



LAURENT CLERC
NATIONAL DEAF EDUCATION CENTER

Early Intervention Network: Evidence Summary

Factor 5: Planning for language and communication development should be individualized and systematically guided by ongoing assessment and monitoring.

Annotated Evidence:

- Anderson, D., & Reilly, J. (2002). The MacArthur communicative development inventory: Normative data for American Sign Language. *Journal of Deaf Studies and Deaf Education*, 7, 83-106.

This article reviews the development and psychometric properties of the MacArthur Communicative Development Inventory for American Sign Language (a parent report that identifies the development of ASL skills between the ages of 8 to 36 months). Results from a longitudinal study of 69 deaf children, suggest that the development of ASL follows similar processes as spoken language. Two notable differences included that deaf children of deaf adults produced their first signs at 8 months old (compared to English first words at 12 months), and that deaf children until the age of 3 demonstrate more verbs than nouns in their early lexicon compared to children learning spoken English.

- Easterbrooks, S., & Baker, S. (2002). *Language learning in children who are deaf and hard of hearing: Multiple pathways*. Boston: Allyn & Bacon.

Chapter three discusses multiple theoretical orientations toward language acquisition (i.e., neurolinguistic, sociocultural, and information processing) with emphasis on the diverse population of deaf and hard of hearing children (e.g. cochlear implant, family style, reason for them becoming deaf, neurological functioning, and having additional disabilities). The article concludes with support for a tri-modal mechanism to language acquisition, and fight for better strategies that address the diverse linguistic needs of students. The tri-modal mechanism recognizes that all three—neurological functioning, information processing, and sociocultural—factors contribute to and influence language acquisition.

- French, M. M. (1999). *Starting with assessment: A developmental approach to deaf children's literacy*. Washington, DC: Gallaudet University, Pre-College National Mission Programs.

Included in this book is an explanation of the developmental approach to assessment for language acquisition. Emphasis on understanding the differences between the unconscious and conscious processes associated with language acquisition, the importance of language input, and finally the importance of using assessments to guide language facilitation is reviewed. Suggestions for tools to monitor language according to communicative proficiency are provided.

- Hafer, J. C., & Stredler-Brown, A. (2003). Family-centered developmental assessment. In B. Bodner-Johnson & M. Sass-Lehrer (Eds.), *The young deaf or hard of hearing child: A family-centered approach to early education* (pp. 127-149). Baltimore: Paul H. Brookes Publishing Co.

The theoretical perspective of family-centered developmental assessment and planning is reviewed. A description of the benefits of this type of assessment and the importance of including deaf and hard of hearing adults as part of the assessment team are discussed. Utilizing a team approach and family involvement are each shared as instrumental in facilitating best practices for assessments of children who are deaf.

- Jamieson, J. R. (2003). Formal and informal approaches to the language assessment of deaf children. In M. Marschark & P. E. Spencer (Eds.), *Oxford handbook of deaf studies, language, and education* (pp. 275-288). New York: Oxford University Press.

This chapter discusses the critical issues associated with language assessment of deaf children including measurement, specific approaches, procedures, and interpretation of findings. It reviews the most commonly used formal and informal assessment strategies to measure deaf children's English language proficiency. Results found that only a few standardized assessments are appropriate and usable, thus cautioning consumers about what interpretations and conclusions can be made about language proficiency for deaf children.

- Joint Committee on Infant Hearing (JCIH). (April, 2013). Supplement to the JCIH 2007 Position Statement: Principles and guidelines for early intervention following confirmation that a child is deaf or hard of hearing. *PEDIATRICS*, 131(4). Available from:

<http://pediatrics.aappublications.org/content/early/2013/03/18/peds.2013-0008.full.pdf+html>

This document provides comprehensive practice guidelines for early hearing detection and intervention (EHDI) programs on establishing strong early intervention (EI) systems to meet the needs of children who are deaf or hard of hearing. It stresses the importance of prompt, individualized, targeted, and high-quality intervention utilizing service providers with optimal knowledge and skill levels. The document provides 12 practice goals and other associated guidelines and benchmarks for EI systems and programs

- Stredler-Brown, A. (2010). Communication choices and outcomes during the early years: An assessment and evidence-based approach. In M. Marschark & P. E. Spencer (Eds.), *Oxford handbook of deaf studies, language, and education* (pp. 292-315). New York: Oxford University Press.

This article reviews and compares the numerous communication choices that parents have for their deaf child (e.g., sign supported speech and language, sign language and spoken language). The article calls for the need to consider evidence-based practice and assessments to guide parental selection of language modality and communication style, avoiding the biases of the professional opinion, and meeting the needs of the child. It suggests that over the course of a child's life, parents will often change communication modalities.

The printing of this publication was supported by federal funding. This publication shall not imply approval or acceptance by the U.S. Department of Education of the findings, conclusions, or recommendations herein. Gallaudet University is an equal opportunity employer/educational institution, and does not discriminate on the basis of race, color, sex, national origin, religion, age, hearing status, disability, covered veteran status, marital status, personal appearance, sexual orientation, family responsibilities, matriculation, political affiliation, source of income, place of business or residence, pregnancy, childbirth, or any other unlawful basis.