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ABSTRACT

Reported were descriptive data concerning identification audiometry (hearing screening) and special educational programs for the hearing impaired. Data were provided in tabular format for each state in the country and the District of Columbia. Hearing screening program data included extent of coverage, grade or ages covered annually, year and number of children screened, initial and followup screening procedures, authority and administration for operation of the programs, and state summary of special educational services. Educational programs for the hearing impaired are discussed in terms of authority and administration of programs, eligibility criteria, program type, number of students enrolled, and location of school records. Data were collected during the period of August 1971 through February 1972. (CB)

ANNUAL SURVEY OF HEARING IMPAIRED CHILDREN AND YOUTH

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SPECIAL REPORT FROM
THE OFFICE OF DEMOGRAPHIC STUDIES
GALLAUDET COLLEGE

**NATIONAL SURVEY OF STATE
IDENTIFICATION AUDIOMETRY PROGRAMS
AND SPECIAL EDUCATIONAL SERVICES FOR
HEARING IMPAIRED CHILDREN AND YOUTH
UNITED STATES: 1972**

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- 1) Identification Audiometry Programs — Coverage, Initial Screening Procedures, Follow-up Testing, Authority and Administration of Program.
- 2) Special Educational Services for Hearing Impaired Students — Types of Special Educational Services, Authority and Administration, Eligibility, Statistical Summary, Type and Location of Records.

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GALLAUDET COLLEGE

Washington, D.C.

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Neil Murphy, *Statistical Analyst*

Brenda Rawlings, *Statistical Analyst*

Raymond Trybus, Ph.D., *Research Psychologist*

Patricia Voneiff, *Statistical Analyst*

TABLE OF CONTENTS

	Page
Acknowledgements	iv
Abstract	vi
Introduction	1
Sources of the Data	1
Highlights of the Data	2
Summary	3
State Summary Tables	
I. Summary of Identification Audiometry Programs by State – January, 1972	
Table 1, Section A: Coverage	7
Table 1, Section B: Initial Screening Procedures	15
Table 1, Section C: Follow-up Procedures	19
Table 1, Section D: Authority & Administration	26
II. Summary of Special Educational Services for Hearing Impaired Children and Youth by State – January, 1972	
Table 2, Section A: Types of Services, Administration and Eligibility	32
Table 2, Section B: Statistical Summary and Records	41
Appendices	
Appendix I: Description of the Annual Survey of Hearing Impaired Children and Youth	49
Appendix II: Letter of Invitation to Participate in 1972 National Survey	53
National Survey Questionnaire for State Identification Audiometry Programs and Special Educational Services for Hearing Impaired Children and Youth	54
Appendix III: State Personnel Contributors to the 1972 National Survey of State Identification Audiometry Programs and Special Educational Services for Hearing Impaired Children and Youth	57

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Neil J. Murphy
Augustine Gentile
Washington, D.C.
May, 1972

ABSTRACT

This report contains descriptive information about identification audiometry (hearing screening) and special educational programs for the hearing impaired. The data are presented in tabular format for each state in the country. Data for the hearing screening programs are described in terms of extent of coverage, initial and follow-up screening procedures and authority and administration for operation of the programs. The educational programs for the hearing impaired are described in terms of the authority and administration for these programs, eligibility criteria, the type of program, number of students enrolled and the location of school records.

These data were collected during the period from August 1971 through February 1972 by the Office of Demographic Studies at Gallaudet College. This program receives the major portion of its funds from the Division of Research, Bureau of Education for the Handicapped, Department of Health, Education and Welfare. The program has been established to collect, process and disseminate data on hearing impaired children and youth from birth through college age in the United States.

National Survey of State Identification Audiometry Programs and Special Educational Services for Hearing Impaired Children and Youth United States: 1972

NEIL J. MURPHY

INTRODUCTION

This report contains a description of identification audiometry programs and the availability of special educational services for hearing impaired children and youth for each of the fifty states and the District of Columbia. These data were collected during the period from August 1971 through February 1972.

In 1967, the Annual Survey conducted a similar national survey in order to determine the feasibility of collecting information on hearing impaired children and youth on a national basis. Replies were received from all but three states at that time. Descriptive summaries for the above mentioned 1967 national survey of states were presented in the publication, "Development of a System for Collecting Data on Hearing Impaired School Children."¹ The purpose of this recent 1972 national survey of the states was to ascertain the current status of state identification audiometry programs and special educational services available to hearing impaired students.

This publication is one in a series of special reports published by the Office of Demographic Studies of Gallaudet College. A listing of previous

publications appears on the inside back cover of this report. The Office of Demographic Studies initiated the Annual Survey of Hearing Impaired Children and Youth in May 1968. This is a continuing program committed to collecting, processing and disseminating useful information related to hearing impaired children and youth in the United States. The program receives a major portion of its funding from the Division of Research, Bureau of Education for the Handicapped, Department of Health, Education and Welfare. Gallaudet College furnishes the balance of funding for the Annual Survey. Further details describing the policies and scope of activities of the Annual Survey are delineated in Appendix I of this publication.

SOURCES OF THE DATA

In August 1971 officials of state agencies having responsibilities for either special education or health and welfare services for hearing impaired students were contacted by the Annual Survey to participate in the 1971-72 survey. An explanatory letter and questionnaire (See Appendix II) were mailed to officials of either State Departments of Education or State Departments of Health in each of the fifty states and the District of Columbia. The names of the individuals who either completed the questionnaire or reviewed the edited responses for the state summary table are given in Appendix III. The collected information was edited into a tabular

¹Augustine Gentile "Development of a System for Collecting Data on Hearing Impaired Children, Final Report of Project R6-1193 April, 1968".

format. The edited tables were returned to the states for their review prior to publication. Thirty-two states returned the tables with appropriate comments and suggestions for the final publication.

Of the fifty-one questionnaires mailed, forty-nine states completed and returned the questionnaires. For the two states that did not participate in the 1972 state survey, data which these states had previously submitted in 1967 have been used. In some cases where the states omitted a particular item on the 1972 questionnaire or failed to complete certain information, data obtained in the 1967 state survey have been used. In each instance, when 1967 data are used, a notation is given in the tables.

The Annual Survey did not attempt to obtain data on private schools. A relatively small number of states indicated on their questionnaires statistical data for students in non-public or private special educational programs for hearing impaired students. For the few states that did report information for these private institutions offering special educational services in their states, the states generally reported group totals of students, not specifying how many students attended public special educational programs and how many attended private special educational programs.

The data collected have been summarized in a series of six tables by state in the following schema:

I. STATE SUMMARY OF IDENTIFICATION AUDIOMETRY PROGRAMS

- A) COVERAGE — area of state covered, grade or ages covered annually, year and number of children screened
- B) INITIAL SCREENING PROCEDURES — frequencies used in testing, failure levels, and persons conducting tests
- C) FOLLOW-UP TESTING PROCEDURES — type of further testing, failure levels, persons conducting tests, and type of referrals
- D) AUTHORITY AND ADMINISTRATION OF PROGRAM — statutory provision, program administration, type and location of records

II. STATE SUMMARY OF SPECIAL EDUCATIONAL SERVICES

- A) TYPES OF SPECIAL EDUCATIONAL SERVICES
- B) STATISTICAL SUMMARY AND RECORDS

HIGHLIGHTS OF THE DATA

The highlights of the data presented in this report show the following about state identification audiometry programs and special educational services available for hearing impaired children:

- 1) Twenty-seven states reported that their entire state is covered in a typical year of a hearing screening program.
- 2) Children in the lower primary grades were more likely to be tested on an annual basis. The grades that were reported as being tested most frequently by a majority of the states were kindergarten and grades one, two and three.
- 3) The frequencies most commonly used in the initial screening test as reported by most of the states are 500, 1000, 2000 and 4000 CPS.
- 4) The type of personnel who administer initial screening tests varies considerably among the states. Five states reported that audiologists or audiometrists conduct the initial screening program. Thirty-one states reported that either registered nurses, public health nurses or school nurses directly administer their states' initial screening tests. In about half of the states trained volunteers assist in the testing programs.
- 5) For children who fail the initial hearing test a follow-up threshold test is the normal procedure reported by 49 of the states. The more general use of trained professional personnel in follow-up testing was reported by the states. Audiologists and audiometrists were reported by 23 states as conducting their states' follow-up tests.
- 6) A lack of statewide standards for regularity or method of testing is apparent for 33 percent of the states.
- 7) Twenty-four states reported in 1972 that their states do have some type of statutory provision requiring hearing screening programs for school children in their states. In 1967 fifteen states reported at that time that a law existed mandating a

hearing screening test for their state. Thus in a period of five years, nine states had a law passed which stipulates that children in their states receive auditory testing.

- 8) State identification audiometry programs were reported by 20 states as being jointly administered by the State Department of Health and the State Department of Education. Eleven states reported that their State Health Department administered the identification audiometry program and eight states reported that this program administration was the responsibility of the State Department of Education.
- 9) On the basis of the reports it is estimated that about 55,000 hearing impaired students were receiving special educational services. The most recent year that the majority of the states reported the above data was for the 1970-71 school year.

SUMMARY

This publication presents data collected from the fifty states and the District of Columbia on their identification audiometry programs and special educational services for hearing impaired children and youth. These data were collected by the Office of Demographic Studies of Gallaudet College in 1972. Forty-nine states submitted information during the current survey period. Data obtained in 1967 were used for the two non-participating states in 1972.

The sources of the data and the methodology have been explained. The results of this survey are given in six summary tables. Some highlights of the data also have been briefly presented. Further analyses of these data are now underway.

In the meantime it is hoped that the format developed for presenting these data will enable state officials and other concerned persons to make comparisons about the areas of activities covered by the survey.

STATE SUMMARY TABLES

I. SUMMARY OF IDENTIFICATION AUDIOMETRY PROGRAMS BY STATE - JANUARY 1972

Table 1, Section A - Coverage

Table 1, Section B - Initial Screening Procedures

Table 1, Section C - Follow-up Procedures

Table 1, Section D - Authority & Administration

II. SUMMARY OF SPECIAL EDUCATIONAL SERVICES FOR HEARING IMPAIRED CHILDREN AND YOUTH BY STATE - JANUARY 1972

Table 2, Section A - Types of Special Educational Services, Administration & Eligibility

Table 2, Section B - Statistical Summary and Records

TABLE 1--SUMMARY OF IDENTIFICATION AUDIDMETRY PROGRAMS BY STATE: JANUARY 1972

SECTION A - COVERAGE

State	Area of State Covered	Grade or Ages Covered Annually	Year & Number of Children Screened
Alabama	The entire 67 counties of the state are covered by the county health departments. The state Crippled Children's Service covers 4 major cities on a regular basis.	Some children tested annually. Specific grade or ages not reported.	1971 year: 43,482 screened, as reported by the state Department of Health.
Alaska	Data not available.	Recommended that all children in K, grades 1, 2, & 3 be tested annually; every 3 years beyond grade 3.	Data not available.
Arizona	Testing done in all counties but coverage may not be thorough in all counties.	As circumstances permit the following are tested: All children in K, grades 1, 2, 3, 5, 7, & 10, or the equivalent age levels; all children regardless of grade who are known to have a loss of hearing which meets or exceeds the criteria for medical referral; all children with a history of recurrent upper respiratory infection or who may show evidence of other ear, nose & throat pathology; all children with behavioral and/or speech problems & those with learning problems in whom the possibility of a hearing difficulty has not been previously ruled out; all new students (up to age 16) enrolling from other schools.	1966-67 school year: Approximately 75,000 tested.
Arkansas	Entire state is covered.	Some schools test all children every other year; some alternate grades; some do grades 1, 2, 5, & 7 plus any suspected hearing problems from all other grades.	1965-66 school year: (61 of 75 counties reported & all cities reported) 77,545 screened 2,180 referred 829 followed up.
California	Entire state is covered.	Each pupil in K or grade 1; grades 2, 5 and 8; grades 10 or 11 shall be given a screening test.	1970-71 school year: 1,297,703 screened 98,122 failed screening 49,891 failed threshold test 32,314 referred for medical examination 18,556 received medical evaluation or treatment.
Colorado	42 of 63 counties tested by state Department of Health; 3 counties tested by Hearing Society; 3 counties tested by individual public school districts.	K, grades 1, 3, 5, 7, 9 & 12, all new children & all teacher referrals.	Data not available.
Connecticut	Entire state is covered.	Children in grades 1, 3, 6, & 10 screened; most schools screened all children in K, grades 1, 2, & 3 annually; children enrolled in speech correction programs usually tested annually.	Data not available.

TABLE 1-SUMMARY OF IDENTIFICATION AUDIOMETRY PROGRAMS BY STATE: JANUARY 1972

SECTION A - COVERAGE

State	Area of State Covered	Grade or Ages Covered Annually	Year & Number of Children Screened
Delaware	Entire state is covered.	Children in K, grades 1, 3, 5, 8 & 11, special education classes, new children and those children with speech & hearing problems.	1970-71 school year: 63,236 screened in public schools 6,680 screened by Div. of Physical Health, Inc. (4,400 pre-school age) 4,947 received threshold testing 1,700 received otological diagnosis 294 received surgical treatment.
District of Columbia	Entire city is covered.	Specific grades tested annually throughout the school year. Visually impaired children given priority in testing.	1970-71 school year: 38,596 initially screened 1,981 rescreened 1,411 follow-up test & referral.
Florida	No statewide uniform conservation program. 55 of 67 counties reported that hearing conservation programs are conducted each year.	Varies from county to county. Some counties test all children. Grades tested annually for most counties are K & grade 1.	1970-71 school year: 114,255 screened in school program 1970 Public Health Dept. reports: 236,060 screened 1,353 of these completed referrals.
Georgia	Entire state is covered, but not on a regular basis. Several of the larger counties conduct screening on a regular basis.	A large number of counties alternate with a hearing screening program one year & vision screening the next. Children with known defects & those recommended by their physician tested annually. Screening emphasis directed toward the very young children including minority groups & handicapped children. Grades tested vary.	1970-71 school year (Statistics incomplete): 148,163 screened in 99 of 159 counties (557 neonates & 2,130 preschool children included) 6,770 failed screening (13 neonates & 106 preschool children included) 2,143 seen by physician (13 neonates & 56 preschool children included).
Hawaii	Entire state is covered.	K, grade 2 & any child with a past history of hearing or speech problems tested annually. Referrals from teachers are obtained for children in other grade levels.	1969-70 school year: 31,801 screened 1,185 referred for medical consultation. 369 showed educational significant losses.
Idaho	No organized statewide identification audiometry program. Some testing is done in a few areas of the state.		1965 year: 20,000 tested by Easter Seal Society.

TABLE 1-SUMMARY OF IDENTIFICATION AUDIOMETRY PROGRAMS BY STATE: JANUARY 1972

SECTION A - COVERAGE

State	Area of State Covered	Grade or Ages Covered Annually	Year & Number of Children Screened
Illinois	Entire state is covered for preschool screening through Title VI Regional Programs. 39 counties covered for school age children through local health departments. Many school districts in uncovered counties provide services to children within district.	Children screened annually. Preschool, lower elementary & children in special educational programs given priority.	1971 fiscal year: 455,244 initially screened 12,505 received follow-up testing 9,854 referrals.
Indiana	Entire state is covered.	All children in grades 1, 4, 7, & 10 screened annually. New students screened as referred.	Data not available.
Iowa	Entire state is covered.	Each demographic area screens different grades; approximately 50 percent of the areas screened grades 1, 3, 5, 7 & 9. Emphasis placed on lower grades. Students with known hearing impairments tested annually. Handicapped children tested frequently.	1970-71 school year: 294,190 screened. 54,889 received threshold evaluations 8,705 referred for medical evaluation 214 enrolled in classes for deaf & hard of hearing 482 provided with amplification services.
Kansas	Entire state is covered.	Children tested upon entering school & every three years thereafter. Children currently receiving special educational services & any child with a past history of hearing or speech problems tested annually.	1970-71 school year: 240,064 screened 8,927 referred for medical consultation 2,226 completed referral to physicians Information not completed at this time as to number of children needing regularly scheduled direct special educational services.
Kentucky	Entire state is covered.	Grades 1, 3 & 5 screened annually. Children currently receiving special educational services & any child with a history of hearing or speech problems tested annually.	1970-71 school year: 151,478 screened 7,042 referred for medical consultation 747 provided diagnostic & evaluation services.
Louisiana	Entire state is covered.	Grades 1, 4, 8 & 11.	1966-67 school year: 48,993 screened 7,130 given threshold tests 1,485 referred for medical examination 1,008 received otological examination.
Maine	Entire state is covered.	K, grades 1, 2 & 3 tested annually.	Data not available.

