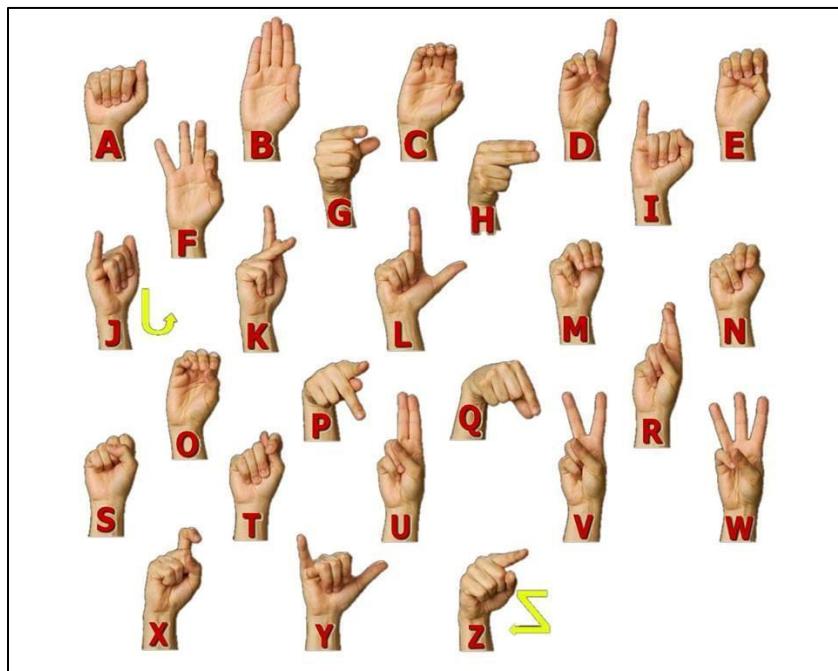




Intake for ABE Students with Deafness or Hearing Loss



Using This Guide

Thank you for contacting PANDA- Minnesota ABE Disability Specialists. This guide is intended to help your program plan for enrolling students with special hearing-related needs. Begin this process before the student meets with you so you are prepared and confident. If you have already identified a student with hearing loss in your program this document can help guide you in creating a plan to accommodate the student's needs.

The first section of the guide is to inform your program about services available and information about hearing loss/deafness. The second section is a questionnaire for you to use with the student to gain more information about their needs and how to best accommodate them in class.

This process may at first seem lengthy, but experience has taught us that creating a detailed plan is key to student success and teacher confidence. Many of the checklists suggest contacting PANDA to request materials or seek advice. PANDA services are provided through funding from the Minnesota Department of Education. This packet was developed with help from ThinkSelf and PANDA.

ThinkSelf Minnesota Deaf Adult Education & Advocacy

ThinkSelf is a statewide ABE consortium that serves Deaf, DeafBlind, and Hard of Hearing (DDBHH) students from a wide range of backgrounds and is the main program for ABE students. They provide instruction specifically designed to benefit adult students who are deaf and hard of hearing who wish to expand their literacy skills, learn about workforce preparation, and establish long term career goals. They also offer distance learning with one-to-one tutoring through videophone and online learning platforms. Whenever possible, refer students to one of their sites. Their site is located in St Paul. *Website: www.thinkself.org Email: education@thinkself.org Phone: (612) 405-4472.

Resources for Hearing Loss/Deafness

1. PANDA - Minnesota Adult Basic Education Specialists

PANDA can inform you about the possibility of receiving low incidence disability aid through the Minnesota Department of Education Adult Basic Education. Upon approval your program could receive an elevated per pupil rate for students who are Deaf, DeafBlind, and Hard of Hearing (DDBHH). Contact PANDA staff with any questions, consultation and adaptive equipment needs at 763-504-4095 or panda@rdale.org PANDA's website has a chapter on hearing loss and deafness, which includes general information, classroom strategies, and resources. Please read this chapter at: <https://pandamn.org/category/deafness-and-hearing-loss/>

2. Fund Support Services for Deaf and Hard of Hearing Adults (DHS)

You can apply for reimbursement funds support services for deaf and hard of hearing adults through MDE to get reimbursement for interpreting services. Click on this link to find an application to request funds for interpreter and notetaker services at <https://education.mn.gov/MDE/dse/forms/> In the left column, look for "Application for funds support services for deaf and hard-of-hearing adults".

3. Hiring an Interpreter

To request an interpreter for meetings or short-term commitments, contact one of the following agencies. Be sure to have the student's name and your organization's billing information on hand. If the student commits to attending classes on a regular basis, it will be more cost-efficient to hire an interpreter directly. Contact ThinkSelf for guidance on how to do this.

