



Critical Needs of Students Who are Deaf or Hard of Hearing:

A Public Input Summary

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Clerc Center Mission Statement

The Clerc Center, a federally funded national deaf education center, ensures that the diverse population of deaf and hard of hearing students (birth through age 21) in the nation are educated and empowered and have the linguistic competence to maximize their potential as productive and contributing members of society. This is accomplished through early access to and acquisition of language, excellence in teaching, family involvement, research, identification and implementation of best practices, collaboration, and information sharing among schools and programs across the nation.

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Critical Needs of Students who are Deaf or Hard of Hearing:

A Public Input Summary

by

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The Clerc Center’s Public Input Process

As mandated by the Education of the Deaf Act (EDA), the Clerc Center is required “to establish and publish priorities for research, development, and demonstration through a process that allows for public input.” The public input summarized below informed the Clerc Center’s selection of its national priorities for 2013-2018: 1) collaboration, 2) professional development, and 3) parent-school partnerships.

This collection of public input provides valuable insight into the wide and diverse range of perspectives regarding the needs of deaf and hard of hearing children, their families, and the professionals who work with them across the nation. As a resource to individuals and organizations, the information in this summary provides insights into the perceived barriers to the academic, linguistic, and social-emotional achievement of deaf and hard of hearing children.

Critical Needs of Deaf and Hard of Hearing Students: A Summary of Clerc Center Public Input Process Findings

Public input was solicited and collected at conferences, workshops, and presentations. Invitations to respond were also sent via e-mail to various organizations, agencies, conferences, workshops, and schools serving deaf and hard of hearing children and youth. An open call for input was also posted on the Clerc Center webpage, its associated Listservs, and advertised via Gallaudet University. Those who responded were asked to identify what they perceived as the *barriers that prevent deaf and hard of hearing students from achieving their academic, linguistic, and social-emotional potential*. Individuals who chose to respond completed their written responses either using an on-line survey form or by submitting responses via an e-mail attachment. The public input response form was also distributed and translated into two languages: Spanish and Mandarin.

Sample Demographics

From the spring of 2010 to the winter of 2011, responses were collected from 775 individuals who represented diverse backgrounds, roles, geographic locations, and perspectives. Eighty-five percent of those who replied reported either having or working with deaf and hard of hearing children from traditionally underserved groups (TUGs). These groups included deaf and hard of hearing children who come from rural areas, who are from non-English speaking homes, who may have secondary disabilities, who are from racial/ethnic minority populations, and/or who were struggling academically.

Approximately one-third of those who responded identified themselves as a person of color. This includes those who identified themselves as multi-racial (15 percent), African American/Black (7 percent), Hispanic (4 percent), and American Indian/Alaska Native or Asian-Pacific Islander (2 percent). Additionally, approximately one-third of those who replied self-identified as either deaf or hard of hearing (n = 251 or 33 percent).

Respondents were also categorized based on profession or title and work environment (see Figure 1.1 and 1.2). All of the information and responses provided were optional; therefore, some respondents did not answer all questions and some missing data exists. Additionally, many of those who responded with a profession or title identified with multiple roles (e.g., indicated they were both a parent and a teacher).

Explanation of the Roles of Those Who Responded

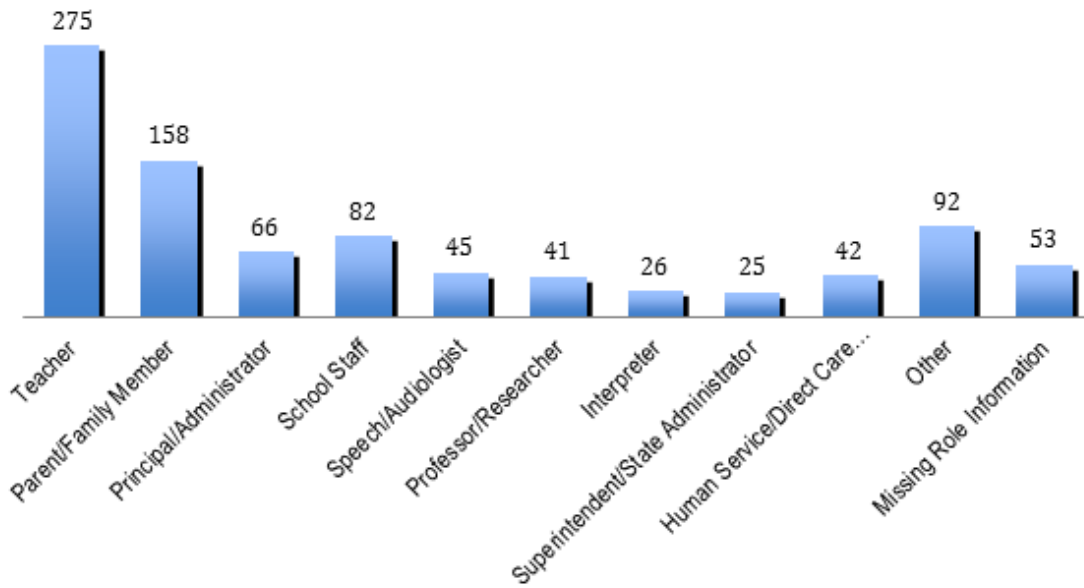


Figure 1.1. Some participants reported that they fit several categories (e.g., teacher and parent). The majority of those who responded (58 percent of total respondents) were teachers from mainstream or public schools that have programs for deaf and hard of hearing children.

