The issue

The U.S. Department of Education publishes data identifying where students on Individual Education Programs (IEPs) are educated. These data indicate that the majority of deaf and hard-of-hearing (DHH) children on IEPs, and all DHH children on 504 plans, are educated in regular, public school classrooms (Section 504 of the Rehabilitation Act of 1973 prohibits discrimination in education based on disability). Childhood hearing loss is considered a low incidence disability, which means that school most personnel likely have never worked with a DHH child. Nonetheless, it is important that all of a DHH student’s needs are met: educational (e.g., learning how to read), access (e.g., making sure that their auditory equipment is working), and social-emotional (e.g., utilizing hearing and communication strategies to make and maintain authentic friendships). Neither general nor special educators address these issues in their training, but teachers of the deaf and hard of hearing (TODHH) and educational audiologists can provide appropriate support to these children and their teachers. These professionals have overlapping skill sets, but they are not interchangeable. Often, school administrators do not understand how the roles of each are delineated and assume a TODHH can also provide educational audiology services. This is not the case. When TODHH and audiologists partner, they can ensure that all of a student’s needs are met.

What we know*

Hearing Assistive Technology, or HAT (formerly known as FM systems or auditory trainers), is used by many DHH students. This technology requires fitting by a licensed audiologist to allow the student to hear from all assistive equipment (hearing aid, cochlear implant, HAT), so that it amplifies the teacher’s voice loud enough, but not loud enough to cause more hearing loss. “Scope of practice,” what is permitted under professional certification/license, is very specific about equipment:
Audiologists recommend and fit HAT; TODHH maintain HAT, ensuring that it is working, troubleshooting simple problems, etc. It is not within TODHH or speech-language pathologists’ scope of practice to fit equipment, and that should not be expected by school administration to be part of their job responsibilities. Importantly, research studies have found that up to 50% of hearing aids and HAT worn at school are not functioning on any given day. As a result, IDEA requires that schools check equipment daily.

Educational audiology is listed as a “related service” in the Individuals with Disabilities Education Act (IDEA), along with speech-language pathology, physical therapy, etc. IDEA specifies school audiologists’ responsibilities. The Educational Audiology Association (EAA) summarized the IDEA responsibilities in *Educational Services Under IDEA: Pertinent Regulations*, and several organizations have developed guidelines outlining audiology services in schools. The American Speech-Language-Hearing Association (ASHA) published *Guidelines for Audiology Service Provision in and for Schools*. EAA published a number of documents, including *School Based Audiology Services and Recommended Professional Practices for Educational Audiologists*. EAA also published advocacy statements helpful for school administrators to understand how an educational audiologist can support students with hearing loss.

Some of the roles of TODHH and educational audiologists are overlapping, however there are very specific roles that are delineated to each professional. EAA published *Recommended Roles of Educational Audiologists and Teachers of the Deaf and Hard of Hearing* with input from both professions. This document identifies the roles that TODHH and educational audiologists should be responsible for in the schools, both separate and overlapping roles.

* Documents cited here all can be found via online searches of their titles

### What we don’t know

Educational audiology service delivery models vary widely. There is no predictable way of knowing what states, or even what school districts offer regular access to educational audiologists. Some districts hire their own. Others participate in collaborative organizations that hire audiologists. Some hospitals and schools for the deaf have consultation programs in which they contract out educational audiologists to public schools. Regardless, schools need to connect with local audiologists to provide IDEA services. A clinical audiologist interested in providing services to a school can be directed to a number of sources for support, including guidance documents on the EAA website and various other sources.

### Implications

DHH students who do not have properly fitted HAT equipment that is working consistently with hearing aids or cochlear implants cannot fully access instruction. This will impact learning and socialization in a variety of negative ways. A team-based approach with TODHH, educational audiologists, and school-based personnel, can mitigate these problems and allow appropriate access to the curriculum.

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(Photo courtesy of The Learning Center for the Deaf)

### Further reading

