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Broadening our scope: Supporting the need for oral deaf educators in rural communities

Christy Suzanne Adkins

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**BROADENING OUR SCOPE: SUPPORTING THE NEED FOR ORAL
DEAF EDUCATORS IN RURAL COMMUNITIES**

By

Christy S. Adkins

**An Independent Study
submitted in partial fulfillment of the requirements for the
degree of:**

Master of Science in Deaf Education

**Washington University School of Medicine
Program in Audiology and Communication Sciences**

May 20, 2011

**Approved by:
Heather Hayes, PhD, Independent Study Advisor**

Abstract: This paper supports the need for oral deaf educators in rural communities and their importance in the education of children who are deaf and hard of hearing.

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Acknowledgements

I would like to thank Dr. Heather Hayes for her continued support and help with this paper. Without her guidance and expertise this project would not be possible. Additionally, I would like to thank my family for the unwavering support and personal sacrifice on my behalf. Lastly, a special thank you to my little brown eyed girl who helped me to realize a dream I didn't know I had.

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Introduction

It has long been assumed that rural communities lack many necessities that larger communities take for granted. In most situations this is true, but there is something to be said for southern hospitality, warmth, friendliness, and neighbor helping neighbor. However, what small communities have going for them in charm and hospitality, they often lack in services such as employment opportunities, access to adequate health care, and availability of appropriate educational services for children. Education has been at the forefront of many debates and remains an issue for many communities across the country, not just rural communities; however the challenge to provide appropriate educational opportunities to all children is difficult at best, especially in rural communities and specifically in the area of special education. Special education presents unique challenges to any school district, but when a low-incidence disability such as childhood hearing loss is factored into that equation, the challenge becomes even greater. Hearing impairment affects 745 children (Kentucky Department of Education, Division of Exceptional Children, 2010) in the state of Kentucky. Many of these children do not have the opportunity to learn from certified, oral deaf educators in rural communities, a methodology that will educate them to listen and learn using residual hearing and speech. With state schools for the deaf focusing on total communication (signed English) and often located closer to more metropolitan areas in the state, the need for such oral deaf educators is vital. There are few deaf communities and these are typically located near the state schools for the deaf. Giving deaf and hard of hearing children the option of using spoken language as their primary mode of communication seems necessary, as in doing so we give them opportunities to be contributing members of the communities in which they live.

This paper will examine the need of providing oral, deaf educators in rural communities in the State of Kentucky and will focus on the following: Kentucky state demographics, Hopkins County demographics, national and state statistics on the prevalence of hearing loss, Kentucky state statistics including the number of children with hearing loss by age and the number of children with hearing loss by county. Additionally this paper will discuss:

- both national and Kentucky state newborn hearing screening numbers and legislation
- an overview of the special education system in the state of Kentucky
- the Kentucky School for the Deaf
- deaf education teacher preparation programs in the state
- information about the role of itinerant teachers specifically in rural areas
- oral option schools and their role
- an overall rationale and overview of a course designed to help special and general educators who teach deaf and hard of hearing children in their classrooms

Demographic Information

The state of Kentucky, known for its bourbon and horse racing industry, boasts a proud heritage of southern charm and southern hospitality. Kentucky has a total population of 4,314,133 with inhabitants occupying 120 counties in a land area of 39,728 square miles. Eighty-nine percent of the total population is white, while only 7.7% of the population is African American. About 2.4 % of the population is Hispanic or Latino in origin, with only 0.3% of the population reporting other in race or ethnicity. The median household income in 2008 was \$41,489 with 17.3% of the population falling below the poverty level. The total number of

persons with disabilities in the state ranging in age from 5+ was 874,156. Children under the age of five account for 6.7% of the total population with 23.6% accounting for those children under the age of eighteen. (U.S. Census Bureau, 2010).

It is not only important to examine state numbers but county numbers as this provides a better snapshot of the rural communities in Kentucky. For the purpose of this paper, Hopkins County, Kentucky will be examined as this is the home county of the author and is later featured in this paper. Hopkins County, Kentucky has a total population of 46,167, encompassing a land area of 550.56 square miles. The median household income is \$40,027 with 18.5% of the population falling below the poverty level. Children under the age of five account for 6.4% of the population, while 22.7% are children under the age of eighteen. The public school system is comprised of eight elementary schools, four middle schools, two high schools and one alternative day treatment facility for at-risk students. Total student population is 7258 which represents 1.1% of the state total. The student to teacher ratio ranges from 1:15 to 1:17 based on the total student population of each individual school. (The Public School Review, 2011) In addition to examining county statistics it is important to look at statistical information regarding hearing loss in children both at the national and state levels.