INTERPRETING COMPANIES

ASL Interpreting Services (ASLIS)

Website: aslis.com

Email: info@aslis.com

Phone: (763) 478-8963

Keystone Interpreting Solutions (KIS)

Website: kisasl.com

Email: info@kisasl.com

Phone: (651) 454-7275

CODA Brothers Interpreting

Website: codabrothers.com

Email: info@codabrothers.com

Phone: (612) 424-2751

Middle English Interpreting

Website: middle-english.com

Email: schedule@middle-english.com

Phone: (612) 747-2813

All Hands Interpreting Services

Website: deafstuffnmore.com

Email: info@deafstuffnmore.com

Phone: (877) 451-1010

The Difference Between Deaf and Hard of Hearing

The deaf and hard of hearing (HOH) community is very diverse, differing greatly on the cause and degree of hearing loss, age at the onset, educational background, communication methods, and how they feel about their hearing loss. How a person "labels" themselves in terms of their hearing loss is personal and may reflect identification with the deaf community or merely how their hearing loss affects their ability to communicate. They can either be deaf, Deaf, or hard of hearing.

Definition of "small 'd' deaf"

When we define "deaf", the parameters of the definition should be determined. The audiological definition can be used -- one that focuses on the cause and severity of the hearing loss and whether or not hearing can be used for communication purposes. Generally, the term "deaf" refers to those who are unable to hear well enough to rely on hearing and use it as a means of processing information. Or a cultural definition may be used, as Carol Padden and Tom Humphries, *Deaf in America: Voices from a Culture* (1988) clarify:

"We use the lowercase deaf when referring to the audiological condition of not hearing, and the uppercase Deaf when referring to a particular group of deaf people who share a language--American Sign Language (ASL)--and a culture. The members of this group have inherited their sign language, use it as a primary means of communication among themselves, and hold a set of beliefs about themselves and their connection to the larger society. We distinguish them from, for example, those who find themselves losing their hearing because of illness, trauma or age; although these people share the condition of not hearing, they do not have access to the knowledge, beliefs, and practices that make up the culture of Deaf people."

Causes of Hearing Loss

People lose their hearing in various ways. The most common causes of hearing loss are:

- Childhood illnesses (spinal meningitis and rubella/German measles are the most common examples)
- Pregnancy-related illnesses (such as rubella/German measles or dependence on drugs/alcohol)
- Injury (a severe blow to the head can damage the hearing)
- Excessive or prolonged exposure to noise
- Heredity (scientists involved with the mapping of the Human Genome Project have identified approximately fifty (50) "deaf" genes to date, and they are working on identifying the remaining 350 "deaf" genes)
- Aging (progressive deterioration of hearing in older people, which is a natural part of aging process)
- Ototoxic medications. Reactions to medications, especially antibiotics, are a rising cause of hearing loss

Definition of Hard of Hearing (HOH)

The term "hard of hearing" refers to those who have some hearing, can use it for communication purposes, and who feel reasonably comfortable doing so. A hard of hearing person, in audiological terms, may have a mild to moderate hearing loss.

IMPORTANT

All time spent with hearing loss and deaf students should be documented in student time/attendance, including: phone conversations, interviews, coordination of educational plan, assessments, counseling, meetings, etc. Determine a staff member that will be responsible for the entire enrollment process.

Contact PANDA to make them aware that you have a student with hearing loss/deafness.

Email: panda@rdale.org Phone: 763-504-4095. PANDA can inform you about the possibility of receiving low incidence disability aid through the Minnesota Department of Education Adult Basic Education. Upon approval your program could receive an elevated per pupil rate for students who are Deaf, DeafBlind, or Hard of Hearing (DDBHH).

Screening

Contact the student to gather information. Depending on the students' ability to converse in English, this screening may be done over the phone or in person, with or without the help of an interpreter.

Determine if an interpreter is needed

- If learner uses American Sign Language:
 - Request an ASL interpreter from an Interpreter Referral Agency (see list)
- If learner does not use American Sign Language:
 - Request a Certified Deaf Interpreter and an ASL Interpreter from an Interpreter Referral Agency (see list)
 - Request a spoken language interpreter for the student's native language
 - Community members
 - Family members

Complete the Learner Intake Form (next page)

- It may not be possible to complete all the questions, and some may not apply.
- Gather as much information as possible to help your team make informed decisions about how to serve this learner.

Intake

- Acquire consent for the release of information form (ROI) (on page 12).
 - When you meet in person, ask the learner to sign/mark the ROI form to give permission to contact PANDA, ThinkSelf Deaf ABE, or Deaf and Hard of Hearing Services.
 - The student should sign his or her name or make a mark on the signature line.

- Complete your program intake form
 - When you meet in person, ask the student to sign/mark the release form.
- Note the students' disability on the disability section of the intake form.

Schedule an assessment appointment

- If an interpreter is needed, be sure to submit your request one week prior to the assessment appointment.
- Plan at least one hour for assessing low level learners and two hours for assessing high level learners.

