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Educating Students who are Deaf, Hard of Hearing, or Deaf-Blind: Guidance Addressing Assessment, Programs, and Practices

Table of Contents

Acknowledgements.....	3
Preface	5
Introduction	6
Administrators and Educators	6
Early Identification & Early Intervention	8
Communication Mode	8
Birth to Three Services.....	9
Individual Family Service Plan (IFSP).....	9
Special Education Services, Ages 3-22	10
Multidisciplinary Team	11
Teacher of the Deaf (TOD)	12
Evaluation, Assessment, and Eligibility for Special Education Services	13
Audiological Information	13
Eligibility Under IDEA.....	13
Eligibility Under Section 504	14
Examples of Accommodations under Section 504	14
Considerations for Conducting a Comprehensive Evaluation for Special Education	15
Areas for Assessment.....	16
Classroom Observation	18
Accommodations for Assessments.....	18
Parent/Guardian Engagement in the Evaluation Process.....	18
A Note on Assessment	20
Language and Communication Plan (LCP)	22
Individualized Education Program (IEP) Development	24
Special Factors	24
Language and Communication	25
Parent/Family Input.....	25
Determination of Other Gaps Requiring Further Assessment.....	25
Developing All Areas of the IEP.....	25
Related Services	26
Accommodations	26

5/1/2026

Assistive Technology	26
Indirect Services	28
Least Restrictive Environment (LRE) Determination	29
Secondary Transition	31
Transition Services	31
Professional Learning	33
Collaborative Partnerships	34
Glossary.....	35
References	39

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Preface

In this guidance, you will see the terms “hearing loss” and “disability.” These words are used to align with medical and educational systems and with state and federal special education law and regulations that help ensure students receive appropriate services and supports. They may apply to children who are deaf, hard of hearing, or deaf-blind from birth, as well as to children who experience changes in hearing or vision later in life.

It must be recognized that families and individuals may describe themselves in different ways and may not identify with disability-based language. Many families and individuals may prefer identity-affirming terms such as “Deaf,” “hard of hearing,” or “Deaf-Blind.”

This guidance values and respects differences amongst each child and family. Educators and teams are encouraged to listen to and honor family preferences when communicating, while also using required terms in evaluations, eligibility decisions, and Individualized Education Programs (IEPs). This document focuses on supporting children’s strengths, communication access, and learning, in partnership with families.

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Introduction

The purpose of this document is to provide administrators and educators with guidelines for educating students identified as deaf, hard of hearing, or deaf-blind¹. The document includes information on assessments practices.

These guidelines have been developed based upon a set of overarching principles for educators and team members, which provide a foundation for educating students who are deaf, hard of hearing or deaf-blind.

Administrators and educators are encouraged to consider the following guiding principles in developing and implementing assessments, practices, and programs for students who are deaf, hard of hearing, or deaf-blind.

Administrators and Educators should:

- be aware of the unique educational needs of students with hearing loss and how their needs may differ;
- have knowledge about the US Department of Education and state policy guidance on education services afforded to students who are deaf, hard of hearing, or deaf-blind;
- understand the specific linguistic, social-emotional, and cultural needs of students who are deaf, those that experience hearing loss, and those students who are deaf-blind, including those of diverse ethnic, linguistic, and racial backgrounds;
- have knowledge and experience in developing and implementing Language and Communication Plans;
- have knowledge of interpreting services, the role of a certified interpreter, qualifications of interpreters, student preference of interpreters, and the implications of an interpreted education; and
- be aware of the need for language and communication access, environmental access, universal design, and access to assistive technology.

Additionally, local educational agencies (LEAs) and special education administrators need to have a clear understanding of their responsibility to:

- ensure the availability of services that meet the unique needs of each student who is deaf, hard of hearing, or deaf-blind;
- ensure the appropriate certification and training of personnel to meet the requirements of their role in educating students who are deaf, hard of hearing, or deaf-blind;

¹ The term “deaf-blind” is used throughout the document to align with the spelling under the Individuals with Disabilities Education Improvement Act of 2004, 20 U.S.C. §§1400, *et seq.* (IDEA). As stated in IDEA, deaf-blindness means concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational needs that they cannot be accommodated in special education programs solely for children with deafness or children with blindness (34 CFR §300.8(2)).

5/1/2026

- have a strong knowledge of the federal and state laws and regulations governing the education of students with disabilities—the Individuals with Disabilities Act (IDEA) and Every Student Succeeds Act (ESSA)—allowing them to design and implement compliant programs and services for students who are deaf, hard of hearing, or deaf-blind; and
- regularly monitor and assess the efficacy of all programs that serve students who are deaf, hard of hearing, or deaf-blind with Individualized Education Programs (IEPs).

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Early Identification & Early Intervention

Children with hearing and vision loss must be identified and referred for assessment and intervention as early as possible to enable the best possible language, communication, and achievement outcomes.

Under Connecticut state law effective July 1, 2000, all birthing facilities must provide a universal newborn hearing screening as part of its standard of care. Universal newborn hearing screening is a mandatory test to check every infant's hearing after birth, preferably before leaving the hospital.² Effective January 1, 2016, Section 19a-55 of the Connecticut General Statutes (C.G.S.) was amended to require every Connecticut-born infant who fails their newborn hearing screening also be screened for congenital Cytomegalovirus (cCMV) soon after birth, as medically appropriate.

[The Early Hearing Detection and Intervention \(EHDI\) program](#) ensures that all Connecticut-born infants receive appropriate hearing screenings, congenital Cytomegalovirus (cCMV) screenings, diagnostic hearing evaluations, and intervention services. The goals of Connecticut EHDI program ensures that all Connecticut newborns receive hearing screenings at birth, or by one month of age, infants who failed their hearing screening also receive a cCMV screening, infants who failed their hearing screening are evaluated by a pediatric audiologist and receive a diagnostic audiological follow-up test by three months of age, infants diagnosed with a hearing loss are receiving early intervention services (Connecticut Office of Early Childhood's Birth to Three program) by six months of age, and families of the deaf or hard of hearing are enrolled in family supports by nine months of age.

For those infants that have a hearing loss, C.G.S. §17a-248d requires that a referral be made to the Connecticut Birth to Three for early intervention supports no later than seven days after the date of completed diagnosis.³

Communication Mode

The determination of how a family and child will communicate is the family's choice. Children who are deaf, hard of hearing, or deaf-blind must have meaningful opportunities for natural language acquisition. A child's language needs may change overtime. Some communication modes include bilingual-bimodal, cued speech, listening and spoken language, pidgin signed English, sign-supported speech, and simultaneous communication. All language and communication approaches have the potential for positive outcomes if implemented with fidelity and if the student has full access to the language. For definitions and more information on communication modes, see Page 17 and 18 in [Optimizing Outcomes for Students who are Deaf or Hard of Hearing \(NASDSE\)](#).

² Connecticut General Statutes §19a-59

³ Connecticut General Statutes §17a-248d

Birth to Three Services

All children with a hearing loss in one or both ears are eligible for [Birth to Three services](#). For children who have hearing loss, Birth to Three services can assist the child and family in communicating in the language and communication mode chosen by the family, provide support in accessing technology, offer individualized supports from trained professionals, and assist with the transition to school. The Connecticut Birth to Three System also ensures the statewide availability of different language/communication modality options for families to choose from when deciding on an early intervention program. Professionals (audiologists, primary health care providers, interventionists) will participate in educating parents about the meaning and the consequences of hearing loss, the importance of language/communication development, and all language/communication modality options.

