



State of Vermont
Vermont Deaf, Hard of Hearing and Deaf/Blind Advisory Council

REPORT TO THE GOVERNOR AND GENERAL ASSEMBLY
January 15, 2024

The Vermont Deaf, Hard of Hearing and Deaf/Blind Advisory Council

Act 107 of 2016

Submitted to

The Honorable Governor Scott
House Committee on Human Services
House Committee on Health Care
House Committee on Government Operations
Senate Committee Government Operations
Senate Committee on Health and Welfare

Submitted by

Spenser Wepler, Chair
William Pendlebury, Vice Chair
On behalf of the
Deaf/Hard of Hearing/DeafBlind Advisory Council

Contents

Executive Summary	3
Emergency Communications	3
Recommendations	4
Education	5
Recommendations	6
Deaf/Hard of Hearing/DeafBlind Services Update.....	7
Additional Recommendations.....	8
Appendix A Hearing Loss Background.....	11
Appendix B Vermont History & Demographics	13
Appendix C Children’s Services.....	15
Appendix D Adults and Older Vermonters Services	18
Appendix E Council Membership	21
Appendix F Citations	22
Appendix G Examples of Picture in Picture	24
Appendix H Letters to Governor and Secretary of Education	25
Appendix I Education Subcommittee Final Tool and Checklist	28

Executive Summary

As outlined in Act 107 of 2016, the Vermont Deaf, Hard of Hearing and DeafBlind (D/HH/DB) Advisory Council was established in the spring of 2016 and is required to submit an annual report to the Legislature and Governor's Office. The Council is made up of members that bring a unique blend of experience and knowledge from the professional, community and personal perspective. The Council is guided by its mission statement which is as follows:

The mission of The Vermont Deaf, Hard of Hearing, and DeafBlind Advisory Council is to improve the lives of all Vermonters who are Deaf, Hard of Hearing or DeafBlind by recommending policy that promotes diversity, equality, awareness and access.

The role of the Council is to make recommendations to the Legislature and the Governor's office in order to shape policy implementation and quality improvement initiatives for those individuals who are Deaf, Hard of Hearing and DeafBlind (herein referred to as D/HH/DB) and are in need of services and resources in Vermont. We are also required to identify services and resources that are currently lacking.

The Advisory Council continued to meet remotely by Zoom for the entire year with the exception of one in person meeting during the summer. The council had meetings in January, March, May (in person), July, September, and November of 2023.

This year's report will take a different approach and instead highlight two main issues as experienced over the past year and provide recommendations for each. Additional recommendations as well as an update from the Director of D/HH/DB will follow that. Historical context, demographics and statewide organizational and advocacy group updates are all provided in the appendix.

2023 was a difficult year for Deaf, Hard of Hearing and DeafBlind Vermonters and their fellow New Englanders with devastating flooding during the summer and early winter along with tragic events of Lewiston, ME in October that saw 4 members of the Maine Deaf and Hard of Hearing community killed as the result of senseless mass shooting. The four victims were not only colleagues but good friends and relatives of those in Vermont Deaf and Hard of Hearing Community as well. One of the Victims was well revered throughout the interpreting community as he was frequently seen interpreting during Maine's COVID briefings.

Emergency Communications

As noted above, in July Vermont faced a state-wide emergency due to flash floods. The warnings, emergency announcements, and news updates were not conveyed in an ADA appropriate manner to meet the different communication access needs of the Deaf and Hard of Hearing and DeafBlind (D/HH/DB) communities. As such the D/HH/DB Council formed a sub-committee that included the Vermont Director for the D/HH/DB to review existing protocols and to make recommendations for how to relay critical and necessary emergency information to D/HH/DB Vermonters going forward.

Throughout numerous medical and weather emergencies in recent years, press briefings and emergency announcements have been consistently effective and beneficial for hearing Vermonters. However, access to this vital and potentially life-saving information has been

sporadic or entirely absent for Deaf and Hard of Hearing (D/HH) Vermonters. This poses a serious and impactful issue, with many individuals having unsuccessfully communicated complaints to the Governor's office, other emergency and governmental agencies, and news stations. All Vermonters have the right to receive the same emergency information; this matter requires urgent attention to avoid further jeopardizing the lives of these individuals.

Most Hard of Hearing Vermonters communicate with spoken English and rely on live stream captioning (CART) to access information. As such, it is important to note that only a few Hard of Hearing individuals are proficient in sign language. For those who depended on television for real-time news updates, their safety was jeopardized due to unclear, inaccurate, and/or non-existent closed captioning.

In contrast, most Deaf Vermonters communicate in American Sign Language (ASL) and require interpreting services. For effective communication, the interpreter should be positioned next to the speaker, fully visible within the TV frame, or placed in a separate screen in the corner using the Picture in Picture (PIP) technique. This live streaming approach can be shared across multiple television stations. For examples of PIP, please see Appendix G.

During the initial broadcast of warnings and evacuation guidelines, American Sign Language (ASL) interpreters were notably absent from the screen. When interpreters were eventually included in subsequent news updates the camera zoomed on the speaker and cut out the interpreter completely. A full view of the interpreter's body, facial expressions and hand signs are crucial to understanding the messaging. To not provide this reduces access to crucial life-saving information.

Both Deaf, Hard of Hearing, DeafBlind Vermonters are legally entitled to access communication, emergency announcements, and press conferences. It is imperative for Government and Emergency Services Personnel to recognize and accommodate the distinct languages and communication modes of these communities. It is crucial to understand that providing emergency communication access in one language mode is not adequate. Excluding either group constitutes a violation of Federal ADA law. For reference, refer to [State Statute, Title 9, Chapter 139: Discrimination ; Public Accommodations; Rental and Sale of Real Estate; section 4501. Definitions 7.A and B.](#)

Recommendations

1. It is essential to designate an individual at the state level in a leadership position to be responsible for ensuring the presence of contracts for both captioning AND interpreting services. This ensures swift implementation in the event of an emergency or disaster.
2. There is a crucial need for a singular emergency hotline number, email, or text messaging for reporting instances of inadequate communication access, ensuring immediate resolution. This past July, many reported to the Director of Deaf, Hard of Hearing, DeafBlind Services but it was not determined until much later how to deal with the information received.
3. It is essential to establish a post emergency evaluation process to gauge the effectiveness of communication access for both Deaf, Hard of Hearing, and DeafBlind communities. This process should involve reviewing feedback from Deaf and Hard of Hearing (D/HH) Vermonters

as well as making necessary adjustments to enhance the communication process for future events annually.

4. Utilize local access resources, for example Relay Conference Captioning's (RCC) services for captioning and Vancro Integrated Interpreting Services (VIIS) for American Sign Language (ASL) interpreting services

5. Encourage the Vermont Buildings and General Services (BGS) to establish a statewide contract with one or two captioning companies specifically for emergency events.

Education

Even though we are well into the post-COVID times, the education system is still reeling and trying to get back to pre-COVID way of life and staffing levels. While some school systems are able to adequately provide the necessary service for students who are D/HH/DB, the reality is a majority of the state, and its education system are failing these students. The gaps are no longer gaps, they are canyons and are much more noticeable now compared to last year. As I noted in last year's report it is not just D/HH/DB students but all students with physical and cognitive learning disabilities that continue to fall through cracks and are being left behind due to the inability of school systems to hire the necessary educators and staffing to appropriate levels in order to educate and provide the necessary services to these children.

As I noted in last year's report, the School Age Subcommittee of the D/HH/DB Council had reconvened to develop draft recommendations for an evaluation and measurement tool focusing on the provision of education services to D/HH/DB students. The subcommittee's hard work resulted in a draft tool that took into account national standards and included national experts participating in the group meetings, that were tweaked to reflect differences here in Vermont. That tool was referred to the AOE for review and further review and input. The tool was piloted in a select few school systems in the spring of 2023 by UVMDC: Deaf, Hard of Hearing and DeafBlind (DHHDB) Educational Services Program (School Age Students). The Tool was presented to and well received by the Superintendents and Special Educators Associations annual meeting in May 2023. The full D/HH/DB Council voted to formally adopt the and recommend its use for any service provider vendors providing educational services to D/HH/DB students in Vermont. Formal letters were sent to the Secretary of Education as well as the Governor's office in August 2023 (included in the appendix), encouraging the formal adoption and use of the tool by service providers. To date there has been no formal response from either. These letters can be found in Appendix H

It should be noted that In the Spring of 2023, UVMDC ESP and UVM CDCI opted to discontinue their partnership and both organizations applied for the AOE D/HH/DB Educational Services Grant. UVM CDCI Cares was ultimately awarded the Grant in July 2023, however its becoming increasingly clear that lack of collaboration by organizations offering differing services is resulting in further fragmentation of the delivery of services to D/HH/DB students in Vermont which is proving to be (anecdotally from parents) ineffective for everyone involved.

The School Age Subcommittee continues to meet and host education sessions involving the Tool. On November 6th the Sub-Committee along with Vermont Hands and Voices and the VT

Coalition for the D/HH NASDSE Guidelines and UVMCM DHHDB ESP hosted a successful education session/workshop for providers, parents and special education personnel which was once again well received. Dr. Cheryl DeConde Johnson was the Keynote Speaker and discussed issues related to accountability (including the importance of data); the Chair of VT Hands and Voices updated on the work that the coalition has done to increase awareness in Vermont about the NASDSE Guidelines; the School Age Subcommittee modeled the use of the VT Quality Indicator CHECKLIST during a mock IEP; Director of VTEHDI/DHHDB Educational Services Program, discussed her efforts and plans to increase the utilization of the CHECKLIST in Vermont school districts.

Dr. Johnson's highlighted in her presentation that that a greater percentage (79%) of VT students who are DHH are spending >80% of their time in the General Education classroom compared to national data (64.5%). The discussion turned towards whether or not these students had received an adequate assessment by qualified providers which is reinforced by the number of DHH students who are 2, 3 and more years BELOW grade levels in their academic and language proficiency. The poor academic performance should concern everyone and reflects that students are not getting the necessary services that are needed and to which they are entitled. Our concern is only reinforced by the recent Supreme Court Decision involving a student suing a Michigan School District (<https://www.scotusblog.com/2023/03/court-rules-for-deaf-student-in-education-law-case>) as well as the more recent case where the ACLU in Delaware has filed a formal complaint with the US Department of Education's Civil Rights office against the DE Department of Education laying out claims of discrimination against deaf and hard-of-hearing children systemwide (<https://www.aclu-de.org/en/cases/deaf-hard-hearing-education>). Vermont must stop turning a blind eye to the educational issues that are right in front of us and deal with them head on.