Workplace Settings and Location

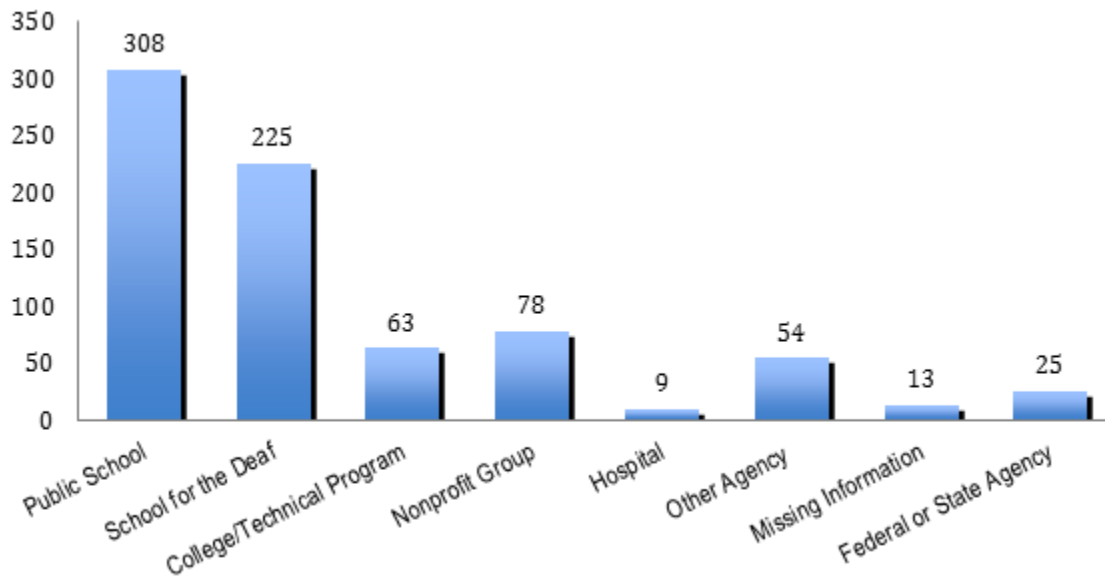


Figure 1.2. Forty percent (n= 308) of those who responded to the Clerc Center’s public input request reported working in public schools, while nearly 33 percent reported working in schools for the deaf (n= 225).

Thematic Barriers Identified

Those who responded were asked to identify what they perceived as the *barriers that prevent deaf and hard of hearing students from achieving their academic, linguistic, and social-emotional potential*. Some replied with concise responses of only a few words (e.g., the barrier is reading written English), while others provided lengthy responses of several paragraphs. A total of 1,400 comments, ideas, and barriers were identified. After categorizing the vast number of results, careful review and team analyses revealed 14 thematic barriers. The final theme list and example comments from respondents are provided in alphabetical order below. For further understanding, examples of specific comments are also provided.