It is important to note that all children enrolled in the [Connecticut Birth to Three System](#) who have a delay in their communication skills must have an audiological evaluation to rule out a hearing loss as a contributing factor to the communication delay.

Early identification, referral, and timely and appropriate intervention is essential for all children who have hearing loss. The Early Hearing Detection and Intervention (EHDI) Task Force meets regularly, and addresses needs regarding early identification, referral, and timely intervention for children who have hearing loss, which reflect best practices recommended by the [Joint Commission on Infant Hearing \(JCIH\)](#). For more information on the EHDI Task Force, please visit the [State of Connecticut Department of Public Health website](#).

Individual Family Service Plan (IFSP)

The [Individual Family Service Plan \(IFSP\)](#) will directly address language, communication, and overall developmental skills including pre-literacy and language skills. The following components are addressed on the IFSP:

- Referral and service coordination as single point of entry
- Conducted in the family's native language
- Child's current level of functioning
- Family's resources
- Family's priorities and concerns about their child's development
- Child's measurable outcomes to be achieved
- Early intervention services based on the child's needs including the setting the services will be provided in

The following list contains guiding questions for teams to consider when planning for young children who are deaf, hard of hearing, or deaf-blind.

- What are the family's goals for their child? What are the family's goals for their family?
- Is the child functioning within an expected range of development for his/her age, home language, and culture across all areas?
- What are the child's strengths and needs?

5/1/2026

- What strategies are most effective in helping the child learn at home or in the community?
- What services or resources are needed to support the child and the family?
- How can the team support the family as they make decisions about their child?

Special Education Services, Ages 3-22

Students, ages 3 to 22 years, with a hearing loss who qualify for special education services are eligible to receive appropriate supports and services. Information on the referral for special education process can be found in [A Parent's Guide to Special Education in Connecticut](#).

- Students, ages 3 to 22 years, whose needs meet eligibility criteria for special education services will receive an IEP which is informed by a Language and Communication Plan that directly addresses the student's individual language and communication needs.
- Additional information regarding Individualized Education Programs and Language and Communication Plans can be found throughout this document.

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Multidisciplinary Team

Through the planning and placement team (PPT) process, the LEA must identify the appropriate multidisciplinary team to provide services to the student. Based on a consensus of the team, and in alignment with the supports and services required, the LEA will determine who will implement various aspects of the IEP. Districts must ensure that their personnel have the skills and knowledge needed to address identified goals and objectives.

It is necessary to implement a multidisciplinary team approach to address the array of needs along a continuum that may be presented by students who are deaf, hard of hearing, or deaf-blind. Each of the team members provides input to develop the student's educational program. Parents or guardians are full and equal participants and are a vital component of the multidisciplinary team. Where appropriate, the student should also be included as part of the team. All personnel who provide data or services must work collaboratively to meet the student's current needs and always consider that it might be necessary to review and revise the services and the personnel to address those needs.

Each team member provides services in the content area(s) for which they have expertise and will share knowledge, successful techniques, and strategies with the other team members.

Members of the multidisciplinary team may include, but are not limited to the following:

- American Sign Language (ASL) specialist
- Assistive technology specialist
- Behavior specialist
- Educational audiologist
- Educational interpreter
- General education teacher
- Listening and spoken language specialist
- Media and technology specialist
- Multiple disability specialist
- Occupational therapist
- Parents
- Physical therapist
- School counselor
- School district representative
- School psychologist
- School social worker
- Special education teacher
- Speech-language pathologist
- Student
- Teacher of students who are deaf-blind
- Teacher of students who are deaf or hard of hearing (TOD)
- Vocational rehabilitation counselor for the deaf (RCD)
- Certified orientation and mobility specialist

5/1/2026

The Council for Exceptional Children (CEC), Division for Communication, Language, and Deaf/Hard of Hearing (DCH) developed knowledge and skill specialty sets for entry-level teachers of students who are deaf, hard of hearing, or deaf-blind.

Teacher of the Deaf (TOD)

TODs are trained in different communication modalities depending on university programs and additional certifications and trainings. It is important for district administrators to understand the different communication modalities available to students who are deaf, hard of hearing, or deaf-blind and assure that the TOD hired to support the individual student is trained in the communication mode used by that student and family. In order to best support students who are deaf, hard of hearing, or deaf-blind, the TOD's training and educational background must match the student's chosen mode of communication in accordance with the student's Language and Communication Plan. TOD may have different responsibilities and tasks depending on their specialized training. This is also based on the individualization of services for each student.

While this is a sampling of personnel who might be considered by the PPT, the final determination will depend on the individual needs of the student. When considering individuals to add to the team, it is important to ensure that the individuals have the appropriate training, certification, and background that matches the student's primary language and communication mode. At any point, other specialists may be added to the team dependent on the individual needs of the student.

Evaluation, Assessment, and Eligibility for Special Education Services

This section provides guidance for educators and families regarding evaluation, assessment and eligibility determinations for students who are deaf, hard of hearing, or deaf-blind. It distinguishes eligibility under IDEA and Section 504 of the Rehabilitation Act of 1973 (Section 504).

Audiological Information

The audiological assessment is a foundational component of the evaluation process for students who are deaf, hard of hearing or deaf-blind. Families should be asked to share a recent audiological assessment to document the child's hearing status. The information from the audiological assessment can be used to:

- Document the presence, type, and degree of the student's hearing loss.
- Describe the student's functional listening abilities across environments and settings.
- Inform decision-making regarding access, accommodations, assistive technology and communication supports.
- Establish a foundation for determining whether the hearing loss has an adverse impact on educational performance.
- Support decisions related to IDEA eligibility or Section 504 protections.

The audiologic assessment is performed by a licensed or certified pediatric and/or educational audiologist.

Eligibility Under IDEA

Students ages 3-22, who have not received a regular high school diploma, may be referred to special education by a parent or the school. During the referral PPT meeting, the team will determine whether a comprehensive evaluation to determine special education eligibility is warranted. If an evaluation is recommended, parental consent is required. Once parental consent is obtained, the district will conduct the initial evaluation and reconvene the PPT to determine eligibility. Special education eligibility for a student who is deaf, hard of hearing, or deaf-blind is a three-pronged process that includes:

1. Identifying a disability as determined in a comprehensive audiologic assessment which has confirmed that the student is deaf, hard of hearing, or deaf-blind⁴;
2. Determining whether the disability has an adverse effect on the student's educational performance; and
3. Determining whether that effect requires specially designed instruction, i.e., special education.

If a student is determined eligible for special education and related services, an IEP is developed by the PPT which must include a Language and Communication Plan (LCP). The PPT must address all elements of the LCP, including but not limited to primary language and

⁴ More information on the definitions of deaf, hard of hearing, or deaf-blind can be found in the glossary.

communication mode, amplification needs, environmental issues, and access to emergency information and procedures. The PPT must also plan an appropriate educational program that is guided by the LCP. The educational program is documented in a student's IEP.

Eligibility Under Section 504

Not all students with an identified hearing loss will meet the criteria for special education eligibility. Students who do not require specially designed instruction but have a hearing loss that substantially limits access to learning and/or school activities may qualify for protections under [Section 504 of the Rehabilitation Act](#). Audiological documentation is used by the 504 team to confirm the presence of a hearing loss and to determine how it substantially limits the student's access to learning or school activities.

A student found eligible under Section 504 may receive accommodations and/or related services at school that are not otherwise available to students who do not have a disability. The school district may develop a 504 Plan that describes the appropriate accommodations and/or related services for eligible students.

