>> I guess we will go ahead and get started on this session. We're really thrilled to be here. Welcome to our presentation. You can see the slide, supporting language acquisition i n d/Deaf/Hard-of-Hearing infants and toddlers, REAL opportunities.

So we are going to introduce ourselves. A ctually, first of all, let me double check access in the room. Does anybody need the sleds slides read aloud. I assume when we direct your attention to the slides, you can decode them yourselves. My name is Suzanne Maddox. I'm the director for the REAL project in the southern region. You might have heard REAL and there's an expansion happening here and there, but I am in the Southern region. It is actually exciting that we are expanding chapters all over the country, but I used to be a classroom teacher. I did that for 13 years and I really enjoyed it. I worked with early intervention for three years and what I noticed was there was a critical need for immediate access to language. And of course, immediate access to language happens at the home and that impacts student success so my passion is to see d/Deaf/Hard-of-Hearing children succeed and that's why I'm here and in this position. I'll turn it over to my colleagues to introduce themselves.

>> Hi everybody. My name is Kylea.

>> For the remainder of our presentation, I will switch to spoken English. Again, my name is Ichi ua. I am a trainer with the world project. Prior to transitioning to my role with REAL. I worked for the Alabama -- I'm also the mother of a son who is hard of hearing. He utilizes hearing aids and communicates with spoken English as well as ASL.

>> Hello. My name is Victoria Hagerty. I am Deaf. I grew up main streamed. And I'm a student at Gallaudet University for an education degree studying DeafEd for the birth to five set. Before I transitioned to the REAL project, I was a classroom teacher pre-K and high school. So the full range of experience in teaching those kids. Thank you.

>> Hello everybody. My name is Abby Burke. I will also use spoken English for the duration of the presentation as that is my native language. I am a trainer also with the REAL project. We are housed in talladaga Alabama. And before I started with REAL I was a speech-language pathologist at the Alabama School for the Deaf for five years and I kind of started to notice there was a great need for early involvement and -- based on what I was seeing and that second through sixth grade range is what I normally worked with. That's where my perspective comes from and I'll give the mic to Kristie.

>> Hi everybody. I'm Christy com bus and I'm a trainer for REAL for almost three years at this point. Prior to that -- I did that for over 15 years. And now I'm working as a trainer and as a Deaf mentor for families who have Deaf children, talking to them about Deaf Culture and giving them strategies. I'm also a mother of 7 children. They are mixed in hearing status. And I have some grandchildren too as well so I see the need for early access to language and that's my passion and what brings me here today.

So you have met our team. And again, we are the southern REAL region. I'm going to park myself hereby the PowerPoint rather than dancing at the front of the room.

We want you to know what we are hoping you're going to walk away with. There are three objectives on the slide. The first is to list the benefits f or d/Deaf/Hard-of-Hearing infants, toddlers and families of learning visual, spoken and p rinted/written languages in the first three years of life, along with where to find resources and tools to support early language acquisition. Our second objective is you'll be able to identify barriers to supporting language acquisition f or d/Deaf/Hard-of-Hearing infants and toddlers. And three, we are hoping you'll be able to identify key factors that impact language acquisition f or d/Deaf/Hard-of-Hearing infants and toddlers. The ultimate goal is you'll walk away with something from this session, some benefit that you can bring back to your roles in your states working with the families. With that, I will turn it over to our next presenter.

>> Most of us are probably aware of the urges of language acquisition and we want to emphasize that particularly in the neurological growth of babies. 90 -- unfortunate is born, they begin immediately to acquire language also in utero through the e nvironment, through sound, through the mother's v oice. Through the environment. When infants are born, the same thing is happening, sign language, expression, exposure to language happens from the moment of birth and language is language so we need to really take advantage of the opportunity for exposure from day one. In those first three years, the brain grows 80% of its adult size so it triples by the time the infant reaches the ages of three. And birth through five reaches 90% of the adult brain size that eventually slows down as an adult and language acquisition during that process happens immediately at birth and it happens quickly. It also slows in terms of neurological environment once they're a full grown adult.

Infants are ready to acquire language i mmediately. We might think we need to hold off and wait when in fact the opposite is true; we need to begin exposure immediately.

