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2018 EARLY HEARING DETECTION &

INTERVENTION MEETING

DENVER, COLORADO

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3:35 P.M. ‑ AGATE A‑C

USING COLLABORATIVE DATA COLLECTIONS TO STRENGTHEN IEP DISCOURSE

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>>: Good afternoon.

My name is Dr. Patrick Graham, and I would like to introduce my colleague, Dr. Kristie Botamula and we also have another colleague, Thomas Horejes who is not able to be here today. He's preparing for his plenary session which is happening just after this.

So he is working with his colleague to prepare for that plenary. Unfortunately me not able to be here because of scheduling.

Our topic today is Using Collaborative Data Collections to Strengthen IEP Discourse and data dialogue.

And I'll be talking more about that on the next slide. I don't think our clicker is working.

I'm going to let you read this slide, and then I will talk a bit about our abstract. This is only part of the abstract, but this is the key point that we wanted to make sure that you understood from our presentation today. Reconceptualization has been historically moving into the educational field, psychology field, and the medical field. We need to reconceptualize something. We're not trying to reinvent the wheel, but we're looking at what has happened and how we can change, how we can reframe, and how we can work together in order for new things to come from old situations. And that's how we view reconceptualization.

It's a collaborative effort. We’ve been using collaborative strategies for years, but no one has really taken the time to look at how we collaborate with each other and how we work with each other.

Is it just enough to say, okay, we did collaborate with each other, but what had collaboration really mean?

So we realize that we need to use collaborative data, meaning we can't just look at the data. We have to look at everything that is being brought to the table, all of the data that is important. We need to consider all of the data in order to make sure that we are having a correct influence on the assessment of our students.

>>: And we have to make evidence‑based decisions. We have made ‑‑ evidence based decisions only on partial information. We haven't really truly looked at everything to think about how all of the evidence is important rather than just using selective evidence.

So we need to make sure that we're looking at every piece of evidence as it influences our decision.

So before we actually jump ahead and start here, I wanted to take a moment here just to kind of consider who our audience ‑‑ your roles. Are you a parent? Are you a family member? Are you a teacher? Are you a speech therapist or advocate or all of the things that we could do here, what the roles are. So I'd like to see why you are here as well and why you've come here.

And then also with data, with IEPs I'm talking about, what do you think about the IEP data? What have you ‑‑ what do you already know about that or think about that data?

>>: Working with such a limited schedule, I'd like you to get into groups of five or six, and quickly answer these questions in your group. Explain who you are, what your role is and like Kristie was just saying, when we get back to the group, we will move forward with the presentation. So go forward and get into small groups.

Does anyone need a ASL interpreter for their group? We heard one group.

Does anyone else need an interpreter. We have three interpreters here today, so they can be in different groups if you need them.

So just the one group.

(Group activity )

>>: I want to give you a one‑minute warning. One minute!

>>: Okay. Please return to your seats.

I know you want to get to know each other and tell your stories, but ‑‑ I know we still have groups going. Hello! We want to get started here.

The reason why we asked you to do this group activity is this will create your community. It will create a space where you can know your strengths and your challenges. Everyone brings something to the table. But what is collaboration? And your groups were collaborating with each other during that discussion that you just had. You were talking about something. You collaborated with your answers for these three or four questions.

What is the definition of collaboration though?

Really we ‑‑ I'll give you a moment to read. Never mind. Read.

Okay. So when I collaborate, I tend to have a goal. I want to make something or accomplish something. So I want to have some sort of result but how does that collaborative process look? We tend to have a setup where ‑‑ed in professional side of school, we think about we have to do this list. We have these legal requirements or all these things we have to ensure that are happening. The family side however, they don't really know ‑‑ they were just told they had to show up for a meeting and sign something. So how is that really ‑‑ well, how does each team member work together through the process to accomplish the best outcome for the children?

So that is the definition, and we've been thinking about ‑‑ now that we know the definition of collaboration, who provides this data? The families? Teachers? Paraprofessionals? Other professionals like audiologists, speech‑language pathologist, OT, PT, speech, different professionals who are involved in the child's education, interpreters, stakeholders? There could be a baby‑sitter or a friend or anyone who's involved. Really it's focused on the family.

