their primary mode of communication. Family members play an important role from the first stages of diagnosis, especially as decisions are made about amplification and cochlear implantation, as well as assistive listening devices. LSL supports an inclusive educational placement where the child is able to access spoken language.

Total Communication (TC) is a philosophy and approach that embraces the use of all forms of communication, including signing, speech reading/lip reading, listening, written language, amplification, cochlear implantation, technology and gestures. The goal of TC is to optimize a child's cognitive, social and language development in the most effective way possible.

Other ways that children might communicate include visual representations of spoken English including the following:

- **Cued Speech** is a visual mode of communication (originally intended as a therapy tool) that strongly encourages maximum use of residual hearing. Cued Speech uses eight hand shapes or "cues" positioned at four locations on the face/head in conjunction with the natural mouth movements of speech. As the person speaks, the cues are represented on the face and throat in synchrony with the spoken vowel/ consonant/syllable; each cue expresses a different sound of spoken language/ speech.
- **Signing Exact English (SEE)** – incorporates spoken English along with consistent visual coding that attempts to correspond with English grammar and syntax.
- **Pidgin Signed English (PSE)** and **Conceptually Accurate Signed English (CASE)** Incorporate the conceptual signs of ASL and the spoken word order of English (not all of the English grammar is represented such as prefixes or suffixes, but rather important concepts are captured).

Note: In order to appropriately assess a child who uses any of the above methods of language/ communication, assessors who are interacting with and observing the child must be proficient in the child's mode of communication. If the assessor cannot use the child's communication mode, he or she needs to obtain the services of someone who is proficient in that mode before conducting observations for the DRDP (2015).

A special note about LLD 8 Phonological Awareness

The language, type and level of hearing, use of amplification devices, and method of communication will influence a child's development of phonological awareness (LLD 8 Phonological Awareness). Most children who are DHH will be able to be assessed on the phonological awareness measure which begins at the Exploring Middle level with the descriptor "attends to sounds or elements of language." Children who are deaf and learning ASL will attend to elements of language (hand shapes and movements) in the early levels of learning, and eventually will be able to use fingerspelling in relation to learning about sounds.

For a child who is hard of hearing, has a cochlear implant, or is using cued speech, the sequence may or may not be similar to that of a hearing child. This means that for the child who is DHH, progress may not follow the same sequence as described in the Phonological Awareness measure of the DRDP (2015).

The later levels for LLD 8, Building Later and Integrating Earlier, end with segmenting words into syllables, and isolating initial sounds of words. These later developmental levels of phonological awareness will require some functional hearing with explicit instruction that focuses on the development of listening skills to discriminate similarities and differences in sounds and words. This requires the child's consistent use of functioning amplification technology and a focus on discriminating sounds and words with visual support (e.g., speech reading, objects, pictures, print, and fingerspelling). If needed, visual supports may be used when observing the child's phonological awareness skills.

Example: Four-year-old Allen has a cochlear implant (CI). During story time, his preschool teacher, Miss Lisa, notices that he does not seem to understand the meanings of certain rhyming words, e.g., "mat" and "bat" and "rice" and "ice" even though she points to the pictures on the page. She is not sure that he hears the initial sounds of each word. It should be noted that his teacher knows that the CI is in working order. Miss Lisa decides to fingerspell and sign each target word, and use real objects as props to help Allen relate each spoken word to its meaning. She talks about the target items and encourages children to interact with and discuss them, e.g., sit on a mat and use a bat to hit a ball, handle some rice and ice, and identify who likes to eat rice or ice. Miss Lisa discovers that the whole class enjoys these hands-on learning activities and benefits from them.

Type and level of hearing

To make accurate observations for the DRDP (2015) assessment, the assessor needs to locate and understand information about the child's type and level of hearing. This includes accessing medical records such as an audiology report as well as talking to family and colleagues who have and understand this information.