National/State Statistics on Hearing Loss

According to the National Center for Hearing Assessment and Management (NCHAM, 2011) three out of every 1,000 children are born with some type of hearing loss. It is understood that hearing loss is a low-incidence disability but what are the prevalence numbers at the state level? According to the Commonwealth of Kentucky Legislative Research Committee, there are 55,000 births in the state annually. Of those, 6,000 are identified with some degree of hearing

loss. Currently, 745 students ages 3 to 21 years (Kentucky Department of Education, 2010) are receiving special education and related services as outlined by the IDEA Act of 2004. It is important to note that the total number of students in the state receiving special education and related services is 106,046. The largest number of students served is children ages 6 to 11 years, which accounts for 323 of the total deaf or hard-of-hearing population served. Children ages 3 to 5 years account for 122 of the total deaf or hard of hearing population served. Additionally, it is important to note the numbers in Hopkins County to give the reader a sense of prevalence in rural communities. As of December 2009, according to the Kentucky Department of Education, Division of Exceptional Children, there were 2 four-year-olds, 1 five-year-old and 1 eleven-year old receiving special education and related services in the Hopkins County public school district. That number totals 5 children out of the 1533 students receiving special education services in the county. As mentioned above, there are 122 deaf or hard-of-hearing children between the ages of 3 to 5 who are being served by special education services in Kentucky. This relatively low number of children in the age group suggests that early identification programs and newborn hearing screenings in the state may not be as effective in the state of Kentucky as in other states across the country.

Newborn Hearing Screening

One factor that may contribute to the low numbers of infants being identified is that currently in Kentucky, the newborn hearing and screening program is universally offered but not yet required by law. House Bill 706 has very specific legislation in place, but no date by which such legislation will be fully implemented. Another factor affecting this low number may be the number of hospitals in the state that offer screening. According to current data, only those hospitals which have 40 or more live births per year screen their newborns for hearing

impairment. Currently that includes 63 hospitals spanning a geographic area of 39,727.18 square miles in 120 counties, some of which are very rural and have no hospitals at all. For example, Robertson County, Kentucky has a total population of 2,237 and is located in a very rural area of the state. Population estimates vary from this small number to large metropolitan areas such as Louisville and Lexington, Kentucky which have populations of over 721,594 and 296,545 respectively. Because the state of Kentucky is so rural, many families may not have access to newborn hearing screening because of the great distances they would have to travel to receive such services and thus do not seek such services, indicating that the number of children who are deaf and hard of hearing may be larger than current statistical information would suggest.

Special Education System

Education in the state of Kentucky has never ranked very high in terms of national standings due in part to the large number of students in the state who require special education and related services. Additionally, there is a lack of certified specialists in specific areas of special education. Currently, there are 18,865 students between the ages of 3 to 5 years of age and an additional 87,187 students in the state requiring special education that range in age from 6 to 21 years old. Of those special education students from 3 to 5 years of age, 17,808 are enrolled in Head Start programs. Head Start programs enroll students who are considered “at-risk” for a variety of reasons. This is a significant number and the state struggles to staff all the classrooms with the appropriate certified personnel. (Kentucky Department of Education, 2010). There are 174 school districts, which include 1221 public schools in the state employing over 44,023 teachers. Due to the shortage of certified special education teaching staff, general educators are often emergency- certified to fill positions for which they are not qualified. Thus families are faced with tough choices as to where to send their children to school so that they can receive a

free and appropriate public education. The answer to this problem, at least for those students who are deaf and hard of hearing is often to send them to the state school for the deaf. The Kentucky School for the Deaf (KSD) is located in Danville, Kentucky which is in the northeast region of the state. At best, it is a two hour drive from the metro areas of Louisville and Lexington Kentucky; at worst, it can be as many as six hours away from communities in the far western regions of the state. Not only is the commute to such a facility lengthy, it requires a residential stay for those students living too far away to commute on a daily basis. Children as young as five years of age are allowed to attend. Thus many families make the heart-wrenching decision to send their five-year-old child away to school Monday through Friday, only to see them on the weekends. For most children living outside the Danville area, bus transportation is provided; however, this means that families are asked to put their very small children on a bus, and to leave their home and families for at least five days at a time. Under the best of circumstances this would be difficult, but for many families in Kentucky this is their only option. Currently 128 students attend KSD from grades K through 12. KSD was founded in 1823 and still operates on its original campus. The mission of the school is to “ensure that deaf and hard of hearing children and youth in Kentucky have educational opportunities to develop their potential to become educated, life-long learners and productive citizens.” (Kentucky School for the Deaf, 2011). A variety of communication modalities are used, including American Sign Language (ASL) and total communication. Students with a variety of needs and communication styles are encouraged to attend but there is still an emphasis on using ASL as a major form of communication. For many children and families, KSD provides a great educational opportunity, but for those families wanting an oral education for their children, KSD may not be the best option. One significant reason a traditional school for the deaf is the only educational option for deaf and hard of hearing

children is the lack of deaf education teacher preparation programs in the state. Without strong teacher preparation programs, there are not enough qualified teachers of the deaf to fill positions in local public schools, requiring families to choose among very few options.