- 1. Collaboration**—The need for consensus and collaborative efforts among organizations, service providers, and/or parents.
 - ▶ *Another barrier is the lack of collaboration among all the stakeholders involved in deaf education. Parents are the key to the success of their students. If all of the other stakeholders were willing to work together to provide the optimal learning environment for deaf and hard of hearing children, then we would see greater success.*
 - ▶ *One of the biggest challenges that my family has faced as we have worked to educate my deaf daughter has been the massive divide between ASL and oral supporters. My daughter is Deaf and can hear and speak using a CI. We do not want her to be oral only, but a voice-off ASL school doesn't work either. There is no middle ground.*
- 2. Curriculum, Instruction, and Assessment**—Issues and needs related to school curriculum and instruction for deaf and hard of hearing students, including different educational philosophies and related educational support services (e.g., interpreters, ASL instruction, speech services, and note taking).
 - ▶ *Because the educational needs of deaf/hard of hearing students vary greatly and because in many areas, this is a low-incidence population, finding appropriate program placements to meet student needs is often a problem. For example, there may only be one student in a school district who is profoundly deaf and would be best served in a program with self-contained classrooms taught by teachers of the deaf; however, the closest program is many miles away. Itinerant services are often not frequent enough by virtue of the nature of "itinerant" to meet the needs of such students. Residential school placement is not always an option since many families may not want to send their children great distances and only see them weekends or less. The lack of appropriate options impacts academic, linguistic, and social-emotional development of students regardless of the most sincere efforts of local educational teams because there just aren't numbers of deaf/hard of hearing peers or sometimes qualified teachers or interpreters (if the students sign).*
 - ▶ *Many students receiving itinerant services from a teacher of the deaf and hard of hearing are met with inadequate academic support because the deaf and hard of hearing teacher "specialist" is the person who has the least amount of student contact time (sometimes only 10 hours per week) and therefore is out of touch with the student's needs. There are other professionals (educational interpreter) that may be more effective in supporting the student academically yet do not have the educational training or authority to do so.*
- 3. Early Hearing Detection and Intervention**—Access to qualified professionals/service providers for early hearing detection and intervention services for young deaf and hard of hearing children ages 0 to 5 and their families.
 - ▶ *The biggest barrier is access to early intervention, which leads to lower reading skills, vocabulary, spelling, etc. Too many of our middle school and high school students come to the school for the deaf without a strong language foundation. We have to fill too many gaps. We need to work with early intervention agencies, doctors, audiologists, etc., and give them the information they need to help parents. Too many outside agencies are limited in focus and don't give parents all the information they need to make decisions about their child.*
 - ▶ *Identifying and connecting with quality early intervention services as soon as a child is identified with a hearing loss. This is particularly true of children in rural areas, isolated from major urban areas.*
- 4. Expectations**—The recognition of the low academic expectations held by teachers and/or service providers of deaf and hard of hearing students and the need to impart higher expectations to students.
 - ▶ *Limited expectations from professionals, which are then transferred to parents and then the child.*
 - ▶ *The expectations set by educators, parents, health care professionals, and others are often much too low because they think that deafness and lesser degrees of hearing loss are an excuse for not providing the opportunities and tools to foster successful achievement.*

5. **Family Involvement and Support**—The need for family involvement and support of their deaf or hard of hearing children at home, in school, and in the community.

- ▶ *A lack of involvement by parents and families affects the students' motivation, performance, and ability to connect to information in the classroom.*
- ▶ *In the rural setting of our Regions Day School Program, the number one barrier is lack of parental involvement. Many of our students could achieve great things in all areas of their lives if they had support at home.*

6. **Lack of Understanding**—Lack of understanding and/or ignorance about deaf and hard of hearing people from both the hearing and deaf communities.

- ▶ *Inadequate understanding by educators of what it takes to have a fully accessible, linguistically rich environment.*
- ▶ *I think there is a misunderstanding about hearing loss; after all, they look so “normal” and/or people also think that a hearing aid restores hearing the way glasses correct vision and that is not the case either.*

7. **Language and Communication**—The need for deaf and hard of hearing students to have access to communication and language and/or communication modalities.

- ▶ *Students who are deaf or hard of hearing need access to information via whatever means possible. This could include sign language, Cued Speech, oral interpreting, hearing aids, FM systems, captioning, cochlear implants, etc. These need to be available in educational settings and beyond. Some students communicate best with sign and some best with oral/audition. All should be embraced and respected. No judgment should be placed on students who associate with one communication method... A solid foundation in a language...is critical.*
- ▶ *Rural families often do not have access to the same services that most urban families have. This includes appropriate preschool programming that meets the needs of the chosen communication mode.*

8. **Literacy**—Issues related to the reading and writing skills of deaf and hard of hearing children and/or challenges to deaf and hard of hearing students' successful attainment of reading and writing skills.

- ▶ *As a parent of a daughter who is deaf, I would like to see more information provided on teaching older deaf kids writing skills. My daughter reads well, but I'm not sure if she understands all that she reads.*
- ▶ *A lot of what prevents the students I see from achieving their potential is the lack of literacy in their parents and in their home language. Often the students' parents don't speak English and don't sign and have not shared reading even in their home language with their deaf or hard of hearing students.*

9. **Policy/Legislation**—The need for legislation or policy to ensure program/school delivery of appropriate services for deaf and hard of hearing students.

- ▶ *State-mandated academic standards which may not be appropriate for a student's language level. We have students that have preschool-level language skills, but we are forced to try to teach concepts that are not developmentally appropriate for that child.*
- ▶ *There is a lack of legislation to enforce educational policies.*

10. **Qualified Direct Service Personnel**—The need for training and professional development as well as for qualified teachers, staff, and professionals in K-12 educational programs to work with deaf and hard of hearing students addressing a variety of needs.