TABLE 1-SUMMARY OF IDENTIFICATION AUDIOMETRY PROGRAMS BY STATE: JANUARY 1972

SECTION A - COVERAGE

State	Area of State Covered	Grade or Ages Covered Annually	Year & Number of Children Screened
Maryland	No organized statewide program. Testing done in many parts of the state.	Generally, school age children screened in grades 1, 3, 5 or grades 2, 4 & 6. All new children screened.	Data not available.
Massachusetts	Entire state is covered.	All grades.	1970-71 school year: All school age children screened. 1.1 million (estimated by Annual Survey).
Michigan	Entire state is covered.	All grades every other year, classes for mentally handicapped & preschool programs screened.	1969-70 school year: 592,928 screened 30,031 showed significant losses 19,677 referred for otological follow-up 43,312 preschool children screened 1,731 showed significant losses 1,779 referred for otological evaluation.
Minnesota	State Department of Health assisted in screening tests in 80 of 87 counties. Separate screening performed in three first class cities. Possible that school systems in 7 other counties conduct screening program.	All preschool children tested annually. New students, transfer students & referral students tested annually. Screening failures received first priority.	1970-71 School year: 180,223 screened 7,412 four year olds screened Data not available for programs other than state Department of Health programs
Mississippi	There is no cooperative statewide identification audiometry program. The majority of local schools, an estimated 130 out of a possible 150, provide audiometric screening. School health nurses provide audiometric screening 4 times during the 12 grades.		
Missouri	Local school districts conduct hearing screening programs.	All new pupils tested. Other pupils & certain grade levels screened as deemed advisable.	Data not available.
Montana	No organized statewide identification audiometry program.		Data not available.
Nebraska	Many of the education service units & counties conduct hearing & screening; however, it is not certain that the entire state is covered.	Children tested usually every third year. Some tested annually by local and intermediate educational agencies. Handicapped children generally given priority & in some areas, minority groups given priority in testing.	1970-71 school year: 145,036 screened 5,884 found to have a hearing loss.
Nevada	Most of the state is covered.	One county tests all school children. The other counties test when a hearing loss is suspected. No specific grades tested annually.	Data not available.
New Hampshire	Entire state is covered.	All children in public schools tested annually. A preschool hearing screening program has been instituted.	Year Not Specified: 95,000 tested 3,000 referred.
New Jersey	Entire state is covered.	Children in K, grades 1, 2, 3, 4, 5, 7, 9, 11, teacher referrals, new pupils & those recovering from tonsillectomies or communicable diseases tested.	Data not available.
New Mexico	Entire state is covered.	Grades 1, 3, 6 & 9 recommended to be screened annually.	Data not available.

TABLE 1—SUMMARY OF IDENTIFICATION AUDIOMETRY PROGRAMS BY STATE: JANUARY 1972

SECTION A — COVERAGE

State	Area of State Covered	Grade or Ages Covered Annually	Year & Number of Children Screened
New York (1967 Data)	Entire state is covered.	All children tested annually with priorities to children in K, grades 1 & 3, new pupils, pupils with known hearing impairments, pupils exhibiting symptoms of emotional or learning disabilities, pupils having speech difficulties, pupils recently recovered from any illness with possible significance for hearing health, & pupils suspected of having hearing problems referred by teachers, parents or physicians.	Data not available.
North Carolina	A statewide identification audiometry program is conducted through Speech & Hearing Special Education Section, Departments of Public Instruction & Health.	Number of grades tested determined at local level. Suggested that all children in K, grades 1, 3, 5, 7 & 9, or in K & grades 2, 4, 6, 8 & any of high school grades be tested.	1970-71 school year: Approximately 168,487 tested.
North Dakota	There is no organized statewide identification audiometry program. Fifty percent of school districts conduct programs.	Programs vary but most areas provide 4 tests through 12 grades.	Year Not Specified: 42,000 tested from alternate grades in 3/4 of school population.
Ohio	Entire state is covered.	Recommended that children in K, or grade 1 & grades 3, 6 & 9 be tested. Actual grades screened depends on local resources.	1965-66 school year: 377,268 screened 9,262 referred (2.45%).
Oklahoma (1967 Data)	96% of total school population of state covered by organized programs.	At least K, grades 1, 3, & 5 plus other grades, referrals & new transfer pupils. Other grades when able.	1966-67 school year: Health Departments — 96,414 screened 2,200 referred (2.3%) City Schools — 96,573 screened 1,742 referred (1.8%)
Oregon	Entire state is covered.	Children in K, grades 1, 3, 5, & 7, children with known losses, new enrollees, and referred pre-school children tested.	1970-71 school year: 198,000 elementary children screened 8,000 referred for audiological examination 5,000 referred for medical exam 4,500 seen in otology clinics 1,450 children in elementary & high school & of preschool age referred by teacher or nurse for testing 800 of these referred for audiological exam 400 referred for medical exam 700 referred for audiological exam (elementary school re-checks) 100 referred for medical exam.

TABLE 1—SUMMARY OF IDENTIFICATION AUDIOMETRY PROGRAMS BY STATE: JANUARY 1972

SECTION A — COVERAGE

State	Area of State Covered	Grade or Ages Covered Annually	Year & Number of Children Screened
Pennsylvania	Entire state is covered.	Children in K, grades 1, 2, 3, 7 & 11, & special ungraded classes, children with known or suspected hearing loss & new enrollees tested.	1971-72 school year: 1,482,391 screened 82,732 failed 35,832 referred 24,913 seen by physician 2,366 wearing hearing aids.
Rhode Island	34 of 39 school departments, 2 mental retardation regional centers, 11 nursery schools, 9 private schools, 4 Head Start programs, 3 special programs tested.	Children in K, grades 1, 4, 7 & 10, & special classes tested annually. Upon request all new enrollees & nursery children tested.	1970-71 school year: 34,402 screened 10,174 retested 2,810 referred 1,062 seen by a physician.
South Carolina	No statewide uniform hearing conservation program. 66 school districts out of 93 conduct a hearing conservation program. 27 school districts did no testing in 1970-71 school year.	Varies from one school district to another. State Department of Education recommends testing for K, grades 1, 2, 3, 4, 7, 9, & 11 as ideal patterns, & dropping grades 7 & 11 if cuts must be made.	1970-71 school year: 133,979 elementary children tested 41,631 secondary children tested 10,830 rechecked in depth 9,067 hearing adequate 1,178 preferred seating 2,495 referred to physician 883 checked by otologist 473 received medical treatment or surgery 87 obtained hearing aids 71 referred to school for hearing handicapped.
South Dakota	A speech & hearing mobile unit travels throughout the state. Between 9 & 15 school districts conduct hearing screening programs.	Information not available.	1971 year: 15,000 tested by mobile unit.
Tennessee	Entire state covered.	Grades 1, 3 & 5 tested each year beginning with school year 1971-72.	1970-71 school year: 163,977 tested 4,145 referred for medical examination and treatment 4,654 placed on retest roster.

TABLE 1-SUMMARY OF IDENTIFICATION AUDIOMETRY PROGRAMS BY STATE: JANUARY 1972

SECTION A - COVERAGE

State	Area of State Covered	Grade or Ages Covered Annually	Year & Number of Children Screened
Texas	Part of the state is covered. 95 counties have all school systems report to Department of Health. 159 counties incomplete in report to state Department of Health. 79 counties reported all school systems doing hearing screening. 799 school systems do screening. 353 school systems not reporting screening. State Department of Health knows of many more schools that have screening programs but do not report to the Department of Health.	The number of grades being screened depends on the availability of personnel. Most schools screen K & elementary grades. Children in special education & those with histories of hearing or speech problems screened annually.	1965-66 school year: 761 out of 1,330 school districts (254 counties) reported programs 870 audiometers in state 128 speech therapists testing 1,061 school nurses testing 47 lay people testing 734,463 screened 18,969 referred 7,624 consulting a physician 7,430 receiving remedial attention.
Utah	34 school districts.	No organized statewide identification audiometry program, but state standards for testing & referrals are recommended.	Data not available.
Vermont	Entire state is covered.	Grades 1, 2, 3, 5, 7 & 9 tested annually. Children with known problems also tested annually.	1970-71 school year: 46,791 screened Other statistics not available at this time, but over 50% of enrolled school age children receive some testing services annually.
Virginia	Entire state is covered.	Children in all grades tested annually.	1969-70 school year: 112,791 tested 3,558 received a medical follow-up for corrective purposes 6,820 identified as having a significant hearing impairment.
Washington	Entire state is covered.	K, grades 1, 2 & 3 screened annually. No longer than 3 years may elapse between screening for children in grades 4-12. New and referred students in a school district screened as soon as possible.	Data not available.
West Virginia	46 or 55 counties conduct hearing screening programs; 4 counties do not conduct a hearing screening program. It is doubtful if 5 other counties have a screening program.	37 counties test children annually. Frequency of test and grades tested varies.	Data not available on the number of children who received initial screening. 2,627 children found to have a hearing loss in the last 2 years as reported by 36 counties.

TABLE 1-SUMMARY OF IDENTIFICATION AUDIOMETRY PROGRAMS BY STATE: JANUARY 1972

SECTION A - COVERAGE

State	Area of State Covered	Grade or Ages Covered Annually	Year & Number of Children Screened
Wisconsin	All counties have a complete program once every 3 years. Some counties test on a yearly basis. Most cities with populations of 10,000 & over conduct programs on a yearly basis.	K grades 1, 2, 3, 5, plus children in special educational classes & referred children are screened each year a program is conducted. All children in K-6 screened in programs conducting testing once every 3 years. Special testing programs in Inner Core areas have been conducted. Classes for the hearing impaired have received hearing & hearing aid evaluations aboard the automobile.	1970-71 school year: (All figures are approximate) 250,000 screened 25,000 received threshold testing after failing screening test 5,000 referred for medical consultation 4,000 identified as needing special educational services 4,600 identified as needing in direct periodic consultative services
Wyoming	The larger school districts screen regularly. The smaller districts are not screening regularly at this time due to changes in school reorganization taking place & the recent discontinuance of county school superintendents. Such districts may receive assistance through the University or the state Department of Education.	Varies from school district to school district. Usually children screened on odd years through 9th grade. Children with a previous hearing loss tested annually. Most handicapped children given an audiometric test.	Local school districts keep their own data. At present this information is not sent to the state Department of Education by all local school systems.

TABLE 1—SUMMARY OF IDENTIFICATION AUIOMETRY PROGRAMS BY STATE: JANUARY 1972

SECTION B — INITIAL SCREENING PROCEDURES

State	Frequencies Used	Failure Levels	Tests Conducted By
Alabama	500, 1000, 2000.	Data not available.	Certified audiologists used in clinic programs of state crippled Children's Services. Public health nurses used in clinics of health departments.
Alaska	500, 1000, 2000, 3000, 4000, 6000.	25 dB (ISO) — all frequencies 10 dB (ASA) — all frequencies except 4000; 20 dB (ASA) — 4000.	Testing done primarily by public health nurses trained by regional audiologists.
Arizona	At least 500, 1000, 2000, 4000.	15 dB (ASA) or 25 dB (ISO) at one or more frequencies.	Volunteers trained by nurses, audiometrists, or state hearing consultant.
Arkansas	500, 1000, 2000, 4000, 6000.	30 dB (ISO) in one or more frequencies in either ear.	Volunteers trained by qualified hearing consultant.
California	1000, 2000, 4000.	25 dB (ISO) at any one frequency.	Certified personnel: (1) School Nurse, (2) Audiometrists.
Colorado	250, 500, 1000, 2000, 4000.	10 dB (ASA) at 500, 1000, & 2000; or 20 dB at 4000 in either ear.	Audiologists, speech & hearing therapists, trained volunteers or school or public health nurses.
Connecticut	500, 1000, 2000, 4000, 6000.	10-15 dB (ASA) & 20-25 dB (ISO) for one or more frequencies.	Trained technicians, speech and hearing clinicians, or school nurses trained to conduct tests.
Delaware	250, 500, 1000, 2000, 4000, 8000.	25 dB (ISO) at one frequency in one ear in in speech range (500, 1000, 2000); or 25 dB (ISO) at 2 frequencies in one ear outside speech range (250, 4000, 8000).	School nurses. Qualifications for screening testing involve either evidence of successful completion of a course in audiometric testing given at University of Delaware; or participation in an in-service training program given by state Department of Public Instruction.
District of Columbia	1000, 2000, 4000, 6000.	Greater than 15 dB (ASA) at 1000 or 2000; &/or greater than 30 dB (ASA) at 4000 and 6000.	Hearing technicians having a Bachelor's Degree working under training & supervision of audiology clinic. Graduate students.
Florida	No organized statewide program. Nearly all of the 55 reported counties test at 500, 1000, 2000, 4000 6000, 8000. Some counties test at all frequencies.	Levels vary among the 55 reported counties.	Speech & hearing therapists, public health nurses, trained volunteers, audiometrists, health aides, trained parents & teachers.
Georgia	1000, 2000, 4000, 8000; 500 & 250 (in this sequence).	Puretone—Failure to respond at 25dB (ISO) VASC—Two incorrect responses at 15 dB or two consecutive incorrect responses at 19-51 dB (ASA).	Volunteers trained by state level technicians & under supervision of local public health nurse.
Hawaii	500, 1000, 2000, 4000, 6000, 8000.	30 dB (ISO) at any two or more frequencies in one or both ears in the following frequencies; 500, 1000, 2000, 4000, 6000.	Speech & hearing specialists.

TABLE 1-SUMMARY OF IDENTIFICATION AUDIOMETRY PROGRAMS BY STATE: JANUARY 1972
SECTION B - INITIAL SCREENING PROCEDURES

State	Frequencies Used	Failure Levels	Tests Conducted By
Idaho	No organized statewide identification audiometry program. No information is available for the few areas where testing is done.		Data not available.
Illinois	Screening: 500, 1000, 2000, 4000.	Failure to respond to any two frequencies (500, 1000, 2000, 4000) at 25 dB (ISO) in the same ear, or failure to respond to any one frequency at 35 dB (ISO) in either ear.	Audiometric technicians, nurses in health departments or school districts.
Indiana	Data not available.	Data not available.	Data not available.
Iowa	250, 500, 1000, 2000, 4000, 8000, (Some programs also test 3000 & 6000).	25-30 dB (ISO) in two or more frequencies in either or both ears.	Speech & hearing Clinicians.
Kansas	500, 1000, 2000, 4000, 6000.	30 dB (ISO) at two or more frequencies in either or both ears. 35 dB (ISO) at one frequency.	School nurses, speech clinicians, hearing personnel, volunteers.
Kentucky	250, 500, 1000, 2000, 4000, 8000.	20 dB (ASA) at two or more frequencies in either or both ears. 30 dB (ISO) at two or more frequencies in either or both ears.	Volunteers. Regional audiologist or local public health nurse may train volunteers.
Louisiana	500, 4000.	25 dB (ISO) at any frequency.	Program varies among school systems. Testing conducted by: (1) volunteers who are trained & assisted by speech therapists. (2) speech therapists, volunteers, nurses from state Department of Health, audiologist from State Department of Health, or (3) volunteers trained by audiologist from state Department of Health.
Maine	250, 500, 1000, 2000, 4000.	25 dB (ISO) or 15 dB (ASA) at frequency of 250, 500, 1000 and 2000 in either ear.	Trained personnel.
Maryland	500, 1000, 2000, 4000, 6000, 8000.	25 dB at any frequency, (1964, ISO).	State Health Department, speech & hearing consultant, public health & school nurses, parent volunteers, & audiometric technicians conduct screening tests. A workshop training program is recommended for testing personnel.
Massachusetts	500, 1000, 2000, 4000, 6000.	Two frequencies below 20 dB (ISO).	Technicians, school nurses & speech clinicians. A training program required. This program offered by the state Public Health Department, the Division of Maternal & Child Welfare.
Michigan	250, 500, 1000, 2000, 3000, 4000.	Failure at any frequency in either ear is a basis for retesting.	State approved persons.
Minnesota	250, 500, 1000, 2000, 4000, 6000.	25 dB at 250, 500, 1000, 2000, 6000 (ISO).	State Department of Health.
Mississippi	250, 500, 1000, 2000, 4000, 6000, 8000.	25 dB (ISO) standards in either or both ears at one or more frequencies.	School nurses with R.N. degree. Speech hearing clinicians.
Missouri	250, 500, 1000, 4000.	20 dB at two or more frequencies particularly in the speech range.	Speech clinicians, school nurses, audiometric technicians.
Montana	No organized statewide identification audiometry program.		Data not available.