Oftentimes parents think they know their child best, but they don't think that their input is welcomed. A lot of parents are often told what they need to do. They're told where they need to send information but they don't really have time to give their input to say what they see because they just see what's being documented by the other professionals and the parent will just defer to those professionals because they know the child best and they are there every day at school. But as a parent, we should also know what's happening with our children. We should be invited to contribute more to this discussion.

Anything you wanted to add?

>>: No.

>>: Okay.

>>: What's missing, however, is the student. At what age should the student come to the IEP? When the child feels comfortable? I saw someone said six. Someone said when the child feels comfortable.

What else? The law says at age 14. Yes?

We invite the students starting in fourth grade. The student should be invited to the IEP starting at age five or when the parents feel it is most appropriate for the student to be there and the student feels comfortable. The student doesn't necessarily need to participate, but they need to be there as part of the team because the team is there for the student.

Even with the IFSP, the individual family service plan, we should tell the students that we are worked together for that student's benefit in order for the child to see what is happening. And by the time they're five years old, they may be able to advocate for themselves and say what they want, but they know that that provision is available for that child.

And when you're worked with children, you should ask them direct questions. Ask them what do you like that the teachers do for you. When you go to speech, what part of it do you like? What part do you not like? What do you like about OT. What do you dislike?

And instead of saying, OT, you can say what do you like about Ms. Becky. You can do a happy face or sad face. There are so many different tools you can use to make sure the child feels a part of their IEP team because that is the person we're there talking about and we're trying to empower these children younger and younger. That way by the time they are five years old, they may not feel like they're able to make a decision as part of the team, but they know that they are part of the team rather than the team supporting the child, the child is supporting the team as well.

So now who should be invited or included as part of the team? But also we tend to miss something from the IEP. We have to think about as well the school in let's say for math class or science class or literacy or language or any of those things, but we do not think about the environment that impacts the child in that school. So we have to write goals for what they want to achieve but we have to figure out the entire environment where not only the teachers and specific therapist and the support staff. They're the ones who can alone achieve success. The family and community members as well have to be there. They will all influence the child's development, so we have to consider that. We have to know who's in the home and what the home looks like and what kinds of supports are provided there. What sort of language is used in the home. All the veterans that are part of the that environment. Who works with the family. Who lives with the families. Some kids, especially deaf kids, they end up being bussed for several hours to get to school and maybe by the time they get home they have an hour before it's bedtime so they don't have a lot of interaction with the family members.

The cultural perspectives ‑‑ every family has it doesn't matter where they're from, they have a different perspective of what they value, what their family life is, the role of education, the role of the parents or the adults that are in the educational system. So how does that influence the family. Sometimes that's very strong. There's a lot of academic achievement and development there. Sometimes that's not as strong. Maybe the families do practice and do homework together and sometimes they're not able to do that. They don't have the resourced to do that or they have a different perspective. So they value play more than work or whatever their perspective is. So what does that look like for their daily lives because we want the goals to fit with what their lives, not expect the family to change everything in their lives to fit what the school wants to do. It has to be ‑‑ it's a learning environment. Something happens. The family environment will affect that so again we have to include the child and the family because the school is only one microcosm of that event.

The school has a lot of responsibility for the success of a child that is true, but the family should be involved in that as well.

And again language. Language use, language perspectives, how they use language, which language they're using, and their native or home language, whether it be English or signing or writing or whatever that is, we need to consider that as well.

The learning content, that content maybe in a different language that is not used, and it may not be English or ASL. It may be Spanish owner in the home language they would prefer to use Spanish so all of that kind of stuff we can make it natural for the child and natural for the family and then that will be a natural learning process that will lead to success.

Also, of course, we have to consider the child's needs, what level ‑‑ what do they bring. What do they already know and have. It's important to look at the social development. Do they have any siblings or relatives they interact with. What does that look like on a daily base? Is it frequent or infrequent? Do other people have the language access ‑‑ do they have access to the language community? What had that look like.

And then that all impacts incidental learning. How a child will learn from the environment, learning from their play, learning from their just even going shopping or getting on ‑‑ looking out window of the bus or car. All these things are incidental learning.

Definitely.

So this can make a really rich data source. But oftentimes we think about the academic and the social emotional aspect of a child's life. We don't think about what's happening out there in their real environment.