Deaf Education Teacher Preparation Programs (Kentucky)

Eastern Kentucky University (EKU) located in Richmond, Kentucky is currently the only deaf and hard-of-hearing teacher preparation program in the state. EKU boasts a comprehensive degree program, but on further examination the degree is not as comprehensive as one would hope. The Bachelor of Science Degree offers the following specializations: Deaf and Hard of Hearing (P-12 with Elementary Education P-5 Teaching), Deaf and Hard of Hearing (P-12 with Middle Grade Education 5-9 Teaching), Deaf and Hard of Hearing (Non-teaching). Additionally a Master of Science in Deaf and Hard of Hearing is also available. The core curriculum of the program is heavy in special education, special education law, curriculum development, a component of ASL, reading instruction language instruction, clinical audiology, and other special education topics. This curriculum does not contain an introduction to oral deaf education. If the program is to be considered comprehensive in nature, should it not include this information as well? The exclusion of such information about a very powerful communication option and educational approach begs several questions: In offering a comprehensive program is the institution exceeding its grasp? Why not offer an option in oral deaf education? Are universities in rural areas of the country unaware of such an option? Do they not understand the significance of early identification and early intervention? EKU is clearly preparing students to work at state schools for the deaf, as well as preparing them for itinerant work, but it is not preparing them for itinerant work using the auditory-oral method. In an area of the country where education is not considered by many to be of importance, where spoken language is the only form of

communication, where illiteracy remains a problem for the most rural areas of the state, and where certified special educators are hard to find, does it not stand to reason that teaching deaf and hard-of-hearing children to listen and talk makes sense? Proponents of an auditory-oral (or listening and spoken language) approach contend that it is best to teach deaf children a language that is used by everyone in their household and family. Children who are deaf and hard of hearing have the ability to learn to listen and to talk using spoken English. In rural communities where there is a very low number of children who are deaf and hard-of-hearing it stands to reason that they would be taught using spoken language as this is the language used by their family members and members of their communities. The use of sign language, although a complete language system, does not make sense in areas of the country where few deaf individuals reside. More than 95% of children who are deaf and hard-of-hearing are born to hearing parents (Mitchell & Karchmer, 2004). Should we not be teaching them to speak in their native language, or the language of their families? If deaf and hard of hearing children acquire a language that is foreign to their parents or caregivers, then they are unable to communicate with them unless the adults acquire the signed language as well. With parents facing a number of challenges by having a special needs child to begin with, do we want to add to their grief and anxiety by insisting they learn a language that can only be used in their own home? How will those children communicate at school and in their communities if they do not speak the language? The answer to these questions is simple: Teach children who are deaf and hard of hearing to listen and to talk in English. In order to do this we must train more oral deaf educators and then send them into rural area of the country to work. Although the choice to teach a deaf and hard of hearing child to communicate in any method is the choice of the parents, should we not encourage them to use their own language? Unless families want to move to areas of their

states and communities that have a large deaf population who presumably use a sign language to communicate, they are isolating their child and themselves from their own homes, families and communities.

The above questions raise yet other important questions related to teacher training: It oral/deaf education the way the state of Kentucky should be moving? Should institutions like EKU offer a degree track with auditory oral as the focus? What responsibility does the itinerant teacher have if he/she graduates from a program that teaches only one philosophy, and her students (and their parents) demand (not unreasonably so) to be taught in spoken English? This brings up a good point about the moral and ethical obligations of itinerant teachers whose job is vast and varied at best.

Itinerant Teacher Information

Research by Luckner and Howell (2002), suggests that the role of the itinerant teacher is varied. When 25 deaf and hard-of -hearing itinerants were asked to name their most important role as teachers, the answer was consistent: to provide direct instruction to the students and to collaborate with parents and professionals. Additionally, their research suggests that the role of an itinerant is dependent on the type of student they serve and the individual needs of those students. According to Luckner, who is the Director of the Center of Low-Incidence Disabilities, at the University of Colorado, Greeley (personal correspondence with Dr. Heather Hayes, February 18, 2011) there are currently no statistics on the number of itinerant teachers in the nation. This is in large part to the fact that it is difficult to classify the role of the itinerant because the job can be very different, depending on the area of the country in which an itinerant might be employed.