TABLE 1-SUMMARY OF IDENTIFICATION AUDIOMETRY PROGRAMS BY STATE: JANUARY 1972

SECTION B - INITIAL SCREENING PROCEDURES

State	Frequencies Used	Failure Levels	Tests Conducted By
Nebraska	500, 1000, 2000, 3000, 4000.	Data not available.	Public school nurses & speech clinicians.
Nevada	500, 1000, 2000, 4000, 6000, 8000.	Failure to respond at 25 dB (ISO) at one or more frequencies.	Speech therapists & school nurses.
New Hampshire	No organized statewide program. Program carried out at the local level.	Data not available.	School nurses & trained volunteers.
New Jersey	125, 250, 500, 1000, 2000, 4000, 8000.	25 dB (ISO) at any one frequency in one or both ears.	Public school nurses.
New Mexico	250, 500, 1000, 2000, 4000, 8000.	Failure to respond at two frequencies in one ear at 20 dB (ISO-1964).	School nurses, public health nurses or volunteers who are trained by the speech & hearing program supervisor.
New York (1967 Data)	250, 500, 1000, 2000, 3000, 4000, 5000.	25 dB (ISO) at two or more frequencies in either or both ears, one of missed frequencies in speech area (500, 1000, 2000, 3000) & other frequency outside speech area.	Certified school nurse-teacher.
North Carolina	Suggested that a sweep test of recommended frequencies of 500, 1000, 2000, 4000, 6000 be given.	25 dB (ISO) at two or more frequencies in either ear.	Speech & hearing therapists, public health nurses, or school nurses. State Department of Public Instruction will hold a hearing conservation workshop when requested by city, county units of health departments.
North Dakota	250, 500, 1000, 2000, 4000.	20 dB at two or more frequencies in either ear.	Volunteers, nurses or speech clinicians.
Ohio	250, 500, 1000, 2000, 4000, 8000.	30 dB (ISO) at 250 & 500 25 dB (ISO) at all other frequencies.	Testers are trained by staff members of state Department of Health. Testers are selected locally. No educational level required.
Oklahoma (1967 Data)	500, 1000, 2000, 4000, 6000.	25 dB (ISO) at two or more frequencies.	Trained volunteers & nurses. State Department of Health provides in-service training to public health & school nurses in conducting hearing conservation programs.
Oregon	1000, 2000, 4000, 6000.	20 dB (ISO) at one frequency in either ear.	Audiometrist's graduation from a 4 year college is basic educational requirement. Training provided by state Health Division.
Pennsylvania	500, 1000, 2000, 4000, 8000.	25 dB (ISO) at two or more frequencies in one or both ears, or one frequency exceeding 35 dB.	School nurses, designated medical technicians &/or speech & hearing clinicians.

TABLE 1--SUMMARY OF IDENTIFICATION AUDIOMETRY PROGRAMS BY STATE: JANUARY 1972

SECTION B -- INITIAL SCREENING PROCEDURES

State	Frequencies Used	Failure Levels	Tests Conducted by
Rhode Island	250, 500, 1000, 2000, 4000, 6000, 8000.	20 dB (ISO) at 250, 500, 1000, 2000, 4000, 6000, 8000.	Audiometric technicians (nurses) trained in audiometry by state Department of Education-State Audiologist, & speech & hearing personnel.
South Carolina	500, 1000, 2000, 4000, 8000.	Missing two tones in one ear constitutes a failure & indicates need for indepth testing.	Speech Clinicians, school nurses, public health nurses, volunteers, & speech & hearing clinic personnel.
South Dakota	Mobil unit project: 1000, 2000, 4000, 6000. School nurses & speech clinicians: 1000, 2000, 3000, 4000 & sometimes 6000.	Any one of following levels in either ear -- 20 dB (ISO) at 1000, 2000, 30 dB (ISO) at 4000. 25 dB (ISO) at 6000. 25 dB (ISO) at any one frequency.	Audiometric technicians having at least a B.A. in speech & hearing. School nurses & speech clinicians.
Tennessee	500, 1000, 2000, 4000.	27 dB (ISO) at 500, 1000, 2000.	Professionals and technicians.
Texas	500, 1000, 2000, 4000.	25 dB (ISO) at two or more frequencies in either or both ears.	School nurses, hearing technicians, aides, speech therapists or volunteers trained by Texas State Department of Health personnel.
Utah	500, 1000, 2000, 4000.	Failure to hear any two tones in the same ear at 25 dB (ISO) or failure to hear any one tone at 35 dB (ISO) in either ear.	Usually, the public school speech & hearing staff.
Vermont	500, 1000, 2000, 4000.	If a child fails to hear at 500, 1000, 2000, or 4000 at 20 dB (ISO) in either ear, he has failed and should be scheduled for repeat screening in 2 weeks. If he fails a second screening he should be scheduled for threshold testing.	Nurses & volunteers.
Virginia	250, 500, 1000, 2000, 4000.	25 dB (ISO) at two or more frequencies in either or both ears.	Graduate speech & hearing therapists, nurses, trained volunteer groups.
Washington	1000, 2000, 4000.	If a child fails to respond to one or more screening frequencies in either ear, he shall be rescreened within one week of the original screening. If he fails to respond at one or more frequencies in either ear at the second screening, he shall be considered in need of attention.	Public health nurses or communication disorders specialists, trained technicians or school nurses.
West Virginia	Information incomplete at this time.	Data not available.	Registered nurses, & speech and hearing specialists.
Wisconsin	500, 1000, 2000, 4000.	30 dB at two or more frequencies (500, 1000, 2000, 4000).	Volunteers & nurses trained by the division audiologist. Students in audiology assist with some testing.
Wyoming	500, 1000, 2000, 4000, 6000.	Data not available.	School nurses, speech therapists, teachers, principals, secretaries.

TABLE 1-SUMMARY OF IDENTIFICATION AUDIOMETRY PROGRAMS BY STATE: JANUARY 1972

SECTION C - FOLLOW-UP PROCEDURES

State	Type of Further Testing	Failure Levels	Tests Conducted By	Type of Referrals
Alabama	Threshold test.	Data not available.	Fully certified personnel such as licensed audiologist.	Clinic required to notify Crippled Children's Service when further treatment &/or special educational aids or training indicated.
Alaska	Threshold test.	Data not available.	Public health nurses trained by audiologists.	Recommendations for otologic examinations, audiological evaluations, hearing aid evaluations, fittings, & educational follow-up.
Arizona	Rescreen. Threshold test.	One or more of the following: (Greater than) 25 dB at 500 20 dB at 1000 20 dB at 2000.	Volunteer aides, professional personnel, audiologist, speech or hearing consultants & therapists, speech pathologist, & audiometrists.	Medical referral. Referrals for special educational services.
Arkansas	Threshold test.	30 dB (ISO) at one or more frequencies in either ear.	School nurse, public health nurse or hearing consultant.	Referral by letter to parent & to family physician for further examination & referral to otologist if indicated.
California	2 threshold tests 6 weeks apart.	25 dB (ISO) or greater for two or more frequencies in an ear at 250, 500, 1000, 2000. 35 dB or greater for any one of the frequencies tested, 250-5000.	Qualified school audiometrists, certified school personnel.	1) Diagnostic referral to Crippled Children's Service. 2) Referral of children with other ear abnormalities to medical care. 3) Otological exam for children under 5 years with suspected hearing impairment.
Colorado	Threshold test.	10 dB, 1951 (ASA) at 500, 1000, & 2000 or 20 dB at 4000 in either ear.	Audiologists, speech & hearing therapists, trained volunteers or trained school or public health nurses.	Audiological referral upon failing second screening. Local otological examination. Family referral to doctor.
Connecticut	Threshold test.	10-15 dB (ASA) & 20-25 dB (ISO) for one or more frequencies.	Trained technicians, speech & hearing clinicians, or school nurses trained to conduct tests.	Further audiological testing & otologic examination. Child's family responsible for audiological & otological examinations. Form generally returned to school. If audiological examination required, school nurse or appropriate school personnel with permission of parent or guardian may arrange for examination.
Delaware	Threshold test.	25 dB (ISO) or more at one frequency in one ear in speech range (500, 1000, 2000) or 25 dB (ISO) or more at two frequencies in one ear outside speech range (250, 4000, 8000) or 15 dB (ASA) or more at two frequencies in one ear outside speech range.	School nurses & speech & hearing clinicians.	Parents informed & encouraged to obtain audiological/otological examination through the Division of Physical Health, Audiological/Otologic Clinics or through private physicians. No fee charged to the family in such clinics.

TABLE 1—SUMMARY OF IDENTIFICATION AUDIOMETRY PROGRAMS BY STATE: JANUARY 1972

SECTION C — FOLLOW-UP PROCEDURES

State	Type of Further Testing	Failure Levels	Tests Conducted by	Type of Referrals
District of Columbia	Threshold test.	Data not available.	Clinical audiologists.	Medical officer to school, Pupil Personnel Services (Speech Correction & Hearing Center) or Special Education:
Florida	All 55 reported counties do threshold tests (air or bone) after either initial test or second testing.	No statewide program. Levels vary from county to county.	No statewide program. Various persons in each county test: trained technicians, speech therapist, public health nurses.	Referral practices within the 55 counties include notification of parents, home visits, telephone calls, referrals for further audiological & otological exams or referrals for medical services.
Georgia	Re-screening test. Threshold test.	30 or 35 dB (ISO) at any two frequencies in same ear or 40 dB (ISO) or more at any one frequency.	Public health nurse or audiometrist.	County health department to family physician. If otological screening held, referrals made to family M.D. or to Crippled Children's Service, if no family M.D. or unable to pay. Special education referrals based on physician's report.
Hawaii	Follow-up threshold testing.	30 dB (ISO) standards in either or both ears at two or more frequencies.	Speech & hearing specialists.	Referred to otological clinic or medical referral to their family doctors.
Idaho	No organized statewide identification audiometry program. No information available for the few areas where testing is done.			Data not available.
Illinois	Threshold test for screening failures.	Failure to respond to any two speech frequencies in the same ear at 30 dB or failure to respond to any two consecutive frequencies in the same ear at 30 dB to 40 dB.	Audiometric technicians, nurses, health department & school district.	Physician for medical examination. Local special education director for educational screening.
Indiana	Threshold test for screening failures, children with past history of ear &/or upper respiratory infection & recommended referrals by teachers, speech & hearing therapists & parents.	25 dB (1964 ISO) in either or both ears at one or more frequencies.	Audiologists, speech therapists, speech & hearing clinicians.	Audiological testing & otological examination.
Iowa	Threshold evaluation for screening test failures, all children referred by teachers or nurses for having suspected hearing loss & to children with a history of hearing loss.	25 to 30 dB (ISO) in two or more frequencies in either or both ears.	Hearing & Speech clinicians.	Audiological & otological examination.

TABLE 1—SUMMARY OF IDENTIFICATION AUDIOMETRY PROGRAMS BY STATE: JANUARY 1972

SECTION C — FOLLOW-UP PROCEDURES

State	Type of Further Testing	Failure Levels	Tests Conducted By	Type of Referrals
Kansas	Threshold test for: screening failures; for children who have a history of ear and/or upper respiratory infection; & those recommended by teacher or speech & hearing therapist, nurses or other school personnel.	30 dB (ISO) in either or both ears at two or more frequencies. 35 dB at one or more frequencies.	Nurses, speech clinicians and audiologists.	Further audiological testing & otological examination. Child's family responsible for arranging otological examination by a physician. Form returned to school.
Kentucky	Threshold test for: screening failures; children who have a history of ear &/or upper respiratory infection; & teacher or speech & hearing therapist referrals	30 dB (ISO) in either or both ears at one or more frequencies.	Audiologists.	Further audiological testing & otological examination arranged by family physician or through monthly pediatric otological diagnostic clinics.
Louisiana	Threshold test.	Data not available.	Program varies among school systems. Testing conducted by: (1) speech therapist, (2) nurses & speech therapists, or (3) nurses.	Person supervising program requests, state Department of Health to send otologist to see referrals.
Maine	Threshold test.	An obtained threshold greater than 25 dB (ISO) or 15 dB (ASA) in any one of the frequencies of 250, 500, 1000, & 2000 in either ear.	Trained personnel.	Referrals by teachers, nurses, doctors, etc.
Maryland	Threshold test.	25dB (ISO) in either or both ears at two or more frequencies & 40dB at one or more frequencies (ISO).	Audiologists when available, state Department of Health, speech & hearing consultants, public health & school nurses, & trained technicians.	Audiological testing & otological examination. School or health nurse responsible for follow-up.
Massachusetts	Threshold test.	25 dB (ISO) at two or more frequencies.	School speech clinicians test often, & also school nurses & technicians.	Letters to parents for referral to a practicing otologist (or physician, if an otologist is not available). Home visits often made by the school nurse. A doctor's or clinical report required for referral to special educational services.
Michigan	Preliminary threshold.	Data not available.	Persons conducting tests must be approved by state Department of Health.	Notice to parents for otologic clinic; copy of report returned to school.

TABLE 1—SUMMARY OF IDENTIFICATION AUDIOMETRY PROGRAMS BY STATE: JANUARY 1972

SECTION C — FOLLOW-UP PROCEDURES

State	Type of Further Testing	Failure Levels	Tests Conducted By	Type of Referrals
Minnesota	Threshold test.	25 dB at 250, 500, 1000, 2000, 8000 (ISO).	School nurse, audiologist, family physicians.	Referred by school to family physician.
Mississippi	Threshold testing for further audiological testing & otologic examination.	25 dB (ISO) in either or both ears at one or more frequencies.	Audiologists, physicians, otolaryngologists.	Referral made to the supervisor of special education of the local school district or to the superintendent for a determination of the child's special education needs.
Missouri	Rescreening test. Threshold test.	Not standardized.	Otologists.	Referrals by school nurse, otologist, classroom teacher, school administration and speech clinicians.
Montana	No organized statewide identification audiometry program.			Data not available.
Nebraska	Threshold test.	Data not available.	Nurses, audiologists, audiometrists, & speech clinicians.	Teachers, administrators, nurses, audiologists, speech clinicians, audiological & otological clinics.
Nevada	Threshold test.	Failure to respond at two or more frequencies in a pure-tone threshold test.	Audiologists.	Referred by the school nurse or other school authority when at least two screening tests have been failed.
New Hampshire	Threshold test for screening failures.	Data not available.	School nurses, audiologists & physicians.	Referred to their family physician for medical attention.
New Jersey	Rescreening test. Threshold test.	20 dB (ISO).	Public school nurses.	Referred to speech & hearing clinics by public schools & parents notified.
New Mexico	Threshold test.	20 dB (ISO) at two frequencies in one ear.	Nurses.	Medically indigent are referred to Crippled Children's Services. Parents notified that child should have exam by otologist.
New York (1967 Data)	Threshold test.	25 dB or more (ISO) in either or both ears.	Certified school nurse-teacher.	Parents advised to take child for otological examination.
North Carolina	Threshold test.	25 dB or more (ISO) in either or both ears.	Speech & hearing therapists, public health nurses or school nurses.	Parents responsible for further audiological testing & otological examination. Parents advised by proper school authority.