Neurocortex in the brain, the brain is essentially a sponge, right? It will absorb anything that it comes into contact with and grow as a result. The infant's brain is no different. It absorbs everything. It's ready to take in information auditorially, visually. We have a slide that shows the neurological complex system that's evolving in an infant's brain.

(Video playing).

>> I believe it's also captioned.

(Video playing).

>> The live captioning is covering up the video captions.

>> These connections form circunder the circumstances that become the basic foundation of brain architecture. Circuits and connections prolifter at a rapid pace. Dictate which circuits and connections get -- .

>> I apologize for that. We are going to go back to the beginning. We didn't realize that the captioning would be covered up by -- now we seem to not have the sound at all.

>> Sorry for the delay. Technical difficulties. Please stand by.

>> Can everybody read it. Thank you.

Thank you, Dr. Nut. We are going to start it again.

>> Thanks for your patience with the technical issues. I just want to bring your attention to the word foundation and how important that is for social emotional growth and for intellectual growth as well.

The brain is basically full of switches and the more they get turned on, the more the neuronal pathways are developed the more exposure, the switches off and the less opportunity to be gleaned and retained. Let's talk about the benefits of early language.

>> Thanks again to Dr. nut for the technical assistance. As Kristie just mentioned we've touched on the benefits of early language access, I'll expand a bit more on those benefits. The first is that it's a strong predictor of a couple of domains. One, once there's a strong foundation, linguistic foundation in place, it can help increase the capacity to learn a second language. The supplies to language a cquisition, whether it's signed or spoken. Secondly, it's a predictor of reading comprehension capability. So having access to a strong language foundation will help in assisting reading comprehension in the future as well as vocabulary development and earlier vocabulary development as well.

Secondly, it heightens eye gaze -- communication skills such as eye gaze, joint attention, and attention seeking and requesting, which are important for visual language skill development.

Thirdly, it enhances cognitive development, particularly executive functioning, which is a critical skill in terms of academic readiness and achievement.

Executive functioning involves things like problem solving, which is clearly critical for children who are using a visual language, it can be a real challenge for them, so having that language foundation, again, is critical.

When it comes to cognitive development, what's been recognized is that the ability to attend or attend switch or task switch, the ability to focus on one thing, and then shift focus to another task is a really critical skill that's developed when early accessible language is exposed. So there are a number of benefits that research has borne out in terms of the benefits of access to early language. It's not just limit to these benefits. There are a plethora of other benefits we could go into. I'll turn it over now to Uchi ua.

>> Okay. So we've talked about the urgency, we've talked about the benefits, so let's talk about some potential barriers. I know you may be thinking, okay, well, if it's urgent and there are so many benefits, who could be barriers? So let's discuss some factors that may present a challenge when parents are trying to acquire -- support their child in their language acquisition. Number one, we have time. Number two, access to resources and transportation. Three, limited support system. Four, conflicting advice or misinformation from professionals.

So let's talk about number one. So time. There are a few things to consider with time with families. Number one, do they work? Do they have other c hildren? Do they have other children who may have extracurricular activities? That's something to consider. As far as access to resources and transportation, you know, a lot of times families get information from the internet. So do this family have access to their internet? Transportation, do they have transportation? Sometimes family members share a vehicle. So if one parent has the vehicle for work, then that could pose a challenge for the other parent who needs to take the child to medical appointments.

If the family chooses ASL as their communication modality, do they have access to community classes? Do they have access to available sign classes online? Can they afford the classes? If the family's pursuing spoken language, are they able to transport the child to their medical appointments, to therapy a ppointments? So these are things to consider.

Also, the family's financial status is going to play a part in this. Limited support system. Not all our families have a loving and supportive family. You know, they may not have a large family. They may not have people who they can depend on or rely on to help them with appointments or judge you be there with t hem.

One thing that we can consider is helping families identify who can be in their support system, because I know a lot of times families don't think past close families and friends. So sometimes it's important to ask questions, hey, are you involved in any religious groups or any community organizations, what about any mentoring programs. Do you have Deaf mentor programs in your area? Play dates. Introduce them to other families of children who h ave d/Deaf/Hard-of-Hearing children. Complete misadvice and misinformation from professionals. I know we see this often. But this is something else that can make it very overwhelming for a parent, a new parent of a child who's d/Deaf/Hard-of-Hearing who already is in their own right lost because it's new. We know that over 90% of Deaf children are born to hearing parents, so that's over 90% of caregivers who may not have prior knowledge about deafness.