Pursuant to C.G.S. §10-76d, the 504 team must develop a Language and Communication Plan (LCP) for all students who qualify for protections under Section 504, due to an identified hearing loss. The LCP will assist Section 504 Teams in considering all necessary supports, accommodations, and services and provide a foundation for the development of the student's Section 504 Plan.

For more information on Section 504 resources for parents, visit the [CSDE Parent's Guide to Section 504](#).

Examples of Accommodations under Section 504

The following list of accommodations, although not exhaustive, is included to assist Section 504 Teams when considering accommodations for students with hearing loss, combined hearing and vision loss:

- Team in-service at the start of each year by hearing, vision, or deaf-blind specialist
- Regular classroom observations and consultation by the hearing and/or vision specialist
- Interpreter
- Hearing Assistive Technology
- Low vision devices: high tech and low tech
- Lighting accommodations
- Preferential or strategic seating
- Classroom noise reduction (tennis balls/hush ups, closed classroom door)
- Teacher to teach facing class (not with back turned)
- Support auditory information with visuals within the classroom
- Support visual information with auditory supports within the classroom
- Support auditory and visual information with tactiles within the classroom

- Gain attention prior to speaking
- Check for understanding
- Encourage student to ask for clarification
- Provide listening breaks to reduce auditory fatigue
- Provide visual breaks for those students using an ASL interpreter to reduce fatigue
- Closed captioning
- Note takers
- C-PRINT/CART (real-time translation)
- Testing accommodations (i.e., extended time and/or separate location)
- Self-advocacy skill support
- Transition supports

Considerations for Conducting a Comprehensive Evaluation for Special Education

It is important to consider specific criteria when conducting a comprehensive evaluation for special education with students who have an identified hearing loss. The evaluation process consists of obtaining information and relevant data about a student to support educators and parents making informed decisions about the student's education. Data-driven decision-making is key to providing students with the appropriate educational opportunities and interventions. When evaluating a student who is deaf, hard of hearing, or deaf-blind to determine eligibility for special education, it is important to consider these key factors:

- Evaluators should collaborate with professionals who have expertise in deaf education to make informed decisions about appropriate evaluations and educational programming.
- Assessments should be selected strategically based on the student's background, language profile, and educational history. Be mindful of the volume of evaluations to prevent fatigue and to avoid excessive testing.
- Assessments should be selected and administered by, or in consultation with, professionals who have specific expertise regarding language and literacy acquisition for students who are deaf, hard of hearing, or deaf-blind.
- Every effort should be made to ensure that the evaluator can directly and fluently communicate with the student in the student's primary language.
- If a certified interpreter is utilized, the student should have familiarity and prior experience with the use of an interpreter before the evaluation. The interpreter and evaluator should meet prior to the evaluation to ensure that the interpreter is properly trained to interpret the testing materials. Time must be allotted after the testing session for the interpreter and evaluator to debrief. For more information on selecting an interpreter and utilizing an interpreter in the evaluation process, visit [Collaborating with Interpreters by American Speech-Language-Hearing Association](#).
- If the student utilizes listening technology, the team, or educational audiologist, must check to ensure the technology is working properly. Before the evaluation, a plan must

be put in place if the technology stops functioning⁵. Evaluations should be conducted in a room that is free of auditory and visual distractions.

- To support the development of appropriate educational opportunities for deaf, hard of hearing, or deaf-blind students, a variety of assessment tools should be used to inform decision-making. These may include formal assessments (e.g., standardized tests and curriculum-based measures) and informal assessments (e.g., observations, interviews, and self-assessments). Assessments must be valid, reliable, and appropriately chosen for the individual.
- All team members must be involved who know the student including parents, teachers, specialists, and the student.

Areas for Assessment

In addition to the audiological assessment, IDEA requires schools to fully evaluate children in all areas of suspected disability:

- Using a variety of assessment tools and strategies to gather relevant information and data about the child, including information from the parent;
- Using technically sound instruments that may assess relative contribution of cognitive and behavioral factors; and
- Administering the assessment in the child's primary language to the extent possible.

The following table includes areas that may be considered when conducting a comprehensive evaluation for students who have a hearing loss.

Evaluation Category	Subcategory
Hearing and Listening	<ul style="list-style-type: none"> • Auditory status and function • Auditory and functional listening skills (with/without personal and assistive technology) • Hearing aid/assistive technology use • Auditory skill development • Speech discrimination (in ideal and realistic listening situations) • Fatigue assessment
Language and Communication	<ul style="list-style-type: none"> • American Sign Language (ASL): vocabulary, fluency, phonology, semantics, syntax, morphology, pragmatics

⁵ 34 CFR §300.113 Routine checking of hearing aids and external components of surgically implanted medical devices. (a) Hearing aids. Each public agency must ensure that hearing aids worn in school by children with hearing impairments, including deafness, are functioning properly. (b) External components of surgically implanted medical devices. (1) Subject to paragraph (b)(2) of this section, each public agency must ensure that the external components of surgically implanted medical devices are functioning properly. (2) For a child with a surgically implanted medical device who is receiving special education and related services under this part, a public agency is not responsible for the post-surgical maintenance, programming, or replacement of the medical device that has been surgically implanted (or of an external component of the surgically implanted medical device).

	<ul style="list-style-type: none"> • Spoken language: phonology, receptive and expressive vocabulary, syntax, morphology, pragmatics, social language skills, auditory memory skills • Speech: oral-motor skills, articulation, intelligibility
Cognition and Academic Performance	<ul style="list-style-type: none"> • Cognitive abilities (e.g., memory, attention, problem-solving) • Academic skills (reading, writing, math) • Executive functioning skills
Social-Emotional Development	<ul style="list-style-type: none"> • Social skills • Emotional regulation • Behavioral skills
Case History Review	<ul style="list-style-type: none"> • Universal Newborn Hearing Screening results • Medical history • Family history • Additional risk factors for hearing loss
Self-Determination and Self-Advocacy	<ul style="list-style-type: none"> • Decision-making skills • Goal setting • Problem-solving skills • Self-awareness

Planning and Placement Teams must discuss and consider the appropriate use of standardized assessments. Few assessment instruments have been standardized for students who are deaf, hard of hearing, or deaf-blind; however, for some students, assessments developed for or normed with hearing students may be useful with appropriate modifications.

Even if an assessment is normed for students who are deaf, hard of hearing, or deaf-blind, those same students may require modifications and accommodations to access the assessment. These assessment modifications may include, but are not limited to, using a different language (e.g., spoken English, ASL) or communication approach (e.g., cued speech), using a different method to present the test (e.g., written, oral, or demonstration), accepting responses in the student's preferred language or communication modality, using a live reader, captioning, and/or rephrasing questions. It is critical that any modifications and their impact on the interpretation of data be addressed in the assessment report and that professionals with experience and training in working with students who are deaf, hard of hearing, or deaf-blind are included in the proctoring of the assessment and the analysis of the assessment data.

The assessments conducted by the multidisciplinary evaluation team should yield a profile of the student's current levels of performance, needs, and strengths, and the student's characteristic pattern of response to environmental and internal influences. Assessment will include not only information about the student's aptitude and academic achievement levels, but also information regarding (1) the student's language and communication competence and

needs; (2) cultural, social, and personal competence needed to maximize independence; and (3) vocational aptitudes and interests.