TABLE 1—SUMMARY OF IDENTIFICATION AUDIOMETRY PROGRAMS BY STATE: JANUARY 1972

SECTION C — FOLLOW-UP PROCEDURES

State	Type of Further Testing	Failure Levels	Tests Conducted By	Type of Referrals
North Dakota	Threshold test.	20dB loss at two or more frequencies in either ear.	Nurses or speech clinicians.	Referred for medical attention by physician.
Ohio	Threshold test.	25-30 dB (ISO) at any two frequencies, or at any one frequency at 500-2000, or 50 dB (ISO) at any one frequency & consideration of case history.	Public health nurses, school nurses, & speech & hearing therapists.	Referral either to family physician or to a pediatric otological diagnostic center. Referral for special education to state Department of Education, Division of Special Education, made by local school administrator.
Oklahoma (1967 Data)	Threshold test.	25 dB (ISO) at two or more frequencies in either ear or 35dB (ISO) at one frequency in either ear.	Public health nurses, speech pathologists.	Medical referral made to family physician with cooperative follow-through, when necessary, on referrals for further attention.
Oregon	Threshold test.	Average loss of 20dB (ISO) in either ear for frequencies 500, 1000 & 2000 &/or average of 25dB (ISO) in either ear for frequencies 3000, 4000 & 6000.	Audiometrists.	Audiometric referral. Medical screening at otological diagnostic clinic. Local special educational personnel & state specialist for education of deaf & hard-of-hearing make referrals for special education.
Pennsylvania	Threshold test.	30dB (ISO) or more at two or more frequencies in one or both ears, or 35dB (ISO) or more at one frequency in either ear.	School nurses, designated medical technicians, &/or speech & hearing clinicians.	After clearance with family physician, referral made to otologist &/or one of the audiology centers participating in state's hearing conservation program.
Rhode Island	Threshold test.	20dB at 1000 (any two low frequencies at 20dB) or any three high frequencies at 20 dB (4000, 6000, 8000).	Audiologists, nurse-audiometrist supervised by clinical audiologist, certificate of clinical competence required.	Family otologist for further examination. School nurse responsible for follow-up in collaboration with state Clinical Testing Services; individual communities; Department of Special Services, ages 5-13; Department of Vocational Rehabilitation, ages 14-21.
South Carolina	Threshold test.	20dB (ASA) in speech range (500-4000). 30dB (ISO) in speech range (500-4000).	Speech clinicians, school nurses, public health nurses, speech & hearing clinic personnel & volunteers when trained to conduct threshold testing.	Parents' responsibility to obtain otological services & obtain medical report. State Board of Health aids indigent pupils. State consultant usually refers child for special educational services, unless qualified personnel at local level makes referrals.

TABLE 1—SUMMARY OF IDENTIFICATION AUDIOMETRY PROGRAMS BY STATE: JANUARY 1972

SECTION C — FOLLOW-UP PROCEDURES

State	Type of Further Testing	Failure Levels	Tests Conducted By	Type of Referrals
South Dakota	Mobile unit project: threshold test.	Data not available.	Audiometric technicians having at least a B.A. in speech & hearing. Audiologist having an M.A.	Parents' responsibility to obtain medical attention for child. Child referred to state Department of Public Instruction by the local school district for placement in special educational services.
Tennessee	Threshold test.	Average of 27dB at 500, 1000 & 2000 in the better ear.	Professionals & technicians.	All children found with hearing loss referred for medical examination & otological treatment. Health Department & Department of Education refer child for special educational services.
Texas	Threshold test.	25dB (1964 ISO) at two or more frequencies (250, 500, 1000, 2000, 4000, 6000) in either or both ears.	Usually school nurse or public health nurse.	Children failing test referred to family physician. If further treatment needed, child referred by family physician. School nurse or speech therapist refers significant impairments to principal who refers children to Director of Special Education.
Utah	Threshold test.	25dB (ISO) at two or more frequencies in the same ear or 35dB (ISO) in one ear.	Public school audiologists & speech & hearing staff, & local university staff.	Data not available.
Vermont	Threshold test.	(ASA standards) two tones (either ear) of 30dB at 500, 1000 or 2000. One tone (either ear) of 40dB at 500, 1000 or 2000. Tones of 40dB at both 4000 & 8000.	Nurses &/or speech & hearing therapists.	Referrals & follow-ups the responsibility of local school districts. Monthly hearing clinics, for identification and treatment, conducted by state Health Department in various regions of the state.
Virginia	Threshold test.	25dB (ISO). 20dB (ASA) at 2 frequencies or 30dB (ASA) at one frequency.	Well-trained school nurse or audiologist.	Medical referral. A doctor or clinic report required.
Washington	Threshold test.	25dB (ISO 1964 or ANSI 1969). Failure to respond to one or more frequencies in either ear requires rescreening.	Nurses or communication disorders specialists.	Further otological or audiological examination. Medical examination.
West Virginia	No provisions for further testing.	Data not available.	Data not available.	Varies from county to county. Child referred to private doctor or clinic. Department of Health refers child for placement in special education.

TABLE 1—SUMMARY OF IDENTIFICATION AUIOMETRY PROGRAMS BY STATE: JANUARY 1972

SECTION C — FOLLOW-UP PROCEDURES

State	Type of Further Testing	Failure Levels	Tests Conducted By	Type of Referrals
Wisconsin	Threshold test.	30dB (1964 ISO standard) in either or both ears at two or more frequencies (500, 1000, 2000, 4000).	Nurses & technicians trained by audiologist.	Further otological examination. Local school officials consult with supervisor of classes for deaf and hard-of-hearing if a significant hearing impairment remains after medical treatment. A doctor's report as well as an audiological & psychological report required for referral to classes for hard-of-hearing.
Wyoming	Threshold test &/ or complete audiological evaluation.	30dB (ISO) — each graph evaluated for an overall picture & analysis of the loss.	Local school audometrists, speech & hearing clinicians, state department specialists.	Referred to doctor &/ or speech & hearing clinic. Pupil Personnel Services make referrals for special education placement.

TABLE 1—SUMMARY OF IDENTIFICATION AUDIOMETRY PROGRAMS BY STATE: JANUARY 1972

SECTION D — AUTHORITY & ADMINISTRATION

State	Statutory Provision	Program Administered By	Records	
			Type	Kept By
Alabama	No state law requiring hearing testing.	State Department of Health & county health departments conduct screening programs. State Crippled Children's Service, part of the Division of Vocational Rehabilitation & Crippled Children's Service, Department of Education provide services for referred children.	Initial screening results, follow-up test results & referral records containing audiological & otological data kept.	State Crippled Children's Services & local county health departments.
Alaska	No state law requiring hearing testing.	Speech & Hearing Specialist. Branch of Child Health, Department of Health & Welfare.	List of children to be screened & those who need further testing; Hearing Conservation Form — interpretation & recommendations wherever a significant hearing loss indicated.	State Department of Health & Welfare.
Arizona	New state law effective August 13, 1971. Law states that a program of hearing evaluation services is established by the state Department of Health. Proposed rules, regulations & guidelines currently pending adoption & may be finalized in the Spring of 1972.	State Department of Health with aid of state Department of Education.	Individual records on child's permanent record contains results of all hearing tests, date, grade & age equivalent.	Local schools.
Arkansas	No state law requiring hearing testing.	Maternal & Child Health Division of state Health Department	Individual, summary reports.	Local school & Maternal & Child Health Division.
California	State law (E.C. 11823) requires the governing board of any school district to provide hearing testing of each pupil enrolled in the schools of a district.	Jointly administered by state Department of Public Health & state Department of Education. The governing board of each school district is responsible for testing.	Minimal reports include: (1) Class list for hearing-screening (lists of all children who pass or fail screening). (2) Hearing test of each child. (3) Lists of all children failing (or passing) threshold test, test results & pertinent comments. (4) Statistical summaries of daily, monthly & annual reports of testing program & activities of audiometrist.	School district or county office.
Colorado	There is a state law which requires that annual hearing tests be administered to school children.	The state Department of Public Health & the Denver Department of Health & Hospitals.	Individual.	Local schools and state Department of Public Health.
Connecticut	Law requiring each child to receive a physical examination once in three years is used as requirement for screening hearing testing.	State Board of Education is responsible for identification audiometry program by providing leadership assistance. Program is carried out on local school district level. State Department of Health does hearing testing in small rural school districts on a demonstration basis.	Individual results of screening, threshold test, physicians' report & audiological evaluation.	Local school level.

TABLE 1—SUMMARY OF IDENTIFICATION AUDIOMETRY PROGRAMS BY STATE: JANUARY 1972

SECTION D – AUTHORITY & ADMINISTRATION

State	Statutory Provision	Program Administered By	Records	
			Type	Kept By
Delaware	No state law requiring hearing testing.	Jointly supervised by state Department of Public Instruction & the Division of Public Health. Local school district is responsible for identification audiometry program.	Reports & records of testing.	Local school districts.
District of Columbia	No law requiring hearing testing.	Board of Education & the Bureau of Maternal and Child Health, Department of Human Resources.	Summary of total number tested, number failed, & number passed.	Individual schools & individual health clinics.
Florida	State law requires provisions for all school-age children to have periodic auditory examinations. (District school system laws Ch. 232,E).	Division of Health of the state Department of Health & Rehabilitative Services, Bureau of Maternal & Child Health & the state Department of Education, Division of Elementary & Secondary Education jointly administer the auditory program.	Varies from county to county. The following records kept by all counties: Cumulative records & health records.	Local school. Local county health department.
Georgia	No state law requiring hearing testing.	Program carried out on a voluntary basis at local school district level by local health department, with consultative services available from state Department of Public Health, Child Health Service. Method of screening determined by state Department of Public Health.	Results of threshold test & medical (or other) follow-up treatment procedures. Statistical summary of test results & follow-up procedures.	Local public health nurses. State Department of Health, submitted by each county.
Hawaii	No state law requiring hearing testing.	Program coordinated by state Department of Education & state Department of Health.	Annual results. Records of all hearing testing programs.	State Department of Education. District offices, & child's health form in local school.
Idaho	No state law requiring hearing screening testing, however in 1972 a state law was passed requiring the medical professions to provide the state Health Department the names of any children suspected of having a severe auditory impairment.	No organized statewide identification audiometry program currently exists. The state Departments of Education & Health are attempting to develop a program.	Data not available.	Data not available.
Illinois	Hearing testing is required by state laws.	Program administered jointly by the Illinois Department of Public Health & Office of the Superintendent.	Threshold screening test.	Local agency.
Indiana	Hearing test required by state law.	The state Board of Education, the state Board of Health & the Indiana Hearing Commission responsible agencies for hearing screening programs. Local school boards responsible for administration of programs.	No records kept at state level. Class list for hearing screening of all children who pass or fail, individual results of pupils failing, cumulative health records.	Local school districts.

TABLE 1-SUMMARY OF IDENTIFICATION AUDIOMETRY PROGRAMS BY STATE: JANUARY 1972

SECTION D - AUTHORITY & ADMINISTRATION

State	Statutory Provision	Program Administered By	Records	
			Type	Kept By
Iowa	No state law requiring hearing testing. Rules & regulations of state Department of Public Instruction require hearing testing by personnel in speech & hearing programs.	Program administered by the state Department of Public Instruction.	Speech & hearing information roster.	Professionals at local levels and at local schools.
Kansas	State law requires that every school-age child be given a hearing test at least 3 times during first 10 years of school attendance. Method of screening outlined in state rules & regulations issued by state Board of Education.	Supervised jointly by the state Board of Education & the state Department of Health. Program carried out on a local school district level.	Results of hearing screening & follow-up threshold test.	Child's school folder. Reports sent to parents.
Kentucky	State law requires every first-grade child to be given hearing test during the 1st year of school & every year thereafter.	Administered jointly by the state Board of Education & the state Department of Health.	Annual report of hearing screening, hearing test & follow-up test.	Local Health Department.
Louisiana	Data not available.	Administration of the program varies among school systems. Program administered by: (1) speech therapists, (2) speech therapists, volunteers, nurses from state Department of Health & an audiologist from state Department of Health; or (3) state Department of Health.	Data not available.	Data not available.
Maine	State law requires children who are in public schools be screened to determine if child has defective sight or hearing.	School committee or school directors of administrative units are responsible for hearing testing. The state Department of Health & Welfare is consulted.	All records for initial screening, follow-up testing results & referrals, & follow-up procedures.	Local school district & state Health & Education Departments.
Maryland	State law requires testing every 2 years in counties where there is a school physician. Law requires the state Board of Education to provide for pupils in local schools suitable instruction & practices for testing the hearing of school children.	Program administered by state Departments of Health & Education & local Health Departments & Boards of Education. Program policy developed by state Department of Health.	Screening record forms. Follow-up testing. Referral forms. Reports from physician and/or hearing clinics.	School & local health department. State & local health departments.
Massachusetts	State law requires annual testing of hearing of each child in public schools. Testing is to be by means of some form of discrete frequency hearing test.	Program administered by state Department of Public Health, the Division of Maternal & Child Welfare.	Health record cards. Parental information on letters sent for referral. Results of follow-up audiometric testing. Individual cumulative school record.	Local school & Health Department. School.

TABLE 1—SUMMARY OF IDENTIFICATION AUDIOLOGY PROGRAMS BY STATE: JANUARY 1972

SECTION 0 — AUTHORITY & ADMINISTRATION

State	Statutory Provision	Program Administered By	Records	
			Type	Kept By
Michigan	Hearing testing is required by state law.	Program administered by state Department of Health & local Health Department.	All records.	State Department of Health, local Health Department, local schools.
Minnesota	No state law requiring hearing testing.	Legally, responsibility for program under jurisdiction of local school administration & state Department of Education. State Department of Health provides consultative services.	Report from physician or clinic (if returned). Individual report with thresholds for frequencies 500, 1000, 2000 & abstract of medical report.	Child's health record. 3 copies: (1) School (2) State Department of Health (3) Consultant for Deaf & Hard-of-Hearing in state Department of Education.
Mississippi	No state law requiring hearing testing.	Administered jointly by state Board of Education and state Department of Health.	Hearing testing program. Hearing evaluations.	Local school district. Child's cumulative folder. Sent to parents.
Missouri	No state law requiring hearing testing.	State Department of Education & state Division of Health cooperate in hearing-screening program.	Hearing test record sheet.	Local school district. Otologist's office. Follow-up testing agency.
Montana	No state law requiring hearing testing.	Program administered by local school administration in areas where there is screening.	No organized statewide identification audiometry program.	
Nebraska	State School Law 79-4, 133 requires that every school district test every child for defective hearing.	Maternal & Child Health, Division of the state Department of Health administers hearing screening programs. Three medical centers or clinics assist in the program.	Nurses' records. Speech & hearing clinicians' records. Child's cumulative record. Statistical summaries of screening tests.	Local schools. State & local school level.
Nevada	No state law requiring hearing testing.	No state agency responsible specifically for hearing screening. Local counties administer hearing programs. The consultant in exceptional pupil education responsible for placing deaf students in out-of-state residential schools.	Screening records form. Hearing examinations. Referrals.	Local school district. Individual student files. State Department of Education for placement in out-of-state residential schools.
New Hampshire	The law requires every child to be tested once a year by school physician in the presence of teacher.	Program administered by Department of Health and Welfare, Division of Public Health and Special Health Services section.	Initial screening results & follow-up test results. Referral & follow-up records.	Local school district. State Department of Education.
New Jersey	No state law requiring hearing testing.	Program is administered by New Jersey State Department of Education.	Individual screening.	Child's health record.
New Mexico	No state law requiring hearing testing.	Program administered by Audio-logical Consultant in state Health & Social Services Department.	No records are kept by state agency.	

