
The Road to Kindergarten Readiness

Language Policy for Deaf Children Ages 0-5



California Association of the Deaf

September 2017



LANGUAGE POLICY FOR DEAF CHILDREN AGES 0-5

LETTER

FROM THE CAD PRESIDENT



In 1906, alarmed by the declining quality of Deaf education due to Alexander Graham Bell organization's oral-only educational movement and the firing of many Deaf teachers, the California School for the Deaf alumni established the California Association of the Deaf. CAD is the oldest civil rights organization in California, whose mission is to preserve, protect, and promote human, linguistic, and civil rights of Deaf Californians.

With 17,000 Deaf children currently living in California, today more than 90% of them are still struggling with their K-12 education. The recent 2016 Legislative Analyst's Office (LAO) report shows that, in spite of cochlear implants and oral-only education, the educational system continues to fail Deaf children. This report, which I am proud to promote, explains why.

Alexander Graham Bell's ideological movement continues today and the organization bearing his name is currently and aggressively engaged in a campaign with the medical industrial complex. The medicalization of early intervention of Deaf children ages 0-3 focuses on "fixing" with little attention on critical natural language acquisition milestones in ASL and English, the languages of instruction in K-12.

We, Deaf Californians, became tired of Deaf children arriving at kindergarten with a poor foundation for literacy, reading, and writing. To change this, CAD partnered with Language Equality and Acquisition for Deaf Kids' (LEAD-K), spearheaded by a past CAD president, Sheri Ann Farinha, to advocate for SB 210. SB 210 had unanimous bipartisan legislative support. We worked with the California Coalition of Option Schools, which also recognize the language deprivation issues. In 2015, SB 210 was signed into law by Governor Brown. With SB 210, California is the first state to pass the LEAD-K law.

CAD continues to be committed to ensuring Deaf children's rights to have healthy language acquisition, Deaf role models/mentors, and language-rich educational settings and helping families attain that right. I applaud Marla Hatrak and Laura T. Petersen, the co-chairs of the 0-5 Language Policy for Deaf Children, for their vision and hard work with parents, educators, professors, and Deaf community members as committee members. Lastly, but not the least, this language policy work would not be possible without support from CSUN and LEAD-K. Thank you for your dedication to improving the quality of family and academic life for all Deaf children of California.

Together armed with the research, policy making, leadership training, and community organizing, Deaf people and their allies WILL unshackle Deaf education that has been paralyzed by more than 100 years of an epidemic of language deprivation syndrome.

The time for intentional ignorance is over.

Nothing About Us Without Us,

Julie Rems-Smario

A handwritten signature in blue ink that reads "Julie Rems-Smario".

1906

The Problem

...The underachievement of our state's deaf and hard-of-hearing students is of grave concern. Only 8 percent of our deaf students and 15 percent of our hard-of-hearing students score proficient and advanced on the California Standards Test for English-language arts. In math, only 10 percent of our deaf students score proficient or advanced.

Historically, deaf and hard-of-hearing children have struggled to acquire literacy and other academic skills. This is not because they cannot hear. If hearing loss, in and of itself, caused academic failure, then all students with hearing loss would be failing, and they are not....

-California Superintendent Jack O'Connell
State of Education Address, February 6, 2007

When examining Deaf education, all facets point to one thing: the epidemic of language deprivation among Deaf children is real. A professor and psychiatrist at Harvard University Medical School, Dr. Sanjay Gulati, identified Language Deprivation Syndrome as the single greatest risk to Deaf babies and children (2016). Furthermore, he said, "...medical and educational practices worsen their language deprivation rather than ameliorating it" (2016). Until we address the crux of the problem in all areas, the K-12 academic and social-emotional struggles of our Deaf students will continue. The costs of providing services for the eventual adult population also will continue to increase.



California's health and education systems have focused on its obligation to identify Deaf babies with less attention on the linguistic support families need. Annually, in California, there are over 1,000 babies born Deaf (Maternal and Child Bureau, 2014), many of whom unnecessarily experience language deprivation which disables them from reaching their full potential. Solutions to ending Language Deprivation Syndrome are readily available and fiscally efficient.