Classroom Observation

Classroom observation is an essential element of assessment for students who are deaf, hard of hearing, or deaf-blind. Consideration must be given to how a student's hearing loss impacts their listening, language, learning, participation and engagement, behavior, and social interaction within the classroom setting.

Observation by professionals with expertise in the area of deafness and hearing loss (teachers of deaf or hard of hearing, audiologists, speech-language pathologists (SLPs), and district staff working with the student who is deaf or hard of hearing), are critical in the assessment of communication, access to the curriculum, and general engagement and social interaction within the instructional setting. Data obtained through observation is essential in determining the adverse educational impact of a student's hearing loss, critical in making special education eligibility determinations, and identifying the need for accommodations, modifications, and/or goals and objectives for inclusion in the IEP for eligible students.

Accommodations for Assessments

School teams must ensure that accommodations provide full access to evaluation procedures and are consistent with the student's instructional practices to minimize communication barriers. Assessments should not proceed until accommodations that provide the student full access to the procedure are implemented. Modifications and their impact on interpretation must also be clearly documented in the evaluation report. When identifying appropriate accommodations, school teams must consider the following principles and expectations:

- Expect students to participate in grade-level assessments and achieve grade-level academic content standards;
- Learn and select accommodations and resources for instruction and assessments that are appropriate for the individual student;
- Ensure that the student has access to accommodations and resources during both instruction and assessment; and
- Evaluate and improve accommodation use as needed for both instruction and assessment.

Parent/Guardian Engagement in the Evaluation Process

In accordance with IDEA, information provided by families must be gathered when conducting an evaluation and when determining eligibility for special education or related services.

Information related to the student's developmental history, medical and health history, family dynamics (including language(s) used and primary mode of communication of the student and the family), strengths and weaknesses, prior educational opportunities, cultural and linguistic background, and functional abilities outside of the school setting is essential to completing a

5/1/2026

comprehensive evaluation and is best provided by the parent, guardian, and/or other family members.

Assessments for students who are deaf, hard of hearing, or deaf-blind, should address best practices, but evaluation teams must also consider that additional aspects of a student's profile may impact assessment including additional family and development assessments.

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The following table includes examples of these assessments.

Evaluation Category	Subcategory
Family and Developmental Background	<ul style="list-style-type: none"> • Family history • Health and developmental histories
Language and Communication	<ul style="list-style-type: none"> • Language history and profile • Primary language used in the home • Expressive and receptive language ability (in spoken English and/or American Sign Language) • Student's preferred modality for evaluation • Language supports and services used (e.g., interpreters, Communication Access Realtime Translation [CART])
Hearing and Vision	<ul style="list-style-type: none"> • Age of onset and age of diagnosis of hearing and/or vision loss • Etiology of hearing loss and/or vision loss, including type and severity • Age of amplification and/or vision supports • Consistency of use of hearing device/amplification • Potential for use of residual hearing and/or vision • Visual ability/acuity
Cognitive and Educational Background	<ul style="list-style-type: none"> • Cognitive ability • Educational history • Personal values and goals • Parent values, goals, and philosophy • Multiple disabilities

A Note on Assessment

Children who are deaf, hard of hearing, or deaf-blind have the same ability and capacity to learn language as their hearing and sighted peers. The ability and right to develop language is central to the human experience and necessary prerequisites to literacy, as well as cognitive, emotional, linguistic, academic, and social growth. Therefore, the language and literacy skills of all children who are deaf, hard of hearing, or deaf-blind should be assessed.

Best practice dictates that the language use of a student who is deaf, hard of hearing, or deaf-blind be monitored regularly to ensure that their expressive and receptive language skills are developing and that they are meeting milestones in American Sign Language and/or English. For this section, English includes spoken English, written English, spoken English assisted by Cued Speech, or English with the use of visual supplements. All assessments must be presented in the student's primary language and communication mode.

The evaluation process of a child who has a combined loss of hearing and vision to determine strengths, needs, and appropriate specialized instruction, services, and supports is a challenging procedure. The range of sensory losses, as well as possible cognitive, physical, emotional, and

5/1/2026

health/medical issues can pose significant challenges and require professionals who recognize and understand the impact of such issues and are able to communicate effectively in the child's primary language and mode of communication. The membership of the team assigned to evaluate the needs of a student who is deaf-blind should include a professional(s) with expertise in the area of deaf-blindness who can conduct and interpret functional vision and hearing assessments and contribute to the determination of the goals and objectives, supports, and services that will provide benefit to the student.

DRAFT

Language and Communication Plan (LCP)

The LCP is a tool designed to assist both the 504 team and planning and placement team (PPT) in meeting federal and state requirements to address the special language and communication considerations for students who are deaf or hard of hearing. The intent of the LCP is to guide discussion among all members of the PPT who review a student's needs based on language and communication skills and access. The result of this thoughtful discussion and documentation about the student and his/her instructional, social, access and emergency communication needs will be utilized in determining the student's current performance levels as well as other components of the individualized education program (IEP) or 504 plan. Information gleaned in developing the LCP will inform specially designed instruction as outlined in the IEP goals and objectives and assist in defining supports/services and accommodations or modifications provided for in an IEP or a 504 Plan.⁶

In accordance with C.G.S. § 10-76jj, a Language and Communication Plan (LCP) must be developed for all students who are identified as deaf, hard of hearing, or deaf-blind.⁷ Effective July 1, 2019, the LCP must address:

- the primary language or mode of communication chosen for the child;
- opportunities for direct communication with peers and professional personnel in the primary language or mode of communication of the child;
- educational options available to the child;
- the qualifications and training of teachers and other professional personnel administering the child's LCP, including the teachers' or professionals' proficiency in the primary language or other mode of communication for the child;
- the accessibility of academic instruction, school services, and extra-curricular activities for the child; and communication and accommodations in the physical environment for the child; and
- an emergency communication plan.

⁶ [CSDE Annotated Language and Communication Plan](#)

⁷ Connecticut General Statutes § 10-76jj. The individualized education program or plan pursuant to Section 504 of the Rehabilitation Act of 1973, as amended from time to time, for any child identified as deaf or hard of hearing shall include a language and communication plan. In the case of a child with an individualized education program, the language and communication plan shall be developed by the planning and placement team for such child. Such language and communication plan shall address: (1) The primary language or mode of communication chosen for the child, (2) opportunities for direct communication with peers and professional personnel in the primary language or mode of communication for the child, (3) educational options available to the child, (4) the qualifications of teachers and other professional personnel administering such plan for the child, including such teacher's or personnel's proficiency in the primary language or mode of communication for the child, (5) the accessibility of academic instruction, school services and extracurricular activities to the child, (6) assistive devices and services for the child, (7) communication and physical environment accommodations for the child, and (8) an emergency communication plan that includes procedures for alerting the child of an emergency situation and ensuring that the specific needs of the child are met during the emergency situation.