Types of hearing

Hearing might be described as:

- Unilateral: decreased hearing in one ear
- Bilateral: decreased hearing in both ears
- Conductive: decreased hearing that results from problems or obstructions in the outer ear, ear canal or middle ear, such as fluid and ear infections
- Sensorineural: decreased hearing that involves the inner ear or hearing nerve in children which may be caused by exposure to loud noises, infection or disease, or a genetic disorder
- Mixed: decreased hearing that includes both conductive and sensorineural components
- Auditory Neuropathy Spectrum Disorder (ANSD): a problem in the transmission of sound from the inner ear to the brain so that for a child with ANSD, hearing a sound or conversation may "cut in and out" during single words or sentences

The type of hearing will impact the child's ability to hear and understand speech sounds and spoken language.

Levels of hearing

The level of hearing will impact the child's ability to hear and understand speech sounds and spoken language. Broad ranges of decreased hearing are:

- Slight - 16dB-25dB (decibels)
- Mild - 26dB-40dB
- Moderate – 41dB-55dB
- Moderately severe – 56dB-70dB
- Severe - 71dB-90dB
- Profound - 91dB and above

Different levels of hearing in each ear. A child may have one level of hearing in one ear (e.g., mild) and a different level in the other ear (e.g., severe) or may have decreased sensorineural hearing in one ear and decreased conductive hearing in the other. There may also be various levels of hearing for different frequencies of sounds. For example, vowel sounds are lower frequency sounds, so a child who has difficulty hearing high frequency sounds may be able to hear primarily vowel sounds rather than higher frequency consonant sounds. This child may hear "go-ge-ur-oo" for "Go get your shoe." Children who have colds, fluid in their ears, or ear infections may temporarily have difficulty in hearing.

Hearing levels with additional disabilities. Some children have a disability in addition to having decreased hearing. In these cases, the assessor and other service providers must become knowledgeable about the child's hearing and communication development as well as become knowledgeable about the child's disability. Estimates indicate up to 40% of children who are DHH also have another disability (Guardino & Cannon, 2015). Adults should implement adaptations or strategies specific to the additional area(s) of disability as well as adaptations and strategies specific to hearing.

Amplification devices

If a child has amplification technology and uses it consistently, parents and teachers should perform daily checks to ensure that the device (e.g., hearing aid, cochlear implant, or FM system) is functioning optimally and ensure that the child is wearing the device consistently. Amplification devices include:

- **Hearing Aids.** A hearing aid is an electronic digital device worn in or behind the ear to amplify sounds. Each hearing aid is designed for the individual child's unique needs based on an audiological evaluation that identifies which specific sounds need to be amplified and by how much. Hearing aids can be designed for and worn by very young infants so that they will not miss out on the opportunity to develop their auditory potential from an early age . Use of amplification systems (hearing aids or FM systems) should include services from a team of professionals who will help the child learn to listen and produce speech sounds and possibly spoken language.
- **BAHA (Bone anchored hearing aid).** A BAHA softband is typically used for very young children. The device is connected to a headband worn by the child and placed on the mastoid bone to transmit sounds through vibrations. The anchored hearing aid is a surgically implanted device on the mastoid bone which transmits sounds through vibrations
- **Cochlear Implants (CI).** If a child has severely or profoundly reduced hearing due to a sensorineural cause and has not benefitted from the use of a hearing aid, he or she may be a candidate for a cochlear implant that is surgically implanted into the cochlea (inner ear). Cochlear implants do not simply amplify sound, rather they send an electronic signal along the auditory nerve to the brain. Children with cochlear implants will need follow-up services from specially trained audiologists, teachers credentialed in the area of deafness, and speech and language pathologists in order to learn to listen with the cochlear implant and to communicate using spoken language.
- **FM Systems.** A frequency modulation (FM) system is a wireless system that transmits sound directly from the sound source (a microphone worn by the speaker) to the receiver. An FM system can be used with

hearing aids or cochlear implants, on the ear alone (without a hearing aid or cochlear implant), or as a sound-field/speaker system. FM systems are used to provide assistance for hearing in environments where it might be difficult to hear or listen, such as in a noisy classroom, in a large room, or in a room that has echoes.