Deaf is a term that refers to children with varying hearing levels and is inclusive of hard of hearing, DeafBlind, and Deaf+ children, as well as children with hearing assistive technology.

Since 2007, California's Department of Education has not tracked Deaf students' academic data, thus keeping their academic failures a secret. Their scores are lumped together with all Special Education students. Many policy makers and administrators are oblivious to the tragedy that befalls many of California's Deaf students. On the other hand, the Deaf Community's teachers and professionals are keenly aware of Language Deprivation Syndrome because they see the symptoms daily in their members.

All Deaf children are able to acquire language, albeit in a visual form such as American Sign Language. However, the current educational system focuses heavily on hearing and speech skill development (Humphries, Kushalnagar, Mathur, Napoli, Padden, Rathmann, & Smith, 2012). A small percentage of California's Deaf students receive their education through direct sign language, while the majority are put into mainstream classrooms where they may have the help of an amplification system or an interpreter. Data from both California Schools for the Deaf showed that more than half of the transferred middle and high school students were five years or more years behind grade level in both reading and math (Taylor, 2016). This indicates a lack of timely and appropriate intervention for those students. As we emphasize throughout this Language Policy report, we need to re-examine our Deaf Education policies along with a focus on Early Intervention Services for Deaf children ages 0-5.

Language deprivation among Deaf children is a preventable problem.



Executive Summary

When policies are enacted for purposes that do not benefit children, we have a collective responsibility to work to change these practices (Principle & Ideals: Children, P-4.11 NAEYC).

Hearing technology is not a panacea for language development. With the advent of newborn hearing screening, Deaf babies are identified soon after they are born. However, this has not translated into successful academic outcomes because most Deaf babies do not have immediate access to language. Most services these babies receive have a misplaced focus on their weakest sense: hearing. All children learn best through their strengths, and we have not yet capitalized on the visual strengths and abilities of Deaf children. Early Intervention (ages 0-5) services and strategies are inappropriately focused on speech development—instead of language acquisition and development.



of learning speech. By the time families recognize that their Deaf child is not hearing and/or speaking as promised, they have missed critical language development milestones. Advances in linguistics and our understanding of natural, visual sign

languages have rendered this state of affairs entirely unnecessary. These scholarly advances have not yet been properly recognized and utilized in early intervention programs. As study after study has shown, good signing skills promote the acquisition of literacy, both reading and writing

(Humphries et al. 2015; Mayer & Akamatsu, 2003; Padden & Ramsey, 2000; Strong & Prinz, 2000; Chamberlain & Mayberry, 2008; Hermans et al., 2008; Paul, 2003; Wilbur, 2008).

Listening technology, such as cochlear implants and hearing aids, is not enough to provide full language access for the majority

“It is easier to build strong children than to repair broken men. “

—Frederick Douglass

Language acquisition, language development, and literacy for Deaf children are critically important, and yet, proponents of spoken language only polarize against a more inclusive approach of American Sign Language (ASL) and English. Parents are often misinformed and misled by professionals who encourage them to focus on one avenue

of Deaf children. Research shows that only a small minority of Deaf children who use listening technology and spoken language develop age-appropriate use and comprehension of language (Bouchard, Ouellet, & Cohen, 2008; Fink, Wang, Visaya, Niparko, Quittner, & Eisenberg, 2007; Peterson, Pisoni, & Miyamoto, 2010; Szagun, 2008; Gulya, Minor, & Poe, 2010). Research shows sign language development can support spoken language development. (Hassanzadeh, 2012; Park, Moon, Kim, Chung, Cho, Chung, & Hong, 2013). “Access to signing can ensure language acquisition for Deaf children and avoid cognitive deficits

associated with linguistic deprivation” (Humphries et al 2015; Kushalnagar, Mathur, Moreland, 2010; Rönnberg, 2003).