The School Age Subcommittee continues to focus on, data accountability, standardization and transparency reported by the vendors so the Council can begin to know who is being served, what their needs are and how well this population is being served. In March, the Subcommittee will forward recommendations regarding data standardization to the Council for submission to the AOE. In addition, the Subcommittee continues their advocacy to formally adopt the tool and require the data be reported by any future vendor awarded the AOE D/HH/DB Services grant. Another educational session on these tools/processes is planned for March 26, 2024, for parents and providers.

Recommendations

1. Formal adoption by the AOE of the Vermont Quality Indicator Tool and Checklist as recommended to the Governor and the AOE in August of 2023. The Tool and Checklist should be required to be used by ANY vendor providing services in Vermont to D/HH/DB Students including any vendor chosen by the AOE for the D/HH/DB Educations Services Grant. Please See Appendix I
2. Elimination of the competitive grant process for selecting vendors to provide D/HH/DB educations services in VT. Instead, this money should be reallocated and distributed directly to school districts to use and contract with the necessary and preferred vendors to serve the needs of their students who are D/HH/DB. Absent of this, then the grant should be issued on 2- or 3-year intervals so that it is not an annual process. If the grant is to remain then there needs to be robust

oversight of the vendor (including use of the Tool and Checklist) as well as milestones met, and evaluation on standard state contract metrics and an accounting of taxpayer dollars spent.

3. The recently introduced Bill of Rights for D/HH/DB S.172 Students should strongly be considered and passed to show that Vermont is taking this issue seriously. The bill can be found here: <https://legislature.vermont.gov/bill/status/2024/S.172>

4. Begin a dialogue about the creation of regional day programs for D/HH/DB Students. This can be more easily done if school districts are allowed to band together to share resources to allow for the provision of these services, not just D/HH/DB but all students that require specialized services. An act relating to boards and cooperative education services was recently introduced in the House and we urge serious consideration and passage of this bill. The bill can be found here: <https://legislature.vermont.gov/bill/status/2024/H.630>

Deaf/Hard of Hearing/DeafBlind Services Update

The Director of D/HH/DB Laura Siegel has had a busy year as well working across multiple state agencies along with outside organizations. She collaborated to create open office hours to educate state agencies on how to create accessible context and worked with the Agency of Natural Resources to ensure that their services expand to individuals with dual sensory losses (vision and hearing) and plan a monthly series of outdoor activities through the Department of Wildlife and Fish for the summer of 2024 and 2025.

She has been providing technical assistance on incorporating DHHDB context into DAIL's Vermont Strong Plan and is creating a Communication Action Plan for the MFTP to aid discharge nurses/case managers.

She provides technical assistance to Vancro to increase consumers on their Specialized Support Provider (SSP) pilot program statewide which went from serving 3 to 31 people and will be a stakeholder for their Pathway to partnership grant. UVMHC ESP and Vancro will also be involved. She is providing ongoing technical assistance to developing their "Effective Communication" Policy for DHHDB children/adults at DCF

In conjunction with the Department of Mental Health she created a second survey and sent it out thru NASW which received over 20+ responses. She also provided a co-presentation at NASW annual conference at the Hilton in November 2023 and will provide another co-presentation at NFI conference in May next year.

Outside of State Government She has been working closely with Enhanced 911 creating a cheat sheet for dispatchers to assist with dealing with D/HH/DB Vermonters, as well as provided training and helped add on more features to their current software.

She has been working hard but finding it difficult to secure funding for events that are not compliant with the Americans with Disabilities Act (ADA). Multiple attempts have been made to request funding, with the long-term objective being the establishment of sustainable funding for American Sign Language (ASL) interpretations, similar to what the Department of Public Services offers for Telecommunication Relay Services and Relay Conference Captioning.

She continues to focus on ensuring access to and the provision of high-quality healthcare and mental health services that prioritize communication access and cultural competence. To that end she is in the initial phases of exploring the development of a statewide mental health program akin to the Greater Nashua Mental Center in Nashua, NH, to address the shortage of mental health providers specializing in working with the Deaf and Hard of Hearing, DeafBlind (DHHDB) populations.

The members of the Vermont Deaf, Hard of Hearing and DeafBlind Advisory Council stand ready to support Administration and the Legislature with information and recommendations. The Council will continue to work closely with the Deaf, Hard of Hearing and DeafBlind Services Director to push towards a more cohesive and integrated system that addresses the continuing needs of the D/HH/DB Vermonter with regard to equitable hearing health care, access to affordable assistive technology, improved educational supports services, better data collection, workforce development, and improved access and support to mental health, social and community support services.

Additional Recommendations

The Council's work over the past several years has positioned the Council to make recommendations that can shape policy implementation, quality improvement initiatives, and service delivery across the state for the D/HH/DB populations. As such many of the recommendations we have made in previous years, continue to hold true in the current environment and need/should be considered seriously in the larger context of making sure D/HH/DB Vermonters are getting the access to the services they need.

1. Workforce Development and Training

Much like the rest of Vermont workforce development and training is becoming a critical piece in keeping, and attractive a pool of service providers, ranging from interpreters to Teachers of the deaf. It is even more critical because many of the interpreters currently residing in Vermont will likely be retiring in the next 3-5 years thereby greatly reducing the numbers and availability of interpreters to use in the state. Additionally training and resources are needed for those who are D/HH/DB in order for them to be able to be successful in the workplace and contribute to Vermont's economy. The subcommittee of the full council that met to begin to discuss possibly suggested use of FMAP funding highlighted the following areas of focus that should be considered.

- a. *Increasing pool of VT based interpreters*
 - i. Trainings and certification programs
 - ii. Joint program for Interpreting (VANCRO, VTRID partner with UVM to create a mentor/shadow program)
 - iii. Expansion of ASL Language programs at UVM
 - iv. School outreach, college fairs, career fairs
 - v. State Licensing Standards for interpreters
- b. *Financial incentives to bring in or retain in VT interpreters*
 - i. Financial incentives (loan, certification repayments)
 - ii. Fellowships/Residencies

- iii. Incentive funding for local programs to provide interpreting and services
- c. *Training for Vermonters who are D/HH/DB*
 - i. Outreach and supports to D/HH/DB community to encourage working even if just part time.
 - ii. Personal and Business Tax credits (businesses get tax credit for hiring persons with disability(s)).
 - iii. Focus on hiring individuals in medical and support facilities who are trained in D/HH/DB communication i.e. hospitals, Nursing homes, adult day centers, AAA's, assisted living facilities

2. Hearing Health, Health Equity and Support Services

The D/HH/DB have had an immensely difficult time throughout the pandemic with regards to seeking and receiving healthcare services across the full spectrum of providers ranging from a simply drive through Covid test, to having an appointment with their primary care provider to receiving the emotional and mental health support services they desperately need due to the increased isolation that has come with the pandemic. Even as we emerge from the Pandemic Healthcare for the D/HH/DB and more importantly hearing health remains a health equity issue, just as it is for the BIPOC, LGBTQ and other disabled populations. The Council continues to fully support of the work being undertaken by Vermont Health Equity Advisory Committee whose purpose is to promote health equity and eradicate health disparities among Vermonters. The Director of D/HH/DB has been working closely with this group in her role and reports back to the council frequently on the discussions.

Hearing health care equity also means access to affordable assistive technologies including hearing aids that are covered by insurance and available to those without insurance so we are thrilled that hearing aid coverage will now exist for Vermonters beginning in 2024 for those buying commercial insurance on Vermont Health Exchange. Improved hearing aid access directly impacts the quality of life, communication access, education, and employment of Vermonters. However it must be noted, that while Vermonters who get their insurance through the Health Exchange as well as those covered by Medicaid will now have coverage for hearing aids, those who are currently covered by Traditional Medicare, still do have Hearing Aid Coverage, thus costs and access to hearing aids that they need to improve their hearing likely remains a burden.

As noted before the subcommittee focusing on HCBS enhanced FMAP funding last year suggested the following ideas to be explored to help promote access while also creating additional support services for the D/HH/DB:

- a) Aural rehabilitation programs particularly for newly diagnosed hearing loss and for sudden abrupt changes in hearing.
- b) Building up resources for Deaf and HOH who struggle with substance abuse, need access to accessible mental health services—therapy and AA, NA, ALNON support groups.

- c) Community Vans (led by state agencies or outside organization) to provide transportation to audiologist for appointments or other appointments with an interpreter riding along.
- d) Piloting and implementing annual Geriatric Hearing Screenings in family practices.
- e) Mobile hearing screening van/truck with referrals to audiologists for follow-ups
- f) Training modules (certification) for all staff working with elderly people in programs and/or nursing homes. Focus on recognizing hearing loss, communication strategies, adaptive equipment, accessibility and accommodation and basic sign language.
- g) Mental Health Professional registry who are trained to effectively provide mental health services for D/HH/DB and who may be able to communicate directly utilizing ASL if needed.

3. Technological Access

As briefly mentioned above, access to assistive hearing devices in an equitable manner continues to be barrier. This does not just include Hearing Aids and Frequency Modulation (FM) systems, but also many other technologies that D/HH/DB rely on in order to perform daily activities of living comfortably and safely. The council and its subgroup recommend the following with regards to improving technological access:

- a) Increase awareness and advocating CART services, visual communication systems throughout the state- various departments, similar SSA in Burlington office did. Instead of using the old announcement system.
- b) Funding to provide free technology for those VT's that are D/HH/DB in rural areas of VT to allow increased access to interpreters and to be able to easily be provided telehealth and other services remotely online, via smart phones with assistive apps or laptops.
- c) Identifying and dispersing funds to provide emergency alerting devices such as flashing/vibrating smoke alarms, CO2 detectors and doorbells for low income, older hard of hearing and Deaf Vermonters.