In Kentucky, the itinerant teacher may serve one than one school district due to the low number of deaf and hard-of-hearing students in any given district. By contracting with several contiguous districts, the itinerant retains full time employment by meeting the needs of more than one district at a time. In Hopkins, County, the itinerant teacher's day goes something like this: She has a home office in the far regions of the district, likely a 20 minute drive to other schools in the district. She checks in each morning with her home school, returns voicemail messages, responds to emails and then checks her schedule for the day. On most days she sees four students at three different schools. These schools vary from one elementary and two middle schools. She provides services for each student based on his/her individual education plan (IEP), which usually amounts to about 30 to 60 minutes per student per week. Additionally, she is responsible for the maintenance and upkeep of all assistive technology devices and the troubleshooting of both hearing aids and cochlear implants. Because there is no local pediatric audiologist in the area, she has to coordinate with the Cabinet for Children with Special Health Care needs in order to have equipment fixed. The closest district office to the Hopkins County School District is a 45minute drive. Because the district is rural, the itinerant spends the majority of her day driving from one school to the next. She serves as case manager for all the deaf and hard-of-hearing students in the district so the maintenance of the IEP information and other important state and federal documentation falls under her realm of responsibility as well. Because deafness is a low-incidence disability she spends a good deal of time meeting with both general and special educators who have questions and concerns about having a deaf or hard-of-hearing student in the classroom. Lastly, because the hearing itinerant spends so much time traveling, it is difficult for her to check voicemail and email so by the end of the day, she may have as many as twenty correspondences of one type or another to return. This is in addition to

things coming up throughout the course of the day that were unanticipated but that require her immediate attention. Clearly, the job of an itinerant is multi-faceted, but in a rural area, the hearing itinerant often lacks support staff and resources that make the job easier. She is the end-all and be-all for not only the children she serves but everyone in the district that is involved with these students as well. As stated previously in this paper options for children and families wanting an oral deaf education are limited. There are however: schools in the nation that offer this type of education, and they are referred to as OPTION schools.

OPTION Schools

One option for children who are deaf and hard of hearing whose parents wish them to receive an oral deaf education is to attend one of the many private, OPTION schools in the nation. OPTION Schools, Inc. maintain the following philosophy: “Creating a voice for choice and advancing excellence in listening and spoken language education by providing services that assist schools and programs to increase their effectiveness, efficiency and ability to teach children who are deaf and hard of hearing to talk.” (Oral Deaf Education, 2011) currently there are 10 schools in the northeastern part of the US, 9 schools in the southwest part of the nation, another 12 schools located in the Midwest, 6 schools in the Southwest and 10 in the western portion of the nation. Internationally, there are four schools across Canada and the United Kingdom. Of these schools, only one resided within the state of Kentucky. The Lexington Hearing and Speech Center is located in Lexington, Kentucky, which is approximately a 3 ½ hour drive from Hopkins County, Kentucky. The Mama Lee Hearing School at Vanderbilt University, in Nashville, Tennessee is the next closest to Hopkins County and requires at least a minimum of two hours to drive. Oral schools in the St. Louis area range from about a 3 to 4 ½ hour drive depending on whether the child attends Central Institute for the Deaf, The Moog

Center for Deaf Education or St. Joseph Institute for the Deaf. Clearly, students from western Kentucky could not commute to any of these schools and because none of these schools provide a residential program, families have to decide either to go without this type of school and education for their child or decide to relocate to one of these areas of the country. With the current state of the economy, and joblessness being at an all time high, it seems unlikely that a family could afford to uproot and move.

Rationale for Oral Deaf Educators in Rural Areas

If moving to a new city and finding a job is an option, then families are faced with paying for a private school for their child. Although, many schools provide outstanding scholarship opportunities and sliding-fee scales to make these schools more affordable, the fact remains that tuition for such a specialized school is expensive. On average, the cost for one year of school at an OPTION school is nearly \$27,000. In theory, it stand to reason that a family would do whatever it takes to see that their deaf and hard of hearing child gets an appropriate education; however, in practice this task becomes more difficult. Not only do families have the expense of moving to a new location, they have the added expense of tuition and other costs related to continue health care. As a result, even with the generosity of most OPTION schools scholarship programs, this type of education is not feasible for many families. Thus, if moving to a city to find an option school is not feasible, what resource do families have if they want to provide their children with an oral deaf education: The answer to this question appears to be that more deaf educators in rural areas must be trained who specialize in teaching listening and spoken language. With the appropriate devices and audiologic management, and early intervention, children who are deaf and hard of hearing can learn to listen and talk. It should be the responsibility of this field to make sure that rural areas such as Hopkins County, Kentucky

understand that there is an option available to them, and that the option is feasible. There is a misconception among medical doctors and other practitioners in rural areas, that if a child has a diagnosis of deafness then he or she must learn sign language, because they are unfamiliar with cochlear implants much less an understanding of an oral/deaf education. By providing oral deaf educators in rural areas of the country, the field of deaf education can begin to expand its focus, bringing listening and spoken language to deaf and hard of hearing communities across the nation. Listening and spoken language specialists can become the ambassadors that the field needs in order to make its mission clearer and more meaningful even to the smallest of the communities in the nation.