School teams should consider the following best practices when developing a student's LCP at a PPT or 504 meeting:

- Develop, review, and/or revise the LCP at the beginning of the meeting to assist with the development of the student's plan.
- Utilize the LCP not as a checklist, but to guide meaningful discussion among all members of the PPT who review a student's needs based on language and communication skills and access.
- Consider the student's primary language when discussing the student's preferred method of learning.
- Identify settings and situations which provide opportunities for direct interaction between the student, role models, peers who are deaf, hard of hearing, or deaf-blind.
- Consider the least restrictive and most appropriate educational options available, ensuring the full implementation of specialized instruction, accommodations, modifications, and supports and services.
- Identify responsible staff and service implementers for each element of the IEP and consider the qualifications and training necessary to implement the specialized instruction or services.
- Consider modes of communication used by the student and identify all supports needed by the student to participate in the general curriculum and extracurricular activities.
- Identify language and communication supports needed for the student to participate and make progress in the general education curriculum including assistive devices, services, communication accommodations, and environmental accommodations.
- Identify the needs to ensure the student is alerted to emergency announcements, procedures, and action planning in the event of a crisis or emergency, including identifying personnel responsible for implementing the emergency communication plan and specific accommodations or needs of the student.
- Familiarize with the development and implementation of LCPs for students who are deaf, hard of hearing, or deaf-blind.
- Provide information and support to teachers and other service personnel working with children who are deaf, hard of hearing, or deaf-blind with respect to the child's language or communication mode.

The LCP must be developed at the PPT or 504 meeting as it informs the development of the IEP. The LCP must be reviewed annually and can be reviewed more frequently if requested by parents or school personnel, and determined appropriate by the PPT or IFSP team.

Additionally, when an evaluation is planned per PPT recommendation, the evaluation team must take into consideration any identified areas of concern related to language and communication.

The LCP is available on the [Connecticut State Department of Education \(CSDE\) website](#). An [annotated version of the LCP](#) can also be found on the CSDE website.

Individualized Education Program (IEP) Development

Once eligibility for special education services has been established and a Language and Communication Plan has been developed, attention must shift to the development of an overall plan that can meet the educational needs of the students identified as deaf, hard of hearing, or deaf-blind. In developing the IEP for all special education students, the PPT is required to develop goals and objectives, determine appropriate supports and services, and determine appropriate service providers according to student's needs before specific programmatic or educational placement decisions are made in the least restrictive educational setting.

It is important to understand that the IEP for students who are deaf, hard of hearing, or deaf-blind, must include communication considerations.

The following questions can be used to guide the PPT in the development of the LCP and IEP:

- What is the student's preferred mode of communication?
- What are the student's communication and language needs at school and at home?
- What opportunities does the student have for direct communication with peers and adults in the student's language and communication mode?
- What is the impact of hearing loss on the student's language development?
- What are the student's strengths in social and self-advocacy skills?
- What are the student's audiology needs?
- Does the student need assistive technology?
- How does the student access the general education curriculum?
- What instructional services, supports, and accommodations does the student need to access the curriculum?

Special Factors

The Individuals with Disabilities Act identifies five special factors that the IEP team must consider in the development, review, and revision of each child's IEP.⁸ For students who are

⁸ 34 CFR §300.324 Development, review, and revision of IEP. (2) Consideration of special factors. The IEP Team must— (i) In the case of a child whose behavior impedes the child's learning or that of others, consider the use of positive behavioral interventions and supports, and other strategies, to address that behavior; (ii) In the case of a child with limited English proficiency, consider the language needs of the child as those needs relate to the child's IEP; (iii) In the case of a child who is blind or visually impaired, provide for instruction in Braille and the use of Braille unless the IEP Team determines, after an evaluation of the child's reading and writing skills, needs, and appropriate reading and writing media (including an evaluation of the child's future needs for instruction in Braille or the use of Braille), that instruction in Braille or the use of Braille is not appropriate for the child; (iv) Consider the communication needs of the child, and in the case of a child who is deaf or hard of hearing, consider the child's language and communication needs, opportunities for direct communications with peers and professional personnel in the child's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the child's language and communication mode; and (v) Consider whether the child needs assistive technology devices and services.

5/1/2026

deaf, hard of hearing or deaf-blind, the PPT must consider the child's language and communication needs, opportunities for direct communications with peers and professional personnel in the child's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the child's language and communication mode.

Language and Communication

As noted previously, all PPT decisions made on behalf of a student who is deaf, hard of hearing, or deaf-blind must focus on providing the student equal opportunity for language and communication access. These decisions must recognize the student's unique needs in order to develop age-appropriate language and communication proficiencies leading to success academically, socially, and ultimately, to full employment and independent living. In implementing the IEP, informed by the LCP, the PPT must engage in meaningful conversation after a comprehensive review of the student's language and communication development in order to accurately identify the student's present level of performance and assist in identifying strengths, areas of needs, and the impact of their hearing loss on participation in the general education curriculum.

Parent/Family Input

Parent/family input during the assessment process and the development of an appropriate IEP is crucial in obtaining critical information needed to ensure an accurate profile of the student's language history and abilities, enabling the PPT to make informed decisions regarding communication and educational recommendations.

Determination of Other Gaps Requiring Further Assessment

The PPT has an obligation to conduct a comprehensive evaluation to determine the impact of a student's hearing loss, or combined hearing and vision loss, on their ability to access and progress in the general curriculum. Therefore, it is imperative that the PPT review the current levels of performance in all areas based on expected age and grade performance to determine existing gaps. Additional curriculum-based assessments or standardized assessments in those areas impacted must be conducted to identify possible gaps in learning. If identified, those gaps must be considered and addressed through goals/objectives, related services, accommodations and/or supports to the student or staff. Some unique areas of learning that may be necessary to address in a student's IEP include audiology (i.e., the student's understanding of their own hearing levels), career education, communication, family education (i.e., family interactions), functional skills for academic success, self-determination and advocacy, social-emotional skills, technology, wellness, and child safety.

Developing All Areas of the IEP

The meaningful discussion in the PPT regarding the student's language and communication needs, input from those familiar with the student, assessment data, and the student's current

performance will provide information and guide recommendations in the development of the student's IEP. It is also important that the PPT utilizes information from the LCP to inform the development of the IEP.

Below are some examples that may be included in the development of the IEP for students who are deaf, hard of hearing, or deaf-blind. It must be noted that these are examples for the development of the IEP and may not be needed for every student. The IEP must be developed based on the individualized strengths and needs of the student.

Related Services

- speech-language pathology
- audiology
- interpreting services
- psychological services
- physical and occupational therapy
- recreation
- counseling services
- orientation and mobility health services
- school nurse services
- parent counseling and training
- transportation

Accommodations

- Visual Environment Access: using adequate lighting, sign language interpreters, high contrast and large print, visual graphics, appropriate signage and other visual displays, and flashing fire and smoke alarms.
- Auditory Environment Access: reduced noise level, preferred seating away from noise-producing equipment, lessened background noise, breaks from listening, and noise cancelling headphones.
- Communication Environment Access: use of an interpreter or written English, cued speech translator, 1:1 communication, facilitated communication, ensuring student's attention is secured before speaking, enunciated clear speech, checking for understanding, speech-to-text software, use of a note taker, and enhanced speechreading conditions.
- Instructional Access: use of visual supports, captioning, a tutor, or a notetaker, pre- and post-teaching of content, extra time on assignments and assessments, consulting with a teacher of the deaf or hard of hearing, use of a buddy system for note taking, implementing step-by-step directions, and consulting with the teacher of students with visual impairments.

Assistive Technology

- Personal hearing devices such as hearing aids and cochlear implant processors

- Speech-to-text
- Hearing assistive technology systems (HATS)
- RM HAT (remote microphone hearing assistive technology)
- Personal communication book
- Picture communication systems
- Access to tangible materials and items
- Closed captioning
- AI meeting note taker
- Alerting devices
- Interactive whiteboard
- Magnifiers
- Braillewriter
- Electronic braille notetaker
- Augmentative and alternative communication (AAC)
- Object communication systems

The school must ensure that hearing aids and external components or surgically implanted medical devices are functioning properly.⁹ The school team should assign one individual that is responsible for ensuring that the device is functioning properly at all times when the student is in school. All individuals that educate the student should be aware of who this individual is if the device is not functioning properly. It is crucial that this information is clearly stated in the student's LCP.

