From down the hall in the local preschool, laughter can be heard as 4-year-old Jacob works in the physical therapy room. Among the colorful balls, heavy mats, climbing stairs, and therapy tools, Jacob’s soft red curls bounce and his eyes sparkle behind the frames of his blue glasses. “Go!” His therapist models the word by saying it and gesturing across the line of colorful rubber squares. Jacob, his hearing aids tucked behind his ears, attempts to imitate her as he awaits the opportunity to hop across the colored mats.

Due to a complicated birth, Jacob has multiple developmental delays and receives services from the occupational therapist, physical therapist, and speech-language pathologist who are employed by his school district. Jacob also works with a vision specialist and a teacher of the deaf and hard of hearing, both contracted through local agencies outside of the school.

In addition to working with Jacob individually, the teacher of the deaf and hard of hearing works with Jacob’s family and other service providers to develop communication goals and coordinate the activities of the other professionals. In this way, Jacob’s language goals are incorporated into his occupational, physical, and vision therapies, and into the instructional practices in Jacob’s general education classroom. Research on inclusion for students with hearing loss (Eriks-Brophy et al., 2006) and special education and general education collaboration (Chidindi, 2012) support this practice.

It was not always this way. Jacob began his first year in his local public preschool program attending five full days each week with support from an individual aide. His classroom included typical three year olds as well as children with a variety of special needs. In addition to time spent in the classroom participating in the traditional centers, circle time, projects, and activities, Jacob was pulled out to work individually with his specialists. Included in his pull-out times were twice-monthly, hour-long services from a teacher of the deaf and hard of hearing.

By Heather Stinson

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During his time in the early intervention program, Jacob and his mother had received support from a teacher of the deaf and hard of hearing at the Clarke Schools for Hearing and Speech in addition to support from his local early intervention agency. As Jacob transitioned into preschool, the early intervention caseworkers argued for continued support from a teacher of the deaf and hard of hearing to support development of his auditory skills and educational goals. The Individualized Education Program (IEP) team—which included Jacob’s mother, his classroom teacher, an individual aide, an occupational therapist, a physical therapist, and a vision specialist—was initially unsure of the benefit of contracting with a teacher of the deaf and hard of hearing. However, at the request of Jacob’s parents, the rest of the team agreed. After only a few short months, Jacob’s parents and the professionals, noting how much Jacob had benefited from the involvement of the teacher of the deaf and hard of hearing, increased her visits to twice weekly, a schedule that has continued into the current school year. Jacob’s classroom aide frequently sits in on Jacob’s sessions and then shares information on that teacher’s activities and suggestions with the teacher in Jacob’s classroom for use throughout the week.

The teacher of the deaf and hard of hearing also shares objectives with Jacob’s other service providers, communicates with the adults in the school to facilitate achievement of Jacob’s communication goals, and implements strategies for increasing the involvement of Jacob’s family at home. Increased time in the school means that the teacher of the deaf and hard of hearing has more opportunities to confer with individual service providers while sharing and modeling strategies for communication and management of amplification.

**Effective Inclusion for Children with Hearing Loss**

With the onset of universal newborn hearing screenings and early identification and amplification, children with hearing loss are able to receive education in mainstream classrooms as early as preschool. According to a 2011 report from the U.S. Government Accountability Office (GAO), 52.6 percent of preschool-age children with hearing loss in the United States are educated at least part of the school day in their local preschool classrooms; this increases to 86.3 percent for school-age children (GAO, 2011).

The teacher of the deaf and hard of hearing is critical to effective inclusion. Only this teacher is in a position to build relationships with classroom teachers and service providers and to provide ongoing support for parents and their children. Successful inclusion, of course, also includes the willingness of the IEP team members to actively promote inclusion through a team approach and a willingness to understand, monitor, and use assistive technology (Eriks-Brophy et al., 2006).

Today Jacob spends the majority of his day in a regular education classroom with children his own age. With the support of his aide, Jacob participates in large and small group instructional periods, art and music activities, and free play alongside his classmates. The acceptance and support of Jacob’s classroom teacher allows him to participate at his own level in all aspects of classroom life—with modifications provided by the teacher of the deaf and hard of hearing. For example, during circle time, the classroom teacher led a discussion regarding the characteristics of apples. Jacob was handed a picture of an...
Collaboration Among Service Providers

The National Association for Education of Young Children (NAEYC) position statement emphasizes collaboration with families across service providers when children with disabilities are educated in mainstream settings (2009). Jacob’s hearing aids provide access to spoken language but cannot improve clarity of the speech signal, and adults who work with him must understand the limitations as well as the benefits of assistive technology. The teacher of the deaf and hard of hearing helps ensure Jacob’s access to the words of his teacher and classmates in a variety of settings throughout the school day.