In an effort to achieve that goal, I have created an undergraduate, college-level course entitled *ED 299: Selected Topics in Education: Introduction to Oral Deaf Education-Teaching Deaf and Hard of Hearing Children Using the Auditory-Oral Method*. This course will be offered at Madisonville Community College in Madisonville, Kentucky. The course will be offered to current general and special education teachers in the community as well as those students currently enrolled at Madisonville Community College teacher preparation programs. It is my vision that this course will provide current teachers and those preparing to teach with a snapshot of the oral philosophy of teaching deaf and hard of hearing children. By offering this course locally, I hope to influence the entire state to make changes to its current Deaf Studies Program at Eastern Kentucky University, to challenge current state legislation and to positively impact an entire region of the country. Below, I present the course syllabus, a tentative schedule of topics and detailed information about the content that will be covered. Additionally, lecture slides for select lectures are provided.

ED 299 Syllabus and Course Outline

Syllabus

ED 299 – Selected Topics in Education

(Introduction to Oral/Deaf Education-Teaching Deaf and Hard of Hearing Children Using the Auditory/Oral Approach)

Fall 2011

Monday Evenings

Time: 6:00pm to 8:45pm

Textbooks: No required texts. Supplemental reading and handouts.

Supplies: None required

Instructor: Christy S. Adkins

Phone: 270-824-8646

Office: Learning Resource Center, Room # 111

E-mail: christy.adkins@kctcs.edu

Office hours: TBA

Course Description: This course will examine aspects of teaching deaf and hard of hearing children using the auditory/oral approach. Topics include: history of deaf education, communication choices, and deaf culture, basics of audiology; as well as, reading and language development in deaf and hard of hearing children. Curriculum development and the role of the general education and special education teacher will also be discussed.

Course Competencies:

Students will:

1. Understand the history of oral deaf education.
2. Learn specific strategies for teaching deaf and hard of hearing children.
3. Understand the role the general education and special education teacher

Attendance: Class attendance is mandatory. You will be allowed two absences from class this semester. After two missed classes, 10 points will be deducted from you attendance points total (100) for every class missed thereafter.

Late Work: Work is normally due on the date assigned for completion. I do not accept late work unless there is a legitimate emergency or I have approved the late submission ahead of time. All approved late work must be made up within five days of the assignment's original due date.

Withdrawal Policy: The last day for you to officially withdraw from class at your own discretion is midterm. After this date and through the last day of the semester, you may request to withdraw, but permission to withdraw is then given at the discretion of your instructor. Permission to withdraw will be

given to students who encounter unforeseen and insurmountable difficulties. Academic irresponsibility does not constitute unforeseen and insurmountable difficulties.

Grading Criteria:

2 tests (150 points each)
Final Exam (100 points)
Attendance (100 points)
Participation (100 points)
Reflection Paper (100 points)
Presentation (100)

Grading Scale:

700-800 =A
600-700 =B
500-600 =C
400- 500 =D
Below 400 =E

**All oral assignments must be completed to pass the course! (This means you must present your research topic in order to pass the class for the semester). No exceptions.

Plagiarism:

Webster's New World Dictionary defines the word plagiarize as follows: "To take and pass off as one's own ideas, writing, etc. of another."

Cheating and Plagiarizing can take many forms on a college campus:

Copying from books or magazines without quotation marks.
Copying passages from books, altering a word here and there.
Having someone else do your work for you.
Copying a speech someone else has written in the past.
Rewording the exact same idea found in a book or magazine.
Giving assistance or help on an exam.

Students who seek this type of help, as well as students who knowingly give this type of help, are guilty of plagiarism and may fail the course.

Disability Statement: If you have a documented disability and need any type of accommodation, you are required to register with the Disability Resource Coordinator. Contact Valerie Wolfe Room # 139 John H. Gray Building.

Student Code of Conduct: Information about student's academic rights and academic offenses and the student's right to appeal may be found in the KCTCS Student Code of Conduct at www.kctcs.edu/student/code.htm.