This begs the question: why would we withhold an easily acquired visual language for Deaf children and their families? Deaf children who sign well achieve better academically than the Deaf child who does not, regardless of all other factors (Humphries et al, 2015; Freel, Clark, Anderson, Gilbert, Musyoka, & Hauser, 2011).

52 Years Later... Still Failing... The Time is NOW!

Years of reports on the Deaf education system all clearly indicate that we are failing our Deaf children. We have known since 1964 what is required to change the outcomes for ALL Deaf students.

1964 Babbidge Report

The American people have no reason to be satisfied with their limited success in educating deaf children and preparing them for full participation in our society...The basic explanation lies in our failure to launch an aggressive assault on some of the basic problems of language learning of the deaf through experience or well-planned and adequately supported research, and in our failure to develop more systematic and adequate program for educating the deaf at all levels.... we must expand and improve our programs of early attention to the deaf child. Without such early attention, the deaf child's difficulties in acquiring language, the indispensable tool of learning, are greatly increased.



“Deaf children are entitled to know that they are heirs to an amazing culture, not a pitiful defect...”

—Carla A. Halpern

1988 Commission on Education of the Deaf (COED) Report

The present status of education for persons who are deaf in the United States, is unsatisfactory. Unacceptably so. This is the primary and inescapable conclusion of the Commission on Education of the Deaf... Do we have at hand the knowledge it would take to improve the situation significantly, even dramatically? The answer is a resounding Yes. But can we afford to do what's necessary? Indeed, we can't afford not to. Maintenance of the status quo represents an unwarranted extravagance—especially when we consider that a clearer understanding of the needs of persons who are deaf, coupled with the redirection of some existing funding and priorities, and a modest amount of new funding could result in impressive long-term savings. Even if we were to put aside for the moment the more important costs of maintaining the status quo—the human costs for those who are deaf and their families, and the waste of invaluable human resources and restrict ourselves to crass economic considerations, the current circumstances appear untenable. The inclination in education of persons who are deaf has been one of reaction rather than action, of remediation, not prevention... But in all honesty, we must point out that the actual implementation of these initiatives has been inadequate and sometimes misguided, and that progress has at best been spotty and sporadic. All too often, in our view, the recommended and legislated measures have turned out to be more well-meaning than effective for the target individual—the person who is deaf.



1989 California Department of Education (CDE) Superintendent's Task Force Report: Restructuring Deaf Education

Without communication, a child is lost. The effective development, understanding, and expression of language are fundamental to any educational experience and are particularly crucial for deaf and hard-of-hearing children. Communication and educational growth depend on a language-rich environment, one with ongoing, direct, and age-appropriate language opportunities. We take it for granted that hearing children will be in such an environment. Too often, the deaf or hard-of-hearing child sits alone in a classroom, unable to communicate effectively with peers and teacher... The unique and historic difficulties faced by deaf and hard-of-hearing children have been analyzed in detail, and recommendations have been made by national and state blue ribbon committees, task forces, commissions, and study groups. Unfortunately, little has changed to improve the education of deaf and hard-of-hearing students over decades.

2016 California Legislative Affairs Office Report: Improving Education for Deaf and Hard of Hearing Students in California

Despite California’s long experience with and relatively large expenditures on DHH students, these students continue to lag far behind their hearing peers on statewide assessments of reading and math. As DHH children cannot listen and respond to spoken language as early as their hearing peers, they often develop early language and cognitive delays that hinder future academic progress. These delays tend to be more pronounced in DHH children born to hearing parents, as hearing parents tend to be less familiar with modes of communications that help DHH children develop in their early years.