TABLE 1—SUMMARY OF IDENTIFICATION AUDIOMETRY PROGRAMS BY STATE: JANUARY 1972

SECTION D — AUTHORITY & ADMINISTRATION

State	Statutory Provision	Program Administered By	Records	
			Type	Kept By
New York (1967 Data)	Statewide program required by state law.	Program administered by state Education Department.	Individual screening results.	Child's cumulative health records.
North Carolina	State law requires hearing testing under the direction of local school authorities.	Program administered by county & city administrative units with assistance from the state Department of Public Instruction.	Results of screening. Statistical summary from each unit.	Child's cumulative folder. State Department of Public Instruction.
North Dakota	No state law requiring hearing testing.	Program jointly administered by state Department of Health & state Department of Public Instruction.	All records are kept by person administering program. Number tested.	State agency.
Ohio	No state law requiring hearing testing.	Program administered by local school boards. State Department of Health prescribes methods & devices to be used & offers consultation.	Results of screening program. Reports of follow-up evaluations & treatments. Records of referrals to Pediatric Otological Diagnostic Center.	State Department of Health. Local health department or school. State Department of Health.
Oklahoma (1967 Data)	State "Public Health Code" requiring local or district departments of health to maintain programs on school health services.	Program administered by all county health departments in school systems not having screening programs. State Department of Health prescribes criteria, procedures & consultative services to local health departments and schools.	Individual hearing records. Statistical summary from each county health department in state.	County health department with copy in child's cumulative school health record.
Oregon	No state law requiring hearing testing.	Program administered by county health units; coordinated by state Health Division.	(1) Pupils selected for further observation. (2) Teachers' list of pupils for audiometric test. (3) Annual county summary of hearing tests. (4) Annual summary of hearing tests.	State Health Division.
Pennsylvania	Statewide program required by state law.	Administered by state Department of Health.	Record of hearing screening test results. Physician's report.	School nurse.
Rhode Island	State law requiring hearing testing.	State Department of Education.	Individual records & recommendations: immediate summary of hearing tests.	State Department of Education, & individual schools in school nurses' files.
South Carolina	No state law requiring hearing testing.	State Department of Education, Office of Programs for the Handicapped responsible for hearing evaluation.	Individual record of hearing screening.	Local school, child's personal record & school nurse's record.
South Dakota	No state law requiring hearing testing.	State Department of Public Instruction, Division of Pupil Personnel Services & University of South Dakota cooperatively sponsor a speech & hearing mobile unit. Division of Pupil Personnel Services is beginning to develop workshops throughout state on identification audiometry.	Physicians report from mobile unit. Individual audiogram.	State Consultant in speech & hearing, at University of South Dakota. School & state Department of Public Instruction, Division of Pupil Personnel Services.

TABLE 1-SUMMARY OF IDENTIFICATION AUDIOMETRY PROGRAMS BY STATE: JANUARY 1972

SECTION D - AUTHORITY & ADMINISTRATION

State	Statutory Provision	Program Administered By	Records	
			Type	Kept By
Tennessee	No state law requiring hearing testing.	State Department of Education & state Department of Health are jointly responsible for supervision of identification audiometry program. Program carried out by local school district.	Individual screening results.	Child's cumulative record. Health Department & Department of Education.
Texas	No state law requiring hearing testing.	State Department of Health gives assistance & recommendations to local school systems.	Initial screening records. Annual results of screening from each school district.	Local schools. State Department of Health & local school.
Utah	School health law requires hearing testing.	Programs administered by each school district. Clinics conducted by state Department of Health in outlying & sparsely populated areas.	Hearing conservation report: number screened number retested type of problem referrals.	State Board of Education.
Vermont	Identification audiometry program required by state law.	Administered by superintendent, state Department of Education and the state Department of Health.	Statistical summaries. Records of initial screening, follow-up test & referrals.	State & local level. Local school district.
Virginia	The law requires that every child in public schools, within fifteen days after the beginning of the term, shall be tested by the teacher for sight and hearing. A record of such examination shall be kept by the teacher.	The state Board of Education and the state Department of Health jointly responsible for the supervision of the identification audiometry program. The program carried out on a local school district level.	Doctor or clinic report. Individual records. Summary report from each city & county for referrals & follow-up procedures.	School nurse. Child's cumulative folder. State Department of Health.
Washington	Each board of school directors in the state shall provide for and require screening of the auditory and visual acuity of children attending schools in their districts to ascertain if any of such children have defects.	No organized statewide identification audiometry program. Local school districts are developing programs. State Department of Health is aiding county & city health departments.	Results of initial screening test, threshold test & referral records.	School district.
West Virginia	No state law requiring hearing testing.	No organized statewide identification audiometry program. Programs administered locally by Easter Seal, P.T.A., speech therapists or school nurse.	Screening test sheets & audiogram. Copies of records are not sent to state agency.	Local health department, school health nurse, or speech therapist.
Wisconsin	No state law requiring hearing testing.	The Division for Crippled Children is responsible for initiating the Hearing Conservation Program.	Hearing evaluations & screening test.	Local school officials, Division for Handicapped Children, local nurse & family doctor.
Wyoming	State law implies that hearing screening is responsibility of school district.	Administered by state Department of Education.	Reports of children with "significant losses".	State Department of Education.

TABLE 2-SUMMARY OF SPECIAL EDUCATIONAL SERVICES FOR HEARING IMPAIRED CHILDREN
BY STATE: JANUARY 1972
SECTION A - TYPES OF SPECIAL EDUCATIONAL SERVICES, ADMINISTRATION AND ELIGIBILITY

State	Types of Services	Authority and Administration	Eligibility
Alabama	Residential school. Full-time classes. Itinerant Services.	Board of Trustees. Program for Exceptional Children & Youth, state Department of Education sets standards for classes. Local educational agency has discretionary power for making classes available to hearing impaired.	A hearing impaired child is eligible for classes upon completion of an evaluation. State has pre-admission evaluations consisting of physical, otological, audiological, psychological & educational work-up. Child is referred for a 3 month trial. Re-staffing follows for final placement. Criteria determinants for final placement are hearing loss, intellectual functioning level, social/emotional level, physical & admissions committee. Re-evaluation procedures also exist.
Alaska	Six classes (10 therapists). Some children sent out of state to schools in Washington, Oregon or Utah. One class for pre-school deaf (2 therapists).	Consultant, state Department of Education. Educational Specialist, Bureau of Indian Affairs, Branch of Education & Administrators, Branch of Welfare. Alaska Crippled Children's Association.	Data not available.
Arizona	Residential school. Day school. Two Preschools for the deaf.	Created through the State Legislature, administered by Board of Directors. Established by the state Legislature, administered by local school board and District Administration, Division of Special Education. State Department of Public Instruction.	Depends upon the handicap, whether a child is deaf or hard-of-hearing. A preschool child is eligible for preschool services up to the age of 5 years.
Arkansas	School for the deaf: day classes & residential services. Day classes. Speech & hearing therapists.	Board of Directors. State Director of Special Education in the Instructional Services Division of the state Department of Education has the responsibility for the educational programs for the hearing impaired.	(a) IQ of 75 or above, (b) better-ear-average loss of 50 dB or greater (ISD) & a relatively flat audiometric contour or average of 50 dB or greater (ISO) for 2 better frequencies within 500-2000 frequency range & an abruptly falling audiometric contour, or functions as hard-of-hearing child.
California	Public schools: A. Special day classes (Self-contained & Integrated) B. Regular day classes C. Remedial instruction D. Individual instruction E. Remedial physical instruction F. Driver training G. Work experience H. Experimental programs. Residential schools.	State Department of Education, state Department of Public Health, state Department of Rehabilitation, state Department of Employment. Educational programs for deaf & severely hard-of-hearing are mandatory. Programs are provided by either the district of residence or the county superintendent of schools for deaf or severely hard-of-hearing minors between 5 & 21 years of age. State Department of Public Instruction.	Depends on information obtained on audiological, otological, medical, educational, psychological assessments, age factor, environmental influences.

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BY STATE: JANUARY 1972

SECTION A - TYPES OF SPECIAL EDUCATIONAL SERVICES, ADMINISTRATION AND ELIGIBILITY

State	Types of Services	Authority and Administration	Eligibility
Colorado	State school for the deaf. Special classes for deaf & hard-of-hearing. Itinerant programs for mildly hard-of-hearing.	Board of Directors. State Department of Education, Division of Special Educational Services.	Deaf & hard-of-hearing children are those who, because of the deficiency in hearing threshold level, even with the help of special aids, are unable to participate in or benefit from the classroom programs regularly provided. Mildly hard-of-hearing children are those who generally have a hearing level for speech between 20 and 40 dB.
Connecticut	Two Residential Schools. Special classes in public schools. Itinerant programs.	One school controlled by a Board of Directors; one is controlled by a Board of Trustees & state Board of Education. All programs are administered by local school district under the general supervision of the state Speech & Hearing Consultant, Department of Education, Bureau of Pupil Personnel & Special Educational Services	Child is unable to benefit from regular classroom program supplemented with tutoring. Preschool age children diagnosed by medical & non-medical specialists as having a hearing impairment. Child indicates a need for speech & hearing services.
Delaware	Residential/day school. Out of state placement. Supportive educational services for speech & hearing therapists employed in local districts. Diagnosis, pre-school therapy, hearing aids & consultations.	All school programs are administered at the local school district level under the general supervision & encouragement of state Department of Public Instruction. State Department of Physical Health.	60 dB (ISO) or greater loss in better ear for residential school placement. A Sterck School Evaluation Committee is available for reviewing recommendations for special educational placement. Birth through 21 years.
District of Columbia	Day school for deaf. Special classes: A. hearing conservation classes B. rubella class C. deaf-blind class. Itinerant services for children in regular classes served by 6 hearing therapists. Private schools.	Board of Directors. The Department of Special Education functions as both a state & local agency in providing special educational services for hearing impaired children who have been identified by the D.C. Health Department of Pupil Personnel Services.	Careful assessments are made of each child's academic performance levels & needs in relation to a loss of hearing.
Florida	Day school programs: A. classes for hearing impaired B. classes for hearing impaired with selective integration C. resource classes for hearing impaired D. daily individual instruction E. weekly individual therapy. Residential school for deaf & blind.	Local counties administer programs. The staff of the state Department of Education, Exceptional Children Section, is available for consultative help for each county. Board of Trustees responsible directly to state Commissioner of Education and state Board of Education.	1. Language level is primary factor. 2. Degree of hearing losses revealed by audiogram. 3. Additional handicaps, age, & academic progress. The above are all factors to be considered in placing a child in the state's day school Exceptional Child Programs.

TABLE 2—SUMMARY OF SPECIAL EDUCATIONAL SERVICES FOR HEARING IMPAIRED CHILDREN
BY STATE: JANUARY 1972

SECTION A — TYPES OF SPECIAL EDUCATIONAL SERVICES, ADMINISTRATION AND ELIGIBILITY

State	Types of Services	Authority and Administration	Eligibility
Georgia	Residential school. Classes for hearing impaired & itinerant services. Day school opening Sept. 1972.	Vocational Rehabilitation Division of state Department of Education under state Board of Education. State Board of Education sets standards for establishment & maintenance of programs which must be met by local school systems in order for them to receive state funds.	Children between ages of 6-21, if too deaf to go to regular public schools. Some infant training programs & classes for children from birth to 21 years. Ages birth to 10 in Sept. 1972. Children 11 years & older will be eligible for enrollment in 1973 & 1974.
Hawaii	Residential school. Resource classes. Itinerant program. Preschool therapy programs.	State Board of Education. State Department of Health, Crippled Children Services.	General standards are established by a specialist in special education within the school district. A child whose hearing loss is 60 dB (ISO) or greater is eligible for the residential school; a child whose hearing loss is between 35 dB (ISO) & 60 dB (ISO) or greater is eligible for special or resource classes. Those students who are returned to the regular schools from the residential school are eligible for itinerant services.
Idaho	Residential school for the deaf. Regular public schools offering auditory & speech therapy services to hearing impaired children.	State Board of Education. State Board of Education.	Professional staffing & preliminary testing by school, & too deaf to be educated in public schools. School therapists make recommendations.
Illinois	Residential school. 13 regional programs for the hearing impaired which cover the state. State Hospital School. Work study programs.	State Department of Children & Family Services. State Department of Mental Health. State Division of Vocational Rehabilitation.	A hearing impaired child between the ages of 3-21 may be eligible for services after evaluations have been done in the following areas: psychological, audiological, otological, educational, & staffing in the public school. If the child's educational and social needs cannot be adequately provided for within the regional framework, referral is made to the Illinois School for the Deaf. If adequate service capability is not available at the Illinois School for the Deaf, referral is made to the State Hospital School. Any hearing impaired child who is at least 16 years of age.
Indiana	Residential school. Special full time classes. Pre-school therapy programs.	State Board of Health. All public school programs are administered at the local school district level under the general supervision of the state Board of Education, General Commission on Education. Available through state Board of Health, Division of Mental Health, Department of Public Instruction.	Specific placement of a child into a program is based upon the evaluations and recommendations of an otologist, audiologist, educational specialist & other professionals. Final determination is made by the administrator of the local school district.

TABLE 2—SUMMARY OF SPECIAL EDUCATIONAL SERVICES FOR HEARING IMPAIRED CHILDREN
BY STATE: JANUARY 1972

SECTION A — TYPES OF SPECIAL EDUCATIONAL SERVICES, ADMINISTRATION AND ELIGIBILITY

State	Types of Services	Authority and Administration	Eligibility
Iowa	Residential school for deaf. Full-time special classes for hard-of-hearing students with language deficit. Day classes contained in regular schools for deaf students. Resource classes & regular classes for hard-of-hearing with language deficit. Regular classes & such services as hearing conservation, amplification, auditory training, speechreading, etc. for hard-of-hearing students without language deficit.	Created by state Legislature & controlled by state Board of Regents. Other programs are administered by Special Education Division of state Department of Public Instruction.	Recommendations are made for various programs on basis of degree of hearing level & ability to develop language & communication skills.
Kansas	Residential school. 20 Special Classes. 7 Itinerant programs.	State Board of Education. All other programs are administered by local school districts under general supervision of state Department of Public Instruction, Division of Special Education.	All children having a hearing loss of a degree which prevents his satisfactory progress in a school for children with normal hearing are eligible.
Kentucky	Residential school. Classes for hard-of-hearing. Classes for the deaf.	All programs are administered by state Department of Education, Division of Special Education.	Before being placed in an educational program each child must have a complete audiometric evaluation by an approved audiologist.
Louisiana	Residential school. Day classes. Speech & hearing therapy.	Controlled by state Board of Education. One day class administered by local school board, & one by local school board & state Board of Education.	Data not available.
Maine	Residential school. Tutorial services. Classes for hearing impaired.	Department of Mental Health & Corrections. The Department of Health & Welfare and the state Department of Education.	A child having a hearing loss of a degree which prevents his satisfactory progress in a school for children with normal hearing is eligible for the residential school. Any mentally normal child between 6 and 18 years of age too deaf to be materially benefited by the educational program of the public schools is eligible for the residential school. Other hearing impaired children are eligible for local special educational services.
Maryland	Residential school. Self-contained, resource, or regular classroom settings with itinerant speech and/or hearing clinical services. Itinerant programs.	Controlled by a Board of Visitors & is directly funded by state Legislature. All school programs administered at Local Educational Agency under the general supervision of the state Board of Education, Office of Special Education.	Specific placement is based upon recommendations & evaluations of consultants, educational specialists & other professionals. Final determination is usually made by supervisor of special education of the school district. Mild to moderately hearing impaired may be placed in any of the educational settings depending upon individual needs.

TABLE 2--SUMMARY OF SPECIAL EDUCATIONAL SERVICES FOR HEARING IMPAIRED CHILDREN
BY STATE: JANUARY 1972

SECTION A - TYPES OF SPECIAL EDUCATIONAL SERVICES, ADMINISTRATION AND ELIGIBILITY

State	Types of Services	Authority and Administration	Eligibility
Massachusetts	Residential schools for deaf. Day school for deaf. Speech reading & auditory training by speech & hearing specialist for hard-of-hearing. Resource teacher program.	Each controlled by Board of Trustees. Other programs are administered by state Department of Education, Division of Special Education.	Hearing impaired children are eligible for educational services upon recommendations from staff personnel at various staff meetings. These personnel include state personnel, and the parents of children.
Michigan	Residential school. Special school or classes for those with severe hearing loss who have little or no language. Teacher counselor for hard-of-hearing in regular classes.	Created by state Legislature & controlled by state Department of Education. State Department of Education sets forth rules & regulations governing all other educational programs.	Educational classification for children with hearing loss should be considered flexible depending upon: (a) age at onset (b) general physical condition (c) social adjustment (d) intellectual & academic abilities (e) willingness of principal & regular teachers to accept child (f) family understanding & cooperation (g) preparation & background of speech correctionist, special teacher or teacher counselor who is to help such pupils. An otolaryngologist must certify diagnosis of all children enrolled in approved educational programs.
Minnesota	Residential school for deaf. Day classes for deaf. Speech Therapy.	Administered by Department of Public Welfare. All day school programs are regulated by Hearing Consultant in state Department of Education, Special Education Section. Consultation services for educational programs are provided on request by Hearing Consultant in state Department of Education.	Level of ability to function in an academic setting, not degree of hearing loss, determines amount & type of instruction. Some characteristics of need are: (1) defective speech (2) reading problems (3) lowered level of abstractions in use of language (4) social inadequacy arising from frustrations.
Mississippi	Residential schools. Private day school. Special classes. Tutorial and itinerant program.	Controlled by a Board of Directors & funded by state. The state Department of Education fosters, inspects, approves and administers all programs of education for hearing impaired children.	Specific placement of a child into one of the programs is based upon evaluations and recommendations of specialists and professionals. Final determination is made by the administrator of the residential schools, private school or in the local school district.
Missouri	Residential school. Classes for the deaf and hard-of-hearing. Day school. Special classes.	Legislation & Administration controlled by state Department of Education. Controlled by local school board. Controlled by local school boards & State Department of Education.	The eligibility of the pupil should be predicated on a complete study of the child, his needs, his interests, his abilities, and disabilities. The decision is also based upon records and information received from otologists, specialists, and school authorities.
Montana	Residential school. Integrated public school programs.	Created by state Legislature & is administered by state Board of Education. Office of the Superintendent of Public Instruction administers local education agencies (LEA) programs.	Intellectual, achievement, social & vocational variables are evaluated by professional personnel.