Student Safety Information:

Madisonville Community College is concerned with the safety of the students attending classes at any of our four campuses. The following points are for your benefit as a student.

In case of any life threatening event, call 911. The local emergency responders are better equipped to take care of these situations.

To sign up for the Safety Notification Alert Process (SNAP) go to the MCC webpage and click on the SNAP section. After completing this, you will receive notifications on school closings, inclement weather, and other safety notifications.

To report a safety concern call the MCC Tip Line at 824-1900 to report safety concerns or suspicious behavior. This line is monitored once a day Monday through Friday.

Tentative Schedule

Week 1	Syllabus, Introduction to Course, Discussion – What is Oral Deaf Education?
Week 2	History of Deaf Education
Week 3	Communication Choices
Week 4	Deaf Culture
Week 5	Review of course material to date and test # 1 over content from weeks 1 – 4
Week 6	Auditory-Oral Approach –Philosophy and Methods
Week 7	Teaching Language (Methods and Approaches) (Topics for presentations due)
Week 8	Teaching Language (Methods and Approaches) Cont.
Week 9	Teaching Reading (Methods and Approaches)
Week 10	Audiology 101 – Guest Speaker, Pediatric Audiologist from Vanderbilt University Topics discussed will include: cochlear implants, hearing aids, and basic audiologic tests, etc.
Week 11	Test # 2 over content from weeks 6 -9 Learning Needs of Children Who Are Deaf and Hard of Hearing, Special Education Law, Services and Advocacy
Week 12	Placement Options
Week 13	Role of the General Education and Special Education Teacher
Week 14	Considerations for Teaching Speech
Week 15	Presentations
Week 16	Final Exam- Final is comprehensive, Reflection Paper Due

Course Outline:

Week 1:

- How Did Oral Deaf Education Evolve?
 - What Does It Really Mean?
 - Dispelling the Myths
- Lecture and Group Discussion

Week 2:

- Where Did Deaf Education Begin?
 - Who Is Recognized As The Leaders in Early Deaf Education
 - The Role and Influence of Gallaudet and Gallaudet University
 - How The Field Is Evolving
 - What Is the Future of Deaf Education
- Lecture and Group Discussion

Week 3:

- Communication Choices
 - Auditory/Verbal Approach
 - Auditory/Oral Approach
 - Total Communication Approach
 - Bilingual-Bicultural Approach
 - Cued Speech
- Lecture, Video presentations of each approach, Group discussion

Week 4:

- Deaf Culture
 - D/d deaf culture
 - What does it really mean?
 - How is this culture changing?
 - Show Clip from Sound and Fury
- Lecture, Video – Sound and Fury, Group Discussion of video presentation

Week 5:

- Review of weeks 1 -4 and Test # 1
- Brief review of weeks 1 -4 content, question and answer session, break, Test # 1

Week 6:

- Auditory/Oral Approach
 - Making the case for its effectiveness
 - Show video of children using the approach
- Lecture, video presentation of approach, group discussion of video

Week 7:

- Overview of language development in hearing children
 - Why we need to directly teach children who are deaf and hard of hearing language
 - How speech and language are different
 - Special considerations for teaching language to deaf and hard of hearing children
- Lecture and discussion

Week 8:

- Video presentation of structured language lessons, group discussion of language lesson

Week 9:

- Overview of reading development in hearing children
- Why we need to directly teach children, who are deaf and hard of hearing to read
- Lecture, video presentation of reading lesson, group discussion of lesson

Week 10:

- Basics of Audiology
 - Reading an audiogram
 - Understanding how hearing works (basic ear mechanics)
 - Understanding how a hearing aid works
 - Understanding how a cochlear implant works
- Guest Speaker presentation, question and answer session with speaker

Week 11:

- What are the learning needs of deaf and hard of hearing children?
 - How do the learning needs of deaf and hard of hearing children differ?
 - What is the role of early intervention and early identification, in the learning process?
- Lecture and group discussion

Week 12:

- Mainstream placement
- Partial mainstreaming
- Private Auditory/Oral School
- State Schools for the Deaf
- Options for rural areas

Week 13:

- How can the general education and special education teacher help?
- What strategies will assist you in the classroom?
- Lecture, group discussion, review of content, question and answer session prior to exam
- Test # 2

Week 14:

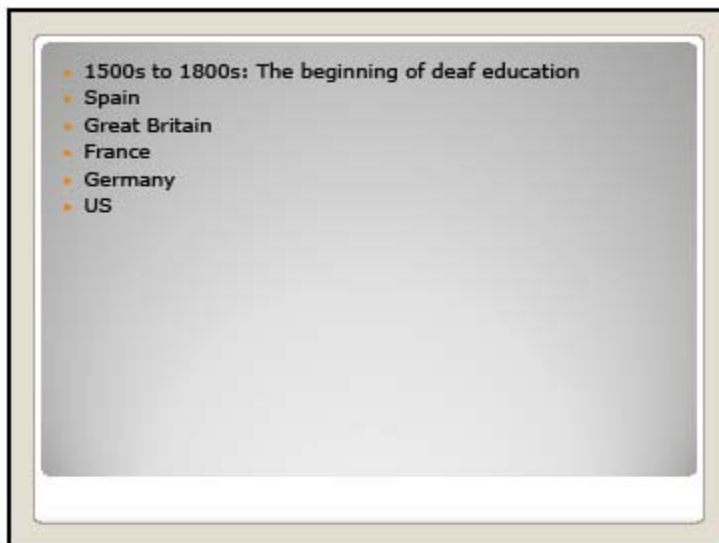
- Teaching speech to children who are deaf and hard of hearing
- Role of the SLP
- Role of the Deaf Educator

Week 15:

- Student presentations of various oral/deaf education topics

Week 16:

- Final exam
- Reflection Paper Due



- Pedro Ponce de Leon
- 1st teacher of the deaf
- Taught deaf children of Spanish nobility
- Education was in the monastery
- Written language, then speech
- Signed language likely a basis for instruction too

Spain

- Juan Pablo Bonet
- Hired de Carrion to tutor the child
- Published book on the methods used and took full credit for the system
- Methods included use of 1-handed manual alphabet
- Early intervention
- All instruction based on manual alphabet and written language
- Considered a pioneer of deaf education, with many of his tenants still held as important today

Spain (manual alphabet)

- William Holder (1660)
- 1st teacher of the deaf in Great Britain
- Taught written language first, then speech.
- Probably would be considered an oralist
- George Dalgarno (1680)
- Wrote treatise on education of the deaf that advocated for natural approach to language development
- Start in infancy with fingerspelling
- Expected that deaf students could achieve the same levels of learning as hearing students

Great Britain

Braidwood Family

- Thomas Braidwood (1760) founded Braidwood Academy for the Deaf and Dumb in Edinburgh, later moved to London
- Daughters became teachers of the deaf
- The Braidwood Method highly guarded secret
- Father of a child published some information about methods.
 - *two-handed manual alphabet
 - *used to teach reading, writing and speech articulation
 - * speech training started with phonemes and moved to words

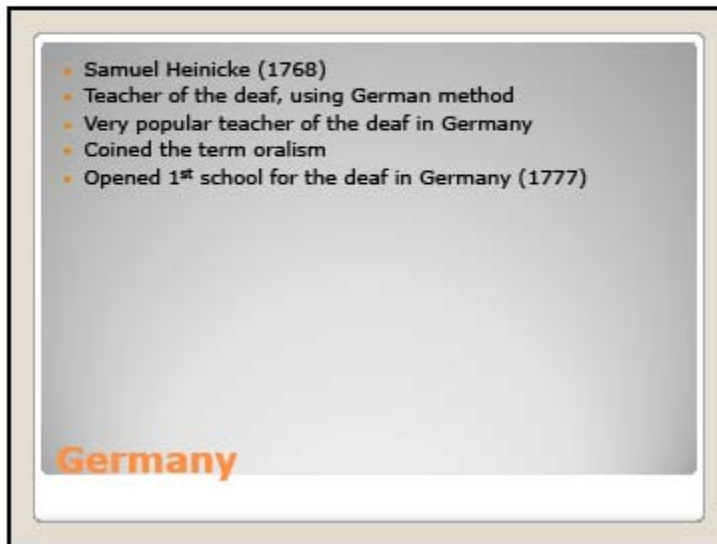
Great Britain

- Jacob Pereire (1750s)
- 1st teacher of the deaf in France
- Made alterations to Bonet's manual language – signs corresponded to sounds rather than letters
- Methods were kept secret
- His work influenced education in general
- Itard (tutor of "Wild Boy of Avignon", 1800)
- Sequin (pioneering educator of children with mental retardation)
- Montessori (non-disabled students)

France

- Abbe de l'Epee
- Established for the 1st public school for the deaf (1755)
- Did not keep methods a secret
- Used the sign language of the deaf in Paris
- Influenced Bonet and general education techniques
- Did not focus on articulation – thought it was too time consuming
- Abbe Sicard
- Student of Abbe de l'Epee
- More emphasis on sign versus articulation

France



- Samuel Heinicke (1768)
- Teacher of the deaf, using German method
- Very popular teacher of the deaf in Germany
- Coined the term oralism
- Opened 1st school for the deaf in Germany (1777)