Disabling our Deaf Children Through Language Deprivation

Although the Early Hearing Detection & Intervention (EHDI) Act of 2010 does provide a continuum of “language and communication options,” the National Center for Hearing Assessment and Management (NCHAM) is a \$46 million federally-funded program that “ensures that all infants and toddlers with hearing loss are identified as early as possible and provided with timely and appropriate audiological, educational, and medical interventions.” How can they provide educational services without a focus on language acquisition and development? Currently, the majority of services for Deaf children ages 0-5 in California are focused on auditory oral skills development to the exclusion of an accessible visual language, American Sign Language (ASL). This is

evident in the propensity to hire hearing early interventionists without proficiency or background in ASL or Deaf culture. This decision has resulted in language deprivation for many children. All children at this age are able to acquire language visually, naturally, and easily. The same cannot be said about spoken languages such as English. We are setting these children up for failure. When Deaf children acquire ASL, they have better opportunities to acquire English reading and writing skills (Hoffmeister & Caldwell-Harris, 2014; Mayberry, 1993).

“The basic deprivation of deafness is not the deprivation of sound; it is the deprivation of language.”

—Kathryn P. Meadow, 1980

Research studies tell us that early childhood is the most important and pivotal period for language learning and acquisition for all children. For Deaf children, the consequences of delayed or deprived language development are devastating.

Deaf children frequently arrive at Kindergarten with inadequate language skills and subsequently struggle with

grade-level reading and math (O’Connell, 2007). The academic struggles are not a result of their hearing status but mainly because of the lack of an accessible rich language environment. How can we expect our Deaf students to achieve educationally with deprived, delayed, or deficient language development and skills?

When deaf children are identified, they are by default, put on an oral language path without consideration of other possible solutions such as a visual language like American Sign Language. The focus of their services become ensuring that they acquire speech, which for them might not result in language acquisition or academic success. Many of them have had no alternative but to try. The education of deaf children still emphasizes speech training to the exclusion of sign language or academics. Hearing

parents are discouraged from signing to their children and told that the use of a sign language would impede their child’s progress in learning English. Consequently, the deaf children of hearing parents, who are deprived of exposure to spoken language by biology, were deprived of exposure to sign language by society (Meier, 1991).

It is a basic human right for all children to have full access to language in

their environment from birth (Skutnabb-Kangas, 1994). ASL has been recognized as one of the world’s languages with complex linguistic rules, grammar, and syntax. However, families are not told about the opportunities that ASL can provide because many professionals either are ignorant of the benefits of ASL or are biased against ASL. Since many professionals are encouraging families to focus on spoken language exclusively, many Deaf children do not acquire a fully developed language by the time they reach Kindergarten.

“I admit the ease with which a Deaf child acquires sign language and its perfect adaptability for the purpose of developing its mind...”

– Alexander Graham Bell, 1884

The preschool program for my hearing son really “pounded” into us (parents) about the importance of language acquisition especially on kindergarten readiness (reading to him, exposing him to interactive languages, etc.) When my Deaf daughter came along, the IFSP and IEP pre-school programs were sadly silent about that. The difference in approach was striking and frustrating.

–Father of a Deaf Child

We are taking typical babies with full cognitive potential and disabling them through language deprivation (Komesaroff, 2008). When Deaf people are language deprived or delayed, their cognitive, social, and emotional skills are impacted. Their opportunities for higher education, employment, and pursuit of happiness are likewise affected. With many traditional and misguided intervention that focus only on hearing and speech skills development, our Deaf children, whose stronger sense is their visual-spatial abilities, do not get healthy and full access to language.