- ▶ *A lack of enough counselors to serve deaf and hard of hearing students in a public school setting.*
- ▶ *Teacher preparation programs need to be updated to include both signing and spoken language modes of communication and provide the practicum/fieldwork in both settings so students will have up-to-date*

teachers. Need to train teachers as itinerants. Educational programs train teachers as if they will have classrooms, which is extremely rare these days.

- ▶ *Our biggest issue at the moment is lack of adequately trained personnel willing to work in rural areas. I struggle to find teachers of the deaf as well as well-trained sign language interpreters.*

11. Resources—The need for education and knowledge as well as the lack of material, human, and monetary resources or services.

- ▶ *It would be great for schools to have a general fact sheet or procedure on how to find programs and resources available for deaf and hard of hearing students to better serve them. If districts cannot afford to send our students to outside programs or schools, there should be a law outlining what schools should provide and how to design programs appropriate for teaching our students. There is not one program that fits all our kids, but a guideline should be used to help schools provide the needed services for them.*

- ▶ *Lack of knowledge of the general public, especially physicians, regarding the impact of hearing loss on the future linguistic abilities of children, especially newborns, continues to be extremely high. Our challenge is to figure out how to educate the general population without bias toward communication methodology.*

12. Social Concerns—The need to address issues that impact deaf and hard of hearing students' social-emotional development (e.g., life experiences, self-esteem, confidence, self-acceptance, self-advocacy, peer interaction, mentors, and role models) as well as socio-cultural issues that influence their social development and identity (e.g., oppression).

- ▶ *A barrier that often prevents D/HH students from reaching their social-emotional potential is that the students' hearing loss, even though appropriately aided, causes them to miss out on age-appropriate social skills. They use most of their energy trying to hear well enough to "keep up" academically with their peers and miss parts of face-paced peer interactions; therefore, they may be socially immature and not develop close friendships.*

- ▶ *Limited access to peers/adults who are deaf (especially if mainstreamed). It's important for children/students to see there are others (successful people) and adults who are "just like me." This association allows them to develop a strong self-esteem to face an often prejudiced world.*

- ▶ *Students need to be strong and effective advocates for themselves and others who are deaf or hard of hearing.*

13. Students with Disabilities—The lack of recognition/failure to diagnose disabilities among deaf and hard of hearing students as well as inappropriate programming for students with disabilities.

- ▶ *I also believe that so many of our deaf and hard of hearing children have additional learning/cognitive and language disabilities that are hard to identify. Because of this, it is hard to approach teaching in a way in which the students will be able to use skills to learn incidentally and make connections. Teachers need more time and training to better understand the individual needs of these students.*

- ▶ *I also think that many educators think that a deaf person has only one thing wrong—deafness. In the case of my daughter, there was something else going on that was never diagnosed. Maybe if this diagnosis would have come, she could have gotten more help.*

14. Technology—The need for assistive technology to enhance access in classrooms, at home, and in the community.

- ▶ *Another barrier for some students is the expense of good hearing aids. I have recently had two students who had hearing aids so inadequate the audiologist said they might as well not wear them! I serve students who are able to get very good hearing aids through Medicaid, some whose parents are financially strapped, but provide the best hearing aids they can, and some who get inadequate hearing aids because of poor referrals and/or not so much money.*

- ▶ *An inefficient use and management of the technology (both personal hearing aids/CIs/FMs and environmental technological accommodations such as CART, etc.) in the mainstream education setting.*

A summary of how frequently each barrier occurred during analysis is provided in Figure 1.3.