When assessing a child who is DHH, be sure that the child is wearing his or her prescribed amplification device and that it is working. During classroom observations, the assessor should obtain the child's visual attention, face the child, and be about 3 feet away when speaking to him or her. If the child uses an FM system, the assessor should wear the microphone and can be further away.

2

Help the child understand and communicate in the environment

- Ensure someone is present who can communicate using the child's language or communication mode
- Be sure to have the child's full attention
- Maintain close proximity between the speaker/signer and the child ensuring the child can see the speaker's face
- Provide time and prompts to help the child locate the person who is speaking or signing
- Use facial expressions that convey the intended message
- Give the child time to communicate
- Give the child the opportunity to visually inspect items prior to communicating
- Encourage the child to scan and respond to the visual environment
- Encourage the child to attend to the auditory environment
- Check frequently for understanding

Appropriate communication must occur in all aspects of the daily routine. Adults need to ensure that the child understands what is occurring in the environment. Strategies to help a child communicate should be in place when assessing a child who is DHH on all measures of the DRDP (2015) and are of particular importance for the language and literacy measures. It is important to ensure the language and literacy measures are observed using the child's designated mode of communication. Adults should encourage the use of appropriate and supportive interaction strategies.

Ways to help the child understand and communicate in the environment:

- **Ensure someone is present who can communicate using the child's communication mode:** Children who are DHH, like all children, need a responsive social environment that ensures communication access and reciprocal language interactions. A qualified interpreter may be needed for the child who uses ASL or Cued Speech if no one else in the classroom has these skills. Other children should be taught how to communicate with the child. At least one adult in the environment should be able to demonstrate fluency in the child's preferred mode of communication.
- **Be sure to have the child's full attention:** Be sure to have the child's full attention, including auditory attention and eye contact before communicating. Some children might need to be prompted to look at the speaker by tapping on their shoulder or by holding a preferred object at eye level for initial and repeated attention.

- **Maintain close proximity between the speaker/signer and the child ensuring the child can see the speaker's face:** Keep the distance between the speaker and the child at a maximum of 3-6 feet. Be aware of the child's 'listening bubble' for the optimal listening range and appropriate visual distance for understanding signs or Cued Speech.
- **Provide time and prompts to help the child locate the person who is speaking or signing:** Some children need more time and perhaps a visual prompt to find the person who is speaking or signing. In a group activity, adults should point to or name the person who is speaking so that the child can identify and attend to that person. Ensure visual access to speaker and visual features of ASL (i.e. facial expressions, eye contact, shape of signs).
- **Use facial expressions that convey the intended message:** Some adults may not use facial expressions that "match" the comment or the question asked. For example, some adults may unintentionally use a "frowning" face when asking, "Where is your backpack?" For a young child who does not have adequate language, he or she could misinterpret these facial expressions as a message of anger. Thus, when asking a question or making a comment, adults should use facial expressions that accurately convey their message.