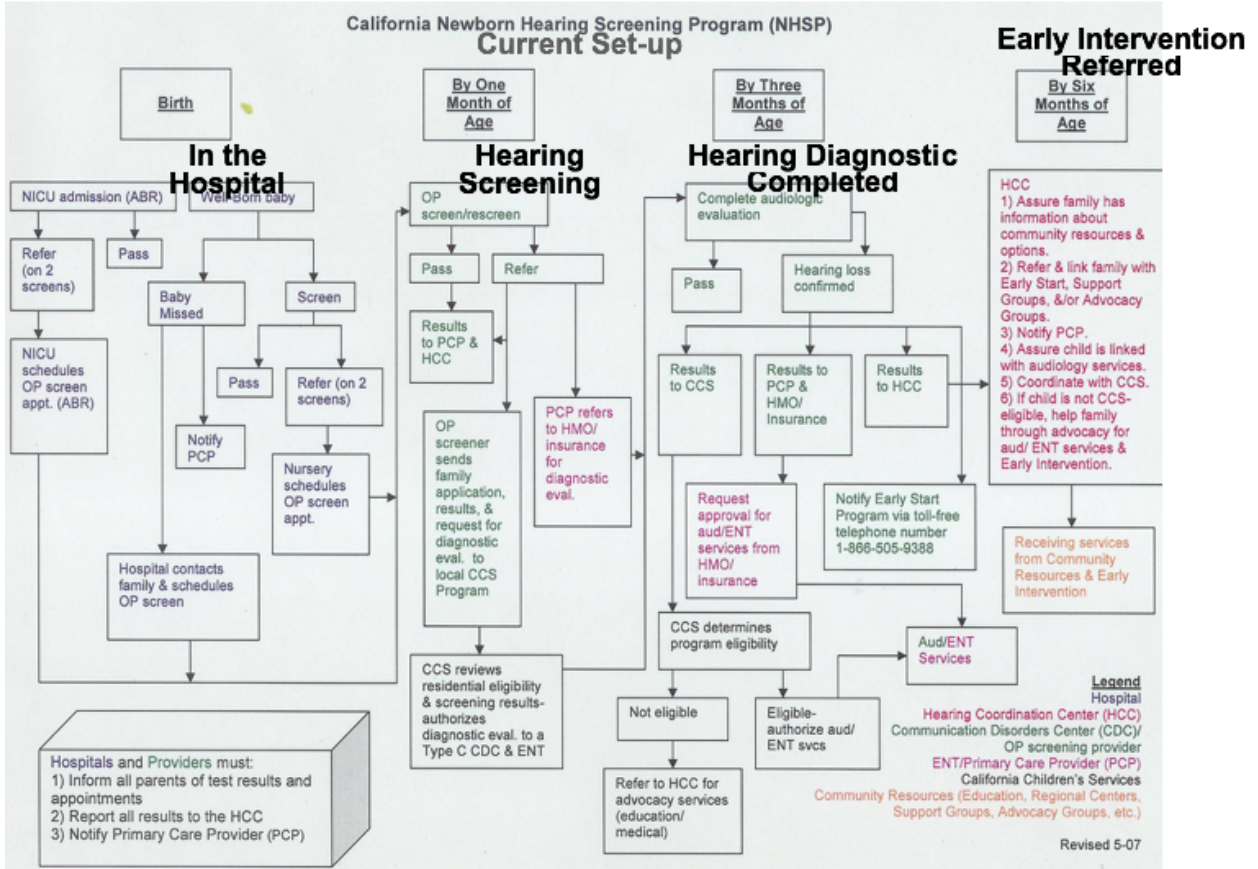
Humphries et al. (2012) outlined how linguistic deprivation of Deaf children causes harm to society when Deaf adults exhibit evidence of illiteracy, unemployment, and poverty. Also discussed was the medical and hearing professionals' misinformation about the supposed disadvantages of a sign language. In many cases, these professionals' coercing behavior toward parents of Deaf children has done lasting harm. There are research studies that illustrate the negative repercussions of the decades-long emphasis on auditory and speech development in the areas of adolescent mental health, academic

outcomes, employment, and quality of life for Deaf people (Humphries et al., 2016).

Language deprivation may result in cognitive delays such as critical thinking, theory of mind, and executive functions (Hall, Eigsti, Bortfeld, & Lillo-Martin, 2016; Schick, De Villiers, De Villiers, & Hoffmeister, 2007). Only through appropriate language services will Deaf children be able to attain the academic milestones that they are capable of achieving. Often older Deaf children newly enrolled at state schools K-12 programs take part in state mandated assessments for the first time and score poorly. The Deaf school is then blamed as the crux of the problem. It is important to recognize that, in the state of California, student test data is not



disaggregated by Deaf identity or by the age they started their exposure to sign language. Furthermore, California public school teachers of Deaf students are not required to acquire any ASL language proficiency standard, resulting in inconsistent language input in the classroom, except at the California Schools for the Deaf, Fremont and Riverside.