Frequency of the Thematic Barriers

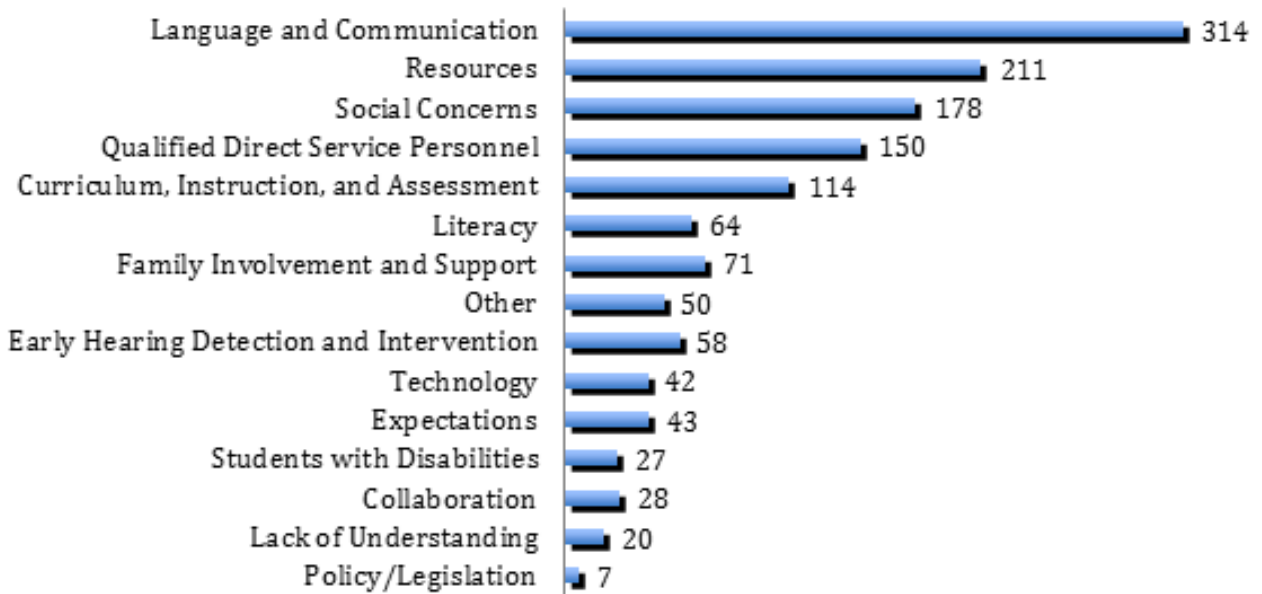


Figure 1.3. Frequency is based on the total number of comments (n=1,377) and not the number of people who replied (775). Results indicate that Language and Communication was most often reported as the primary barrier, accounting for 23 percent of responses.

Percentage of Barriers Identified

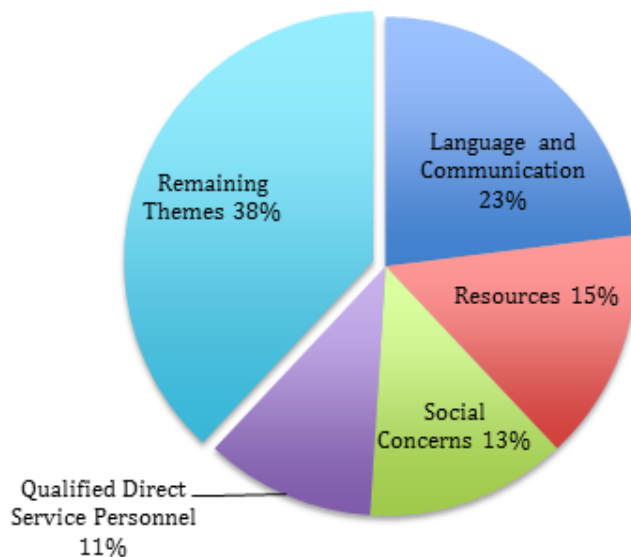


Figure 1.4. Results indicated that of the 14 barriers, 62 percent of all responses accounted for only four themes: Language and Communication, Resources, Social Concerns, and Qualified Direct Service Personnel. Further explanation of these four themes is provided below:

- **Language and Communication:** Regardless of the language modality of the child (spoken or signed), results indicated the highest need was to have early access and exposure to language. Also noted were the vast differences in perspectives as to which language modality is appropriate and beneficial for each child and his or her family. Concerns related to language and communication accounted for 23 percent of the total responses.
- **Resources:** Emphasis was most often on the need for schools to provide appropriate resources to children and their families whether that resource was interpreters, technological services, or other direct services (e.g., therapies). Additional emphasis was on the recognition of the need for resources and information for parents and families. Resources were vast and included nearly every possible topic related to deaf and hard of hearing children. No one resource was identified significantly more than others. Concerns related to resources accounted for 15 percent of the total responses.
- **Social Concerns:** The risk for feelings of isolation and being isolated from their peers as well as the impact of that isolation (e.g., can lead to depression, etc.) that may exist in the lives of deaf and hard of hearing children and youth was emphasized. Social concerns accounted for 13 percent of the total responses.
- **Qualified Direct Service Personnel:** A need for professionals to be competent language models and to utilize the language modality that puts the needs of the child first, regardless of what that modality was, was emphasized. Additional emphasis was on the need for continual professional development activities to help professionals keep abreast of the ever-evolving needs of deaf and hard of hearing children. Concerns related to qualified direct service personnel accounted for 11 percent of the total responses.

Regardless of who responded, teacher, researcher, parent, superintendent, or state administrator, he or she almost always perceived these four areas as the barriers to deaf and hard of hearing children *achieving their academic, linguistic, and social-emotional potential*. The only difference is which barrier was reported most often by different groups. For example, teachers, parents, and principals identified barriers related to language and communication most frequently, while state administrators, superintendents, and researchers identified a lack of resources as the most frequent barrier. A table of the most frequently reported themes appears below:

Barriers Ranked Based on Those Who Responded

	Teacher (275)	Parents and Family (158)	Principal (66)	State Adminis- trator (25)	Human Service/Direct Care (42)	Interpre- ter (26)	Speech/ Audiolo- gist (45)	Faculty/ Resear- cher (74)
Language and Communication	1	1	1	3	1	1	1	2
Qualified Direct Service Providers	4	4	3	4	4	4	3	2
Resources	3	2	2	1	3		2	1
Social Concerns	2	3		2	2	2		4
Curriculum, Instruction, and Assessment			4			3	4	3

Table 1. For this table, the numbers 1 through 4 reflect the ranking of the most frequently reported barriers for each profession.