  A child may communicate intent through gaze, eye movements, facial expressions or body language rather than through signing or cuing because his or her hands are not available to sign or cue at that specific moment. It is important to recognize this and wait briefly since the child might follow up with signs or cues. For example, a child might have a handful of crackers to share and communicates by offering them with his or her body and eyes, as if to say "Do you want a cracker?
- **Give the child time to communicate:** When asking questions, give the child time (an additional 3-5 seconds) to respond before repeating the question. Consider repeating the question using slightly different words, for example, "Where is the dog?" - "Can you find the dog?" - "Do you see the dog?" A young child may only be able to attend to one action, communication exchange, or person at a time. Adults should identify specific strategies to encourage a child's responses to interactions and should understand the timing of a child's response. Specifically, when engaged in an activity, some children need more time and visual or auditory prompts to shift attention to the speaker, signer or person who is using Cued Speech.
- **Give the child the opportunity to visually inspect items prior to communicating:** Some children who are DHH need time to visually inspect items before asking questions, making comments, or responding to the questions or comments of others.
- **Encourage the child to scan and respond to the visual environment:** Children who are DHH are visual learners. Visual access to communication, such as using appropriate facial expressions and eye contact, is critical for a child to engage in successful communication and for situations that require a level of social problem solving. Everyone in the classroom should understand the importance of making sure the child can see the face of the person who is communicating. The child may need to be reminded to scan the environment so as not to miss out on important information or communication opportunities.
- **Encourage the child to attend to the auditory environment:** To develop their listening skills children who are DHH need consistent use of amplification devices and specific instruction. They need clear auditory access to communication with others in their environment. Competing background noise should be eliminated or reduced so that children can maximize their understanding within the context of social interactions, expectations, and communication with others.
- **Check frequently for understanding:** The child may be focused on visual aspects of the environment but may not be following conversations or other auditory inputs so may miss out on auditory information. Some children who are learning to use auditory information may be distracted by sounds in the environment while they are visually attending to an activity. The teacher should give instructions in the child's primary mode of communication.

  The assessor may also need to individualize the way in which instructions are given to a group of children. When directions are given, it is easy for a child to miss something and then not have all of the information needed. Consequently, it may look like the child is not attending or not able to follow directions. The assessor should make sure that the child has access to all of the information that is needed.

3

Optimize the environment for observation

Optimize positioning

- Make sure the child's back is to the window or light source
- Provide preferential seating in groups
- Organize the environment to maximize one-to-one communication
- Locate activities away from air conditioner and/or heating vents as much as possible

Optimize visual access

- Minimize visual distractions
- Display visual schedules
- Arrange the environment to support visual access
- Provide visual supports

Optimize auditory access

- Check amplification technology daily
- Minimize auditory distractions to optimize participation and engagement in learning
- Create quiet spaces
- Promote the child's participation in activities involving music

Many children who are DHH benefit when certain considerations are implemented in the physical environment. For example, some children may be sensitive to shadows, moving objects, background noises, and/or light so these distractions should be reduced or eliminated. The following suggestions should be used in the child's daily routines and activities:

Optimize positioning

- **Make sure the child's back is to the window or light source:** Ensure that the child is not looking into a light source.
- **Provide preferential seating in groups:** Position the child 3-6 feet from the speaker. A semicircle is best for groups so that the child has auditory access to and can locate the speaker.
- **Organize the environment to maximize one-to-one communication:** The physical environment and learning areas should be organized to maximize one-to-one communication opportunities throughout the day. Many children who are DHH will understand a one-to-one communication exchange better than communication in a large group where the conversation moves very quickly and the child must locate the speaker (or signer, etc.) quickly.
- **Locate activities away from air conditioner and/or heating vents as much as possible:** When considering seating for a child consider what in the environment may compete for a child's attention. Heating and cooling systems generally produce sounds at levels that may interfere with a child's ability to attend.

Optimize visual access

- **Minimize visual distractions:** This might include minimizing the number of people, moving objects, or lights in proximity to the child. Also avoid competing light from a window or distracting shadows and movements that may challenge children who rely on visual information.

- **Display visual schedules:** Refer to visual schedules during transition times and for all daily routines. Pictures illustrating classroom rules also help young children understand classroom expectations.
- **Arrange the environment to support visual access:** Visual dividers in a room can inhibit the child's opportunity to respond to auditory clues. For example, a child may not "hear" the cry of a peer who fell down. When appropriate, remove or lower room dividers to allow children to see and hear more of ongoing activities in the environment.
- **Provide visual supports:** Use visual supports that enhance a child's comprehension of an activity, communication intent, or task. For example, during a music or dance activity, visuals (e.g., streamers or patterns on the floor) may be used to demonstrate rhythm, volume, and pace.