The Current System

From Birth to Early Intervention

The focus of newborn hearing screening is identification. Each state is required to report to the Center for Disease Control the number of babies screened, identified, and referred to IDEA Part C educational services. However, there is no required reporting on the effectiveness of early intervention services. For the majority of Deaf children ages 0–3, their Individual Family Service Plan (IFSP) focuses on acquiring speech and listening skills. At age 3, most of these children receive educational services via IDEA Part B and have an Individual Educational Plan (IEP)

with their local school district. To further complicate things, if a child is exhibiting age-appropriate language at the age of 3, services are then removed and the child regresses and arrives in kindergarten with delays. Many school districts lack any expertise in Deaf education and language acquisition. The quality of educational services the child then receives varies wildly as do the child's outcomes. Whereas, the State Special Schools in Fremont and Riverside provide a free and public fully accredited education that follows the State standards and Common Core Curriculum to all Deaf students ages 3-21.

Deaf education teachers are credentialed for ages 0–22 but often lack 0–5 early childhood educational training that would include a focus on bilingual language acquisition in both ASL and English. This is but a small piece of the puzzle of what is causing the academic failures of most of our K-12 Deaf students. By the time they arrive at Kindergarten, not only is their language development impaired, but their cognitive development and social-emotional skills are stunted. In turn, this has caused some sobering statistics about Deaf adults as a result of language deprivation and other circumstances (Humphries et al., 2016).



education system for Deaf children. Once the child is “behind,” the Deaf child often gets placed into a Total Communication

mainstream program or a mixed special day class. The oral-only programs have a wait-to-fail model of education. When

they do fail to acquire spoken language, they are sent to the special day programs which consist of multiple grade levels, a lack of resources, and lack of consistent support and development for teachers.

“Children are the world’s most valuable resource and its best hope for the future. “

—John F. Kennedy

When a Deaf child shows delays in speech development, three things typically happen. 1. The child is labeled a behavior problem or as having additional disabilities; 2. The child is considered to have cognitive delays and/ or 3. The parents are seen as non-compliant. None of these typical responses recognize the issues created by our statewide

With the passage of SB 210, starting in the

2017-2018 school year, all Deaf children ages 0-5 will have mandatory language assessments of their language development in American Sign Language & English and/or spoken English for the first time. Hopefully, these assessments will allow us to focus on the needs for change in the education of Deaf children and their families.



American Sign Language (ASL)

In recent years, research has shown that American Sign Language benefits all children regardless of hearing level and, in fact, is promoted as a tool for hearing babies to help them develop language (Hoecker, 2016). We now have evidence from neuroimaging studies that demonstrate that a baby's brain "does not discriminate between the hands (signed languages) and the tongue (spoken languages). People discriminate, but not our biological human brain," (Petitto, 2013). We know that Deaf children with parents who use American Sign Language are the most likely to acquire age-appropriate language skills and attain academic success. ASL proficiency has been a consistent predictor for students' reading comprehension scores (Scott & Hoffmeister, 2017).

"Did Maslow take language for granted? Language is critical for being able to communicate basic needs as well as unique ideas. Lack of language acquisition and access is the biggest barrier to self-actualization for Deaf children. "

-Petersen and Rems-Smario (2013-2014)

It has been long known that sign languages provide the needed visual input for language and cognitive development. Children who use sign language in their home environment starting at birth have been found to have the same language developmental milestones as their peers and perform on par or exceed their hearing peers academically. The relationship between ability with ASL and English language (in its written form) has been demonstrated throughout the years (Mayberry, 1993; Strong & Prinz, 1997).