Overall, these results provide an understanding of specific perceived barriers that *prevent deaf and hard of hearing students from achieving their academic, linguistic, and social-emotional potential*. Recognizing the individual barriers and the impact that these barriers may have on the achievement of deaf and hard of hearing children provides valuable information to addressing current needs. Like others working with children and their families, the Clerc Center recognized that barriers don't occur in isolation. Further analysis was completed to explore possible relationships between the various themes.

Understanding the Relationships Between Barriers

During the initial analyses, the Clerc Center noticed that respondents did not discuss barriers in isolation. Instead, they identified barriers that were often explained as the result of another barrier:

- ▶ *The interpreter is a language model for a child, and a poor interpreter will model poor language to the student. The interpreter may have problems interpreting the content areas and subjects. This creates both linguistic and academic barriers for the deaf and hard of hearing students who are mainstreamed.*
- ▶ *A lack of early intervention and preschool special education services puts children at a disadvantage before they even start school.*
- ▶ *In rural areas, where services are limited, students are at a disadvantage. The parents are not provided with enough information and/or training early enough. The opportunities to learn sign language are few since the deaf community is so small in these areas. These students suffer without this kind of information.*

This suggested that the barriers that were identified from public input likely did not occur in isolation. Rather, a barrier may be the result of how other barriers are related to each other. This finding is confirmed by research related to the many and varied challenges deaf and hard of hearing students and their families encounter as well as the experiences of the professionals working with them. Additionally, within education, and perhaps even more so within the education of deaf and hard of hearing children, it is recognized that successes and challenges don't exist in isolation, but instead are often the result of interactions between people, beliefs, attitudes, and resources.

One way to understand how these relationships create barriers for a deaf or hard of hearing child would be to consider a theoretical model of child development called the bioecological model as proposed by Bronfenbrenner (2000). This model addresses the cause and effect relationships between a child and the environment he or she lives in, both direct (e.g., families, school systems) and indirect (e.g., medical systems, communities, government). This model helps us see how the various themes from public input can be related and how those relationships ultimately create additional barriers that prevent deaf and hard of hearing students from achieving their academic, linguistic, and social-emotional potential.

Understanding the Clerc Center's Public Input Using Bronfenbrenner's Multi-System Theory

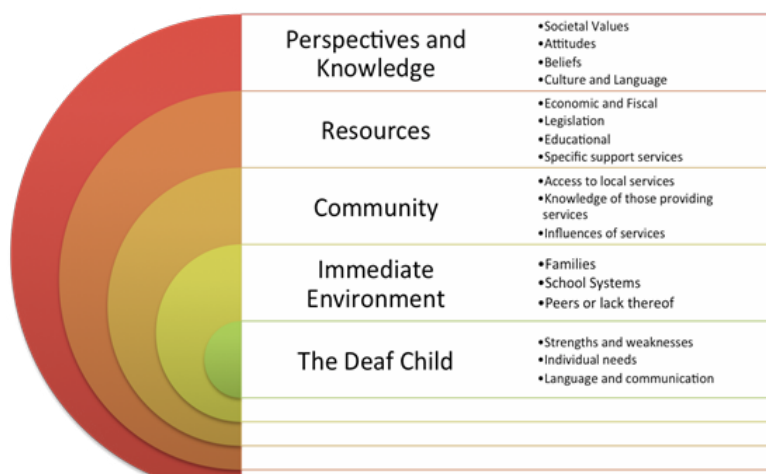


Figure 1.5. Bronfenbrenner's five-system theory of development allows for the categorizations of the barriers that prevent the achievement of deaf and hard of hearing children and youth. The concentric circles expand outward, with factors that directly impact the child at the center, and more indirect influences appear further from the center. As Bronfenbrenner explains, and as is shown, all levels ultimately interact and impact the child.

Within the context of Bronfenbrenner's model and the public input comments collected, five overarching global barriers emerged.