Appendix A

Hearing Loss Background

Hearing loss can take many forms: it can be mild or severe, present at birth or begin later in life, occur gradually or suddenly, result from a health condition or accompany aging. The potential impact of hearing loss on health, employment and health care costs is profound.

Untreated hearing loss poses barriers to communication, acquiring language, much of daily life, and access to health care. For example, hearing loss in older adults can be associated with negative health outcomes including cognitive decline, dementia, falls, depression, reduced quality of life, an increased number of emergency department visits and hospitalizations (Reed et al. 2018), falls with injury; and inability to work, travel, or be physically active (PCAST 2016). Hearing loss has also been correlated with multiple issues including social isolation, depression, and communication misunderstandings.

When developing neural pathways, it is critical that children receive access to sound and language when they are very young as the brain cannot remake neural pathways later in life. New research is showing that even mild hearing loss causes permanent changes in a child's brain (Calcutt 2019). According to Golub (2019), "the association between hearing loss and impaired cognition may be present at earlier levels of hearing loss than previously recognized; the current 25dBHL threshold for defining adult hearing loss may be too high". Hearing loss affects more than individuals, it is a public health crisis, per multiple national reports by the National Academy of Science (2016, 2017) and President's Council of Advisors on Science and Technology (2015).

The cost of hearing aids, their exclusion from most health insurance plans, and racial and socioeconomic disparities are barriers to being able to hear. 64% of people with severe hearing loss reported that they could not afford a hearing aid and over 75% identified financial factors as a barrier (Kochkin 2007). White and higher socioeconomic individuals (Bainbridge 2010) are more likely to wear hearing aids, even when Black individuals were more likely to have had a recent hearing test (Neiman 2016). Adults in rural communities cite lack of easy access to hearing healthcare, in addition to lack of insurance coverage and high cost of hearing aids (Powell 2019). Heightening the problem, people with untreated hearing loss earn as much as \$30,000 less annually than does people with normal hearing. There is a \$14,100 income differential between people with mild and severe hearing loss (Kochkin 2007). People with untreated hearing loss have lower rates of graduating from high school and college, being employed and making wages above poverty levels. The negative employment and wage impacts are worse for women. The use of hearing aids has been shown to mitigate the impact of income loss by 90%-100% for those with milder hearing losses and from 65%-77% for those with severe to moderate hearing loss

People with more severe hearing loss may require more advanced models of hearing aids, whereas people with more mild hearing loss may succeed with more basic models (Cho 2019). The level of hearing aid support needed by individuals with hearing loss may vary depending on their degree and the nature of their hearing loss, as well as speech discrimination abilities.

We are also aware of increasing research which links hearing loss to earlier onset of dementia. As a state, it is critical that we recognize the impact of these correlated conditions, both in terms of their impact on the lives of Vermonters but also on the costs of health care, particularly long-term care, across the state.

Current research shows:

- Mild hearing loss **doubles risk of dementia.**
 - Source: [Johns Hopkins Medicine](#)
- Untreated hearing loss increases **risk of falls by 50%.**
 - Source: [Journal of American Medical Association](#)
- 1 in 10 people with untreated hearing loss suffer from **depression.**
 - Source: [National Institute on Aging/National Institute of Health](#)
- People with hearing loss are often unaware that they have a hearing loss. Self-assessment surveys of hearing loss are often incorrect and should not be relied upon.

Hearing aid use was positively associated with improved memory scores after using hearing aids (Maharani 2018). Use of hearing aids is associated with delayed diagnosis of Alzheimer's disease, dementia, depression, anxiety, and injurious falls among older adults with hearing loss (Mahmoudi et al. 2019). Additionally hearing comprehension with remote microphone technology may be 61% better than only using a hearing aid or cochlear implant. (Thibodeau L. 2020)

Hearing loss is a global health concern as outlined by the [World Health Organization](#). Nationally it has been deemed public health concern, the scope of which is outlined in three major federal reports below:

- "[Hearing Health Care for Adults: Priorities for Improving Access and Affordability](#)". National Academy of Science 2016
- "[The Promise of Assistive Technology to Enhance Activity and Work Participation](#)" National Academy of Science 2017
- "[Aging America & Hearing Loss: Imperative for Improved Hearing Technologies](#)" President's Council of Advisors on Science and Technology 2015

Appendix B

Vermont History & Demographics

History

The only school for the deaf in Vermont, the Austine School, was founded in 1904 in Brattleboro. Due to significant declines in enrollment, from 145 students in the 1970's to just 25 during the 2013-2014 school year, and the prohibitive costs to operate the school full time, the school had to close its doors in June of 2014. The decline in enrollment did not reflect a reduction in the number of students who are Deaf, Hard of Hearing or DeafBlind but rather an increasing use of mainstreamed educational services. While the mainstream approach continues and is more prevalent, families continue to anecdotally report challenges in creating and maintaining social connections for their children who are Deaf, Hard of Hearing or DeafBlind. The Deaf Community also reports anecdotally and with regularity that families with children who are born profoundly deaf are more likely to leave the state in order to find settings capable of offering both educational and social connections to individuals and communities who are culturally Deaf and who utilize American Sign Language.

Additionally, since 1998, the Vermont Center for the Deaf and Hard of Hearing which ran the Austine School, also provided an array of services to deaf individuals and families throughout the state. The school's funding crisis ultimately impacted on the Center, which was forced to close as well. The result of these closings, in part, led to the creation of the Vermont Deaf/Hard of Hearing/DeafBlind Council to examine available resources and services for these populations in Vermont.

Demographics

It is estimated that approximately 400-600 Vermonters are culturally Deaf according to Dr. John Pirone from the University of Vermont UVM, utilizing general statistical formulas to estimate the portion of our population who have some form of hearing loss. Culturally Deaf individuals typically use American Sign Language to communicate and interact with each other regularly. Immersing in culturally deaf traditions related to education, social events and ways of life at home are other common traits of this population.

There are approximately 12 to 20 Vermonters who are DeafBlind. This small group has extensive needs when it comes to mobility, communication, and access to normal activities of daily life.

Hearing Loss is an invisible condition that affects over 70,000 Vermonters. It is estimated that up to age 65 15%, or 1-2 in 10 people have some degree of hearing loss. Fully a third of those over the age of 65 are affected and for those older than 85, more than half have hearing loss. Although deafness is readily recognized, the invisible nature of a loss in the range "hard of hearing" is all too often ignored, misunderstood, and misdiagnosed for all age groups. People who are hard of hearing tend to minimize the problems and are not aware of how much their communication, relationships and lives are being harmed. The adverse impact of untreated hearing loss on health and quality of life is significant. Untreated hearing loss has been implicated in:

- Social Isolation and withdrawal

- Depression
- Frustration, exhaustion, and poor self esteem
- Stress and hypertension
- Relationship difficulties due to communication problems
- Impacts on school performance and educational achievement
- Problems on the job due to misunderstandings and errors
- Lack of communication access in medical, legal, and public settings
- Even mild untreated hearing loss in older people doubles the risk of developing dementia
- Greater risk of falling (all ages).

Entities across the state exist to support the needs of individuals who are Deaf, Hard of Hearing and DeafBlind. Beginning with infants and children, they extend through connections to children in school and finally into adult organizations. Traditionally, services and support tend to be more robust for school-aged children, working in concert with Individualized Educational plans (IEP) and leveraging mandated instruction. As individuals age, services tend to be targeted at specific issues but are more limited in scope and depth. The following is a brief synopsis of entities across the state that support the Deaf, Hard of Hearing and DeafBlind communities.

Appendix C

Children's Services

The Vermont Early Hearing Detection and Intervention Program (VTEHDI):

The Vermont Early Hearing Detection & Intervention Program (VTEHDI) is responsible for tracking, surveillance and follow up for all infants born in Vermont and young children birth to 3 years of age that are identified as Deaf, Hard of Hearing or DeafBlind. As part of [Children with Special Health Needs](#), VTEHDI provides support, training, and Audiology follow up for families and their babies, hospitals, as well as community providers. VTEHDI works with state, national and federal agencies and organizations to achieve the National EHDI goals: hearing screening by one month of age, diagnosis of hearing loss by three months of age and entrance into early intervention by 6 months of age.

2023 Funding and Accomplishments:

- CDC funding is \$160,000 annually and supports data collection and the Childhood Hearing Health System (CHHS) database:
 - Vermont is one of 39 states/territories that is participating in the special CDC project and submitting de-identified patient level data for infants born in Vermont on hearing screening, diagnosis of hearing loss and entrance into early intervention.
 - In-person Homebirth Midwife Meeting in August of 2023.
 - Annual Audiology, Provider and Family meeting was held in June of 2023 to discuss updates, policies and procedures for children and students who are Deaf, Hard of Hearing or DeafBlind.
 - CDC has extended the current grant funding for one additional year through June 30, 2025.
- HRSA funding to support the VTEHDI Program is \$235,000 annually. This current funding cycle is for 4 years and ends on March 31, 2024. A new five-year grant cycle will begin on April 1, 2024. The funding supports follow up for newborn hearing screening, diagnosis of hearing loss, entrance into early intervention services, language assessments at 2, 2.6 and 2.11 years of age, and family to family support. This year's activities have included the following:
 - Family Review Committee for VTEHDI Resources.
 - Family to Family activities through Vermont Hands & Voices (VTH&V).
 - Attendance and Presentations at the EHDI Annual Conference that was held in Cincinnati, Ohio in March of 2023.
 - Ted Talk Presentation (Linda Hazard VTEHDI) and Plenary Speaker (Michelle John VTH&V) at the Hands &Voices National Meeting in Grand Rapids, Michigan September of 2023.
 - Attendance at the Congenital Cytomegalovirus (cCMV) National Meeting in Salt Lake City, Utah October of 2023.
 - Trauma Informed and Self Care Workshop for Parents and Professionals in Vermont: May 2023.