Due to the number of service providers working with Jacob, communication among them and with the parents must be organized to ensure comprehensive services (DeVore, Miolo, & Hader, 2011). As Jacob began services with a teacher of the deaf and hard of hearing, she observed each service provider interacting with him, and each, in turn, was encouraged to observe Jacob’s sessions with her. During this initial period, informal observations and meetings were conducted weekly. Service providers frequently dropped in on Jacob’s sessions to observe, ask questions regarding Jacob’s progress, glean information about his language goals, and develop strategies for incorporating communication into new activities. These observations continue and serve as a way to build relationships and trust.

Verbs and commands that Jacob practices with the teacher of the deaf and hard of hearing are carried over into his physical and occupational therapy sessions. For example, Jacob’s physical therapist was struggling with how to prompt him for the verbal responses “stop” and “go.” The teacher of the deaf and hard of hearing showed the therapist how to do this by modeling the visual and spoken cues for these words in a manner that was familiar to Jacob. She also encouraged the physical therapist to give Jacob time to process the auditory information, connect it to the present task, and respond. Through modeling and encouraging “wait time,” Jacob’s understanding of verbs continues to develop not only in the classroom but also during the time with his physical therapist. His success motivates everyone—Jacob, the professionals, and Jacob’s family—to continue practicing.

In order for children with multiple disabilities to develop a range of skills, activities based on objectives from individual service providers must be practiced several times each day in a variety of settings (Hollingsworth, Boone, & Crais, 2009). To help Jacob develop broad communication skills, each service provider develops three monthly objectives in accordance with Jacob’s IEP goals; specific activities are developed that support these objectives, practiced twice daily with his aide, and carried over into his therapies. The

Strategies for Coordinating Services

By Heather Stinson

Teachers of deaf and hard of hearing students may want to use some of the following strategies in maximizing services for their students:

- **Videotape sessions** to share with families and other therapists when direct observation is not possible. With parental permission, sessions can be recorded and shared electronically or burned to a DVD and sent home with the child.

- **Develop and use a communication book** to record communication progress. This may include current communication goals, the child’s strengths, and vocabulary that the child understands.

- **Set regular times for meetings** to develop shared therapies and strategies, and discuss incorporation of communication goals into therapies.

- **Create and post monthly activities** that can be carried over for use among all service providers.
While educators and service providers are responsible for high quality services during school hours, children with disabilities cannot benefit from comprehensive services without the involvement of their parents.

Parent Participation
While educators and service providers are responsible for high quality services during school hours, children with disabilities cannot benefit from comprehensive services without the involvement of their parents (GAO, 2011; Hanline & Correa-Torres, 2012; NAEYC, 2009). The teacher of the deaf and hard of hearing helps parents maintain the same level of involvement that is often experienced during early intervention, ensuring, for example, that parents are active members of the IEP team. To facilitate communication with Jacob’s family, each therapist records pertinent details from his or her work with Jacob in a communication notebook that travels between home and school. In the back of the book, therapists note new vocabulary that Jacob has used. This proves a means not only of tracking his communication but also of alerting everyone for vocabulary that should be reinforced in a new context. As Jacob progressed, sometimes he said what needed to be said himself—and sometimes he said it better!

In addition, a 45-minute session with the teacher of the deaf and hard of hearing is videotaped weekly and sent home for Jacob to watch with his family. When first presented with the idea of recording sessions, Jill, Jacob’s mother, was doubtful that her son would perform before the camera. After viewing the first video last February, Jill responded with an 8:30 a.m. e-mail. “Ohhhh, MY GOD!” she typed. “Thank you so much! I’ve watched [the video] 3x already this morning! Once by myself, once with my mom, and then Jacob had to watch it!” In a second e-mail later that morning, Jill included a vignette about playing the video for her boss and the whole office running in to watch. Jill now reports that Jacob loves watching the videos as much as she does, and she went as far as filling his Easter basket with materials similar to those in the therapy videos so that Jacob could get more practice at home.

Regular contact with Jacob’s family—through telephone conversations, e-mail, and written notes in his communication book—ensures that no concern is left unattended. The communication is two-way: When the teacher of the deaf and hard of hearing learns of Jacob’s interactions at home with family members, she is able to provide professionals with a more in-depth understanding of expectations at home.

Meeting Jacob’s complex needs may be a daunting task but because of the facilitation of the teacher of the deaf and hard of hearing, the dedication of his school team, the involvement of his family, and the flexibility and willingness of all the members to learn from each other, these needs are met on a daily basis. For Jacob, having a teacher of the deaf and hard of hearing communicating and organizing the communication among his family and the professionals who work with him is not only a part of his program, it is the key component. It is essential to Jacob’s continued success.

References