I'm going to let you read this slide, and then I'll talk about it.

At Michigan State University at the office of outreach, they created this concept that you see up here on the screen. But before you can start the data dialogue, you have to start with activity and engagement. You have to determine what type of data is needed. We have to brainstorm and remember in science class we called this coming up with your hypothesis. And so we have to look at which data will prove our eventual claim. What questions do we have about the child. What answers are we looking for. We're engaging with the people and the greater community to determine what resources are available.

Explore and discover. This is the working period. This is where you're exploring the data that you've collected using a variety of tests. You have observational data. We have the custodial record. Look through all those types of information.

And then we organize ‑‑ oh, ...

>>: [away from mic]

>>: And that's exact ‑‑

>>: [away from mic]

>>: So as a mother who goes to an IEP meeting, you were saying that you typically learn what has been happening with the child. But how did they get to that point? What type of questions are asked? I'm a parent and sometimes I will ask the tough questions. I'm famous for asking how a decision was made, and sometimes I really stump the teachers and they can bring in stacks and stacks of documentation, and I do actually go through their information. Ask interpreters will tell that I can be that kind of parent who's bullish and want to see all of the data that's provided on a child.

>>: I would like to add something as well to address your concern.

I think that is a problem with how we address this. The professional workers have a lot of information for the IEP but they're not including the family. The IEP is not something we just give the families. The families should develop it in cooperation with us. And so as a teacher, my observation and the family's observations both should be documented. I see in schools something, but I'm a parent too and I see things that my kids do at home that don't happen at school but oftentimes parent will say what I observe is never reported in the home environment. So those reports become important and so every child is different, every adult is different. But really the family should have the right to be involved in that documentation process, and they should want to be able to have their observations and what happens at home documented in the IEP, and we need to consider that.

It's like a 1,000‑piece puzzle. You can't finish the puzzle without all of the data that's been collected.

And to address the question that you just asked ‑‑ actually let's advance to the next slide.

So the question ‑‑ questions that we should be asking are, how can we work together to ensure that the child is getting all of the resources that they need, and if we don't agree with an assessment, we should have the ability to question why an assessment is being done.

Often people just say that's the way that things are done, and that doesn't fly with me. I'll say, if you just say that that's the way that things are done, and a lot of people aren't performing well, then we should probably change the way that things are done. Because I feel like the more people we have involved, the louder we can become to change the approach that we have with IEPs.

And each person coming to the team has their own strengths and their own challenges. We don't invite the parents and tell them all of the work that we just did in order for them to come to the meeting and just ask them to sign the attendance form. We should give parents time to look through the IEP. We should call them. We should e‑mail them. The IEP is a working document. We need to view the IEP as a worked document. It's not final until it's signed. It can be sent back and forth lots of times. When I was working on my dissertation when I was a Ph.D. student, I would send my dissertation for corrections and it would be marked up in red. I would go in, make those changes and send it for further corrections and I would often question why something was changed or corrected. We would learn from each other in that process, and the IEP should be viewed as such.

The last point that you can see here is if we have excessive data, that's fine. That's okay to have excessive data. I would rather have too much data or a lot of data than misinformed data. It's important to look through all of the data and make correct decisions based on making ‑‑ rather than making decisions just based on hearsay.

How many of you want to have optimal IEP meetings? I hope everyone wants to have optimal IEP meetings? Tell everyone who's involved in the meeting that they can bring their data to the table. There's no data that is right and there's no data that is wrong. But you have to look at the data carefully to determine if it is informed data or misinformed data. Is it objective or subjective? Are you using evidence‑based practices to prove your claims or is it all just talk?

Call people out. Ask people to prove their claims. Ask for backup. Is it consistent? Is it reliable? Is it valid. Those are the questions that we should be asking. How does this ‑‑ how is this relevant to my child, and how is it important?

Preparation is key. I have two deaf children, and often times teachers will hand me the IEP the day of the meeting. It will be a really long meeting if that happens. I like to go through the IEP with a fine‑toothed comb to determine how things were done how they were, why things were worded the way they were. It really makes the teacher sweat.

So I encourage the teachers or the administrators to give me the IEP in advance so I can be prepared with questions and then the meeting will be quick. We know that we've already agreed and we're already just meeting as a formality.

>>: And to add just to give you ‑‑ there's ‑‑ every family is going to be different so no family is going to be the best way. We have to try to figure out what the data means. They may not understand that. You need to oftentimes allow the questions and the conversations in a safe environment, and I don't know if you've ever experienced an IEP meeting as a nonprofessional, but it's very scary. I've done both sides of that coin, and it is still scary to me to have all these people in there. You feel that you really can't contribute. So I have to ask you to recognize that the families want to be involved, they want to know what's best for their child, they want to be part of the team. They just don't know how to do that. So they need to have a safe space they can do that. It might be in their home that you do that to talk about what their concerns are or share their goals or what they want to achieve and then put it in there. Put it in the IEP. And part of the team is the family, not ‑‑ and we don't want to do that just early. We want to have a written IEP that the family is ready to discuss and the kids are ready and interested in, and it is pertinent to what's going on for the time frame that we're working on. They may be very motivated to learn something in a particular year. Get that information in there so we can work on those goals so the child can succeed. So we have to think about what's going to happen next in their performance. We can add those things to the IEP.

>>: That wraps up our PowerPoint. We do have time for some questions.

>>: Hi. I'm a parent. There are two things that I wanted to bring up. I notice that you talked a lot about social emotional needs. That's kind of a hot topic right now within the system. I'd like to get your thoughts on that. I know I'm not the only parent and parents tend to sit back a bit with this part when the school psychologist and the team decides that a student need to be mainstreamed in order to get away from the deaf school. However, their argument is that it's the best solution for the child.

What do you think we should give to the team that shows that that's not always the best solution for the child. It could be the most restrictive for a child and the parent are just so thrilled that the child is finally going to be in a mainstream setting. So how do you determine that piece of the puzzle?

>>: So I'm happy you brought up social emotional needs. That's definitely a hot topic. With that zone of proximal development, that's when the children are really learning from each other. They're learning from social situations and they're developing their social emotional needs, and that actually leads to your second question. In a mainstream environment, how can a child interact with others if they're not able to communicate with someone else. If you have one deaf child in a hearing environment, when the kids are attesting and playing with each on ‑‑ are teasing and playing with each other the deaf child doesn't have time to understand everything, to speech read everything in that environment. Social emotional needs are a huge concern. We see a high rate of mental health issues in the Deaf community developing later in life. We need to think about what will happen later and what we can do now to address that.

>>: I think with your question too ‑‑ well, I would suggest maybe looking at the Lisa restrictive ‑‑ the least restrictive environment. But it really depends on your local State or area. Some states, some have options available and they allow the parents to decide but you don't have to force the child to leave. You can say no. It would be better in a mainstream option or better somewhere else. You can say that you don't want that. You have the ride to do that. So make sure that you know what the options are available in your region or state and then find support for that. You definitely can do your own research and bring that about language deprivation, about isolation, that sort of thing you can definitely include that. The VL2 things and out there. Bring that to the meeting and advocate in the deaf association so that you can also contact them and they can also help you to get through this. There is no simple answer other than you have a right to say no. That was a situation that happened with my son. I'm like no, he's not leaving. Period. That's it. It's not gonna happen. I have a right to say that. You can't move him. And you have that right.

>>: Thank you so much for your presentation today.

I don't really have a question. I have more of a comment. When we're looking at the IEP and someone says a child can't do something, it's always important to ask where the data is supporting that claim that a child can't do something. And after the data has been collected and when you are applying that to the long‑term goals, it's important to talk about who's going to be doing something.

>>: Exactly. Good. Thank you.

>>: We have time for one more question.

>>: I think recently at my school that I work at we've taken the perspective of all these goals need to be even though I'm worked with four and five years old need to be geared towards what is he going to be doing with this information when she's 20, or 30 or 40. How are these skills going to impact his ability to take biology, to get a job, and to see it as long‑term, not I'm making this language goal because that's where he is right now but how will that goal then carry him forward for the rest of his life.

>>: We need to work together as a collaborative team to reduce language deprivation, to increase those collaborative efforts, to ensure that our deaf and hard of hearing children are getting all the resources they need. Thank you so much for coming to our presentation. I hope you learned something new.

(End of session )