TABLE 2—SUMMARY OF SPECIAL EDUCATIONAL SERVICES FOR HEARING IMPAIRED CHILDREN
BY STATE: JANUARY 1972

SECTION A — TYPES OF SPECIAL EDUCATIONAL SERVICES, ADMINISTRATION AND ELIGIBILITY

State	Types of Services	Authority and Administration	Eligibility
Nebraska	State school for deaf. Public school programs of aural rehabilitation & deaf education. Hearing School.	State Department of Education, Special Educational Services administers programs & Crippled Children's Services of State Welfare Department offers supportive medical services.	Classroom performance, extent of hearing loss, availability of services, multiplicity of handicaps & communicability are some of the criteria for eligibility into any of the special educational services for hearing impaired students.
Nevada	Placement of deaf students in out-of-state residential schools. Nine deaf classes. Seven hard-of-hearing classes.	The state Department of Education, Division of Exceptional Pupil Education, is responsible for the placement of deaf students in out-of-state residential schools.	The consultant in Exceptional Pupil Education is responsible for placing deaf students in out-of-state residential schools. The Special Education Department of Clark and Washoe Counties determine the final placement of students in their programs, or whether the student does not qualify for a program and should be placed out-of-state.
New Hampshire	Residential School. Public day Programs.	Board of Trustees. State Department of Education has authority to pay for out-of-state training.	Eligibility is determined on the basis that the hearing loss is severe enough with amplification to severely affect the language development of the child both expressive and receptive.
New Jersey	Residential School. Day School. Public school classes. Itinerant teaching. Resource room. Private schools.	Created by state Legislature & controlled by state Department of Education. Administered by local school board. State Department of Education administers special classes.	Eligibility is determined by child study teams according to state law.
New Mexico	Residential school. Day classes. Preschool oral training. Oral day classes. Speech & hearing therapy.	Board of Regents. The New Mexico School for the Deaf is responsible for the education of deaf children in all other programs.	Audiological & psychological assessment. Hearing loss great enough that a child cannot achieve in public schools.
New York (1967 Data)	Residential schools, day schools. Special classes — conservation of hearing classes. Itinerant program. Regular class with supplementary instructional assistance.	Residential & day schools are variously controlled by state Education Department, Boards of Trustees, state Department of Public Welfare, state Board of Social Welfare, Board of Directors, & local school boards. State Education Department, Division for Handicapped Children has responsibility for providing professional advice & guidance to local public school districts in relation to duties & general management of programs for handicapped children.	Kind of service needed depends upon such factors as (a) degree of hearing loss (b) age at onset (c) speech & other language facility (d) physical condition (e) mental ability (f) emotional stability.

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BY STATE: JANUARY 1972

SECTION A - TYPES OF SPECIAL EDUCATIONAL SERVICES, ADMINISTRATION AND ELIGIBILITY

State	Types of Services	Authority and Administration	Eligibility
North Carolina	Residential schools. Speech therapy services. Regional day programs. Itinerant programs.	Board of Directors. All other programs are administered by local school districts under general supervision of state Department of Public Instruction, Speech & Hearing, Division of Exceptional Children.	Children with impaired hearing from birth through high school age are eligible for services.
North Dakota	Residential school for deaf & hard-of-hearing. Day class (full-time) for hard-of-hearing. Supplementary instruction & acoustic aids. Medical & educational consultation. Speech correction & language training.	Created by state Legislature & controlled by Board of Administration. Local school board & Department of Public Instruction.	Children with such severe hearing losses that they have interfered with the normal development of language and speech need the special attention and instruction of a classroom for impaired children.
Dhio	Residential school. Day school. Classes for deaf & hard-of-hearing. Speech & hearing services.	Created by state Legislature & controlled by state Department of Education. Local school board. Local school board & in some cases under supervision of state Department of Education.	Children are referred for educational placement on basis of findings of otologist, audiologist, psychologist and educators.
Oklahoma (1967 Data)	Residential school for deaf. Day school for deaf. Classes for hard-of-hearing.	State Department of Public Welfare. Department of Communication Disorders. Oklahoma University Medical Center. Local school boards.	Eligibility for services based on medical findings, speech & hearing clinical services of universities & public health guidance centers & educational consultation.
Oregon	Residential school. Private day school. Regional facilities for the deaf. Day classes.	Residential school administered by state Board of Education. State law stipulates that local school districts shall provide special education for hearing impaired children or may contract with another district for such services if there are too few such children in district to provide a program.	Minimum requirements are that a child must have an average loss of 35 dB (ISO) in the speech range in better ear. Certification for eligibility requires a determination made on the advice of qualified educational & medical authorities that the child has the mental health & ability to benefit from special education.
Pennsylvania	Residential schools. Day Schools. Special classes. Itinerant teaching program. Satellite Centers.	All programs centrally directed by state Department of Education. Directed by Board of Trustees & Headmaster; school reimbursed for tuition and/or tuition & maintenance costs by state Department of Education. Operated by local school districts. Operated by local school districts or intermediate units. Operated by local school districts or intermediate units. Operated by one private residential school & is reimbursed by state Department of Education.	Residential & day schools, as certified by otological & audiological report: (a) child's hearing may be non-functional for ordinary purposes of life or (b) child's hearing loss precludes use of auditory stimuli as main avenue of learning & forces dependence upon other modalities or (c) child's acuity of hearing and/or its integrative processes interfere with normal acquisition & use of meaningful language concepts. Over 60 dB (ASA) better ear loss. Special classes - 30-60 dB (ASA) better ear loss. Itinerant teaching program - 20-30 dB (ASA) better ear loss.

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SECTION A -- TYPES OF SPECIAL EDUCATIONAL SERVICES, ADMINISTRATION AND ELIGIBILITY

State	Types of Services	Authority and Administration	Eligibility
Rhode Island	Day school for deaf. Day classes/itinerant programs (4 communities)	Administered by state Board of Education. Administered by school districts.	All hearing impaired children from birth through 21 years of age residing in the state are eligible for services.
South Carolina	State residential school. 21 classes for hearing impaired in public schools in 14 locations. Several preschool classes (private) in speech & hearing clinics.	Board of Commissioners. The public school program is administered by the state Department of Education, Office of Programs for the Handicapped.	State school accepts pupils they determine to be hearing handicapped. Local school personnel determine if a pupil, because of hearing loss, cannot make adequate progress in a regular class, he is entitled to special education in their class for the hearing impaired.
South Dakota	Residential school. Speech therapy & speech reading to hearing impaired children.	State Board of Regents. The state Department of Public Instruction Division of Special Education provides re-imbursement for classrooms for the hearing impaired child.	The types of services for hearing impaired child is determined by a complete audiological evaluation and educational evaluation of his academic needs.
Tennessee	Residential school. Special classes for severely hard-of-hearing &/or deaf. Itinerant program. Speech & hearing therapy.	Tennessee State Board of Education. All programs are administered by the local school board under the general supervision of the state Department of Special Education.	Includes children of school age and under (21) years of age of educable mind whose bodily functions or members are so impaired that they cannot be educated in regular class, and those children who are psychologically exceptional and children down to three years of age who are deaf.
Texas	Residential school. Public day classes. Countywide & multi-county wide day school for deaf. Local pre-school day classes. Speech & hearing therapy.	State Education Agency. All other school programs are administered at the local school-district under the supervision of the Texas Education Agency. The Texas Department of Mental Health/Mental Retardation functions as administrator of all institutional state schools & hospitals.	Pupil eligibility is determined by: (a) chronological age, (b) otological examination, (c) audiologist's evaluation, (d) educational background, (e) medical & family history, (f) recommendation of admission, review and dismissal committee.
Utah	Residential school. Day classes. Itinerant programs. Speech & hearing correctionists.	Programs are administered by state Board of Education.	Eligibility depends on the individual needs of the child.
Vermont	Residential schools. Pre-school for the deaf. Training school. Special education program.	Board of Trustees. Programs are administered by Special Educational and Pupil Personnel Services, state Department of Education.	Specific placement of a child is based upon evaluations and recommendations of persons & agencies involved.
Virginia	Residential schools. Some services are provided by Speech & Hearing Centers, Crippled Children's Bureau. Pre-school for Hearing impaired. Full-time classes and tuition grants.	All programs are administered by local school districts under general supervision of state Department of Special Education.	Age of onset, medical history, educational and audiological findings generally constitute the basis for eligibility.

TABLE 2—SUMMARY OF SPECIAL EDUCATIONAL SERVICES FOR HEARING IMPAIRED CHILDREN
BY STATE: JANUARY 1972

SECTION A — TYPE OF SPECIAL EDUCATIONAL SERVICES, ADMINISTRATION AND ELIGIBILITY

State	Types of Services	Authority and Administration	Eligibility
Washington	Residential school. Day school. Special classes. Itinerant teaching program.	Department of Institutions, Division for the Handicapped. Local school district. All other programs are administered by local school districts under general supervision of the Office of State Superintendent of Public Instruction, Division of Special Services.	A hard-of-hearing or deaf child must be evaluated & recommended by a qualified hearing specialist for placement into a program for the hard-of-hearing or into a program for the deaf. The total evaluation should include examination by a physician & the school personnel should cooperate with the physician regarding any medical treatment prescribed.
West Virginia	Residential school. Special classes. Itinerant program. Full-time classes.	State Board of Education maintains the State School for Deaf Children. Other programs administered by local County Board of Education.	Data not available.
Wisconsin	Residential school. Full-time classes. Itinerant programs. Work-study and pre-school programs.	The Department of Public Instruction, Division for Handicapped Children is responsible at state level for reimbursement, coordination, supervision of day school programs and the state residential school.	Eligibility of a student is determined after consultation with professionals, including the parents, by the state Supervisor of Schools for the Deaf and in conjunction with the administrator or director of the district operating special classes for the hearing impaired.
Wyoming	Residential school. Special class. Itinerant program.	State Department of Education. State Commissioners. Local school district.	Depends on the need for special education arising from a hearing impairment sufficient to need special placement in the school. Usually, if a student has a loss greater than 62 dB for the frequencies 500, 1000, & 2000, the student is considered eligible for residential school. For services in school district programs a language lag due to a hearing deficit is the basis of eligibility.

TABLE 2--SUMMARY OF SPECIAL EDUCATIONAL SERVICES FOR HEARING IMPAIRED CHILDREN
BY STATE: JANUARY 1972

SECTION B-- STATISTICAL SUMMARY AND RECORDS

State	Statistical Summary	Records	
		Type	Kept By
Alabama	1970-71 School Year: Residential school - 480 students. 30 classes - 360 students. Itinerant programs - 75 to 100 students.	Individual. Individual.	School. Local schools and state Department of Education. School Districts.
Alaska	Data not available.	Individual. Summary cards.	School Districts. State Department of Health & Welfare.
Arizona	1971-72 School Year: 1 Residential school - 295 students. 1 Day school - 65 students. 5 Day classes - 86 students. 2 Preschools for deaf - 46 children.	Individual. Individual. Individual. Individual.	School & state. School. Local schools. School.
Arkansas	1971-72 School Year: Residential & day school - 370 students. 3 day class programs - 40 students.	Individual. Individual.	School. School.
California	1970-71 School Year: Day classes & schools - 4,204 students. Residential schools for deaf - 1,085 students.	Individual. Individual.	Local schools. Residential schools.
Colorado	1970-71 School Year: 357 Aurally handicapped students in 10 individual schools (45 teachers). 240 Aurally handicapped students enrolled in residential school (20 teachers). Approximately 200 school speech clinicians.	Individual. No annual records are kept by state.	School districts.
Connecticut	1966-67 School Year: 2 residential schools - 627 students. Special classes - 100 students. Itinerant programs - 300 students. 225 speech & hearing clinicians serving both speech handicapped & hearing handicapped.	Annual report.	Local school administrator. Copy is often sent to state speech & hearing con- sultant.
Delaware	1970-71 School Year: Pupils in resident/day school - 118. Pupils in out-of-state placement - 4. Pupils in special placement - 5. Pupils receiving part-time services from 37 speech clinicians in public school speech & hearing programs - 84. School age children receiving rehabilitative services - 20.	Annual records.	State Department of Public Instruction.
District of Columbia	1970-71 School Year: Day school for deaf - 129 students. Students served by 6 hearing therapists in regular classes - 125 students. 6 public school special classes - 30 students. Private schools - 25 students.	Individual records.	School. Central filing system maintained on medical & psychological records by the District.
Florida	1970-71 School Year: Exceptional Child Educational Program: 1,103 deaf students taught by 112 teachers Broken down as follows: 292 preschool deaf students. 628 elementary deaf students. 183 secondary deaf students. 1,358 hard-of-hearing students. Residential school with approximately 630 students.	Records kept on reasons for placement of child in program and reasons for withdrawal of child from program. Individual.	Local school. School.

TABLE 2—SUMMARY OF SPECIAL EDUCATIONAL SERVICES FOR HEARING IMPAIRED CHILDREN
BY STATE: JANUARY 1972

SECTION B — STATISTICAL SUMMARY AND RECORDS

State	Statistical Summary	Records	
		Type	Kept By
Georgia	1970-71 School Year: Students in public school classes/or in itinerant programs — 450. Students in 1 residential school — 617.	Individual. Annual reports.	Local school. State.
Hawaii	1970-71 School Year: Students in 1 residential school — 167. Students in resource program in regular school — 34. Students in 3 regular public schools — 35. Students in itinerant services — 25.	Annual report. Individual. Statistical record.	District school specialists. School. State office.
Idaho	1969-70 School Year: Residential school — 117 students. Regular public school classes offering auditory & speech therapy services — 100 hearing impaired students, 6 deaf students.	Individual. Individual.	School. School.
Illinois	1969-70 School Year: Residential school — 504 students. Chicago program — 847 students. Cook County & downstate — 1,335 students. Parochial programs — 187 students. 2,873 students in 13 regional programs for the hearing impaired divided as follows: Children in parent-pupil tutoring — 46 children. Children in preschool program — 501 children. Students in primary program — 820 students. Students in intermediate program — 896 students. Students in Junior High Program — 276 students. Students in high school program — 334 students.	Individual. Hearing test reports. Annual reports.	School. Public Health Department. Office of Superintendent of Public Instruction.
Indiana	Year not specified: Residential school — 700 students. Day school programs — 204 students. An undetermined number of hearing handicapped students in the regular school programs receive auxiliary services & are not included in the above-mentioned data.	Summary report of program. Individual records.	State Board of Education. School.
Iowa	1970-71 School Year: Students in residential school — 398. Students in day classes — 214. Students provided with amplification services — 482.	Individual records. Summary reports.	Local level. State Department of Public Instruction.
Kansas	1970-71 School Year: Students in residential school — 430. Students in 24 programs receiving direct services — 275. Students receiving supportive services — 187.	Annual report. Individual records.	State supervisor of speech & hearing programs. School.
Kentucky	1970-71 School Year: Students in residential school — 322. Students in classes for deaf (3 school districts) — 97. Students in classes for the hard-of-hearing (3 school districts) — 50.	Individual audiological records. Annual report.	Local School. State Department of Education.
Louisiana	1966-67 School Year: 2 Residential schools — 500 students. 2 Day classes — 70 students. 134 speech & hearing therapists serving 414 children.	Individual.	School.
Maine	1966-67 School Year: Students in 1 residential school — 150. 2 Classes.	Individual. Program approvals.	School. State Departments of Education & Health.

