

Adverse Educational Impact with Good Grades?



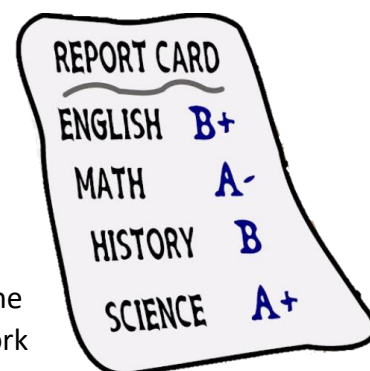
We all know the scenario – a student with hearing devices and/or Deafness seems ‘okay’ in class, but we know they are struggling and often frustrated to keep up. The school team sees the grades and the student turning in acceptable work. But we know there is more to identification of special needs than just looking at grades!

Class grades are relatively subjective and refer to the students’ work in the school setting. Standardized tests often don’t identify the full range and extent of language learning issues. Subtle language deficits, like we often see with our young students or our older ‘star’ students who are deaf or hard of hearing, can cause significant academic performance issues, especially over time. This article will look deeper into these issues.

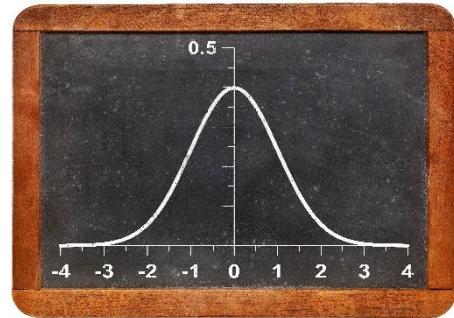
The full and individual evaluation is central to determining eligibility and calculating present levels of academic and functional performance. Per [IDEA 300.304](#) a variety of assessment tools and strategies must be used to gather relevant functional, developmental, and academic information about the child. No single measure, like ‘good grades’ can be used as the sole criterion for determining whether a child has a disability. Assessments and other evaluation tools include those tailored to assess specific areas of educational need.

Three blogs^{1, 2, 3} from speech language pathologist Tatyana Elleseff delve into the issues of subtle language impairment, good grades, and the shortcomings of standardized language tests. This article summarizes some of this information.

The concept of academic impact is central to many discussions about eligibility for specialized services. Lack of academic impact isn’t as simple as identifying that a child is receiving A’s and B’s in the school setting and that teachers see the student as performing ‘okay.’ Grades for work completion are subjective. The student may have completed the work to some level, but the amount of struggle and effort required to do so is not reflected in the paper that is turned in to grade. Our students with hearing loss often have to read and reread chapters to be able to gain some of the same information that their hearing peers accessed simply by listening to the lesson. Add to this searching through glossaries and dictionaries to understand unknown vocabulary and time for puzzling out the meaning of figurative language. Often all of this is done in extended study periods at home as compared to the length of homework study time needed by hearing peers. Grades of struggling students can be inflated as compared to grading matrices. Looking at work products over time as compared to performance expectations and teasing out indicators of what the student struggles with, when, and how he problem-solves challenges can all be a step toward identifying adverse educational impact beyond grades.



A student may struggle with coherently expressing himself, telling stories, understanding what he is reading, putting thoughts on paper, etc., and still score within the average ('no problem') range on academic (i.e. Woodcock Johnson) and language and phonological processing tests (i.e., CELF-5, CTOPP-2). Due to variation in psychometric properties of various tests, many children with language impairment are overlooked by standardized tests. Indeed, a child who truly has a language impairment has a roughly equal chance of being correctly or incorrectly identified, depending on the test that is given. Even if a child is diagnosed accurately at one point in time, future test results may inaccurately show that the child has recovered, based on the test(s) that he has been given. This is especially true for young children (i.e., age 5-7).



Too often, language tests are selected due to a child's age, what tests are readily available in the building, or the test administrator's familiarity with a test. Instead, tests should be selected based on their ability to tap into the skills for which the student is showing a deficit. Even so, **standardized tests are not enough**, since even the best standardized tests have significant limitations.

It is critical to supplement the findings of standardized tests with functional and [dynamic assessments](#), interactions, and observations. In the case of students with hearing loss, it all begins with [estimating the level of access](#) the student has to communication in the classroom. The teacher of the deaf/hard of hearing needs to be armed with observations and functional data (i.e., Functional Listening Evaluation, PARC, LIFE-R, etc.) identifying specific concerns about the student's listening, language, and social function and seek out a meeting with the speech language pathologist who will be conducting the language evaluation. Teachers of the deaf/hard of hearing ARE critical members of the evaluation team as there is no one test that will delve deeply enough to identify language issues. No one, two, or three standardized score that will negate issues observed in functional performance in the classroom related to hearing loss. We need to use our 'Deaf Lens' as we observe students, gather functional data, perform standardized assessments (i.e., Listening Comprehension Test, OPUS, TAPS, etc.), and discuss the results of standardized tests performed by others on the student's evaluation team.

References

- <https://www.smartspeechtherapy.com/why-good-grades-do-not-automatically-rule-out-adverse-educational-impact/>
- <https://www.smartspeechtherapy.com/its-all-due-to-language-how-subtle-symptoms-can-cause-serious-academic-deficits/>
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