University of Vermont Medial Center (UVMMC): Early Intervention: Parent Infant Program

The UVMMC Parent Infant Program as currently structured with Medicaid Reimbursement is not sustainable and a longer-term strategy continues to be needed to ensure state funding to support the critical services required for infants and young children diagnosed as Deaf, Hard of Hearing or DeafBlind. There are currently 21 birth to 3 years of age young children enrolled in early intervention. We have 4 new referrals pending and 7 children who have aged out of Part C services. These services, provided by qualified specialized providers are necessary and are the foundation required for the development of language, literacy and social emotional growth. It is critical that a financial sustainability plan be identified and implemented so that this low incidence population continues to receive these essential services. Over this past year the PIP Providers have trained and collaborated with the University of Colorado, ODDACE Program and provided language assessments for 23 Deaf and Hard of Hearing children enrolled in early intervention.

University of Vermont Medial Center (UVMMC): Deaf, Hard of Hearing and DeafBlind (DHHDB) Educational Services Program (School Age Students):

UVMMC DHHDB Educational Services Program includes Consultation, Technical Assistance, Direct Instruction, ASL/Bilingual Services (Educational Interpreters, Communication Facilitators, Deaf Mentors, Sign Language Instructors, ASL assessments), Speech and Language Evaluations/Services and Educational Audiology Statewide: 150 Students (233 Services as some students have more than one service) (2023-2024)

- 53 students receiving Sign Language Instruction.
- 118 students receiving services from a Teacher of the Deaf (TOD).
- 14 students have a Educational Interpreter or Communication Facilitator.
- 44 students receive Educational Audiology Services.
- 4 students receive speech and language services.

The DHHDB Educational Services Program employs 10 Teachers of the Deaf, 13 Educational Interpreters/Communication Facilitators, 8 Sign Language Instructors including 4 Deaf Mentors, 4 Speech and Language Pathologists and 2.5 Educational Audiologists.

University of Vermont Center for Disability and Community Inclusion's Consultation for Access, Resources and Equipment Support for students who are D/HH/DB (UVM CDCI CARES)

At the time of this report's submission the CDCI CARES team had not provided any of the requested information the Council or its School Age Subcommittee was seeking regarding the number of and the types of services that they were providing for D/HH/DB Students as part of their agreement under the AOE D/HH/DB Educational Services Grant. While CDCI CARES has been invited to participate on, and contribute to the School Age Subcommittee's work, they have declined to do so thus far.

Department for Children and Families- Children's Integrated Services Program (CIS):

CIS offers early intervention, family support, and health prevention services that help ensure the healthy development and well-being of children, pre-birth to age 5. Services are available at low or no cost to families.

Early intervention services are delivered in accordance with Part C of the Individuals with Disabilities Education Act, providing developmental services to children birth to three with a observable and measurable developmental delay or a diagnosed condition that has a high probability of resulting in a developmental delay. Home visiting nursing and social work services are delivered as part of the Strong Families Vermont continuum in collaboration with the Vermont Department of Health. Strong Families Vermont provides responsive home visiting as well as evidence-based home visiting models (Parents as Teachers and Maternal and Early Childhood Sustained Home Visiting). CIS also works closely with partner organizations such as Vermont Family Network, Early Hearing, Detection, and Intervention, and Vermont Association for the Blind and Visually Impaired.

Vermont Hands and Voices:

Vermont Hands & Voices is a parent-driven non-profit organization dedicated to supporting families with children who are D/deaf or hard of hearing without bias to communication modes or methodology. It provides families with the resources, networks, and information they need to improve communication access and educational outcomes for their children. Outreach activities, parent/professional collaboration, and advocacy efforts are focused on enabling D/deaf or hard of hearing children to reach their highest potential academically, socially, and emotionally.

In the past year, much of Vermont Hands & Voices work has focused on continuation of the Vermont Coalition for D/HH NASDSE Guidelines. After co-creating this inter-organizational Coalition, multiple plans have been created to encourage stakeholder awareness, understanding and in the future, implementation of the national NASDSE Guidelines.

Appendix D

Adults and Older Vermonter Services

HireAbility (Formerly Vermont VocRehab):

HireAbility Vermont, a division within the Department of Disabilities, Aging, and Independent Living, is dedicated to providing free and adaptable services to both individuals and employers in Vermont grappling with disabilities impacting employment. Collaborating with human service providers and employers statewide, our mission is to empower individuals with disabilities to unlock their full potential. We are committed to expanding opportunities for focused career development, fostering sustainability through initiatives such as skill enhancement via education and short-term trainings, advocacy workshops, and comprehensive on-the-job support programs including Informational Interviews, Company Tours, Short-term Job Shadows, Work Experiences, and On-the-Job Trainings (OJTs). Our goal is to facilitate the realization of professional aspirations and create a more inclusive workforce in Vermont.

Vermont Center for Independent Living:

The Vermont Center for Independent Living (VCIL), a nonprofit organization directed and staffed by individuals with disabilities, works to promote the dignity, independence, and civil rights of Vermonters with disabilities. Like other independent living centers across the country, VCIL is committed to cross-disability services, the promotion of active citizenship and working with others to create services that support self-determination and full participation in community life. Founded in 1979, VCIL is the only center for independent living (CIL) in Vermont and was the first organization in the state with a majority of board and staff with disabilities. At the close of 2003, all members of the board and 95 percent of VCIL staff were individuals having personal experience with disabilities. VCIL also employs a Deaf Peer Counselor who is available for support within the community when it comes to independent living. Additionally, there's the Sue Williams Freedom Fund, offering financial support for services and equipment. This fund aims to assist individuals with disabilities in achieving or maintaining communication independence within the comfort of their homes. Lastly, VCIL continues to oversee the VT EDP program which provides telecommunication support to Vermonters with hearing loss.

Vermont Association for the Deaf:

The Vermont Association of the Deaf (VTAD) is a membership organization and a partnership among individuals who are deaf, members of the deaf community, including parents of deaf children, and professionals working in various deaf-related fields and endeavors, organizations of, for, and by the deaf, and businesses at large.

Their mission is to promote the welfare of deaf Vermonters in all areas of life, to advance our educational, vocational, and economic status, and to enhance our intellectual, recreational, spiritual, and social standards. We accomplish this mission by ensuring that only deaf individuals hold leadership positions within the VTAD, that parents of deaf children become aware of, and involved in, all facets of deaf life, that professionals, deaf or not, working in our field are of the highest caliber and competency, that employers at large are-made aware of the abilities and

capabilities of deaf employees, and that a comprehensive, coordinated system of services, public and private, is accessible to parents of deaf children and to us.

Hearing Loss Association of American, VT Chapter:

The Hearing Loss Association of America (HLAA) was established in 1979 and is a national organization that provides information, advocacy and support for the over 48 million Americans with hearing loss (www.hearingloss.org). It hosts national virtual meetings, educational webinars, chat forums for several communities such as students and young adults with hearing loss, parents, employees, patients and a virtual Chapter for Veterans with hearing loss. There are local chapters throughout the country. In June 2023 a three-day convention was held in New Orleans open to the public covering areas of technology, research and service delivery. It was very well attended. In June 2024 the national convention will be in Phoenix Arizona. We have an active Chapter here in Vermont.

The Vermont Chapter of HLAA established in 2012 continues to operate virtually. There is a Steering Committee. The Chairs maintain and monitor a Facebook page. The Communications officer monitors a separately designated email address. She also maintains an email list of members and responds to all inquiries herself and/or refers questions to other members of the steering committee. Chapter meetings are held via Zoom every other month. We host guest speakers both from our local New England talent pool and from across the nation. Advocacy, education, support, encouragement, and referral to resources (both local and national) is provided also on an individual basis. People are also referred to the national HLAA organization webpage, webinars etc. The Vermont Chapter is currently involved in a number of projects and initiatives:

- Strives to make the public, organizations, and government agencies aware of the prevalence and adverse impact of hearing loss on the health and quality of life of hard of hearing Vermonters.
- Was successful working in collaboration with a coalition of disability, elders' organizations to get legislation passed to require insurance to cover the cost of hearing aids. Vermont now joins all the other New England states in providing this important health benefit.
- Advocates for government agencies and local news media to provide captioning especially during emergencies, weather alerts and disaster notifications.
- Maintains and regularly sends out an e-newsletter to the membership.
- Hosts a Facebook page for sharing articles about hearing loss research, technology and items of interest related to hearing loss.
- Posts an email contact address where individuals can seek help. (vthlaa@yahoo.com)
- Provides consultation to individuals or organizations via email or phone to troubleshoot hearing loss or technical issues.
- Advocates for equal accessibility through ADA compliance for hard of hearing people. i.e. Clarify how accessibility (CART, captioning, FM Loops) for hard of hearing people is different than access needs for Deaf people (ASL Interpreters).
- Offers testimony regarding legislation that affects people with hearing loss.
- Explores resources for mental health services with practitioners who are knowledgeable in the unique needs of those who are hard of hearing.