Administrators and school personnel should consider the following when determining appropriate assistive technology for a student who is deaf, hard of hearing, or deaf-blind.

- Appropriate professionals with licensure/certification, as well as those with expertise in using such auditory and visual technological and assistive devices, can provide information about technological choices and advances available for students who are deaf, hard of hearing, or deaf-blind, and can provide consultative assistance to personnel in the student's school relative to identifying and using appropriate instructional and assistive technology.

⁹ CFR §300.113 Routine checking of hearing aids and external components of surgically implanted medical devices.(a) Hearing aids. Each public agency must ensure that hearing aids worn in school by children with hearing impairments, including deafness, are functioning properly.(b) External components of surgically implanted medical devices. (1) Subject to paragraph (b)(2) of this section, each public agency must ensure that the external components of surgically implanted medical devices are functioning properly.(2) For a child with a surgically implanted medical device who is receiving special education and related services under this part, a public agency is not responsible for the post-surgical maintenance, programming, or replacement of the medical device that has been surgically implanted (or of an external component of the surgically implanted medical device).

- The technology necessary to provide communication access as identified in the student's IEP must be made available to the student. Those needs are reviewed at least annually and articulated in the student's LCP.
- Technology used by students who have hearing loss to access the general curriculum and specialized instruction, facilitate communication, and ensure safety in school must be checked daily, maintained in usable condition, and be used appropriately by identified school personnel in all educational settings.
- As required by the IDEA, and when necessary, the public school will use appropriate resources to provide training and ongoing support to school personnel regarding checking, maintaining, and troubleshooting the audiological, visual, assistive, and instructional technology used by students with hearing loss.
- Local, regional, and statewide resources can serve as a clearinghouse for appropriate and current technology, equipment, and instructional practices that will enhance access to the general curriculum and specialized instruction, facilitate communication, and ensure safety for students who have hearing loss.
- New facilities and classrooms should be designed in accordance with best practices according to American National Standards Institute (ANSI) standards related to acoustic and visual integration, taking into account the unique listening, visual, and tactile access needs of students who have hearing loss. Reasonable modifications may be made to existing facilities and classrooms to enhance listening and visual access.
- Proposed new construction should reflect consideration of modifications based on the unique needs of students who have hearing loss. Universal Design features in facilities, instruction, assessment, and educational materials should be considered.

Indirect Services

- Disability-specific training in the area of the impact of hearing loss.
- Consultation between the educational audiologist and general education teacher.
- Family training in the student's chosen language and communication mode.

Least Restrictive Environment (LRE) Determination

It can be challenging to determine the LRE and appropriate setting for students who are deaf, hard of hearing, or deaf-blind. It is important to remember that placement is an individualized decision that is based on the ability to meet the student's academic and functional needs.

The LRE must meet the communication and related needs of the student to allow the provision of FAPE. All PPT members must be knowledgeable about the continuum of placements for students who are deaf, hard of hearing, or deaf-blind.

Placement decisions for students who are deaf, hard of hearing, or deaf-blind result from consideration of the following factors:

- meaningful language and communication opportunities designed to meet the unique individual needs of the student;
- meaningful social opportunities designed to meet the unique individual needs of the student;
- the student's current level of performance in all areas;
- meaningful academic instruction designed to meet the individual needs of the student;
- modifications and accommodations in general education instruction;
- the necessity for aids and supports allowing the student to be educated with students without disabilities to the maximum extent appropriate;
- the removal from the general education environment only after the use of supplementary aids and services do not achieve satisfactory outcomes;
- the continuum of possible placements and where along that continuum the student's needs can be met; and
- applicable laws, regulations, and school board policies regarding issues such as academic credit, grading, attendance, etc.

Every student (3–22 years old) who is deaf, hard of hearing, or deaf-blind must have access to appropriate placement options along the continuum that address the student's unique needs, including but not limited to language, communication, educational, social/emotional, cultural, technological needs, opportunities for direct communication with peers and adults, role models, and the support necessary for full language, auditory, visual, and communication access and age appropriate language and communication development.

The National Association of State Directors of Special Education (NASDSE) further explained the Least Restrictive Environment in the [Educational Service Guidelines \(2018\)](#). It is noted that “for some students, a specialized school for the deaf is the LRE, for others the regular class is the LRE, and for others, some combination of settings may constitute the LRE. Each LEA must ensure that a continuum of educational placements is available. Consequently, decision makers must be knowledgeable about the full continuum, including state schools for the deaf,

special schools, charter schools and other unique placement options in a specific area or state, including collaboration with other LEAs to share services and resources.”¹⁰

According to the National Association for the Deaf (2002), a common interpretation of LRE for a student who is deaf, hard of hearing, or deaf-blind is a “language rich environment.” To provide this, an appropriate educational placement in the LRE for a child who is deaf, hard of hearing, or deaf-blind is one that:

- ensures full development of language for the child;
- enhances the child’s cognitive, social, and emotional development;
- is based on the language abilities of the child;
- offers direct language and communication access to teachers and other professionals;
- has a sufficient number of age- and level-appropriate peers who share the child’s language and communication preferences;
- takes into consideration the child’s hearing level and abilities;
- is staffed by certified and qualified personnel trained to work with children who are deaf, hard of hearing, or deaf-blind;
- provides access to the general education curriculum with modifications in pedagogy to account for the child’s unique language, learning, and communication needs;
- provides full access to all curricular and extra-curricular offerings customarily found in educational settings;
- has an adequate number of role models who are deaf, hard of hearing, or deaf-blind, including adults;
- provides full access to support services;
- has the support of informed parents; and
- is equipped with appropriate communication and learning technologies.

¹⁰ Optimizing [Outcomes for Students who are Deaf or Hard of Hearing, NASDE. Chapter 5](#)

Secondary Transition

The goal for all students in Connecticut, including those who are deaf, hard of hearing, or deaf-blind, is for all to graduate from high school and be prepared for lifelong learning and careers in a competitive and global economy.

Transition Services

Transition Services mean a coordinated set of activities for a child with a disability that:

- are designed to be within a results-oriented process, focused on improving the academic and functional achievement of the child with a disability to facilitate the child's movement from school to post-school activities, including postsecondary education, vocational education, integrated employment (including supported employment), continuing and adult education, adult services, independent living, or community participation; and
- are based on the individual child's needs, taking into account the child's strengths, preferences, and interests, including:
 - instruction;
 - related services;
 - community experiences;
 - the development of employment and other post-school adult living objectives; and
 - if appropriate, acquisition of daily living skills and provision of a functional vocational evaluation.

Transition services for children with disabilities may be special education, if provided as specially designed instruction, or a related service, if required to assist a child with a disability to benefit from special education.

The [CSDE Secondary Transition](#) webpage articulates the required IEP elements related to Secondary Transition Planning.

Transition planning for children who are deaf, hard of hearing, or deaf-blind should include collaborative partnerships with state agencies before the student graduates or exits from high school.