Programs need to provide more bilingual (ASL-English) language learning opportunities for parents. While parents make choices about the language used in the home, Deaf children's needs should be prioritized to ensure that the language choice is fully accessible for their children. Professionals need to communicate to parents that appropriate language acquisition is critical to their child's Kindergarten readiness. As studies show, the human brain has an optimal period for specific aspects of language acquisition and that optimal



period is between the ages of 0-3. As we do know that not all Deaf children are able to fully access spoken language, even with listening technology, it is critical that appropriate language acquisition is clearly delineated and defined. Cochlear implant proponents are aware of the uneven and unpredictable language outcomes of implanted babies (Lyness, Woll, Campbell, & Cardin, 2013). This shows that we are gambling with Deaf children's lives and putting them at risk of becoming linguistically deprived and delayed. More importantly, by the time delays are obvious, the critical language period is lost and any opportunity for the Deaf children to develop their language is stunted.

All children learn best through their strengths. All families should learn American Sign Language since it has been proven to be the safest approach by providing 100% language accessibility from birth.



Barriers to Kindergarten-Readiness Success for Deaf Children Ages 0-5

Medicalization

Today more than ever, the intervention with the Deaf child and their families has become medicalized (Maudlin, 2016). Medicalization is generally viewed by many professionals currently serving Deaf children as a part of the process that works toward 'correcting' their hearing and speech deficiency. This is a harmful construct that, unfortunately, forms the basis for many of our programs that are designed to serve and support Deaf children and their families. This also hinders many professionals'

understanding of the difference between the physical faculties of hearing and speech and the critical cognitive faculty of language. Although they are very important topics in Deaf education, many people in the field of education do not know the difference between language

“It is a Kindergarten-Readiness (K-R) campaign where we assert that language deprivation or delays between ages 0-5 is the main cause of Deaf children’s eventual reading, academic, and social struggles.”

-LEAD-K

and speech. The hearing professionals' ignorance about the difference between language and speech and their attitudes about American Sign Language affect the family's ability to make appropriate decisions. Nor are families fully informed of the available languages and continuum of services due to a skewed and inappropriate bias towards medicalization. Without appropriate oversight, the professionals serving Deaf children continue to be active proponents of the medicalization of Deaf children and fail to recognize the harmful consequences that their actions bring. It is critical that the professionals have a more holistic approach to supporting Deaf children and their families. This requires using approaches that are centered on the Deaf children and optimal linguistic development via a fully accessible language.

Professionals are “wedded to the old way of doing things. We need people who are willing to take, who are willing to be a little bit more accepting and less challenging of new information and new research as things come to light and not take it personally...”

-Renatta Cooper



Lack of Involvement from Deaf Professionals and Community

Deaf professionals and the Deaf community have not been included as major stakeholders of any major initiative regarding the education of Deaf students until 2015. That year, Deaf people in California pushed for SB 210 legislation to assess Deaf and hard of hearing children's language developmental milestones. For the first time, Deaf students' ages 0–5 developmental data will be mandated

for reporting. We are reaching a very critical juncture where we must ensure that Deaf professionals are included in the provision of all services to Deaf children and their families. We also must make sure that we have services that work towards appropriate support for the Deaf children's linguistic and identity development.

Ableism and Audism

At the very core of most of our current services for Deaf children are the ableist and audist constructs that negatively impact their linguistic and identity development. These constructs have become ingrained into most of the practices. Because they are **assumed** to be natural and appropriate approaches, the current practices have gone unquestioned and unchallenged, resulting in the poor performance of our Deaf children. Thomas Hehir, currently a faculty member at the Harvard Graduate School of Education, describes ableism:

...the devaluation of disability that results in societal attitudes that uncritically assert that it is better for a child to walk than roll, speak than sign, read print than read Braille, spell independently than use a spell-check, and hang out with nondisabled kids as opposed to other disabled kids... the pervasiveness of . . . ableist assumptions in the education of children with disabilities not only reinforces prevailing prejudices against disability but may very well contribute to low levels of educational attainment and employment. (Hehir, 2002, p. 1)

Tom Humphries, emeritus professor at the University of California San Diego, defined audism as:

The notion that one is superior based on one's ability to hear or to behave in the manner of one who hears.