- Networks and collaborates with VT Association for the Deaf, and the Hear Hear Coalition (Comprised of COVE, DRVT, SILC, VCIL, Vermont Hears, VT Hands and Voices) and Disability Rights of Vermont DRVT to advocate for various policy issues related to the D/HH/DB

Deaf Vermonters Advocacy Services:

Deaf Vermonters Advocacy Services (DVAS) is an agency that was officially established in 2000. We are an advocacy agency which is culturally & linguistically designed to meet the specific needs of Deaf, DeafBlind and Hard of Hearing people in a variety of situations, also those individuals who are victims of domestic violence and sexual assault. DVAS provides direct services & support to clients, victims, and individuals. We offer training to professionals, organizations, and State entities; educates the Deaf and hearing communities about Deaf Culture,

Appendix E Council Membership

Current Membership of the Vermont Deaf, Hard of Hearing and DeafBlind Council

Last	First	Association
Baker	Deb	Hearing Loss Association of American VT Chapter
Briggs	Amelia	Parent DeafBlind Child Member
Chalmers	Rebecca	Parent Member
Gallo	Ralph	Deaf Community Member
Lalanne	Rebecca	Deaf Community Member
Hazard	Linda	VTEHDI Program Director
Henry	Sharon	Parent Member
Davis	Leslie	Children's Integrated Services Designee
Hudson	Bill	Deaf Community Member
Parrish	Kate	Statewide Coordinator of Deaf/Hard of Hearing Services for VocRehab Vermont
Tierney-Ward	Megan	AHS Designee
Santo	Cassie	AOE Designee
Sousa	Sherry	Superintendent
Pendlebury	Will	DeafBlind Community Member
Krueger	David	Vermont Association of the Deaf
Vacant		Special Educator
Porter	Julie	Audiologist
Vacant		Hard of Hearing Community Member
Hinck	Tracy	Deaf Education Specialist UVMCM DHHDB ESP
Hoover	Pam	Deaf Education Specialist
Weppler	Spenser	Hard of Hearing Community Member CDCI CARES
Vacant		Professional Interpreter

Appendix F

Citations

“Hearing Health Care for Adults: Priorities for Improving Access and Affordability”. 2016. National Academy of Science: Report in Brief ([PDF](#)) Report Recommendations ([PDF](#));

“The Promise of Assistive Technology to Enhance Activity and Work Participation” National Academy of Science. 2017 Available at: <https://www.nap.edu/catalog/24740/the-promise-of-assistive-technology-to-enhance-activity-and-work-participation> Chapter 5

“Aging America & Hearing Loss: Imperative for Improved Hearing Technologies” President’s Council of Advisors on Science and Technology (PCAST) 2015 Available at: https://obamawhitehouse.archives.gov/sites/default/files/microsites/ostp/PCAST/pcast_hearing_tech_letterreport_final.pdf

Bainbridge KE , Ramachandran V . Hearing aid use among older U.S. adults; the National Health and Nutrition Examination Survey, 2005–2006 and 2009–2010. *Ear Hear.* 2014 May-Jun;35(3):289-94.

Calcutt A, Tuomainen O, Campos A, Rosen S, Halliday LF. Functional brain alterations following mild-to-moderate sensorineural hearing loss in children. *Elife.* 2019;8:e46965. Published 2019 Oct 1. doi:10.7554/eLife.46965 Available at: <https://elifesciences.org/articles/46965> and <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6828531/>

[Cho YS](#), [Park SY](#), [Seol HY](#), [Lim JH](#), [Cho YS](#), [Hong SH](#), and [Moon IJ](#) Clinical Performance Evaluation of a Personal Sound Amplification Product vs a Basic Hearing Aid and a Premium Hearing Aid. *JAMA Otolaryngol Head Neck Surg.* 2019 Jun 1;145(6):516-522. doi: 10.1001/jamaoto.2019.0667.

Golub JS, Brickman AM, Ciarleglio AJ, Schupf N, Luchsinger JA. Association of Subclinical Hearing Loss With Cognitive Performance. *JAMA Otolaryngol Head Neck Surg.* Published online November 14, 2019. doi:<https://doi.org/10.1001/jamaoto.2019.3375>

Kochkin S. 2010. Compensation equity in the workplace. *The Hearing Journal* 63(10)1-2. Available at: https://www.hearing.org/hearingorg/document-server/?cfd=hearingorg/assets/File/public/marketrak/MarketTrak-VIII_The-Efficacy-of-Hearing-Aids-in-Achieving-Compensation-Equity-in-the-Workplace.pdf

Kochkin S. MarketTrak VII: Obstacles to adult non-user adoption of hearing aids. *The Hearing Journal.* 2007; 60(4):24-50. Available at http://www.betterhearing.org/sites/default/files/hearingpedia-resources/M7_Barriers_to_hearing_aid_usage.pdf. Last accessed September 2015.

Maharani, A., Dawes, P., Nazroo, J., Tampubolon, G., Pendleton, N., SENSE-Cog WP1 group, ... & Constantinidou, F. (2018). Longitudinal relationship between hearing aid use and cognitive

function in older Americans. *Journal of the American Geriatrics Society*, 66(6), 1130-1136. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/29637544>

Mahmoudi, PhD, Elham; Tanima Basu MS, Kenneth Langa MD, PhD, Michael M. McKee MD, MPH, Philip Zazove MD, Neil Alexander MD, Neil Kamdar MA Can Hearing Aids Delay Time to Diagnosis of Dementia, Depression, or Falls in Older Adults? *Journal of the American Geriatrics Society*. Version of Record online: 04 September 2019
<https://doi.org/10.1111/jgs.16109>

Nieman CL , Marrone N , Szanton SL , Thorpe RJ , Lin FR . Racial/ethnic and socioeconomic disparities in hearing health care among older Americans . *J Aging Health* . 2016 ; 28 (1) : 68 – 94 Available at:
https://journals.sagepub.com/doi/full/10.1177/0898264315585505?url_ver=Z39.88-2003&rfr_id=ori%3Arid%3Acrossref.org&rfr_dat=cr_pub%3Dpubmed

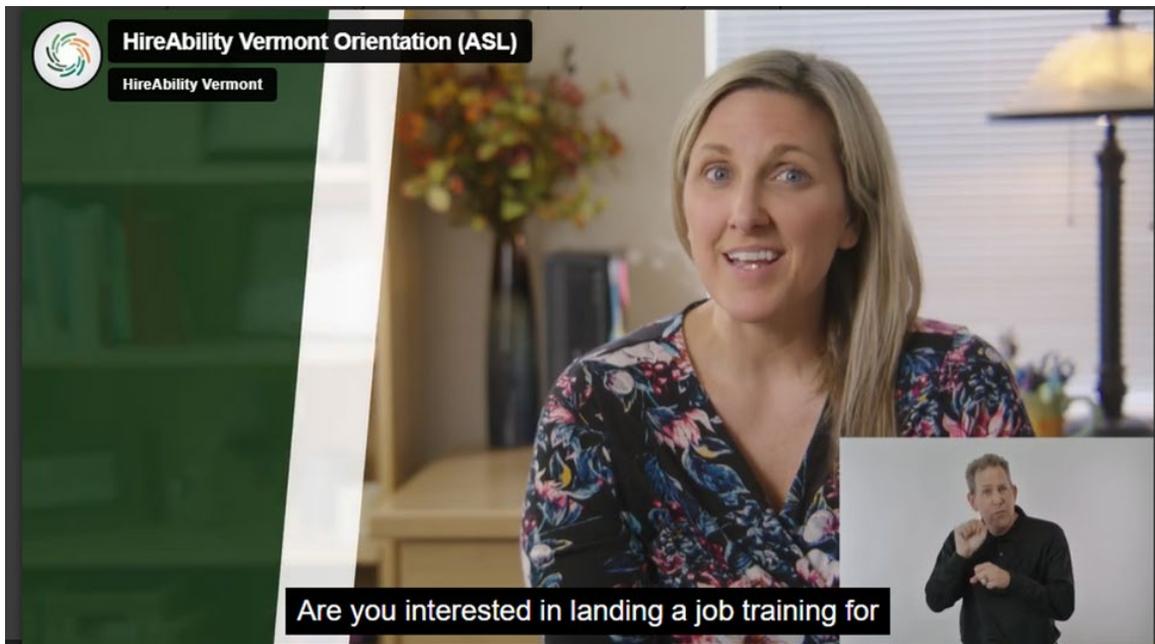
Powell, Whitney, et al. "Rural Adult Perspectives on Impact of Hearing Loss and Barriers to Care." *Journal of Community Health*, vol. 44, no. 4, 2019 Available at:
https://go.gale.com/ps/i.do?p=AONE&sw=w&rss=rss&ty=bs&v=2.1&sr=&r&id=GALE%7CA592347936&sid=searchAlert&userGroupName=vol_acd

Reed NS, Altan A, Deal JA, et al. Trends in Health Care Costs and Utilization Associated With Untreated Hearing Loss Over 10 Years. *JAMA Otolaryngol Head Neck Surg*. 2019;145(1):27–34. doi:<https://doi.org/10.1001/jamaoto.2018.2875>

Thibodeau L. "Benefits in speech recognition in noise with remote wireless microphones in group settings." *J Am Acad Audiol*. 2020 Jun;31(6):404-411. doi: [10.3766/jaaa.19060](https://doi.org/10.3766/jaaa.19060). Epub 2020 Aug.

Appendix G

Examples of Picture in Picture



Appendix H
Letters to Governor and Secretary of Education



Deaf, Hard of Hearing, Deaf/Blind Advisory Council

TO: Governor Phillip Scott

FROM: Spenser Weppler, Chair, Deaf, Hard of Hearing, DeafBlind (D/HH/DB) Council (on behalf of the Council)

DATE: August 18, 2023

RE: Vermont Quality Indicator TOOL and CHECKLIST to Assess Deaf, Hard of Hearing, DeafBlind Services

As appointees of the Governor’s Office, the DHHDB Council members are writing to ask that you strongly endorse and recommend the use of the *Vermont Quality Indicator TOOL and CHECKLIST to Assess Deaf, Hard of Hearing, DeafBlind Services* to help ensure that all Vermont children who are D/HH/DB receive high quality services to guarantee access to their education. At a minimum and as a starting point, the *TOOL* and *CHECKLIST* should be used by the recipient of the AOE grant that is designed to serve this population in the educational settings (“Related to the Technical Assistance and Professional Development of Educational Teams and Families of Individuals who are Deaf, Hard of Hearing or Deafblind”).

Based on our legislative mandate under Vermont Statutes (33 V.S.A, § 1602) to assess the services, resources, and opportunities available to children in the State who are Deaf, Hard of Hearing, or DeafBlind (see: <https://legislature.vermont.gov/statutes/section/33/016/01602>), the D/HH/DB School Age Subcommittee has developed both documents using standards that are based in large part on the work of National Association of State Directors of Special Education ([NASDSE](#)) Guidelines (3rd ed., Sept 2018) in addition to stakeholder input (including the AOE) as well as the NASDSE Guidelines for DeafBlindness (2008) and conversations (email/Zoom) with national experts and Vermont stakeholders.

Currently, the quality of D/HH/DB services for this population in the educational setting, partly funded by the AOE, varies widely and there is little accountability to ensure adherence to current best practice. The *TOOL* and *CHECKLIST* outline processes and standards to ensure high quality service delivery. Thank you for your consideration and we are available for further discussion and to answer any questions.

The Council fully endorses the use of the *TOOL* and *CHECKLIST* reflected in a vote of 16 in favor, 0 not in favor and 2 Abstain (list the names). 3 did not submit a vote.