- State and local agencies must share resources about the needs of students and young adults who are deaf, hard of hearing, or deaf-blind and include, but are not limited to, collaboration with the following agencies.
 - Centers for Independent Living
 - Community vocational rehabilitation providers
 - Higher education disability resource personnel
 - [Department of Mental Health and Addiction Services \(DMHAS\)](#)
 - [Department of Aging and Disability Services \(ADS\)](#)

- [Bureau of Rehabilitation Services \(vocational rehabilitation\)](#)
- [Bureau of Education and Services for the Blind \(BESB\)](#)
- [Bureau of Services for Persons Who Are Deaf, Deaf-Blind, and Hard of Hearing](#)
- [Department of Developmental Services \(DDS\)](#)
- [New England Consortium of DeafBlindness \(NEC\)](#)
- Students and their families should be provided guidance around self-advocacy.
- A Summary of Performance and a transition plan are required by federal and state statutes upon graduating or exiting from high school.
- Data related to rates of graduation and postsecondary activities is collected annually.

Members of the PPT need to be aware of resources for students and young adults who are deaf, hard of hearing, or deaf-blind in order to effectively assist with transition planning for the individual.

Secondary transition planning is required for students ages 14 and above and could be earlier for students as determined by the PPT. Districts, schools, service providers, and families should take every opportunity to consider all supports, services, and experiences available to prepare a student for success in post-secondary education and employment. Additionally, while students who are deaf, hard of hearing, or deaf-blind and their families should have contact with adults who are deaf, hard of hearing, or deaf-blind at all transition points in the child's education, special consideration should be given to the provision and expansion of a student's access to peers and adults who are deaf, hard of hearing, or deaf-blind throughout their transition to post-secondary education, employment, and independent living.

Professional Learning

Educators servicing students who are deaf, hard of hearing, or deaf-blind should participate in ongoing professional learning activities. Some professional learning topics may include:

- the educational impact of being deaf, hard of hearing, or deaf-blind
- audiometry and simulation of various levels of hearing
- the use of technology to enhance student learning
- the use of technology to enhance relationship building
- communication skills
- strategies for differentiating instruction for students who are deaf, hard of hearing, or deaf-blind
- curricular adaptations and teaching strategies for students who are deaf, hard of hearing, or deaf-blind
- use and maintenance of assistive technology
- advocacy and inclusiveness for students who are deaf, hard of hearing, or deaf-blind
- placement decisions for students who are deaf, hard of hearing, or deaf-blind

General education personnel who serve students who are deaf, hard of hearing, or deaf-blind should also participate in professional learning activities such as communication accommodations, acoustic accommodations and modifications to the classroom, assistive technology, modifications of the curriculum, and understanding the impact of hearing loss on development and learning.

Collaborative Partnerships

In an effort to meet the needs of students who are deaf, hard of hearing, or deaf-blind, and to provide the leadership, system-wide change, and continuous improvement, collaborative relationships among the various agencies that assist individuals who are deaf, hard of hearing or deaf-blind and early intervention programs are essential.

Given the central importance of language access and development for students who are deaf, hard of hearing, or deaf-blind, all individuals, agencies, departments, institutions, and other entities must work collaboratively with one another and with families. Members of the deaf, hard of hearing, or deaf-blind community can play a vital role in this collaboration, serving as models of language and culture in ways that benefit educators and students throughout the lifelong instructional process.

Several initiatives and advisory groups have been established in Connecticut to enhance collaboration among agencies, the deaf community, parents, students, educators, and those who support students who are deaf, hard of hearing or deaf-blind. Those initiatives include but are not limited to the following:

Advisory Board for Persons who are Deaf or Hard of Hearing

- [A.G. Bell Association for the Deaf and Hard of Hearing](#)
- Coalition for the Education of Students who are Deaf or Hard of Hearing
- [Connecticut Association for the Deaf](#)
- [Connecticut Hands and Voices](#)
- [Early Hearing Detection and Intervention \(EHDI\)](#)
- [Hear Here Hartford](#)
- [ConneCT kids](#)
- [Engage for Change: National Deaf Center](#)
- Communities of Practice
- [Connecticut Parent Advocacy Center \(CPAC\)](#)
- National Deaf Center (NDC) [Connecticut Transition Team](#)
- New England Consortium on DeafBlindness [\(NEC\)](#)

Each of these initiatives provides a mechanism for ongoing and regular dialogue among state agencies, educational entities, service providers, institutions of higher education, medical communities, deaf, hard of hearing, deaf-blind communities, public and private school organizations, and students.

Glossary

Accommodation

Changes to instruction (such as materials, content enhancements, and tasks) that change how a student learns. Accommodations may include assistive technology devices and services. Accommodations do not fundamentally alter the grade level requirements or course expectations

American Sign Language (ASL)

A complete, natural, visual language used by the deaf community in the U.S. and parts of Canada. It has its own grammar, syntax, and cultural nuances distinct from spoken English.

American Sign Language Interpreter

A trained professional who facilitates communication between individuals who use ASL and those who use spoken English. Interpreters translate spoken words into ASL and vice versa, ensuring that deaf, hard of hearing, or deaf-blind individuals can fully participate in conversations, classes, or events.

Assistive Technology

Any equipment or product system, whether commercially acquired, modified, or customized, used to increase, maintain, or improve functional capabilities of a child with a disability. This excludes medical devices that are surgically implanted.

Auditory Fatigue

The mental and physical exhaustion that occurs from prolonged listening effort, especially in individuals with hearing loss. Straining to understand speech in noisy environments or when using hearing devices can lead to decreased focus, irritability, and slower processing over time.

Auditory Oral

A communication approach emphasizing the use of residual hearing and technology for spoken language development. This method avoids sign language, relying on intensive therapy, hearing aids or cochlear implants, and family involvement.

Aural Habilitation

Therapy and interventions designed to develop listening and spoken language skills in children with hearing loss who have not yet acquired these skills (e.g., infants, young children, or newly diagnosed children).

C-PRINT

A real-time captioning system where a trained operator transcribes spoken language into a

summarized visual text display, often used in educational settings to support accessibility for students with hearing loss.

CART (Communication Access Real-Time Translation)

A verbatim transcription service where everything said is transcribed in real time, similar to court reporting. It is displayed on a screen for individuals with hearing loss or other communication needs.

Central Auditory Processing (CAP)

Refers to how the brain interprets and processes auditory information received from the ears. Individuals with **Central Auditory Processing Disorder (CAPD)** have difficulty understanding or processing what they hear, especially in noisy environments.

Communication Mode

The method or system an individual uses to express and understand language, which can include spoken language, sign language (e.g., ASL), Cued Speech, Total Communication, or spoken language supported by signs.

Cued Speech

A visual communication system that combines hand cues with the mouth movements of speech to enhance speechreading for individuals who are deaf or hard of hearing.

Deaf-Blindness

Concomitant hearing and visual impairments, the combination of which causes severe communication and developmental needs that cannot be accommodated in special education programs for children with only deafness or blindness.

Deaf Plus

Refers to individuals who have a hearing loss and additional disabilities or medical issues. This term is used in some communities to acknowledge that the individual and their family have added responsibilities and often require additional experts and services to support the individual. Deaf Plus is not a disability category under IDEA.

Deafness

A hearing impairment, either unilateral or bilateral, that is so severe the child is impaired in processing linguistic information through hearing, with or without amplification, and adversely affects their educational performance.

Early Hearing Detection and Intervention Program in Connecticut (EHDI)

A program ensuring that all Connecticut-born infants receive appropriate hearing screenings, diagnostic evaluations, and early intervention services to maximize developmental outcomes, including screenings for congenital Cytomegalovirus (cCMV).