Sometimes the first Deaf person that a family meets is their child. The same thing in our case. So it's very important that we advise parents based on available information, based on all the information that we can provide to them for them to make an informed decision for their child and their family, not make decisions based on our personal beliefs and opinions.

Okay. So let's just say that in a perfect world time is not an issue, access to resources and transportation is not an issue, support system is not an issue, and parents have received all the information that's available. But you feel like I still don't see the motivation. So motivation is behavior and pursuit of a goal, right? So you may be thinking, okay, well the family has identified ABC as their goal, but their behavior is not aligning with the goal that they set. What is some reasons? Has anyone heard of the parent acceptance theory? Nathan du Cher. This theory explains that before a parent or caregiver can accept the resources and support provided to them, they first need to be in a place to accept that their child is d/Deaf/Hard-of-Hearing. They need to be in the space to accept their child's unique circumstances before they can proceed.

So it's important that we are having those conversations with our families, those hard conversations, those conversations that start with how are you, not how are the appointments, not how is your child, but how are you.

How do you feel about having a child w ho's d/Deaf/Hard-of-Hearing. That's where we need to start. But before you can expect a parent or caregiver to be able to be vulnerable and give you that, first you need to create an environment for them to do it. So you need to ask yourself, am I creating a safe space, am I being genuine, because a lot of times once you create that space and you allow a family to feel that you genuinely care, then they will give you this information. And guess what. It could help you. It could help you help them, because the more information they give you, the more you're able to connect them with available resources. So that's very important.

Okay. So before I take my seat again, I want to read to you this quote from a parent. Some of the information has been changed and removed for confidentiality, but this mom stated, when I asked how she was: I am exhausted. I am currently trying to figure out how we are going to pay for three hotel rooms. We have scheduled his sedated MRI, CT scan, the appointment with the ENT cochlear specialist is scheduled at the same time we're scheduled to go to a different state to a hospital for his CT. So I have to figure out how to pay for three nights of hotel rooms all in different cities. So I am stressed. I am tired. I am worried about money. But it's just another day.

So I challenge you, you know, sometimes parent are late for their appointments and we have probably five more appointments that day and they may be 30 minutes spreading it out and we gotta figure out how to make it from this side of town to this side of town and pick up our own -- early meeting in the morning. So sometimes we judge. We don't try, but sometimes we judge. Not knowing that prior to making the appointment, even though she was late, she had three other kids running around, probably had issues with a leaky pipe or something or dealing with something like this trying to schedule appointments and figure out where the money's going to come from. I just challenge you to just try to be a little bit more understanding. Try to be a little bit more patient. Ask. I mean, I know that your appointment is going to run late now, but ask Mom: Is everything okay? Give her a minute to give you this. Sometimes if she can unpack just a little bit with you, she can make it another three weeks and just be okay just because you allowed her that space to unpack. Now I'm done.

>> Okay. So we've talked a bit about the benefits and the potential barriers. Now we are going to talk a little bit about the impacts of that language acquisition. So I'll start with in a dream world when a child has no barriers, the child has full access to language, what would we expect to see in that type of situation. First, we are going to expect to see rich language, right? Rich language models by the family, caregivers, providers, we are going to expect for them to be constantly surrounded with rich language.

Thus, once they're done receiving that and receptively they're comprehending it, they're able to express that in rich language, so it's a full circle. We expect them to be surrounded with it and to express it themselves. Number two, full access. And by full access, I don't just mean that the person who is communicating directly with them is giving them a ccess, whether auditory or visual. It means they're getting that incidental learning, all of those environmental sounds, all of the environmental signing that's going on, auditorially, visually, they're incidentally learning. Family connections and b onding, we know that infant attachment is such a h uge, huge topic right now because we're learning how much of an impact it has on a child in the long run, so we expect to see that. We expect to see literacy, again, because that rich language model and the expression through rich language. And eventually we expect to see kindergarten readiness because if we've given them all the tools necessary, we've exposed them to rich language, we've given them the full access, they have the healthy bonds and relationships within their family and friends and they're capable of learning to read and then reading to learn eventually, we are going to turn that as kindergarten ready, r ight? That's what we would expect to see with no barriers and if a child has that full access.