Attached: Vermont Quality Indicator TOOL and CHECKLIST to Assess Deaf, Hard of Hearing, DeafBlind Services

Vermont Deaf, Hard of Hearing and DeafBlind Advisory Council Survey Completion

Members	<u>Survey Completion</u>
Bill Hudson	Yes
Ralph Gallo	Yes
Spenser Wepler (Chair)	Yes
William Pendlebury (Vice Chair)	Yes
Rebecca Chalmers	Yes
Sharon Henry	Yes
Amelia Briggs	Yes
Kelley Decker	Yes
Julie Porter	Yes
Kate Parish	Yes
Cassie Santo	Abstain
Megan Tierney-Ward	Abstain
Leslie Davis (CIS)	Did Not Vote
Linda Hazard	Yes
Deb Charlea Baker	Yes
Sherry Sousa	Yes
David Krueger	Did Not Vote
Tracy Hinck	Yes
Rebecca Lalanne	Yes
Pam Hoover	Did Not Vote



Deaf, Hard of Hearing, Deaf/Blind Advisory Council

TO: Heather Bouchey, Interim Secretary of Education, Agency of Education

FROM: Spenser Wepler, Chair, Deaf, Hard of Hearing, DeafBlind Council (on behalf of the Council)

DATE: August 18, 2023

RE: Vermont Quality Indicator TOOL and CHECKLIST to Assess Deaf, Hard of Hearing, DeafBlind Services

As appointees of the Governor's Office, the members of the DHHDB Council operate under our legislative mandate outlined in the Vermont Statutes (33 V.S.A, § 1602). One of our primary responsibilities is to assess the services, resources, and opportunities available to children in the State who are Deaf, Hard of Hearing, or DeafBlind (see: <https://legislature.vermont.gov/statutes/section/33/016/01602>).

Under this mandate, the DHHDB School Age Subcommittee has developed the *Vermont Quality Indicator TOOL and CHECKLIST to Assess Deaf, Hard of Hearing, DeafBlind Services* using standards that are based in large part on the work of National Association of State Directors of Special Education ([NASDSE](#)) Guidelines (3rd ed., Sept 2018) in addition to stakeholder input (including the AOE) as well as the NASDSE Guidelines for DeafBlindness (2008) and conversations (email/Zoom) with national experts.

The DHHDB Council members are writing to ask that you strongly endorse and recommend the use of the *Vermont Quality Indicator TOOL and CHECKLIST to Assess Deaf, Hard of Hearing, DeafBlind Services* to help ensure that all Vermont children who are DHHDB receive high quality services to guarantee access to their education. At a minimum and as a starting point, the *TOOL* and *CHECKLIST* should be used by the recipient of the AOE grant that is designed to serve this population in the educational settings ("Related to the Technical Assistance and Professional Development of Educational Teams and Families of Individuals who are Deaf, Hard of Hearing or Deafblind").

Currently, the quality of DHHDB services for this population in the educational setting, partly funded by the AOE, varies widely and there is little accountability to ensure adherence to current best practice. For example, based on student services data for 2022-2023 school year, the Council was recently informed that the majority of school aged children who were referred

for services were receiving minimal hours. This is extremely concerning to us and reinforces the need for a quality indicator to be recommended by the Agency of Education. The TOOL and CHECKLIST outline processes and standards to ensure high quality service delivery. Thank you for your consideration of our request and we are available for further discussion and to answer any questions.

Cc: Governor Phillip Scott

Attached: *Vermont Quality Indicator TOOL and CHECKLIST to Assess Deaf, Hard of Hearing, DeafBlind Services*

Appendix I

D/HH/DB Education Subcommittee Final Tool and Checklist



VERMONT QUALITY INDICATOR TOOL TO ASSESS DEAF, HARD OF HEARING, DEAFBLIND SERVICES

Scope and Purpose

The purpose of the School Age Subcommittee is to fulfill the legislative mandate under Vermont Statutes (33 V.S.A, § 1602) to assess the services, resources, and opportunities available to children in the State who are Deaf, Hard of Hearing, or DeafBlind. (see: <https://legislature.vermont.gov/statutes/section/33/016/01602>).

During the first meeting February 23, 2022, all members present agreed to the scope of this work which, in the long term, would include the use of the Vermont Quality Indicator Tool to assess the quality and impact of D/HH/DB Services in Vermont. This includes D/HH/DB services (age 3-22 years) provided by:

- UVMCMC D/HH/DB Educational Services Program
- UVM CARES Team; and
- All other D/HH/DB providers in the State.

List of School Age Subcommittee Members, Roles

Sherry Sousa and Sharon Henry, both of whom co-chaired the D/HH/DB School Age Subcommittee previously, agreed to resume their roles as Co-Chairs. Spenser Weppeler, D/HH/DB Council Chair, invited the Directors of both UVMCMC ESP and UVM CARES to nominate two individuals from their respective agencies to participate on the subcommittee. The current subcommittee members are:

- Sherry Sousa, WCSU Superintendent, Co-Chair of School Age Subcommittee
- Sharon Henry, D/HH/DB Council Parent Member, Co-Chair of School Age Subcommittee
- Laura Siegel, Director of Deaf, Hard-of-Hearing, and DeafBlind Services
- Jacqueline Kelleher, State Director of Special Education
- Amelia Briggs, D/HH/DB Council Parent Member
- Jen Bostwick, Program Supervisor (ASL/Bilingual) and TODHH, D/HH/DB Educational Services Program EHD/UVMMC
- Tracy Hinck, Educational Audiologist, SLP-CCC, D/HH/DB Educational Services Program EHD/UVMMC
- Rebecca LaLanne, Director/Trainer, Deaf Vermonters Advocacy Services
- Pam Hoover, TODHH, UVM CARES — *withdrawn by Margaret Overman, UVM CARES, on 03/06/2022*

Key stakeholders

Committee members invited key stakeholders who represent AOE, DAIL, and parents of children who are D/HH/DB to attend a subcommittee meeting:

- Michelle John, Chapter President VT Hands and Voices and Chair, VT NASDSE Coalition (attended 04/4/22)

- Tracy Evans Lusielli, Director, New England Consortium on Deafblindness (NEC) (attended 4/25/22)
- John Pirone, EdD, Lecturer/Program Coordinator, Department of Leadership & Development Services American Sign Language Program, University of Vermont (attended 05/04/2022)
- Stuart Solboleski, DVAS (attended 5/9/2022)
- Kevin Smith, parent of a Deaf child (attended 5/17/2022)
- Jacqui Kelleher invited LEA colleagues to review the Quality Indicator document:
 - LEA Special Education Administrators – Dawn Campbell and Lisa Johnson from SVSU (attended 05/25/2022 and 06/07/2022)
 - LEA Special Education Paraprofessional – Dan Comeau (written feedback on 5/15/2022)
 - LEA Special Education Teacher/Case Manager – Cassie Santos (written feedback on 06 01 2022)

In addition, members of our subcommittee have emailed/engaged with/reviewed the following documents:

- All Together Now, NH (DOE)
- Rich Haun, PhD, Director, Washington Center for Deaf and Hard of Hearing Youth (CDHY), Washington School for the Deaf
- Sarah Honigfeld. Policy Advisor for NAD
- Allison Sedey, University of Colorado, Boulder, director of the Outcomes and Developmental Data Assistance Center for EHDI Programs (ODDACE)
- Laurent Clerc Deaf Education Center, Montana
- State of Virginia, DOE
- Program Evaluation documents from Colorado School for the Deaf and the Blind
- Program Evaluation documents from Washington Center for Deaf and Hard of Hearing Youth (CDHY)
- Kym Meyer, PhD, [Public School Partnerships \(PSP\)](#) at The Learning Center for the Deaf, MA
- National Deaf Center, Washington DC
- Karen Hopkins, Executive Director, The Maine Educational Center for the Deaf and Hard of Hearing, Governor Baxter School for the Deaf

Dates of meetings

The School Age Subcommittee met nine times between February 23, 2022 – June 7, 2022 via Zoom; most committee members attended regularly and participated fully in the discussions and the effort. The Subcommittee gave updates to the D/HH/DB Council on 03/15/2022 and 05/19/2022 to apprise the Council of our work and to seek their input.

Closed Captioning transcript of School Age Subcommittee meetings and meeting summaries are posted at: [Deaf, Hard of Hearing, DeafBlind Council | Disabilities, Aging and Independent Living \(vermont.gov\)](#)

Development of Vermont Quality Indicator Tool for D/HH/DB Services

During the initial meetings, the subcommittee brainstormed tools/resources that are currently available for assessing the quality of D/HH/DB programs in the USA, and each member agreed to review some of these resources and follow up on contacts as needed. The lack of an assessment tool/metrics and benchmarks quickly became apparent in our nationwide search. Tools reviewed could not easily be applied to services for DHHDB. However, the National Association of State Directors of Special Education (NASDSE) Guidelines (2018),

a set of ten principles guide both school districts and D/HH/DB providers in best practice, provided the most comprehensive structure for assessment.

The subcommittee has also created a list of qualifications for persons reviewing the evidence submitted and a scoring scale to guide qualified reviewers as they judge the quality and merit of the evidence submitted. Lastly, the document also includes nationally agreed upon definitions for the professional qualifications for each service provider category (e.g., TODHH, Educational audiologist, etc) and tools to assist school personnel when hiring personnel to serve the D/HH/DB population.

Vermont Quality Program Indicators for Deaf/Hard of Hearing/Deaf Blind School Age Children

(updated 07/16/2023)

The **scope and purpose** of these Quality Indicators is to fulfill the legislative mandate under Vermont Statutes ([33 V.S.A, § 1602](#)) to assess the services, resources, and opportunities available to children in the State who are Deaf, Hard of Hearing, or DeafBlind (D/HH/DB) in order to ensure that our Vermont children who are D/HH/DB are receiving high quality services. Beside each Quality Indicator in parentheses is the portion of the State Statute that is addressed (where applicable).

Introductions: Quality Indicators establish the level of service and support expected of programs/providers working with D/HH/DB students in Vermont and require that they offer evidence of compliance with these standards. These standards are based in large part on the work of National Association of State Directors of Special Education ([NASDSE](#)) Guidelines (3rd ed., Sept 2018) in addition to stakeholder input as well as the NASDSE Guidelines for Deafblindness (2008) and conversations (email/Zoom) with national experts.