The global barriers are defined below:

1. **Knowledge and Education of Parents, Professionals, and the General Public**—There is a lack of current knowledge and understanding of deafness, deaf and hard of hearing students, hearing loss, Deaf culture, and the lives of deaf people that has led to misinformed attitudes, expectations, and perspectives of deaf and hard of hearing students. These often are not accurate or beneficial for parents, teachers, professionals, and the larger general public, resulting in inappropriate (and often low) expectations and oppression.
 - ▶ *Teachers are not holding expectations that students can master age-/grade-level curriculum. At our auditory-oral school, 92 percent of students transition into general education classrooms. Students often are in a setting where the mainstream teacher is not supported and doesn't understand the challenges in accessing language and instruction for students who are deaf or hard of hearing. Many have gone on to graduate from college, but others struggle without receiving appropriate support services. Programs in public school districts are [often] not effective in meeting students' needs as they seem unable to provide a K-12 continuum of classrooms, rather [they have] a patchwork of special day classrooms at best.*
 - ▶ *There is a lack of positive understanding of one's identity (deaf, minority, etc.) and support from family at home; also, [there are] low educational expectations from a vast majority of teachers for the deaf that stem from a societal thinking pattern that being deaf translates into inability to achieve superior educational performance. Finally, our society places oppressive limitations on deaf people's ability to be full citizens of this country, and this only goes to reinforce what deaf people already think of themselves and what their parents and teachers may think of them.*
2. **Collaborative Efforts**—There is a perceived inability for successful collaboration and mutual respect between proponents of divergent, and at times competing, philosophies regarding language and education choices for deaf and hard of hearing students. This can lead to difficult or limited educational choices, confusion, and inefficient or insufficient supports and/or services.
 - ▶ *The biggest barrier that I see is the medical vs. cultural perspective in the field. It is disheartening that the medical field and the deaf community have not yet been able to find a way to work together in providing information to parents that will give not only options but provide the optimal setting for parent decisions. Too often, parents are being told that learning ASL will prevent their children from being successful. Another barrier is the lack of collaboration among all the stakeholders involved in deaf education. Parents are key to the success of their students. If all of the other stakeholders were willing to work together to provide the optimal learning environment for deaf and hard of hearing children, then we would see greater success. The competition for money among different programs can cause neglect of the best possible placement for individual student needs.*
 - ▶ *Ignorance and "turf protectiveness" [about language modalities] among the deaf community but especially among non-deaf educators. For the most part, educators are so protective of "their" method of communication and are not willing to explore or learn about another method. We faced serious ostracism from the school system 22 years ago when we were exploring Cued Speech. The school's satellite program for the deaf used Signed Am. English and were not supportive AT ALL in our choice of Cued Speech. As a result, we moved our son from the school and the program and enrolled him in a hearing classroom. He was provided with a transliterator and a speech therapist who learned Cued Speech! The next year I began home schooling in order to "bridge" the gap between expressive and receptive language. It worked. He graduated from home school and is an engineer today.*

3. Qualified Professionals and Services—There is a lack of qualified teachers and professionals who understand and can meet the diverse needs of deaf and hard of hearing students and their families (including professionals who can effectively communicate in the language modality that meets the needs of the deaf and hard of hearing students). There is also insufficient training and focus for professionals on the current needs of deaf and hard of hearing children (e.g., outdated professional development or training programs) and their families.

- ▶ *Finding a competent audiologist, a lack of strong family support, limited school options, and poorly qualified D/HH teachers and/or SLPs are all barriers. D/HH teachers often fall into the sign or oral categories. Teacher training programs are outdated. D/HH teachers need to be able to cover the continuum from sign to auditory/verbal in order to adequately address the needs of hard of hearing and deaf children.*
- ▶ *Information presented to parents about our state school for the deaf is either not given to the parents or is skewed to make it look bad and a place where parents would never want to send kids. Our state has many areas where no services for kids with hearing loss exist. These kids are isolated, have no deaf peers or role models, and inadequate or nonexistent educational services/resources. The unique educational and social needs of these students aren't met, and they are often socially immature, have poor reading skills, and tend to be unemployed or underemployed. Many school district programs are supervised by professionals without the appropriate educational background as well. Either they do not have a degree in deaf education, or they do not have an administrative certificate, or both. They do not understand the needs of children with hearing loss and group them in with students with other disabilities, i.e., behavior disorders, cognitive delays, etc.*

4. Meeting the Needs of the Student Within the School System—For deaf and hard of hearing students to succeed, it is necessary for states, agencies, school systems/districts, and schools to ensure availability of resources, even with funding and resource challenges. The lack of global accessibility, accommodations, educational legislation, and appropriate educational settings results in limitations.