And of course the flip side of the coin is what do we expect to see if there are barriers. And unfortunately, this is something that we do see often in our field, because we have not eliminated all of the barriers. So with barriers and limited access, we expect to see possible communication delays, social interaction delays, and academic delays.

Language plays a role in all of those domains, so we will see delays if children are not exposed to language. As well we'll see some disconnection from family members. Have you heard the term dinner table syndrome? Anybody familiar?

Yeah? I see some nods. Yeah. So let me explain it. Imagine a Deaf child in a hearing family, everybody's seated down at the dinner table. And that child is not going to understand everything that's happening in the conversation. If they don't have full access, if the family is not providing full access, the child will not maybe even know who's speaking, who to orient to lip read or to use residual hearing or if they are not signing, so dinner table syndrome is not only happening at the dinner table, of course, it applies to other types of social context, school, family relationships can suffer from not having full access, which also of course impacts mental health concerns, not feeling connected to your family of origin can be very traumatic and linger into adulthood. Maybe they don't ever feel love or safe, so those are mental health concerns that can carry through to adulthood. And we'll expect to see cognitive deficits, as I mentioned before, executive functioning is extremely important for success in academics later in life. And misidentification. So what happens sometimes is if a child does not have access to language, there have been cases where they get misidentified as an intellectual deficit when in fact it really was just a lack of exposure to l anguage. So it's important to remember the kiddos you see may not have any cognitive challenges, but they may not have been able to take full advantage of their brain sponge when they were little.

With full access to language we'll see more clearly whether there's an intellectual deficit or disadvantage or not.

So what can we do about this? How do we address all the barriers that we've shared with you? How do we help mitigate them and provide opportunities for language? What's on the slide are QR codes, they will work with your cell phone. There's something called H ALO strategies. H is highly, A is accessible, L is language, and O is opportunity.

So the HALO strategies are different strategies that will help introduce more language opportunities for d/Deaf/Hard-of-Hearing children and their families. There are 15 different strategies in that document. Some examples are narration. What that means is basically whether you're at home, a parent or caregiver is getting ready for the day, and maybe the baby's on the bed. And as a parent or caregiver, I'm going to narrate my whole day. Oh, it's going to rain today and I'm going to need to make sure I have my rain jacket and my well es and so forth. So talk is basically talking out loud for the benefit of language acquisition for the child. And that's incidental learning or language opportunity for that child. And of course, they may not get that in any other place in terms of visual access, seeing what other people are saying or what other people are doing so it's really important to engage in those strategies.

Another HALO strategy might be sandwiching, which means helping a child make the connection with vocabulary words. So perhaps using -- oh, I should say, by the way, these strategies are applicable to both visual and spoken language opportunities.

So the sandwich strategy is to speak the word like apple, point to the object, and then you could sign the sign for apple and then you could speak it again.

So helping the child make those connections between words and objects via visual language. The second QR code here on the slide is language milestones and strategies further resource links. That is an ongoing, living document that we are developing. We will add as more resources come a board.

Again, related to language milestones and strategies for both spoken and visual language opportunities.

Another resource, obviously, is us from REAL, the REAL project, which stands for regional early acquisition of language project.

And you can see here on the slide it's a collaboration between the Alabama Institute for Deaf and Blind or AIDB and the mont clare national education center at Gallaudet University.

So this is a collaboration between these two institutes who receives federal funding via an appropriation for our specific project goals focusing on number three, language acquisition for Deaf infants and toddlers birth to three.

So why do we encourage you to get involved with REAL? Kristie will explain.

>> You have been introduced to the project goals and we focus on language acquisition to make sure that all d/Deaf/Hard-of-Hearing children are school r eady. That's our primary objective.

As you can see on the slide, we serve a variety of states in the region, 11 total states in the Southeast and two U.S. territories, Puerto Rico and Virgin Islands.