TABLE 2--SUMMARY OF SPECIAL EDUCATIONAL SERVICES FOR HEARING IMPAIRED CHILDREN
BY STATE: JANUARY 1972

SECTION B - STATISTICAL SUMMARY AND RECORDS

State	Statistical Summary	Records	
		Type	Kept By
Maryland	1970-71 School Year: Hearing impaired students in 8 educational settings (county & city) - 686 students. Approximately 850 students (mild to moderately hearing impaired) in regular classes receiving itinerant speech & hearing therapy. Residential school - 340 students.	Annual report of speech hearing programs in each local unit. Cumulative records. Confidential records. Health records. Individual.	State Department of Education. Local school. Local school. Local school. School.
Massachusetts	1970-71 School Year: 190 children in speech reading classes. 143 children received auditory training. 832 children enrolled in small group instruction. 255 students in 88 classes for the hard-of-hearing. 260 students in day classes for the deaf. 881 students in schools within the state. 236 students in schools outside the state.	Annual audiological records. Annual educational records.	Local school. Local school.
Michigan	1969-70 School Year: 2,277 students in local special educational programs. 1970-71 School Year: 363 students in the state residential school.	Audiological records.	County or city health department & in school.
Minnesota	1970-71 School Year: 826 students in various programs (this figure is incomplete--all school districts did not report number of hearing impaired students).	Individual	Local school districts, either the administration office or the nurse.
Mississippi	Year not specified: Estimate that 72 students receive services in full or part-time programs for hearing impaired. 289 students in residential school.	Individual.	School.
Missouri	1970-71 School Year: 576 students in residential day schools. 805 students in public day classes.	Individual. Application for class approval.	State Department of Education.
Montana	Year not specified: Residential school - 89 students. 3 local educational agencies (LEA) programs -40 students.	Records are kept, type not specified. Students' names in LEA programs.	Local school. Residential school. Office of the Superintendent of Public Instruction.
Nebraska	1970-71 School Year: 679 students were served in special education programs.	Audiological, otological, psychological, educational & conference reports.	State level.
Nevada	1971-72 School Year: 18 students in Washoe County. 108 students in Clark County. 15 students in residential schools.	Individual records. Out-of-state students' comprehensive records.	Local school district. State Department of Education.
New Hampshire	1971-72 School Year: 186 students are in specialized programming.	Audiological, academic & attendance. Psycho-educational & audiological. Annual progress report.	School. State Special Education Section, Division of Vocational Rehabilitation. State.

**TABLE 2 - SUMMARY OF SPECIAL EDUCATIONAL SERVICES FOR HEARING IMPAIRED CHILDREN
BY STATE: JANUARY 1972**

SECTION B - STATISTICAL SUMMARY AND RECORDS

State	Statistical Summary	Records	
		Type	Kept By
New Jersey	1969-70 School Year: 594 students in special classes. 129 students in itinerant programs. 66 students in resource room programs. 89 students in speech therapy programs. 567 students in state residential/day program. 62 students in private or clinic day program. 71 students in private or clinic speech therapy program. 270 students identified as being hearing impaired but are in no school or program or are not receiving help for their hearing problem. 46 hearing impaired students whose educational status is unknown. 1,894 total students in public & private schools, classes and clinics.	Individual. Statistical.	School. State.
New Mexico	Year not specified: 256 students ranging from preschool through secondary.	Audiological, psychological, achievement testing, medical.	Local school.
New York (1967 Data)	1966-67 School Year: 7 residential schools - 1,526 students. 2 day schools - 497 students. 24 day classes - 1,360 students. 1 class for multiply handicapped - 12 students.	School report of child having hearing handicap.	One copy to state Education Department, Bureau of Health Service. One copy to Chief Administrator. One copy in child's cumulative health folder.
North Carolina	1970-71 School Year: 3 residential schools - 1,012 students. 310 speech therapists serving 2,056 hearing impaired students. 22 teachers serving 15 students in self-contained day classes, resource rooms & itinerant programs.	Child's cumulative health folder. Speech & hearing therapist record. Regular public school cumulative folder.	Cumulative report at the end of the year to the state Department of Public Instruction, Speech & Hearing Division for Exceptional Children.
North Dakota	1970-71 School Year: 147 students in speech therapy. 7 students receiving supplementary instruction. 5 students in special class.	Individual detailed records.	Local level.
Ohio	1970-71 School Year: 270 students in residential school. 1,888 students in classes for deaf or hard-of-hearing	Annual summary reports.	State Department of Education.
Oklahoma (1967 data)	1967-68 School Year: 7 classes - 72 students. 1966-67 School Year: 233 students in residential school. 100 students in 14 classes for hard-of-hearing.	Annual summary reports.	Respective state agencies &/or schools.
Oregon	1971-72 School Year: 300 students in residential school. 70 students in private school. 300 students in the regional facilities. 225 - Portland regional facility. 30 - Eugene regional facility. 30 - Southern Oregon facility. 294 hard-of-hearing students in regular classes being served by itinerant teachers.	Individual records.	State Board of Education and local school districts.

TABLE 2—SUMMARY OF SPECIAL EDUCATIONAL SERVICES FOR HEARING IMPAIRED CHILDREN
BY STATE: JANUARY 1972

SECTION B — STATISTICAL SUMMARY AND RECORDS

State	Statistical Summary	Records	
		Type	Kept By
Pennsylvania	1971-72 School Year: 1,360 students in residential schools. 256 students in day schools (public & private). 949 students in classes (public & private). 1,397 students in itinerant programs (district & intermediate units).	Individual.	School.
Rhode Island	1970-71 School Year: 160 students in day school (RISD). Approximately 100 students in itinerant program in four communities.	Historical, medical, audiological, psychological & educational data.	Local school districts & at state Hearing Center (RISD).
South Carolina	1966-67 School Year: Residential school — 330 students. 2 classes for hearing impaired. 44 speech clinicians work with hearing impaired only in so far as speech is concerned.	Not specified. Not specified. State consultant may check records at any time.	School. Local school district in pupils' permanent record.
South Dakota	1966-67 School Year: Residential school — 125 students.	Evaluation & progress records. Individual.	State Department of Public Instruction. State school.
Tennessee	1970-71 School Year: 416 students in residential school. 323 students in special classes & itinerant programs. 40 children in Federal programs. Services to undetermined number of students provided by 200 speech correctionists.	Annual reports containing audiological & educational information on each student.	Regional supervisors of special education.
Texas	1970-71 School Year: 696 students in residential school. 974 students in (8) county/bi-county wide schools. 310 students in public day programs. 319 children in preschool public day programs (3-5 years). 126 children in approved non-public preschool programs. 20 students in approved non-public schools. 32 students in state residential school for retarded children.	Report of number of eligible pupils. All other records.	State Education Agency. Local level.
Utah	1970-71 School Year: Residential school — 132 students. Day school — 118 students. Day school (preschool) — 50 children. Public school classes — 220 hearing impaired students.	Report of students enrolled in special education programs for the hearing impaired. Report of students classified as hearing impaired.	State Board of Education. State Board of Education.
Vermont	1970-71 School Year: 114 deaf or profoundly hard-of-hearing students in residential schools. Hard-of-hearing students are served by speech and hearing therapists in local school districts.	Recommendations & evaluations. Medical, audiological, academic & other pertinent records.	Involved agency & Special Educational & Pupil Personnel Services, state Department of Education.
Virginia	1970-71 School Year: 541 students in two residential schools (101 teachers). 980 students served in 17 school divisions in special full time classes or on itinerant basis. 134 students received state tuition assistance.	Summary report. Individual cumulative records.	State Department of Special Education. School.

**TABLE 2—SUMMARY OF SPECIAL EDUCATIONAL SERVICES FOR HEARING IMPAIRED CHILDREN
BY STATE: JANUARY 1972**

SECTION B — STATISTICAL SUMMARY AND RECORDS.

State	Statistical Summary	Records	
		Type	Kept By
Washington	1970-71 School Year: 91 children in preschool programs. 529 students in elementary schools or classes. 211 students in junior high schools or classes. 147 students in senior high schools or classes. 978 Total students.	Individual.	School.
West Virginia	1971-72 School Year: 117 students in school for deaf. 16 students in preschool deaf classes. 8 students in primary deaf class.	Annual reports. Individual.	State Department of Education. School.
Wisconsin	1970-71 School Year: 221 students in residential school (public). 727 students in day schools & classes.	Medical & audiological.	State Department of Public Instruction & district operating classes.
Wyoming	1970-71 School Year: 51 pupils in state school for deaf. 25 pupils in (2) public school systems.	Records of enrollees. Individual. Health records.	State Department of Education. Local school. State Department of Health.

Appendices

- Appendix I Description of the Annual Survey of Hearing Impaired Children and Youth
- Appendix II Letter of Invitation to Participate in 1972 National Survey
National Survey Questionnaire for State Identification Audiometry Programs
and Special Educational Services for Hearing Impaired Children and Youth
- Appendix III State Personnel Contributors to the 1972 National Survey of State Identification
Audiometry Programs and Special Educational Services for Hearing Impaired
Children and Youth

APPENDIX I

The Annual Survey of Hearing Impaired Children and Youth

BACKGROUND AND PURPOSE

The Annual Survey of Hearing Impaired Children and Youth began its activities in May 1968. The program is established as a permanent research organization to collect, process and disseminate data on hearing impaired individuals through college age in the United States. The need for such information has been of prime concern to educators, audiologists, legislators, psychologists and others.

The Division of Research, Bureau of Education for the Handicapped, Office of Education, Department of Health, Education, and Welfare initiated the Annual Survey and provides the major share of its funding. Two preceding years of pilot and developmental work in a five state area determined the operational feasibility of the program. The Annual Survey is conducted by the Office of Demographic Studies of Gallaudet College.

The long range goal of the Annual Survey is to collect data on the entire hearing impaired population through college age in the United States. For operational reasons the hearing impaired population has been divided into three groups:

- GROUP A: Hearing impaired individuals who are receiving special educational services related to their hearing loss
- GROUP B: Individuals who have been diagnosed as being hearing impaired but who are not receiving any special educational services
- GROUP C: Individuals in the general population who, in fact, are hearing impaired but their hearing loss has not been diagnosed at a given point in time.

To this point in its work, the Annual Survey has devoted its resources almost totally to collecting and disseminating information on Group A.

The primary interest of this national program is in those kinds of data that can serve to improve and expand the educational opportunities available to hearing impaired individuals. The program encourages the use of its data by administrators, researchers, and other professionals providing services to the hearing impaired, as well as by any individual or group devoted to improving the results of special education for hearing impaired people.

POLICIES

In its attempt to provide useful information to those interested in hearing impaired children and youth, the Annual Survey has the benefit of the guidance and advice of its National Advisory Committee. Among its members are hearing and deaf individuals, administrators, researchers, teachers, and specialists from other areas within the field of hearing impairment. Every attempt is made to maintain a wide diversity of interests and competencies, as well as geographic representation, among its members. On questions of a technical nature, consultants from specialized fields are utilized as particular needs arise.

While permanent and national in scope, the Annual Survey does not aim at replacing or absorbing the work of other programs at the state or local level which are devoted to the collection and dissemination of information on hearing impaired children and youth. Rather, it seeks to facilitate their work through cooperation whenever this is feasible. Nor does the Annual Survey view itself as the center for

all types of research in this field. It focuses its activities on collecting and disseminating limited kinds of information on selected topics. It seeks to make available to outside researchers the vast amount of data it possesses and any special services it is feasible to render to them.

One restriction which is observed by the Survey is that no data will be released which permits the identification of an individual student or cooperating program. Exception to this only occurs where a written release is obtained from the program supplying the data. Otherwise, independent researchers using the data of the Annual Survey have access only to summary statistics or coded information.

Since the Annual Survey attempts to promote the use of its data by those whose judgments and decisions will have a direct or indirect bearing on the education of hearing impaired individuals, it recognizes a responsibility to devote a part of its resources to the evaluation of the quality of the data collected and disseminated. This is particularly important because it seeks to establish national norms on the basic characteristics of hearing impaired children and youth. Thus, in its dissemination of information, the Annual Survey makes every effort to properly qualify its data and indicate any limitation associated with it.

The Annual Survey seeks to avoid associating itself with any established position relating to controversial issues within the field of educating hearing impaired individuals. Thus, it does not interpret its own data. Rather, it seeks to facilitate the use of its data by reputable individuals or organizations that may themselves wish to draw policy implications or test research hypotheses that are related to these issues.

DATA COLLECTION

During the first year of the Survey, the 1968-69 school year, data collection activities were directed towards all schools for the deaf and a representative sample (15 percent) of all special classes. In addition, records on students who were receiving itinerant services were obtained in total from two states and in part from several states. In all 25,363 individual records were collected.

Each year the Survey has steadily increased its coverage of the population. Over 550 reporting sources with approximately 41,000 students enrolled in their programs cooperated with the Annual Survey for the 1970-71 school year. It is expected that for the 1971-72 school year, data will be received on about 46,000 hearing impaired students throughout the country from about 750 reporting sources.

PROGRAM SERVICES AND PUBLICATION OF THE DATA

The program is accumulating a large volume of statistical data. The processing and dissemination of these data hold wide implications and potential benefits for educational, audiological, medical, psychological, legislative and other services to the hearing impaired. Towards the goal of fully utilizing the data, the program will make data available to independent investigators for research purposes, including masters' theses, doctoral dissertations, institutional level research programs, private studies, etc. Competent researchers are encouraged to propose detailed analyses of the data to further increase its usefulness.

The Annual Survey has conducted two National Academic Achievement Testing Programs, the first in the Spring of 1969 and the second in the Spring of 1971. The Annual Survey supplied testing materials and scoring services free of charge to participating programs. Data collected from these special studies have been published and continue to be analyzed. A reliability study also was conducted in conjunction with the most recent Achievement Testing Program and this evaluation study will help to determine the reliability of an achievement test designed for hearing students when used by hearing impaired students.

The Survey Office also provides each participating school or program with tabulations of the characteristics of their own students. The participating programs may obtain a set of punch cards containing the information submitted on each of their students. Further, the Annual Survey Office is available to provide consultation services to particular schools or school systems that are concerned with gathering and processing data on their students.

Participation in the Survey has led many of the programs to examine their current forms and record-keeping procedures. This led to requests that the Survey develop a uniform record form to keep student information for use in schools and classes throughout the country. Such a form was developed and used on a trial basis by a few schools during the 1970-71 school year. On the basis of this experience, the form was revised and distributed for use during the 1971-72 school year. Indications are that approximately half of the educational programs for the hearing impaired in the United States are using the form during the 1971-72 school year.

The Annual Survey also has conducted a survey of the fifty states. The state departments of either Education or Health were contacted for information

on their particular state. Among the types of information sought were: (1) description of services available to hearing impaired children and youth, (2) types of screening programs now in existence, (3) the referral system for those found to have a hearing loss, (4) the number of students receiving special services, and (5) the type of legislation relating to hearing impaired students.

The Annual Survey reports much of the data in a series of publications. A listing of the publications to date appears on the inside back cover of this report.

FUTURE PLANS

During the early stages of the program, the Annual Survey devoted most of its resources to gathering basic demographic information on hearing impaired students, and to extending its coverage of these students to its current level. It is now in the process of formulating future plans, with the intention of beginning to collect information on selected topics of special interest to those in the field.

It is anticipated that the Survey will begin to collect data on the institutions themselves and the auxiliary services available to the students at the schools. Sample studies are planned in which the families of the hearing impaired students will supply information to the Survey.

Meanwhile, the Annual Survey will continue its efforts to produce an achievement test appropriate for hearing impaired students. Also being considered is the feasibility of developing measures of student performance in other areas beside academic achievement.