Germany



International Conference of Deaf Educators
German method deemed best method for instruction
Considered the turning point at which deaf education
Many have claimed that sign language almost died

Conference of Milan

- **American School for the Deaf (1817)**
- Dr. Mason Cogswell opened a school for his daughter Alice.
- Thomas Hopkins Gallaudet was a neighbor and he was hired to teach Alice.
- Cogswell raised money to send Gallaudet to Europe to learn all the methods of education deaf children:
 1. Braidwood
 2. French
 3. German
- Braidwood, kept to their secrets and said no to Gallaudet
- Abbe de l'Epee and Abbe Sicard welcomed Gallaudet and as a result he did not make it to Germany.

United States

- Gallaudet convinced Laurent Clerc, a deaf teacher of the deaf in Paris to return to the US/ASD with him.
- Clerc was the 1st deaf teacher of the deaf
- Shortly after ASD opened in 1817 the following schools opened:
 - *NY School (1818)
 - *Pennsylvania School (1820)
- All of these schools were modeled after Clerc's methods (which was the French method) which was used at ASD.

United States

- Between 1823-1839 7 more schools were opened
- 1838: Sisters of St. Joseph from Lyons, France opened school in St. Louis, MO. In 1910 it became the St. Joseph's Institute for the Deaf
- Between 1844-1860 17 more schools were opened that was about 1 per year
- 1864, the DC school opened at collegiate department called the National Deaf Mute College, which is now the modern day Gallaudet University

United States

- All schools were residential at this time in history
- Most early programs used manual communication this was due to Clerc's influence
- First oral schools founded around 1867
- Lexington School for the Deaf in NY, no longer an oral school
- Gardiner Greene Hubbard had a daughter who was deafened at age 5. Didn't want her to go to ASD, so he played a pivotal role in establishing the Clarke School for the Deaf in MA.

United States

- Early programs – educability of deaf people
- Later programs – shift in thinking
 - Not all people with disabilities could be trained in high tech society
 - State schools were costly
 - Disabilities were perceived as threat to society
- Residential schools increasingly custodial

United States

- EM Gallaudet and AG Bell
 - Son on Thomas Hopkins Gallaudet
 - Principal of DC school, established college
 - Toured Europe and advocated for articulation training
 - Called for a conference of all deaf educators
 - At the conference it was decided to teach lip reading and articulation skills to those who would benefit
 - He was a strong supporter of the oral/manual approach.

United States

- EM Gallaudet and AG Bell
- Bell was a contemporary of EMG
- Family history of teaching speech
- Deaf mother, used manual alphabet with her
- Introduced "visible speech" method to schools for the deaf, including Clarke and the American School for the Deaf
- Met Mabel Hubbard and fell in love
- 1876 - invented the telephone
- 1879-1889 - met EMG and received honorary PhD from Gallaudet College

United States

- EMG and AG Bell a parting of the ways

In 1883/1884 Bell published a paper that stated that the US Should prevent the formation of a deaf race by banning marriage between congenitally deaf people

Early member of the eugenics movement, advocating for the Sterilization of "defective" people.

Did not want deaf teachers in deaf schools

Wasn't an unusual position to take among the educated of time

EMG was terribly upset

This took place around the same time as the Conf. Of Milan.

United States

- 1900- first hearing aid
- 1965 – ASL a formal language
- 1975 –PL 94-142 –All disabled children are entitled to a FAPE
- 1976-Closed captioning
- 1984-Cochlear implantation approved by FDA for use in adults
- 1988-Deaf President Now! Movement
- 1990 – ADA signed into law
- 1990 – FDA approved cochlear implantation for kids
- 2000 – FDA approved cochlear implantation for kids as young as 12 months
- 2003 – British govt. recognizes BSL as a language.

United States –20th Century

- 1988 – Gallaudet University Board elects Elizabeth Zinser (hearing) to be president
- Students furious because she was hearing, no sign language skills, other candidates at the time were all deaf
- Students protested, marched through the streets of DC, and burned effigies of Zinser and board members
- After a week, Zinser resigned, board president resigned and I. King Jordan (deaf) was named president.

Deaf President Now!

• 2006 - I. King Jordan announces plan to retire
• Names Jane Fernandes as successor (deaf, raised orally)
• Students protested again, that Fernandes wasn't "deaf enough" (her words) because she learned ASL as an adult.
• Jordan ordered arrests of protestors
• Current president named in October 2009
 Alan Hurwitz (deaf)
 CID (10 years) (Wash U) M.S. (SLU) Ed.D Rochester

**Gallaudet University Post Deaf
President Now**

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