- ▶ *It depends on the student and his or her family. Those students whose families provide considerable support outside the school setting are generally the ones who succeed in the regular education setting. Unfortunately, there are many students whose parents either don't have the educational background to provide the kind of help their child needs at home or honestly don't seem to care about their child's education or who expend their energy working as hard as they can and do the best they can to help with whatever time is left in the day. In our community, deaf students are served by itinerant teachers who are usually stretched very thin trying to serve their students in the least restrictive environment. Because we are funded by the disability student and not by the severity of their disability, we are sometimes not able to give some students quite enough time. If the state department would allow itinerant teachers to count all students served as long as they are present 10 days prior to the count day, then we wouldn't have to rush around every Tuesday and/or Thursday to try to serve as many students as possible.*
- ▶ *Unclear eligibility criteria for special education services in Part B. A growing number of our students who rely on listening and spoken language are not deemed eligible for special education at age 3 and thus lose access to FM systems and any other services. Public schools are not responsible for 504 plans until the children enter general education at kindergarten. A limited pool of professionals trained in the development of listening and spoken language for families who choose that communication approach. The lack of follow-up as children enter preschool and elementary school leads to diminished outcomes as they progress through school. Available funding limits a school district's ability to seek appropriate options across all communication modalities. Children are sometimes placed in classrooms that do not have consistent use of the language of the family or they are placed in a developmental classroom with no curriculum for children who are deaf/hard of hearing. There is a lack of ongoing training for professionals in our state, and our state does not recognize professional development completed out of state. So you can access the training, but this does not help a teacher maintain his or her credentials.*

5. Child's Own Self-Development—Emphasized was the importance of addressing the social-emotional needs of deaf and hard of hearing students using a range of individual, family, and system supports to ensure they develop a healthy self-concept as deaf and hard of hearing individuals. Emphasis was also placed on general knowledge, as well as the insufficient support services available to foster this positive sense of self and resiliency in deaf and hard of hearing children.

- ▶ *I feel there are many barriers: misinformation presented to parents of reasonable expectations and opportunities available for their child is one of the biggest. Lack of connection to other children and adults with similar disabilities is another; if the child feels isolated, the healthy social-emotional piece is hard to reach. It has been very hard for my HH girls to connect with other kids who are HH or even d/Deaf because of the “confidentiality” rules in place. They are straddling the line between living in the hearing world and not being truly hearing! If they had other children their age to connect with, I think they might feel better about wearing their aids or learning/using ASL. They are getting better, but still seem to people watch more than interact. Bias toward communication modes and preconceived notions of what the D/HH population is capable of or “should” do still prevail, even in the education system! My daughters’ diagnostician even told us our girls are enigmas—they are deaf and smart! With that attitude in place, it is hard to convince people that these children are capable of reaching whatever they put their minds to!*
- ▶ *Socially, they are limited by not having a critical mass of same-aged peers. Students are often mainstreamed with an interpreter but without the opportunity to socialize with deaf peers. Therefore, emotional immaturity is a tremendous barrier students face, often without proper counseling or adult role models or mentors. This can also be coupled with poor social skills that haven’t been explicitly taught at home and sometimes may be compounded with a lack of appropriate behavior from poor communication skills or poor coping skills.*

Conclusion

The individuals who responded to the Clerc Center’s request for public input reflect the diverse community members involved in educating and raising deaf and hard of hearing students from birth through 21 years of age. Respondents were educators, parents, and professionals serving the vast spectrum of deaf and hard of hearing children. Their input reflected their experience with children who use sign and spoken language and those in the public school setting as well as in schools for the deaf, at the university level, and the youngest deaf and hard of hearing children receiving early intervention services. That diversity, and the intentional collection of the multiple perspectives of those serving and working with deaf and hard of hearing children, makes this collection and analyses unique.

While respondents represented varying belief systems, language or communication philosophies, regions of the country, and educational environments, they shared a common recognition of the barriers that currently prevent deaf and hard of hearing students from achieving their academic, linguistic, and social-emotional potential. The 14 barriers perceived by the respondents included issues with access to services, lack of fiscal and other resources, and misguided attitudes. Barriers were not always tangible (i.e., items or people), but also included misinformed beliefs or expectations.

The Clerc Center used these findings to inform the selection of its national priorities. Individuals and organizations may find this information a useful guide for project or priority planning as well as justification for additional resources or program support. Results from the public input process serve as a reminder that a lack of resources and general knowledge among professionals still exists, as do incorrect assumptions, erroneous expectations, and misperceptions about the best ways to support deaf and hard of hearing children and youth and their families.

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Reference:

Bronfenbrenner, U. (2000). Developmental science in the 21st century: Emerging questions, theoretical models, research designs and empirical findings. *Social Development*, 9(1), 115-125.

The Laurent Clerc National Deaf Education Center, a federally funded national deaf education center, ensures that the diverse population of deaf and hard of hearing students (birth through age 21) in the nation are educated and empowered and have the linguistic competence to maximize their potential as productive and contributing members of society. This is accomplished through early access to and acquisition of language, excellence in teaching, family involvement, research, identification and implementation of best practices, collaboration, and information sharing among schools and programs across the nation.



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