Educational Audiologist

Educational audiologists are members of the school multidisciplinary team who facilitate listening, learning and communication. Educational Audiologists recommend fit, and managing remote microphone hearing assistive technology (RM HAT). Educational audiologists provide evidence-based data for educational needs, eligibility of services, and the triennial reevaluation process, and technology. They monitor personal audiological equipment and collaborate with private sector audiologists. They help with student transitions and support school staff to effectively facilitate student learning.

Every Student Succeeds Act (ESSA)

A federal law governing K-12 education policy. It replaced the **No Child Left Behind Act (NCLB)** and emphasizes state and local control over education while maintaining accountability for student achievement.

Free Appropriate Public Education (FAPE)

An IDEA requirement ensuring that students with disabilities receive individualized educational services designed to meet their unique needs at no cost to the family.

Hard of Hearing

A hearing impairment, permanent or fluctuating, that adversely affects a child's processing of linguistic information and educational performance.

Individualized Education Program (IEP)

A legally binding document under IDEA outlining a customized plan to meet the educational needs of a child with disabilities. It includes current performance, goals, services, accommodations, and methods for measuring progress.

Individual Family Service Plan (IFSP)

A written plan under Part C of IDEA for children from birth to age three who qualify for early intervention services. It focuses on the child's developmental needs and family priorities.

Individuals with Disabilities Education Act (IDEA)

A federal law ensuring rights and protections for children with disabilities, providing access to special education and related services.

Language and Communication Plan (LCP)

A tool ensuring the educational needs of students who are deaf, hard of hearing, or deaf-blind are met effectively. It identifies the student's primary language(s), preferred communication method(s), and necessary resources.

Local Educational Agencies (LEAs)

Public boards of education that provide K-12 education within a specific district.

Modifications

Changes in what a student is expected to learn or demonstrate. Modifications alter content or performance expectations, such as simplifying assignments or using alternative curricula.

Personal Communication Profile

A document outlining an individual's unique communication preferences, needs, and strategies, including preferred modes of communication, assistive technology, and accommodations.

Planning and Placement Team (PPT)

A multidisciplinary team, including parents, educators, and specialists, that develops and reviews an IEP for a child with disabilities.

Preferential Seating

Also called strategic seating, this accommodation places a student in a position that maximizes their ability to see, hear, or engage with the teacher and peers, often away from noise sources.

Remote Microphone Hearing Assistive Technology (RM HAT)

Devices that transmit a speaker's voice directly to a listener's hearing aids, cochlear implants, or auditory devices. These tools reduce the impact of distance, noise, and poor acoustics.

Section 504 Plan

A formal plan under Section 504 of the Rehabilitation Act of 1973, providing accommodations to ensure students with disabilities have equal access to education.

Teacher of the Deaf (TOD)

Teachers of the Deaf (TODs) are members of the multidisciplinary school team. They facilitate learning, listening, and communication in the communication mode of the child. The TOD monitors personal listening devices and RM HAT and collaborates with the private sector audiologist, educational audiologist, school staff, and families to assure access to the curriculum and the development of communication skills. They administer relevant assessments to measure listening and language skills, advocacy skills, and social-emotional development to obtain relevant data for the eligibility and triennial process. TODs are specialized in supporting transitions for students, in supporting parents and school staff to work most effectively to facilitate student learning. TODs are trained in different communication modalities depending on university programs and additional certifications and trainings.

Total Communication

An approach combining multiple methods, such as spoken language, sign language, gestures, and technology, to facilitate effective communication tailored to the individual.

References

- American Speech-Language-Hearing Association. (n.d.). *Collaborating with interpreters*. <https://www.asha.org/practice-portal/professional-issues/collaborating-with-interpreters/>
- Connecticut Birth to Three System. (2024). *Home page*. <https://www.birth23.org/>
- Connecticut Department of Aging and Disability Services. (2025). *Bureau of Education and Services for the Blind*. https://portal.ct.gov/ads/knowledge-base/articles/about-ads/ads-service-bureaus/about-the-bureau-of-education-and-services-for-the-blind?language=en_US
- Connecticut Department of Aging and Disability Services. (2025). *Home page*. https://portal.ct.gov/ads?language=en_US
- Connecticut Department of Developmental Services. (2025). *Home page*. https://portal.ct.gov/dds?language=en_US
- Connecticut Department of Mental Health and Addiction Services. (2025). *Home page*. <https://portal.ct.gov/dmhas>
- Connecticut Department of Public Health. (n.d.). *Early Hearing Detection and Intervention (EHDI) Program*. https://portal.ct.gov/dph/family-health/ehdi/home-page--early-hearing-detection-and-intervention-program-home-page?language=en_US
- Connecticut General Assembly. (2025, January 1). *Connecticut statutes and public acts*. <https://www.cga.ct.gov/current/pub/titles.htm>
- Connecticut State Department of Education. (2019, August). *Annotated language and communication plan*. https://portal.ct.gov/-/media/sde/special-education/annotated_language_and_communication_plan.pdf
- Connecticut State Department of Education. (2019, August). *Language and communication plan*. https://portal.ct.gov/-/media/sde/special-education/language_and_communication_plan.pdf?la=en
- Connecticut State Department of Education. (2021). *A parent's guide to special education*. https://portal.ct.gov/-/media/sde/special-education/parents_guide_se.pdf
- Connecticut State Department of Education. (2025). *Secondary transition*. <https://portal.ct.gov/sde/special-education/secondary-transition>
- Connecticut State Department of Education. (n.d.). *A parent's guide to Section 504*. <https://portal.ct.gov/-/media/sde/ct-learning-hub/csde--pd-playlist--a-parents-guide-to-504.pdf>
- Connecticut State Department of Education. (n.d.). *Assistive technology guidelines: Section 2 for infants and toddlers under IDEA Part C*. <https://portal.ct.gov/sde/publications/assistive->

5/1/2026

[technology-guidelines-section-2-for-infants-and-toddlers-under-idea-part-c/individualized-family-service-plan-ifsp-documentation-of-assistive-technology](#)

Council for Exceptional Children. (2025, March 25). *Specialty sets for specific practice areas*. <https://exceptionalchildren.org/standards/specialty-sets-specific-practice-areas>

Joint Committee on Infant Hearing. (n.d.). *Home page*. <https://www.icih.org/>

National Association of State Directors of Special Education. (2019). *Optimizing outcomes for students who are deaf or hard of hearing*. <https://www.nasdse.org/docs/nasdse-3rd-ed-7-11-2019-final.pdf>

National Association of the Deaf. (2025). *Position statement on inclusion*. <https://www.nad.org/about-us/position-statements/position-statement-on-inclusion/>

Perkins School for the Blind. (2025). *New England Consortium*. <https://www.perkins.org/nec/>

U.S. Department of Education. (2015, December 10). *Every Student Succeeds Act (ESSA)*. <https://www.ed.gov/laws-and-policy/laws-preschool-grade-12-education/every-student-succeeds-act-essa>

U.S. Department of Education. (2025, August 21). *Section 504 of the Rehabilitation Act of 1973*. <https://www.ed.gov/laws-and-policy/individuals-disabilities/section-504>

U.S. Department of Education. (n.d.). *Statute and regulations. Individuals with Disabilities Education Act*. <https://sites.ed.gov/idea/statuteregulations/>

Wiley, S., St. John, R., & Lindow-Davies, C. (2022). Children who are deaf or hard of hearing PLUS. In *A resource guide for early hearing detection and intervention* (Chap. 6). National Center for Hearing Assessment and Management. https://www.infanthearing.org/ehdi-ebook/2022_ebook/6%20Chapter6ChildrenPLUS2022.pdf