Student Intake Questionnaire for Learners with Hearing Loss

Name: _____ Date: _____

First Language: _____

Estimated literacy level: _____

Educational goal: _____

You are not required to answer all the questions on this form, but more information makes it easier for us to help you choose the right classes and tests.

Communication

1. What do you call yourself?

- Deaf
- Hard of Hearing (HH)
- DeafBlind (DB)
- DeafDisabled
- DeafPlus
- Hearing Impaired (HI)
- Other: _____

2. Do you know American Sign Language (ASL)? Yes No

3. Are you interested in learning American Sign Language? Yes No

4. Do you know any other sign languages? Yes No

If yes, which ones? _____

5. What language do you prefer **interpreters** and/or **teachers** to use?

- American Sign Language (ASL)
- Foreign Sign Language
- Signed English (SEE)
- Pidgin Sign English (PSE)
- Cued Speech
- Home Sign
- Gestures
- Speaking
- Listening
- Lipreading
- Writing notes
- Other: _____

How do you communicate in the following settings? Check all that apply.

	Home	School	Work	Community	Strangers
American Sign Language					
Foreign Sign Language					
Signed English (SEE)					
Pidgin Sign English					
Cued Speech					
Home Sign					
Gestures					
Speaking					
Listening					
Lipreading					
Writing notes					
Other (explain below)					

7. If you checked speaking, listening, lipreading, and/or writing notes, which language(s) do you use?

8. If you use your voice, in what settings and/or situations do you use it?

9. What challenges do you have in group meetings or classes?

10. Do you understand people better when they face you?

11. What causes stress for you at work or at school?

12. What accommodations do you think will help you in class? _____

Hearing Loss

Were you born with hearing loss?

- Yes
- No
- I don't know

If no, how old were you when you lost or started losing your hearing? _____

Have you ever met with an audiologist?

- Yes
- No
- I don't know

What caused your hearing loss?

- Runs in the family
- Head trauma
- Virus, illness, infection, or disease
- Aging
- Exposure to loud noise
- I don't know

What degree of hearing loss do you have?

- Mild
- Moderate
- Severe
- Profound

Your hearing loss is:

- Progressive (getting worse)
- Stable (staying the same)
- I don't know

What kind of hearing loss do you have?

- Conductive
- Sensorineural
- Mixed
- I don't know

You have hearing loss in your:

- Left ear
- Right ear
- Both

Assistive Devices and Accommodations

Do you use hearing aids? Yes No

How old are your hearing aids? _____

Which ear do you use hearing aids?

- Left
- Right
- Both

Are you happy with your hearing aids? Yes No

If no, why not? _____

How do your hearing aids help you? _____

Do you use Cochlear Implants? Yes No

How old are your cochlear implants? _____

Which ear do you use cochlear implants?

- Left
- Right
- Both

Are you happy with your cochlear implants? Yes No

If no, why not? _____

How do your cochlear implants help you? _____

Technology

Do you use a telephone or cell phone?

- Yes
- No
- Sometimes

If you use a cell phone, what do you use it for?

- Talking
- Texting
- Email
- Video Calls/Face Time
- Other: _____

When you watch television, do you:

- Turn on closed captioning
- Turn the volume up
- Both

Have you used any of the devices listed below?

- Phone amplifier
- Loud phone ringer
- Light flasher for phone
- FM system
- FM loop system
- Infrared system
- Pocket amplifier or other Assistive Listening Device (ALD)
- Alarm clock with a loud ringer
- Alarm clock with a flashing light
- Alarm clock with a vibrator
- CART (Communication Access Realtime Translation)
- C-Print (speech-to-text captioning technology)
- Notetakers
- Sign Language Interpreters
- Certified Deaf Interpreters (CDI)
- Videophone (VP)
- Video Relay Service (VRS)
- Video Remote Interpreters (VRI)
- Captel (or other voice-carry-over, VCO, phone)
- Email
- Cell phone
- Text messages
- Other apps
- Other technology

CONSENT FOR RELEASE OF INFORMATION

This consent form gives staff your permission to obtain or release your Protected Health Information (PHI) as required by the Health Insurance Portability and Accountability Act (HIPAA). You have a right to receive a copy of this form.

You may revoke this consent with a written request at any time.

Student Name_____

Address_____ City_____ State_____ Zip_____

Home Phone_____ Cell_____ Date of Birth_____

**I authorize the adult education program to release,
exchange or obtain my information from:**

Name/Organization_____

Address_____ City_____ State_____ Zip_____

Phone_____ Email Address_____

Name/Organization_____

Address_____ City_____ State_____ Zip_____

Phone_____ Email Address_____

Information to be released:

- Health Records
- School Records
- Psycho-Educational Report
- Other information or instructions: _____

Reason for releasing information: _____

Date Authorization Expires:_____

Authorization Granted By:

Signature

Date