Optimize auditory access

- **Check amplification technology daily:** Check the child's individual and classroom amplification technology use. A "hearing aid kit" that includes a battery tester, stethoscope, etc., is required to check hearing aids.
- **Minimize auditory distractions:** To optimize participation and engagement in learning, provide an environment that minimizes or does not have background noises such as a dishwasher, street or classroom noise, air conditioner, or forced air heating. Eliminate background music in the room particularly when the child is focused on listening and speaking.
- **Create quiet spaces:** Quiet activity settings, without visual or auditory distractions, can optimize the child's participation and engagement in learning.
- **Promote the child's participation in activities involving music:** Make sure the child is seated close enough to the music source to hear the music or feel the vibrations.

Summary

A child's ability to interact and engage in the environment is affected by hearing type and level and consequently can affect the results of the DRDP (2015) assessment. This document has provided recommended practices that assessors can use to make the DRDP (2015) assessment as accurate as possible for children who are DHH. First, assessors need to learn about each child prior to observation by exchanging information with the family and service providers as well as reviewing information on the IEP and other records. Assessors must be knowledgeable about the child's type and level of hearing and be able to use that knowledge to better understand the child's development, skills, and behaviors. Second, assessors need to support the child's language and communication skills. An important part of this support is to ensure that the assessor, or someone working with the assessor, is able to communicate with the child using the child's mode of communication so that the child will understand and will be understood as he or she is observed. Lastly, it is essential that assessors are able to optimize visual and auditory aspects of the environment in a way that will facilitate the child's communication and engagement.

For more information about the DRDP (2015):

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Owens, R.E. (2012). Language development: An introduction. Boston, MA: Pearson.

Resources

California Resources

California Department of Education (2013). ***Position statement on access to language for students who are deaf or hard of hearing***. https://www.cde.ca.gov/sp/ss/dh/positionstmnt.asp

California Department of Education (2013). ***A resource guide for parents of infants and toddlers who are deaf of hard of hearing***. http://www.cde.ca.gov/sp/ss/dh/documents/prgsummary.pdf

CA Hands and Voices cahandsandvoices.org
The California chapter of Hands and Voices provides information specific to the state (e.g., legislation, contacts, and resources)

California State Special Schools cde.ca.gov/re/di/or/ssssd.asp

- California School for the Deaf – Fremont http://www.csdeagles.com
- California School for the Deaf – Riverside https://www.csdr-cde.ca.gov

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https://youtu.be/FV69iJuXwP4?si=2MwtMP1nQCElwbmW

National Resources

American Society for Deaf Children deafchildren.org
ASDC is a source of information for people who are decision makers for children who are deaf including: parents, families, providers, educators, legislators, and advocates.

Hands and Voices handsandvoices.org
National organization of parents of children who are deaf or hard of hearing. This site provides information on the range of communication methods and educational options.

Hearing First hearingfirst.org
Promotes Listening and Spoken Language (LSL).

Laurent Clerc National Deaf Education Center clerccenter.gallaudet.edu
Provides online resources, information, and training for families and professionals of children (birth to 21 years) who are deaf or hard of hearing. Resources include:

- Early intervention, early childhood education
  https://clerccenter.gallaudet.edu/ndec/early-intervention/
- Deaf students with disabilities
  https://clerccenter.gallaudet.edu/national-resources/images/clerc/articles/Odyssey_SPR_2010_raimondo.pdf
- More than meets the eye: An introduction to autism spectrum disorders
  https://www.clerccenter.gallaudet.edu/national-resources/documents/clerc/webcasts/AutismWebinar.pdf

VL2 Resources https://vl2.gallaudet.edu/resources
Science of Learning Center at Gallaudet University on visual language and visual learning (VL2).

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