The initial success of the Annual Survey can be measured only in terms of the levels of participation and interest expressed by many individuals. The ultimate success will be measured not in terms of volume of data that will be collected and published, but in terms of its contributions to improving educational and other opportunities for hearing impaired children and youth.

APPENDIX II



OFFICE OF DEMOGRAPHIC STUDIES

GALLAUDET COLLEGE

KENDALL GREEN, WASHINGTON, D.C. 20002

August 11, 1971

The Annual Survey of Hearing Impaired Children and Youth is conducting a survey of the fifty states to obtain information on their identification audiometry programs and on the special educational services available to hearing impaired children in each state. The major purpose of this project is to produce a comprehensive report which will be available to you and all professional personnel engaged in providing services for hearing impaired children. This publication will contain data on each state in addition to National summaries.

Enclosed is our 1971 questionnaire as well as a copy of your state's response to a similar survey conducted in 1967. The responses from the 48 of 50 states that participated in the 1967 survey are available. If you desire a complete set, we will send this to you upon request. To assist you in preparing your state's reply we have included a model response indicating the manner in which information was presented by other states in the 1967 survey.

Under a grant from the Division of Research, Bureau of Education for the Handicapped, Office of Education, Department of Health, Education and Welfare, the Annual Survey has been systematically collecting and disseminating information on the characteristics of hearing impaired children. Enclosed is one of our publications. Appendix I contains a description of our program.

If this query will be handled by someone other than yourself, please inform us to whom we should direct any future correspondence. Please notify us if you have any questions. Thanking you for your interest and cooperation in this important endeavor, I remain

Sincerely,

A handwritten signature in cursive script that reads "Augustine Gentile".

Augustine Gentile
Director
Office of Demographic Studies

AG/gd
Enclosure

OFFICE OF DEMOGRAPHIC STUDIES
GALLAUDET COLLEGE
WASHINGTON, D.C. 20002

Survey of State Identification Audiometry and
Special Educational Services
for the Hearing Impaired

Identification Audiometry

I. *Legislation*

A. Is there a state law requiring that school children have hearing tests? Yes (See B) No

B. Please describe the law or submit a copy of the law.

II. *Program Administration*

Please describe the authority, responsibilities, and activities of agencies at the state level which may be engaged in hearing screening programs; list official names of these agencies.

III. *Coverage*

A. Please give the names of all counties or other areas in the state that conduct hearing screening programs on a regular basis. If all areas of the state conduct programs just indicate "entire state covered".

B. Please give for the state as a whole, or for each area of the state conducting screening programs, the following information:

1. How regularly are children tested?
2. Are any children tested annually?
3. What agency administers the screening program(s)?
4. Are any groupings of children given priorities? (e.g., minority groups; regional areas; handicapped children)

IV. *Testing Procedures*

If the methods and standards used in the hearing screening programs are not the same in all areas of the state, please answer the following questions as they apply to each area.

A. Initial Screening

1. Are children tested individually or in groups?
2. What kind of hearing test is used?
3. If audiometric tests are used, at what frequencies are children tested?
4. Specify the failure level in dB's, and whether ASA or ISO standards are used.
5. What type of personnel conducts the initial hearing test?
6. What are the qualifications and training requirements for the persons who conduct the screening tests?

B. Follow-up Testing

1. Are there provisions for follow-up tests for those who fail the screening test?
 Yes (See 2) No (Go to Section V.)
2. If yes, please answer the following questions:
 - a. What criteria determine if a child receives follow-up testing?
 - b. Are children tested individually or in groups?
 - c. What kind of hearing test is used for follow-up testing?
 - d. If audiometric tests are used, at what frequencies are children tested?
 - e. Specify the failure level in dB's, and whether ASA or ISO standards are used.
 - f. What type of personnel conducts the follow-up test?
 - g. What are the qualifications and training requirements for the persons who conduct the follow-up tests?

V. *Referrals & Follow-up Procedures*

- A. What procedures are used for further audiological and otological examinations for those who fail the follow-up test (or original screening test if follow-up tests are not administered)?
- B. What agency or persons make referrals for special educational services?
- C. Is a doctor or clinic report required for referral to special educational services? Yes No

VI. *Records*

Indicate where records are kept on individual students:

- A. for the initial screening?
- B. for the follow-up test (if any)?
- C. for referral & follow-up procedures?

VII. *Statistical Information*

- A. Are statistical summaries of the results of any of

the tests referred to above maintained? Yes
 No

- B. If yes, at what level? State Local
 Both

C. Indicate the number of children who received initial screening, follow-up testing, and referrals during the most recent year for which statistics are available. (Please specify the year.)

- D. Have any studies been conducted in your state since 1967 on your identification audiometry program or your special educational services for hearing impaired children? Yes No
 Do Not Know

If yes, please list them and indicate how we might obtain copies.

VIII. *Plans for Program Changes*

Please report any changes planned in identification audiometry for hearing impaired children in your state, and when they will be put into effect.

Special Educational Services

IX. *Legislation*

- A. Is there a state law concerning the education of hearing impaired children? Yes (See B)
 No
- B. Please describe the law or submit a copy.

X. *State Agency Participation*

Describe the authority, responsibilities, title and activities of any agency at the state level involved in providing special educational services for hearing impaired children.

XI. *Types of Services Offered – Administration and Criteria for Each*

- A. Please indicate the types of educational services that are available for children with a hearing loss. If these educational services vary from county to county please describe the services that are available for each county separately.
- B. Describe the basis for determining the types of services for which a hearing impaired child may be eligible.

XII. *Records*

- A. What kind of records are kept on children receiving special educational services?
- B. Are any records kept at the state level? Yes
 No
(If yes, please submit blank copies, or describe the kind of information in the records.)

XIII. *Statistical Information*

Please report the number of hearing impaired children receiving special educational services in the most recent year for which data is available. Indicate the year and, if possible, the number by type of program.

XIV. *Plans for Program Changes*

Please report any changes planned in educational services for hearing impaired children in your state, and when they will be put into effect.

Name of State _____

Name of Person Completing Questionnaire _____

APPENDIX III

State Personnel Contributors to the National Survey of Identification Audiometry Programs & Special Educational Services

ALABAMA

Mrs. Betty Layton, State Coordinator
Deaf Education
State Department of Education
State Office Building
Montgomery, Alabama 36104

ALASKA

Mrs. Shirley J. Carman, Consultant
Deaf & Hard of Hearing
State Department of Education
Pouch F Alaska Office Building
Juneau, Alaska 99801

ARIZONA

Mr. Tom Magro, Hearing Consultant
State Health Department
1624 West Adams
Phoenix, Arizona 85007

ARKANSAS

Mr. Tom J. Hicks, Director
Special Education
State Department of Education
Little Rock, Arkansas 72201

CALIFORNIA

Mr. Gordon M. Hayes, Consultant in the Education
of the Deaf & the Hard of Hearing
State Department of Education
State Education Building
721 Capitol Mall
Sacramento, California 95814

COLORADO

Mr. Leonard L. Brooks, Consultant
Aurally & Speech Handicapped
Colorado Department of Education
State Office Building
201 East Colfax Avenue
Denver, Colorado 80203

CONNECTICUT

Ms. Patricia Lenihan, Consultant
Learning Disabilities
State Department of Education
P. O. Box 2219
Hartford, Connecticut 06115

DELAWARE

Mr. John S. Charlton, Director
Pupil Personnel Services
State Department of Public Instruction
Dover, Delaware 19901
Mrs. Edith P. Vincent
Department of Public Instruction
Dover, Delaware 19901

DISTRICT OF COLUMBIA

Mr. Stanley E. Jackson, Director
Special Education
Public Schools of the District of Columbia
Department of Special Education
School Administration Annex 3
1411 K Street, N.W.
Washington, D. C. 20005
Miss Dorothy Vail, Supervising Director
Speech & Hearing Center of D. C. Public Schools
415 12th Street, N. W. Suite 802
Washington, D. C. 20004

FLORIDA

Doctor Sara Conlon, Consultant
Speech & Hearing
State Department of Education
Tallahassee, Florida 32304

GEORGIA

Mrs. Browning P. Rochefort, Consultant
Hearing Impaired
Special Education Program
Department of Education
State Office Building
Atlanta, Georgia 30334

Doctor Lillian P. Warnick, Director
Child Health Service
State Health Department
State Office Building
Atlanta, Georgia 30334

HAWAII

Mr. Lester Tomokiyo, Program Specialist
Speech & Hearing
State Department of Education
P. O. Box 2360
Honolulu, Hawaii 96804

IDAHO

Mr. Jack Nelson, Consultant
Special Education
State Department of Education
Boise, Idaho 83707

ILLINOIS

Mr. Phil Shattuck
Illinois Department of Public Health
535 West Jefferson Street
Springfield, Illinois 62706

Miss Hazel Bothwell, Coordinating Consultant —
Deaf & Hard of Hearing
Office of the Superintendent of Public Instruction
Room 302 State Office Building
Springfield, Illinois 62706

Mr. Joseph G. Kennedy, Educational Specialist
Deaf & Hard of Hearing
Handicapped Children Section
188 W. Randolph
Chicago, Illinois 60601

INDIANA

Mr. Gary L. Ryan
Office of the Superintendent of Public Instruction
227 State House
Indianapolis, Indiana 46204

IOWA

Mr. Jerry Brown, Consultant
Services to the Hearing Impaired
Department of Public Instruction
Grimes Building
Des Moines, Iowa 50319

KANSAS

Mr. Melvin Bruntzel, Director
Speech & Hearing Programs
Kansas State Department of Education
Kansas State Education Building
120 East 10th Street
Topeka, Kansas 66612

KENTUCKY

Doctor Stella A. Edwards, Director
Special Education
State Department of Education
Frankfort, Kentucky 40601

Doctor Jo Anne Sexton, Director
Maternal & Child Health
State Department of Health
275 East Main Street
Frankfort, Kentucky 40601

Mrs. Jean Bell, Consultant
Division of Special Education
Department of Education
Frankfort, Kentucky 40601

Mr. Lester I. Chadwell, Director
School Health & Accident Prevention
Division of Maternal & Child Health
Department of Health
275 East Main Street
Frankfort, Kentucky 40601

LOUISIANA

Mrs. Faye McCormick, Director of Special Education
State Department of Education
Box 44060
Baton Rouge, Louisiana 70804

MAINE

Mr. Richard Duncan
State of Maine
Department of Education
Augusta, Maine 04330

MARYLAND

Mrs. Vira Froehlinger, Supervisor
Special Education of Hearing Impaired
State Department of Education
Baltimore, Maryland 21210

MASSACHUSETTS

Miss Marie T. Mulkern, Supervisor
Speech, Hearing & Perceptually Handicapped Children
Massachusetts State Department of Education
Boston, Massachusetts 02111

MICHIGAN

Ms. Mary A. Blair, Consultant
Program for Physically Handicapped
State Department of Education
Box 420
Lansing, Michigan 48902

MINNESOTA

Mr. Henry F. Howard
Rehabilitation—Speech & Hearing Impaired
State Department of Education
1745 University Avenue
St. Paul, Minnesota 55104

MISSISSIPPI

Mrs. Marilyn Brown Allen, Consultant
Speech & Hearing
State Department of Education
Special Education Section
P. O. Box 771
Jackson, Mississippi 39205

MISSOURI

Mr. Donald D. Derrick, Consultant
Speech & Hearing
State Department of Education
Division of Public Schools
P. O. Box 480
Jefferson City, Missouri 65101

MONTANA

Mr. Jack Rudio, Supervisor of Special Education
State Department of Public Instruction
Capitol Building
Helena, Montana 59601

NEBRASKA

Mr. Harlan H. Adams, Consultant
Speech Therapy
233 S. 10th Street
Lincoln, Nebraska 68508

NEVADA

Mr. Larry D. Davis, Curriculum Consultant
Exceptional Pupils
State Department of Education
Carson City, Nevada 89701
Mrs. Jane Soanes Early, Consultant
Exceptional Pupil Education
Heroes Memorial Building
Carson City, Nevada 89701

NEW HAMPSHIRE

Mr. Arthur G. Jillette, Jr., Consultant
State Department of Education
Vocational Rehabilitation Division
Special Education
64 North Main Street
Concord, New Hampshire 03301

NEW JERSEY

Miss Vincentz Cianci, Consultant
Special Education
State Department of Education
P. O. Box 2019
Trenton, New Jersey 08625

NEW MEXICO

Mr. James Little, Superintendent
New Mexico School for the Deaf
1060 Cerrillos Road
Santa Fe, New Mexico 87501
Miss Monteze Snyder, Audiological Consultant
Crippled Children's Division
Health & Social Services Department
P. O. Box 2348
Santa Fe, New Mexico 87501

NORTH CAROLINA

Mr. Neal Smith, Coordinator
Programs for the Physically Handicapped
Division for Exceptional Children
State Department of Public Instruction
Raleigh, North Carolina 27602

NORTH DAKOTA

Ms. Janet M. Smaltz, Director
Special Education
State Department of Public Instruction
Bismarck, North Dakota 58501

OHIO

Ms. Christina C. Jones, Educational Consultant --
Hearing Impaired
Department of Education
Division of Special Education
3201 Alberta Street
Columbus, Ohio 43204

OREGON

Mr. John E. Taylor, Coordinator
Handicapped Education - Hearing
State Board of Education
Salem, Oregon 97310

Doctor Duane Anderson, Supervisor
Communicative Disorders Program
Maternal & Child Health Section
State Office Building
1400 S.W. 5th Avenue
Portland, Oregon 97201

PENNSYLVANIA

Mr. Robert C. Warkomski, Supervisor
Speech & Hearing
State Department of Education
Box 911
Harrisburg, Pennsylvania 17126

RHODE ISLAND

Mr. Peter Blackwell, Principal
Rhode Island School for the Deaf
520 Hope Street
Providence, Rhode Island 02906

SOUTH CAROLINA

Mr. Van Porter, Consultant
Hearing Handicapped
Office of Programs for the Handicapped
State Department of Education
Columbia, South Carolina 29201

SOUTH DAKOTA

Mr. Charles A. Anderson, Consultant
Speech & Hearing
Department of Public Instruction
Division of Pupil Personnel Services
804 North Euclid
Pierre, South Dakota 57501

TENNESSEE

Mr. Vernon L. Johnson, Coordinator
Special Education
State Department of Education
Nashville, Tennessee 37219

Mr. Garland T. Cross, Director of Program Development
State Department of Education
Nashville, Tennessee 37219

Miss Sylvia Stecher, Director
Crippled Children Service
Department of Public Health
Nashville, Tennessee 37219

TEXAS

Mrs. Edith Skaggs, Audiologist
Maternal & Child Health Division
Texas State Department of Health
Austin, Texas 78711

Miss Melissa Scott, Consultant
Deaf Education
Texas Education Agency
Capitol Station 201 East 11th Street
Austin, Texas 78701

UTAH

Mrs. Mae M. Taylor, Specialist
Speech & Hearing Programs
Office of the Superintendent of Public Instruction
Salt Lake City, Utah 84111

VERMONT

Mr. John W. Ellenwood, Consultant
Speech & Hearing
Division of Special Education & Pupil Personnel
Services
Montpelier, Vermont 05602

VIRGINIA

Mrs. Georgia D. Macklin
Assistant Supervisor
Special Education
Consultant - Program for the Hearing Impaired
State Department of Education
Richmond, Virginia 23216

WASHINGTON

Mr. Wayne M. Spence, Supervisor
Special Education
Department of Public Instruction
P. O. Box 527
Olympia, Washington 98501

WEST VIRGINIA

Mr. Roger P. Elser, Director
Special Education
State Department of Education
State Capitol Building
Charleston, West Virginia 25305

WISCONSIN

Mr. Samuel D. Milesky, Supervisor of Schools
for Deaf & Visually Handicapped
State Department of Public Instruction
126 Langdon Street
Madison, Wisconsin 53702
Mr. Orvin E. Walsvik, Hearing Consultant
Division for Handicapped Children
State Department of Public Instruction
126 Langdon Street
Madison, Wisconsin 53702

WYOMING

Mr. Norman O. Anderson, Director
Education & Services for Acoustically Handicapped
Wyoming School for the Deaf
539 South Payne Avenue
Casper, Wyoming 82601

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