Evidence: Evidence are artifacts that are provided by a program that serves students who are D/HH/DB in advance of a review. These can be documents or links to examples of practices occurring in the program and are entered into the far-right column. Parent/student input is critical to reflect in all documentation and as such should be notated (e.g., with **) by providers and student teams. While individual student plans, (IEP, 504 or EST), have different requirements, all at minimum demand a plan, a diverse qualified team, and meeting notices and minutes. The evidence documents recommended in this tool utilize those means of communication to ensure compliance with levels of best practice. At this time, the recommendation is that providers provide the expected evidence for each indicator to the school team they are supporting. This working relationship between provider, student, family and school that is documented through the tool is one means to guarantee that our children who are Deaf, Hard of Hearing or DeafBlind receive high quality services.

Appendices: At the end of this document, important links are included for D/HH/DB providers as well as for school district personnel who are working with this population.

Essential Elements	Descriptor	Program advocates for and documents that:	Evidence	Submitted Evidence links
1. Unique Needs of Each Student is Considered (VSA Powers and duties C.1.B)	A full continuum of services individualized to the needs of each student for full engagement in school programs.	Goals of students and/or family are represented and integrated	Meeting invitation, agenda, minutes, and/or other parent documentation (redacted) Consideration of including expanded core curriculum as documented by meeting minutes	

		Educational services support individual language options, communication modes and hearing status	IEP/504 or EST plan includes evaluation and progress data (redacted)	
		VT state licensed teacher of the Deaf/Hard of Hearing, VT licensed audiologist, licensed SLP, Intervener or DeafBlind specialist attend/participate in team meetings, depending on student's needs.	Meeting invitation, agenda, and minutes (redacted). Provider input is documented in meeting minutes	
2. Expectations, Educational Programming, and Future Employment (VSA Powers and duties C.1.B)	Programmatic opportunities provide access to high quality learning which will impact future career plans.	Students and families are actively engaged in transition planning.	Meeting invitation including HireAbility (including Rehab Counselor for Deaf as appropriate), agenda, and minutes (redacted)	
		Student programs reflect learning profiles, are modified based on students' progress, and instruction meets student needs	VT Licensed TOD/HH and DeafBlind professionals/Intervener participation in team meetings as evidenced by meeting invitation, agenda, Personal Learning Plans, and minutes	
		Provide professional development regarding the variety of needs of, and appropriate practices for, students who are D/HH/DB, including those students with co-occurring disabilities	Provide menu of opportunities and dates for training that are offered to teams, families and other professionals	
3. Families as Critical Partners (VSA Powers and duties C.1.C)	High levels of family involvement contribute to positive student outcomes.	Parents are included in all levels of planning and decision making for their child(ren)	Parents input is documented in meeting minutes (IEP, 504, Educational Support Team meeting, etc). Use Guidance for Parent Input	
		Specialized activities and programs are shared with parents, including: <ul style="list-style-type: none"> • Meetings with other parents of D/HH/DB, children • Social events specifically for families of children who are D/HH/DB • Transition support training (e.g., early transition to preschool, elementary to 	Emails (redacted) documenting sharing of information, Parent newsletters, School Calendars, progress towards goals on student's educational plan pertaining to transition	

		middle school, middle to high school, high school to post-secondary education and training		
		Parent counseling and training services necessary to implement the IEP, 504 and EST goals are routinely provided to assist parents to support their child(ren)	Meeting minutes documenting discussion around parent supports needed to implement IEP/504/EST goals (if an IEP is in place found on Service Page as a Related Service) (e.g., sign support/instruction, listening/spoken language support)	
4. Language and communication needs are considered and accommodated in the student's learning environment (VSA Powers and duties C.1.A)	Language and communication needs are considered and accommodated in the student's learning environment.	Student's language is comprehensively assessed at each transition to identify gaps that may occur	Licensed TOD/HHs, ASL Specialist, SLP's or DB Specialist working with D/HH/DB children employ evidence-based assessment tools that are age/developmentally appropriate Meeting minutes demonstrate that qualified providers are involved in the planning process and interpretation as appropriate. Documentation of assessment of developmental milestones at regular intervals to include receptive and expressive language measures for semantics, syntax, pragmatics, morphology, and phonology	
		Opportunities for direct communication with the child's peers and professional personnel in the child's language and communication mode is needed	Communication Plans (see Appendix) must include discussion, ideas shared and plans for these interactions and dates of when opportunities occurred in the student's learning environment (redacted)	
		Direct instruction in the child's language and communication mode integrated and implemented	Meeting notes and/or Communication Plan (redacted) include data to demonstrate if there is a need for Direct Instruction	
		Student's needs for assistive technology devices and services considered and provided, where appropriate as determined by "Use Plan."	IEP, 504 Plan, or EST Plan and Communication Plan (redacted) that includes specific technologies recommended, including a "Use Plan" for the technology	

		Student's communication needs are tailored based upon the classroom or activity environment	IEP, 504 Plan or EST Plan and Communication Plan (redacted) document discussion of various settings and activities the student will participate in throughout their day, and how the communication needs will be met in these different circumstances.	
		A continuum of placement opportunities available for students whose language and/or communication mode(s) cannot be met with available school services	Meeting notes (redacted) documenting the discussion with the team/parents about various placements available within and outside of VT	
5. Student receives individualized specially designed instruction that incorporates evidence-based practices	Qualified providers (e.g., VT Licensed TOD/HHs, VT Licensed Audiologists, VT Licensed SLPs, DB Specialist/Intervener - see Appendix) determine the approach to instruction, use of curriculum and assistive technology, and monitor student progress in order to ensure effective instruction.	Decisions about programs and strategies that are used with students are guided by recent research and evidence-based practices	Citation of recent literature used to guide decisions Rationale for instructional programs are documented in the team meeting minutes	
		Training is provided to general education teachers, specialized instructional support staff personnel, providers and others to understand the language, communication, and educational and functional performance needs of these students	Meeting notes (redacted) of educational sessions Notes from classroom observations (redacted) by qualified providers reflect that the needs of the student are incorporated Qualified providers are maintaining currency in the professional literature and practices as evidenced by attendance at continuing educational conferences and maintenance of Vermont State licensure in TODHH, Audiology and SLP, DB Specialist	
		Use of assistive technologies includes a functional evaluation or screening as to whether the technologies are appropriate, effective and beneficial to the student, both in the classroom and	Evaluation notes (redacted) from observations of classroom and other environments completed by a qualified provider	

		in other environments based on the student's educational plan.		
		Training provided to the student, staff and parents on the use of the technologies and accommodations.	Minutes and agendas (redacted) from training sessions to the student, staff and parents Calendar for updated training for the student, staff, providers and parents as needed (a minimum of yearly review) and when technology is updated Program accommodation and modification page and/or Service Page of student's plan reflects need for assistive technology training	
		Monitoring plan to ensure that hearing aids, cochlear implants and hearing assistance technologies used by students are working consistently as required by IDEA	Routine checking (See Appendix) occurs for effectiveness of devices and in line with the students Use Plan (redacted) with dates of equipment checks When there is faulty equipment, personnel responsible for monitoring take appropriate and immediate action to remedy, including notification of qualified personnel and parent/student.	
6. Educational Progress, Accountability and Oversight (VSA Powers and duties C.1.F)	Language, literacy, academic progress and social emotional wellness should be monitored frequently and reported according to the same requirements for all students.	Providers of services such as sign language interpreters are regularly evaluated by the Program	Program framework including assessment tools and expectations for regular supervision and evaluation of Service Providers Supervision process includes individuals with expertise in the same areas as the D/HH/DB service providers.	
		Programs and services routinely evaluated.	Program's process for regularly reviewing student outcomes, and for developing, recommending, implementing and monitoring program improvements	
		IEP, 504 or EST Plans are developed based on	IEP, 504 Plan or EST Plan and	

		individual student needs rather than available services	<p>Communication Plan (redacted) document demonstrates alignment between student needs and services/supports provided.</p> <p>The student's disability category is documented as deaf, hard of hearing or deafblind on their educational plan</p>	
		D/HH/DB education team is provided with opportunities to meet periodically to discuss roles and responsibilities, share ideas and current practices and to attend training specifically related to their professional capacity.	Schedule, dated meeting agenda and minutes that demonstrate teams have opportunities for collaboration and consultation	

7. Access to Peers and Adults who are Deaf or Hard of Hearing (VSA Powers and duties C.1.B)	Children and youth need ongoing access to students and adults like them.	Access to professional personnel is provided in the child's language and communication mode	<p>Program staff directory includes professional personnel fluent in child's language and communication mode and provides students with the opportunity to interact with this individual. Dates indicate when the opportunity was offered to the student and family</p> <p>List of community members and organizations available to meet this need (dates that they participate) and to share events that are happening.</p> <p>Redacted emails or correspondence directly to student/families about events.</p> <p>Program provides opportunities (and the dates) for social interactions of students sharing similar communication modes</p>	
8. Qualified Providers (VSA Powers and duties C.1.A)	Providers of D/HH/DB services must meet professional standards that include minimal qualifications and ongoing performance evaluations and be provided relevant	All service delivery providers are appropriately licensed/certified and trained, and meet minimal qualifications (See Appendix for definition of "Qualified Providers")	Licensure, training, results of performance evaluation (redacted) and qualifications of service delivery providers are collected and maintained by program	

	professional development opportunities.			
		Relevant professional development is available to all providers of D/HH/DB services on a regular basis	Yearly calendar for professional development of all D/HH/DB providers	
		All D/HH/DB providers are appropriately evaluated by a professional from their respective fields	Schedule of supervision and evaluation of D/HH/DB program professionals	
		Current efforts to recruit and retain early intervention providers, teachers of D/HH/DB students and specialized instructional support personnel are on-going	Documentation of recruitment and retention steps	