We serve early intervention providers, professionals and families w ith d/Deaf/Hard-of-Hearing children. One real benefit to REAL is that it comes at no charge to families. Our services are no cost. And REAL collaborates with the Institute for the Deaf and Blind in Alabama as a regional center to make sure that all our services are centralized f or d/Deaf/Hard-of-Hearing children throughout the region. We also help with language acquisition through a variety of means.

If you would like to know more about our project, you can reach out to us. If you are in a neighboring state or neighboring region, maybe you have gone to another presentation about the Midwest and West and how REAL is growing into other regions and that is our intention. UC Alabama is where we're Hurricane Katrina for -- where we're headquartered in the Southeast region. Abby will go into some of the supports we provide through the provider network.

>> I'm not going to completely insult you. I'm going to let you look through these for just a moment. Take a glance through them and I'll expand a bit on what each one is.

I'll start with number one. Setting language in motion. That is a training that the Claire Center has developed at Gallaudet University. Each module has a different topic related to understanding the journey that a family goes through with their child when they're identified as d/Deaf/Hard-of-Hearing. There's some really incredible content there.

Language milestones. Just looking, like Victoria mentioned, about how spoken English and ASL, whether it's visual or spoken, those milestones are going to look very similar. They are going to be parallel. Languages strategies, again, Victoria mentioned the H ALO strategies and that kind of encourages that language acquisition, it ensures that these children are being engaged and that there's the greatest opportunity for them to acquire it effortless. Interdisciplinary collaboration, kind of looking into what makes a good collaborative team. How do we ensure that our collaborations are encouraging the family on their journey and they are not preventing? We are not having that conflicting information, we are not having misinformation. Advocacy for language access, looking at what that looks like for a family when they're starting early intervention and then they're learning what that transition from Part C to part B services is going to look like.

The 15 principles of shared reading, another fantastic resource that we look into how to encourage families with d/Deaf/Hard-of-Hearing children. What does reading look like when you have a Deaf or hard of hearing child? How do you encourage that literacy? Family language planning, we've hosted an event in our state where we kind of look at a family language plan. When families are a little confused about how to order their day or, okay, I know that my child's going to have to take their device off in the bathtub. How can we make sure they still have access? How can we make sure that language is still being built in these moments? Language assessments, like the visual communication and sign language checklist or the VCSL, we host trainings for that, as well as train the trainer events for that.

And here at EHDI, in and of itself, we have scholarship recipients, whether it's professionals or families. So we like to encourage families and professionals to come and become involved with the EHDI system. Come be involved with kind of the things that are the foundation of ha they do every day. Allow them to continue their education.

So those are a few things that we look at related to professionals. And the scholarships do apply to families as well. And those resources are going to be some that are provided by the professional to the families.

So these are things that specifically go to the families. How are we encouraging language a cquisition? How are we supporting families in our 11 states and our two U.S. territories? Things like care packages. This isn't like I'm sick, I need some chicken noodle soup and a Sprite. This isn't those type of care packages. However, we are sending books that have ASL, whether it be resources related to what they can access in their area, what types of resources and available centers do they have. So we send out a lot of different things in those care packages, namely an iPad so that way the families have access to the apps, like the parent advocacy app that the Clerc Center has. Virtual ASL lessons for families. Should they choose to pursue ASL for their child, they have that free accessible service to them. And not only do they have the lesson itself, but they have the iPad to access it. Let's say, for example, like Uchi ua mentioned, some of the barriers, let's say they don't have access to internet. Maybe financially that's not on their priority list. We can provide a MiFi to them for the duration of those ASL courses so that way they have essentially no barriers. Family events and family engagement. Hosting family events in a certain state or area, so that way families o f d/Deaf/ d/Deaf/Hard-of-Hearing infants and toddlers can get together and feel that connection to other families who are on their same journey.

Connections to state resources. Again, like the list that Victoria mentioned, we're sharing all of the resources that we have as well as developing other resources that we're hearing need to be developed and what the greatest needs are within those 11 states and two U.S. territories. And again, scholarships. We have lots of opportunities and resources that we're providing to our professionals and our families.

How many of you work as an early interventionist, providing services to families? Can I see a show of hands of EI folks in the room? Okay, great. About 15 years ago I started working in early intervention and I was overwhelmed. I was looking for resources that I could bring to share with families and I just was at a loss. When I started working in early intervention, I didn't exactly have the background, the training to work with families for the birth to three set. I had a background in early childhood education working with three, four, five-year olds. I had a little bit of birth experience, but I recognized there was a real gap. And the training that was needed and the resources needed to support the work that EI folks do. And that's really what we are here to do and provide. REAL provides training and support to early interventionists. So you don't have to feel overwhelmed, you don't have to reinvent the wheel. I remember in my time, when I was doing it, I was creating materials to work with families in their home during home visits. And that took a lot of time. That's hopefully one of the things we are going to save you from, so there's another of the QR codes that we showed you earlier should be used. And of course, there are more nationwide resources. There's just a few on the slides here, the one on the educational center at Gallaudet. We have a booth so please stop by if the haven't. Collect the swag and resources that we have. We're almost out of some of the most popular, the visual learning resource list, but we will give you more information . That URL that you see on the slide, you can subscribe to some of our products and scholarships. There's a portal that you sign up for. It was just launched. A new portal was just launched and we have 600 resources or so in t here. I would encourage you to mark that URL down and use it. Use it with your families as well.

The second listing here is the American Society for Deaf children along with their website. They also have a booth here at EHDI and they have some great resources for ASL services.

I know that people have contacted us asking for ASL services and resources. So ASDC is a good resource for that information.

The next resource down is Hands & Voices. They do wonderful work with family-to-family support, followed boys town national research hospital. They have lots of research, evidence-based supports f or d/Deaf/Hard-of-Hearing children. Finally ASHA, American Speech-Language-Hearing Association, they have resources for professionals specifically in audiology or speech-language path. So these are some of the nationwide resources. And I know when I started working in EI I wish I had known about these organizations, which of course were there, but I would have been able to get better trained to help the families I was trying to serve.

Before we continue, we showed you the map earlier of where we are currently working. The western region is expanding, so that's very exciting.

So if you have questions about a contact person, please email me, Suzanne Maddox. My email is M addox.suzanne at AIDB.org. I can refer you to the right person in your area. There are a few people in the west. They're in the back of the room. I'm going to ask them to wave. Hello hello. If that's where you are, we are growing REAL in the country. That's very exciting. This is the whole reason we are here.

Again, all of our resources, all of our training, all of our products are provided to you at no cost. You can request specific trainings with language acquisition and we can provide that. You can check out our website, which is fairly new. We've only launched it about three years ago so we're still growing that website, but please bookmark it and make use of it. I think the last three slides are references for research purposes if you wanted to k now.

We do have a handout. It's uploaded to the EHDI website. If you want to know more, go to the EHDI website for this session and you can get that handout. We are now happy to take questions. The floor is yours. We have about 12 minutes for questions. So if you have any, please let us know.

Let us know what language you're going to use.

>> So I live in Ohio. We don't have REAL yet. Hopefully we will someday. I'm just curious how families are getting connected to these services. Is it all through early intervention? How are they getting connected with your program?

>> Thank you for the question. Thank you.

I see another person. Thanks for the two questions, actually. The first question was about REAL in Ohio. We actually do plan to expand, but I don't know the exact time line, but it is in the pipeline. Part of the Midwest region, Ohio will fall into the Midwest REAL. Your second question having to do with how families can get in contact and get connected. So it is often through early intervention services. So those providers will refer a family to us. We provide those families with webinars, with ASL services if they want, or we help connect them to ASL service organizations perhaps in their area. Every once in a while, families will tell other families and we get some word of mouth traffic and they will contact us that way.

Any other questions?

>> First of all, thank you for the presentation. It's amazing work. And I have got a vision now for the future of language access. And how to avoid language deprivation and that continuing. As a developmental pediatrician, language deprivation in the patients that come to see me is quite stunning. I have a patient now who's eight years old who has almost no language to speak of, does have a cochlear implant, doesn't utilize it, and came to me for an autism spectrum disorder evaluation. And I thought, wait a minute, this isn't autism. This is clearly language deprivation.

And any number of people in the world, how many people in the world could make that assessment, right? A pediatrician could assess whether a psychological impact of language deprivation or autism. More and more individuals can, but sometimes I have to send people to Boston for that. So your work, first of a ll, is amazing, it's timely, and I want to encourage all of you, including folks from Ohio, where did that person who asked the question sit down -- to build bridges between the regions for which region is next, right? Don't wait for them to come to you, but ask for those services and be prepared and ready for when they actually do come to the Midwest. So I do have a question though. The.

For your work and research and knowledge of language deprivation, do you have recommendations for us at a national level on which assessment you use and whether it's a standard assessment, or do you leave it up to each state to determine which assessment is appropriate for language and language acquisition and deprivation?

>> So are you saying for each state?

>> Well, you mentioned today in your presentation that we need to assess for language.

Acquisition and development. Do you think that all states should have one standard assessment that they employ, or should each state determine on their own which assessment is most appropriate as an assessment tool?

>> Oh, that is a challenging question.

In a perfect world an assessment that would know if accessible language was being provided, regardless of modality. I think it's important for professionals to be able, who are qualified to be able to provide assessments in whichever modality. What we often see, unfortunately, is that people are not actually qualified and they're administering assessments and then they're unable to correctly interpret them. That's kind of some of the training that we want to provide, to allow people to understand how assessments should be employed. But in terms of a national level assessment, I mean, in a perfect world we would all be operating off the same playbook. But it looks like Abby wants to add something. I'll state real brief that I think that best practices is evolving always. So as we learn more about the different evaluations that are out there and the language assessment tools that are out there, it's not like there's an end all, be all for every child. So I think we have to keep attending to the best research and the best practices and it will continue to evolve. Yeah, that's what I would say.

>> I actually was a teacher, so I'm very experienced when it comes to the context of your question. I think that we can't really answer that question until we have an assessment f or d/Deaf/Hard-of-Hearing children that's normed. We do have some assessments, but if you look at the number of studies, there have been very few students in their sample size and we need a large representative sample size in order to norm those assessments so that would certainly allow us to give you a better answer once we have the normed a ssessment. We also have to think about the growing number of Deaf students with other challenges, additional disabilities, autism as an example. And that's certainly growing in number and my experience we are not often dealing with deafness and hard of hearing. Frankly the growing number of other challenges impacts how we assess those students as well. So it's a really hard question to answer.

>> But good discussion.

>> I was curious about what assessments you would recommend or what are currently being used across the board in different places.

>> Do we have that as a Google Doc? I think it's -- yeah.

>> It's in the resources that are listed on the last slide.

This QR code should take you to a list of resources. These are, again, it's an ongoing, living document and we're adding more information around assessments into that document.

But In terms of a current answer, are we talking about a specific age group?

Birth to three, okay.

The VCSL is the first assessment that comes to mind.

There are others.

>> Yeah, we have to look really at each child and make sure that the language that they're using will fit the assessment tool that we would want to choose. If they're using ASL, if they're using spoken language as well, so you have to really kind of think of all of the factors. It looks like we have about five minutes left. I don't know if there are additional questions.

>> Sorry, this is the room moderator. This might have to be the last question.

>> I don't want to be the last. I'm enjoying the conversation. I just have to say, this has been fabulous. I really enjoyed it and learning about the strategies that y'all have offered up today and having that information, it's just been a really enjoyable experience. I have to say just as a birth to three provider, in working with many different families in many different settings, home intervention, clinical settings, hospital settings, that taking in the variety of the context that the child is growing and learning in and the variety of providers that are interacting with the child, and looking at it as more of a team assessment rather than one person coming in as a professional and saying I'm a professional, so I'm just saying I can't do it by myself, I want to have your input, your input, how are they doing over here, what's happening in the daycare. It's kind of that holistic approach that tells us about the whole child. That's my two cents worth. Do I have to be the end? Can someone else follow-up with another question?

>> No, I think that was great. Thank you so much.

>> Yeah, I just want to fully agree with everything that you said. None of you have to work in isolation. We should be working together. The person in the back from Ohio, please contact us for r esources. You may not be in the South, but you are welcome to use our resources. So of course, use these QR codes, spread them with your families and keep in contact. Thank you so much for your attention. If there are other personal questions, you can see us at our booths in the exhibitor area. Thank you to my fellow presenters. Thank you for being here and thank you to the interpreters as well.