Heidi Reed and Hartmut Teuber further described ableism and audism:

The belief that life without hearing is futile and miserable, that hearing loss is a tragedy and the "scour-age of mankind" and that

deaf people should struggle to be as much like hearing people as possible...an obsession with the use of residual hearing, speech, and lip-reading by deaf people. (Pelka, 1997, p.33)

The ableist and audist constructs are unfortunately pervasive, harmful, and need to be

challenged by the inclusion of Deaf professionals and appropriate services for Deaf children and their families.



ableism:

discrimination or prejudice against individuals with disabilities.

-Merriam Webster Dictionary

audism:

discrimination or prejudice against individuals who are deaf or hard of hearing.

-Merriam Webster Dictionary

In Summary

We need to focus on ensuring the success of all 17,000 Deaf children in our education system, not a selected few. We want each and every Deaf child to be Kindergarten ready through healthy language development. Our recommendations are based on our desire for all Deaf children to be Kindergarten ready and have a lifetime of academic success and healthy social-emotional well-being. This likewise will have positive impacts on their family communication.

Deaf community members, parents, and ASL allies are stakeholders dedicated to promoting a language-rich environment and subsequently better academic outcomes. We are also looking to our state legislators and educational policymakers to help us promote that vision. The Legislative Analysis Office (LAO) 2016 report agrees that some things must change. Keeping the 17,000 students in mind, this Language Policy report attempts to show what can change for our Deaf children and students in California through more collaborative efforts.

17,000



Our Recommendations for Deaf Children's Kindergarten-Readiness

1

Recommendation #1: Include ASL services as a provision of interventional services for families and their children

Provide families with American Sign Language services through their IFSP and IEP just as families receive speech, physical, and occupational therapy.

2

Recommendation #2: Employ professionally qualified Deaf specialists to provide ASL services as a part of intervention services for families and their children

Involve trained Deaf specialists in the early childhood education of all Deaf babies and toddlers ages 0-5 through a formal state structured Deaf Mentor Program.

3

Recommendation #3: Establish a Statewide Deaf Mentor Program

Develop a statewide structure for a Deaf mentor program to enable the provision of quick, early, and appropriate role models and services to Deaf children and their families. This will include establishing a formal certificate and Bachelor's degree programs to train Deaf adults to become Deaf Mentor & Family Services professionals to assist with home-based bilingual instruction and cultural information about ASL-Deaf people.

4

Recommendation #4: Restructuring of California Departments of Education and Health Care Services

Streamline services for families with Deaf children through one agency to ensure better oversight and accountability of language acquisition and development and academic outcomes for all Deaf students ages 0-22. The California Department of Education should be the primary department to oversee the Deaf/Hard of Hearing Early Start programs and be responsible for early education of all Deaf babies and toddlers ages 0-5 along with the 16,000 Deaf K-12 students in California.

(based on the 1998 Report of the California Deaf and Hard of Hearing Education Advisory Task Force: Communication Access and Quality Education for Deaf and Hard of Hearing Children)

5

Recommendation #5: Regionalization of educational programs

Set up regionalized education programs for Deaf students ages 0-22 throughout the State of California. (reinforced by the 1998 Task Force recommendations and the 2016 Legislative Analyst Office report)

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Families reported that frequently the resources provided by these other professionals were not necessarily reliable or useful, leaving them feeling frustrated and not knowing what to do with the information.

In contrast, with the Deaf Mentor, they found themselves using the resources and having a better understanding of which resources were useful for their child. Additionally, they had a better understanding of how to connect with resources when it came to the needs of their child. These Deaf Mentors provided connections with the Deaf community and helped the family understand how to interact with the education system.

-Hamilton, 2017, p. 81



CAD Publications

The California Association of the Deaf (CAD) is a membership organization whose mission statement is “to preserve, protect, and promote civil, human, and linguistic rights for all Deaf Californians.” Information about CAD can be found on www.cad1906.org.