9. State Leadership and Collaboration	<p>Strong state and local leadership with effective collaboration among key stakeholders (parents, D/HH/DB consumers, state and local educators, university teacher preparation programs and advocacy organizations) is key to successful systems of delivery of programs, services, recruitment and retention of the workforce. To provide a perspective on how students who are D/HH/DB are performing from year to year, the Agency of Education should report annual student assessment results for language and literacy.</p>	<p>Various state agencies, programs, families and schools for the D/HH/DB collaborate to provide a seamless continuum of placements, services and supports for children and their families through age 21, and that students' assessment of performance and other key indicators are reviewed when addressing issues and provide guidance to the state, local school districts, teachers, professionals and families.</p>	<p>Program provides meeting notes (with dates) where D/HH/DB education leaders and parents convene to discuss educational services and systems issues that reflect the needs of a student</p> <p>Program schedules annual meetings with AOE to review aggregated student outcomes on all state assessments</p> <p>Number and nature of consultation that they did with school districts on professional development</p> <p>Number and nature of consultation that they did with school districts on collaboration with advocacy and family support organizations</p>	
--	--	---	--	--

Appendices:

- Communication/Language Plan
 - ✓ [The Vermont Communication Plan \(02/23/2023\)](#)
 - ✓ The Vermont Communication plan is based on one from New Jersey (<https://www.nj.gov/education/specialed/deaf/resources/New%20Jersey%20Communication%20Plan%20for%20Students%20who%20are%20Deaf%20or%20Heard%20of%20Hearing.pdf>)
- American Academy of Audiology
 - ✓ RMHAT selection, fitting, verification, and validation of FM/DM systems guidelines https://www.audiology.org/wp-content/uploads/2021/05/HAT_Guidelines_Supplement_A.pdf_53996ef7758497.54419000.pdf
 - ✓ Classroom audio distribution systems (classroom sound fields) selection and verification (https://www.audiology.org/wp-content/uploads/2021/05/20110926_HAT_GuidelinesSupp_B.pdf_53996ef98259f2.45364934.pdf)
- Template for classroom observations to ensure access
 - ✓ Access to Curriculum Assessment Tool (ATCAT) - more information [here](#).
- Template for functional evaluation in the classroom, other environments
 - ✓ https://successforkidswithhearingloss.com/wp-content/uploads/2011/08/Functional-Listening-Evaluation_complete-with-phrase-lists_autocalculate.pdf
- Definitions for Qualified Providers/professionals of DHHDB services
 - ✓ For Teacher of the Deaf and Hard of Hearing (TODHH):
See Rules Governing the Licensing of Educators and the Preparation of Educational Professionals, see pages 209-212
<https://education.vermont.gov/sites/aoe/files/documents/Rules%20Governing%20the%20Licensing%20of%20Educators%20-%20Effective%20June%2011%2C%202021.pdf>
 - ✓ Audiologist
 - Office of Professional Regulation (OPR) VT licensure: <https://sos.vermont.gov/audiologists/>
 - ASHA: <https://www.asha.org/advocacy/state/info/vt/licensure/>
 - ✓ Speech Language Pathologist
 - AOE: <https://education.vermont.gov/educator-licensure/become-a-vermont-educator/speech-language-pathologists>
 - OPR: <https://sos.vermont.gov/speech-language-pathologist/>
 - ASHA: <https://www.asha.org/advocacy/state/info/vt/licensure/>
 - ✓ Educational Interpreter

- Recommended minimum qualifications in Vermont include having a score of 4.0 on the Educational Interpreter Proficiency Assessment (EIPA).
 - A national certification (e.g., [Registry of Interpreters for the Deaf](#)) is preferred.
 - A BEI certification (Basic or above) is also acceptable.
- ✓ Intervener
- Often used for students who are DeafBlind
 - See [Pathways-for-Intervener-Training-in-the-United-States-2022](#)
- ✓ Communication Facilitator
- to assess someone's ASL skills, the [American Sign Language Proficiency Interview \(ASLPI\)](#) or the [Sign Communication Proficiency Interview \(SCPI:ASL\)](#) are two commonly used tests.
 - At this time there are no minimum scores established in Vermont; the adequacy of the proficiency of the ASL skills is determined by the Educational Team when considering the needs of the student
- Evaluation scale to judge the quality and merit of the evidence gathered by D/HH/DB providers and Educational Teams when using the Vermont Quality Indicator TOOL for D/HH/DB Services.



**State of Vermont
Deaf, Hard of Hearing, Deaf/Blind Advisory Council (D/HH/DB)
School Age Subcommittee**

**“Vermont Quality Indicator Tool for D/HH/DB Services”
Scoring Scale to Evaluate the Quality of the Evidence**

This evaluation tool was designed to assist qualified Reviewers to judge the quality and merit of the evidence submitted based on use of the “**Vermont Quality Indicator Tool for D/HH/DB Services.**”

Considering each of the nine quality indicators separately, the Reviewer should examine the evidence/artifacts submitted and rate each quality indicator based on the following scale:

- 1 – evidence does not meet quality indicator (0% - 25%)
- 2 – evidence partially meets the quality indicator because a number of **key** elements are missing (26% - 50%)
- 3 – evidence mostly meets the quality indicator, but some elements are missing (51% - 75%)
- 4 – evidence fully meets the quality indicator (76% - 100%)

On the next page is an example of how the scoring scale would be applied to the “Vermont Quality Indicator Tool for D/HH/DB Services.”

A column labeled ‘Priority’ was added so a Reviewer could indicate that addressing the lack of evidence submitted for a particular Quality Indicator was a priority and should be addressed as soon as possible.

				evidence does not meet quality indicator 1	evidence partially meets the quality indicator; a number of key elements are missing 2	evidence mostly meets the quality indicator but some elements are missing 3	evidence fully meets the quality indicator 4	PRIORITY To address?
8. Qualified Providers (VSA Powers and duties C.1.A)	Providers of D/HH/DB services must meet professional standards that include minimal qualifications and ongoing performance evaluations and be provided relevant professional development opportunities.	All service delivery providers are appropriately licensed/certified and trained, and meet minimal qualifications (See Appendix for definition of "qualified".)	Licensure, training, results of performance evaluation (redacted) and qualifications of service delivery providers are collected and maintained by program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Relevant professional development is available to all providers of D/HH/DB services on a regular basis	Yearly calendar for professional development of all D/HH/DB providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		All D/HH/DB providers are appropriately evaluated by a professional from their respective fields	Schedule of supervision and evaluation of D/HH/DB program professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Current efforts to recruit and retain early intervention providers, teachers of D/HH/DB students and specialized instructional support personnel are on-going	Documentation of recruitment and retention steps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**Deaf, Hard of Hearing, Deaf/Blind Advisory Council
School Age Subcommittee**

Vermont Quality Indicator CHECKLIST to Assess Deaf, Hard of Hearing, DeafBlind Services

This **CHECKLIST** is a companion document to the Vermont Quality Indicator **Tool** for Deaf, Hard of Hearing, or DeafBlind (D/HH/DB) Services which establishes the level of service and support expected of programs/providers working with Vermont students who are D/HH/DB. These indicators are based in large part on the work of National Association of State Directors of Special Education ([NASDSE](#)) Guidelines (Optimizing Outcomes for Students Who are Deaf or Hard of Hearing 3rd ed., Sept 2018) in addition to stakeholder input as well as the NASDSE Guidelines for Deafblindness (2008) and conversations (email/Zoom) with national experts.

The scope and purpose of the Quality Indicators Tool and Checklist is to fulfill the legislative mandate under Vermont Statutes ([33 V.S.A. § 1602](#)) to assess the services, resources, and opportunities available to children in the State who are D/HH/DB. The Checklist and Tool ensure that Vermont children who are D/HH/DB receive high quality services.

Essential Element/Vermont Statute Powers and Duties	Program, Provider or Family advocates for:	Documented Yes/No
1. Unique needs of student is considered (VSA C.1.8)	Inclusion of qualified providers in the student’s educational team meetings and their services that support the unique language, communication and needs of the student (i.e., VT state licensed Teacher of the Deaf/Hard of Hearing (TODHH), audiologist, SLP with expertise in working with DHHDB students or DB specialist)	
	A safety plan for the student has been determined.	
2. Expectations, Educational Programming, and Future Employment (VSA C.1.B)	All members of student’s team receive professional development regarding the needs of the student (e.g., in-service to review the impact of hearing loss, accommodations, strategies, hearing assistive technology, sign language instruction, AAC)	
	Student opportunities for specialized instruction unique to deafness or hearing difference (Expanded Core Curriculum-Auditory and listening skill development, hearing assistive technology, self-determination and self-advocacy, deaf studies or transition skills)	
3. Families as Critical Partners (VSA C.1.C)	Parent(s)’ involvement in all levels of planning and decision making for their child(ren) (including transition).	
	The necessary parent training and counseling services that are necessary to implement the child’s plan.	

	Specialized activities or programs are shared with the family. (Meetings with other parents who have children who are DHHDB, social events specific to families of children who are DHHDB, transition trainings/workshops)	
4. Language and Communication needs are considered and accommodated in the student's learning environment (VSA C.1.A)	Comprehensive assessment of student's language at each transition to identify gaps.	
	Student opportunities for direct communication and/or instruction with peers and professional personnel	
	Assessment of classroom acoustics and the consideration of hearing assistive technology (HAT)	
	A continuum of placement opportunities to those students whose needs cannot be met in their local school district to ensure the Least Restrictive Environment (LRE)	
5. Student receives individualized specially designed instruction that incorporates evidence-based practices	Decisions that are guided by recent research and evidence-based practices.	
	A monitoring plan that ensures the student's hearing aids, cochlear implants and/or hearing assistive technology function properly (including validation procedures such as Functional Listening Evaluation) and HAT devices reflect recent technological advancements that enhance their functionality for students.	
6. Educational Progress, Accountability and Oversight (VSA C.1.F)	Educational plans that are based on student need rather than available services.	
	The student's disability category is documented as deaf, hard of hearing or deafblind on their educational plan	
7. Access to Peers and Adults who are DHHDB (VSA C.1.B)	Access for the student to peers and personnel with the same language and communication mode.	
8. Qualified Providers (VSA C.1.A)	Inclusion of DHHDB providers who are appropriately licensed/certified and trained, who meet minimal qualifications and who also receive ongoing professional development.	

Comments: