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2018 EARLY HEARING DETECTION &

INTERVENTION MEETING

DENVER, COLORADO

MONDAY, MARCH 19, 2018

AGATE A‑C

LANGUAGE ASSESSMENT & INTERVENTION: CLOSING THE GAP

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I>> I'm going to be handing out the rest of the evaluation forms to anyone who hasn't gotten one yet. If I did not give one to you already, please catch me at some point. At the end of the talk, if you don't mind leaving them up on the table in the back or just handing it to me, that would be fine. All right. So I will get out of way now.

>>: Thank you so much. Hey, everybody. We are so excited to be here at EHDI. We've been coming to EHDI for years, but this is our first time presenting, and it's a very exciting time for us. I'm Mandy Longo. I'm a speech language pathologist. I'm from Florida. We met when we were in graduate school at Gallaudet University 20 years ago. This year celebrates 20 years of our friendship to years ago that we were at Gallaudet. Working in the field and just this past year after working in hall different kinds of settings, we've worked in hospitals, clinics, early intervention in the home, school system. State outreach program. We've done all different kinds of experiences and we decided this last year we were going to come together and started our own business. This is our first time being here to present to talk about that and I'm going to pass it over to Katherine.

>>: I have my own. We don't have to hair. My name is Katherine. I'm an infant toddler development appear specialist and RID certified interpreter. Like man did I said we've been doing this 20 years in a variety of capacities and we're just really excited. So we're going to just go ahead and get started because we don't have a lot of time. One thing I do want you to know is we really enjoy interacting and communicating outside of this room. Today it's 30 minutes. So if we say things or if you're sitting here and you're thinking or you leave and you're thinking I've got some questions, applies get in touch with us. Weigh really welcome that ‑‑ we really welcome that interaction and look forward to building relationships we already don't have.

We honestly believe that deaf children are born with amazing potential, but during the early developmental years we feel like too many deaf children's potential gets hindered by their lack of 100 percent access to language. And when you don't have 100 percent access to language, we've seen too many kids have language deprivation ran it breaks our hearts. So over the past 20 years we worked in the field in a different ways and we have felt like how are we going to make an impact over the next 20 years and beyond so we've made a shift.

So we've created RIPPLE. So if you can picture a drop of water following into some water, water creates a ripple affect so when a drop falls it ripples out and that's how we think of language for a deaf child. Language is a ripple effect. Everything in their life is tied to language whether interaction, early learning, academics, literacy, social relationships, family, professions, everything is hinged on fluent language.

So we created RIPPLE, and we provide support to families and professionals that have deaf children, and we believe that through those supports we want to help our children reach their individual potential through personal language experiences.

So just a little bit about what we do. We have three different branches within RIPPLE. We have direct services. Those include early intervention services, language and literacy developmental play groups, different types of early intervention services.

We have products. We're going to talk about one of the products today that we have created based on our use of our method over the years.

Then we also provide professional development training. So we're happy to talk about that at any time.

So witnessing so many deaf children not reach their individual potential due to language delays that are impeded that are academic progress and success, for us it's a really sobering moment. We are really passionate about language acquisition for deaf children and this is not just a job for us. It's our profession. It's what we do and believe. And we feel like we want to be able to have a long laughing impact on parents ‑‑ lasting impact on parents and on the professionals working with these children because that birth to three time is to critical.

>>: All right.

We also are slightly obsessed with the little kind of taking pictures wherever we go and putting them on stuff. So we like to hashtag our stuff, start the ripple. So if you in it during the presentation take a picture of a slide if you use it in social media, if you can hashtag it, start the ripple, we would great appreciate it.

>>: So Katherine and I have been working in the field for like we said for 20 years, and the materials that we have created have been based on the experience that we've gained by doing this for so many years. And one of the questions that we found over and over and over again that people would ask us is what's the best reading curriculum for deaf students because lots of deaf students have difficulty with reading and with literacy skills. So when we were going out into the schools or into different communities, into homes, a lot of the people that we were interacting with were not professionals in the field. They might have been a teacher. They might have been a parent, somebody who didn't have the training in worked with children who were deaf or hard of hearing and they would ask what curriculum do you use. They're not reading so what curriculum would you recommend. What we have discovered and found over the years, it has nothing to do with the curriculum. It's about language. You have to have language to be able to read a language. You can't read something that you don't understand. So if you have language, then you could learn how to be literate in the written version of that language, but you have to have the language first before you can read it. So it's not about the curriculum; it's about the language.

So just to give an example, I'm guessing you all have language. You all have a first language. Can you read this.

No. Why can't we read it? Because we don't know that language. You have to have the language in your brain to be able to read the language.

That's what it says. So let's think about a typical hearing child who starts off of their mother's womb and is hearing language before they're even born. And they're listening and hearing and after they're born they continue to hear and they're being exposed to the sea of language for about a year before they ever get that first word. Their brain is taking in all that language then they're able to speak that first word and they speak for years and become fluent in that language and they're fluent language users by the time they go to kindergarten. Then they're different a curriculum they can use that is based on being fluent in the English language to help them read and write ‑‑ go ahead.

>>: And then as they're developing that English language they're going to English language arts class every sing day. We all go to English language arts class from kindergarten through 12th grade learning about the English language before we're ‑‑ often for a lot of us hearing in that monolingual country of America we're not introduced to a second language until middle school or high school.

If we kind of think about that and we think about it for a child who is deaf or hard of hearing ‑‑ go ahead ‑‑ oh. So if we think about that for a child who is deaf or hard of hearing, they don't get that opportunity to listen to the language and learn that language. When they go to kindergarten, they often are not fluent in any language. We're skipping all these steps and we expect them to come into kindergarten and begin using a second language when they don't even have a first language. So we're skipping a lot of those foundational steps when we're working with a child who is deaf or hard of hearing and expecting them to come into our school system and learn to be literate in a language when they don't even have fluency in a language and that just doesn't make sense.

>>: Another thing that we have looked at is research. We're both research nuts and we read a lot of research about this, and this one says that language acquisition has long been recognized as the central difficulty facing deaf and hard of hearing children. This is from Marschark and we all know language is the key, and oftentimes we have traveled around and gone to different places to do assessments, and the first thing we want to know, what are the language levels of this child and most of the time the answer was, I don't know. I'm not sure. We have this reading test that we did, but we don't have a language assessment.

So we found that the central difficulty along with what the research says, the central difficulty is the language, what are the language levels. How do we access and monitor language and how do we get the focus back to language.

We like this picture because we see two brains communicating and to us that is awesome because language is not a modality. It's how we communicate and interact, and we feel like getting the shift off of the modality is important and understand that language is what our kids need.

So in our years of experience in working and accessing children we found ‑‑ assessing children we found a lot of places we would go they were missing critical data on their kids. So like Mandy said, we would walk in and say what's going on, we need you to problem solve this for us. We've got this kid. We're just stuck. So what we would say is okay give us all the information about their language. Oftentimes we would find the last language evaluation was done like last three years. How are we writing goals on kids with language evals that are three years old. We need to know their language right here and now. We found they were using assessments, they were using English‑based assessments to evaluate their sign language skills, taking language assessment made for English and then just putting really semkon on top of it and providing that as the child's language fluency in ASL. So seeing those errors all over depending on where we went made us kind of ‑‑ when we are evaluating and assessing we're looking for really in particular things to really clarify for us, okay, we can't do anything until we know where the kid's language is and we need ton the kid's languages and the languages they use. We need a valid English language assessment and ASL language assessment. When we would ask them what kind of progress have they made in that language? I don't know. Because remember they were only assessing it very infrequently. So that's really ‑‑ that stemmed a lot of our formation of RIPPLE.

So as we were ‑‑ have gone around and have done language assessments with a lot of different children, if you're familiar with standardized assessments, a lot of times they give you a standard score which is typical and what we often typically use as a standard score. But a standard score compares that child to some group of children and typically it's over children of that same age. But when it comes to the severe gaps that deaf children often have, the severe delays they often have, often when you compare them to their chronological age group, the gap is so large you really can't see the progress. You can't see where they're at. You get a standard score of 50, and that doesn't really give you much information.

So what we have found to be more effective is to use their age score, their language age score and to compare their score to themselves over time.

So I look at how the child is doing now and then I compare to how they're doing a year from now. Compare them to themselves so I can see growth in that individual child and the goal is always the same for every single child. You want their language age to match their chronological age. Right? If they are two years old, you want their language age to be two years old. If they're four years old, you want their language age to be four years old. If there's a gap, the language gap, if there's a gap between their chronological age and their language age, there's a problem. So we don't necessarily have to be using standard scores. We need to be looking at their language age scores and comparing them to themselves because the only way they're on target is when we get their language age to match their chronological age.

>>: The other thing that we found too is when you're talking to parents and parents want to know that their kids are making progress. So when you're comparing them to a group of kids and the discrepancy is so large, it's so nice to say to a parent, you know what, three months ago this is where your child was and this is the progress they have made in three months and it's encouraging for them and motivating for them to keep up the work and know that they're doing a good job.

So here's a picture of the language gap. There's a discrepancy between the language age and the chronological age which is what we don't want to see, but this is often what we do see in our kids. So how do you know if you're making progress? How do you know if the child is gaining the language skills that they need to gain and how many skills they need to gain. The only way you know is if you're monitoring this gap and every time you do a check, the gap is getting smaller and the gap is closing. That's the only way that, you know, if your intervention is effective. So you know a hundred percent whether your intervention is affective. If the gap is not closing, if the gap is staying the same or if the gap is widening then we have a problem. But if you can have data to show that the gap is closing over time, then you have proof to show that the intervention is effective.

So this is what we want to see. We want to see the lines on top of each other. So we always have a goal line. The goal is always their chronological age and we want the language age to match the chronological age.

And wouldn't it be nice if we had a tool that we could use to do this with.

Oh, wait a minute we do (laughter). Oh, wait a minute we do.

>>: So what we've done is we have created the DRIP EY which is the Diagnostic Record and Intervention Plan for children who are deaf or hard of hearing. So what we've done is taken our methodology of looking at that language gap over time and creating a form for early interventionist to use to have the ease of what we have when we're doing assessments and meeting with families.

So the form is specifically for birth to three, and ‑‑ oh. Sorry.

>>: So it is specifically for birth to three. There are ‑‑ there's ‑‑ it comes in a kind of like a card stock kind of paper, and the first page is demographic information.

>>: We're going to pass this around one on each side and then we'll collect them at the end if you guys want to look at them.

>>: So we will tell you how you can get these at the end.

So demographic information. We've got audio metric information, language, the type of languages that are used in the home and any type of other information that would impact language development. So, for example, if they have multiple ‑‑ we'll move. Here is Section 2. In Section 2 is where we collect the data. We have both a section for ASL and for English, and we collect data at different intervals throughout the year. And then at the bottom of Section 2 we have progress monitoring chart where you plot in with different colors the specific data for the specific languages, and you build that chart over time like the one that we showed you in the slide before. This form teaches you how to take the data that you have and plug it into your progress monitoring chart, and you use one form per year. So you have this form for a year, and then you carry it over into the next year and you start a new chart.

And then on the back of the form, this is in Section 3, we have formulas and questions and things for you to help guide you through the process. How do you calculate the language gap? How big is the language gap? From the beginning to six months later to twelve months later, how much did the gap change? Did the gap close? Stay the same. Did it get better. If it got worse or didn't change, what do you need to do to make a change to make the gap close. But this form guides you through all of that and how do you monitor language. How do you know how much intervention they need per week? All of that is discussed in the book and on the form.

>>: So we're going to do a quick example because I think we're super short on time. So let's suppose we have a child or we're starting this on ‑‑ see the highlighted. We're going to look at the highlighted things on the slide. February 14, 2018 we put the date in where we're started on initial assessment. Then write the date one year later, February 14th of 2019. So how old is that child at the initial assessment? 24 months. So we put that on the chart with black because black is our goal line. That means ‑‑ I already ‑‑ it's wrong. Anyway.

Then we put in the age a year later because we're going to compare it a year later and we draw a line. That's our goal line because that's their chronological age. Then we have to go back and put in the score from the assessment. So for the ease of this because we only have a couple of minutes, we're just gonna pick ASL. So we do our ASL assessment and we put their ASL age on the chart. And then we put what our goal is for the end of the year. What kind of progress do we want them to make in a year.

Now, think about this. For the gap to close, they have to have more than a year's worth of growth in a year's worth of time. If they grow one year later ‑‑ in a year's worth of time their language grows one year that might sound good but it's no good. Their language has to grow more than a year in a year's worth of time. That's the only way the gap can close. So you have to think about a year from now, what do I want their language age to be. So you have to think about that and project a year later what's a reasonable goal. If you only add on 12 months that's no progress. That's zero progress. It's progress but the gap is not gonna close because ‑‑ as they make progress they're getting older at the same time.

>>: So then I have my dotted line here to show, the gap won't close all the way but it's starting to close because I have to have a realistic goal of what I can do in a year. So that's my trajectory for the year. Then at the six month review, I did another check of the language and now they went from six months to ten months. So in a six month time period, how many months did their language grow? Four months. Is that enough? It's not enough so what does that mean to me as a therapist? Something with intervention. And that's what our book is about. That's what you do. If you don't have data to show what you're doing and to show that enough progress is being made, you need to have a way to justify that you need to make a change. What kind of changes and how much intervention. Is it the type of intervention. It professional or the right goals. Is it the environment? And that's what we dive into and I think we're about to run out of time.

>>: Last slide. One question do we have time for one or are we done? Oh, we have three minutes.

We have a hand.

>>: What tool do you use to determine age equivalency for ASL?

>>: For early intervention for right now we're using the VCSL. And so it's normed using deaf and hard of hearing children from birth to five and you can use those norms up until five. You can use it for other children that are older. Up just can't use the normative data after that. We train on the VCSL, so we've been training on it for three years. We've finished training at Gallaudet last year. So we are highly happy with that tool and look forward to future versions.

>>: This looks pretty generalizable. Why is it just birth to three. This looks like something you could do on a ten years old. So why birth to three.

>>: You could. You could use this with any age. The system of monitoring a gap over time, you could use with any age. But there's a lot more complication when it comes ‑‑ the older they get, there's a lot more complication involved and we are currently working on one for older children, but our goal is to eradicate language deprivation. We want to get to those babies. That's our goal. We want to get to the parents and the babies that birth to three so when they get to kindergarten, there is no language deprivation or language gap. So our heart and minds are focused on the babies right now. But, yes, use it with older kids for sure. Use the method. Yeah.

>>: Hi. I'm a parent of a seven years old who also has cerebral palsy. Her primary mode of communication is ASL. You spoke about taking a demographic and information about a child. I was wondering how a child with motor delays will play in your assessment.

>>: So just to be clear, this isn't necessarily an assessment but it's a protocol to collect assessment data. If you can go back to the slide with Section 2. So the demographic information has a section for other where you can denote that maybe the child has other struggles and they have maybe motor delays or maybe they're on the autism spectrum so that will impact their language. It's nice to know what's impacting language and we're not just only looking at language we have to look at the whole kid.

Then in the second section when we're looking at our assessment data and putting our scores down from the additional assessments that you're doing outside of the DRIP EY, there's a note section in here and I think it's important to put notes in there based on fine motor development, gross motor development, what the other therapists have to say in working with your child. So that's anecdotal information that can go in here. When that assessment follows the child throughout the year and some of that information gets put on the next DRIP EY form, that information can carry over so that child is known to the next user.

All right.

>>: So this is how you can keep in touch with us. We have our website it's RIPPLElanguage.com. We have a Facebook page and also Instagram and our e‑mail addresses are here. If we can figure out where those DRIP EY forms are that will be great. We have business cards. You've got information about this, about the DRIP EY and if you want to contact us after this and ask more questions and have a dialogue, we'd be happy to talk to you about it. We don't want anyone to misunderstand anything. 30 minutes, I mean we could talk about this for six years so 30 minutes is brief. But we're really excited to be here and glad you guys came. We're glad to have a room with this group. Thank you guys.

(End of session ).