

SUPPORT Deaf and Hard of Hearing Education (HB 1367)

Indiana's Strength

Universal Newborn Hearing Screening was established in 1999 by Representative Bosma and then Senator Lubbers. As a result, 98% of all Hoosier infants are screened for hearing loss before they leave the hospital!

Concerns about Indiana's Current Process:

- The diagnosis is often overwhelming, and parents report that they are not receiving timely and unbiased information about all the different options available to help their baby who is deaf or hard of hearing learn to communicate.
- The delay in receiving accurate, unbiased information and resources is postponing the child's enrollment in appropriate early intervention services.
- A family's choice of communication and hearing technology for their child is not optimally respected or supported within the current structure. (Some of these choices include American Sign Language, Listening and Spoken Language, English-based signing, Cued Speech, cochlear implants, and hearing aids.)
- Education, mentoring, coaching, and evaluation of children is fragmented, inadequate, and often inappropriate for today's student who is deaf or hard of hearing.
- Many times families are enrolled in early intervention services that do not match the communication goals of the family resulting in wasted state dollars and possible unnecessary language delays for the child.
- Available resources are splintered in multiple government agencies without coordination. Outcomes cannot be tracked long term. Even the savviest of parents struggle to find and utilize the available resources.

Breaking down HB 1367: What will change?

PROPOSED LEGISLATION WILL:

- Establish an unbiased and comprehensive center for children who are deaf and hard of hearing.
- Monitor and track the identification, early intervention, and education of children who are deaf or hard of hearing.
- Provide in-service education, coaching, and mentoring of professionals.
- Marshal the collective expertise of professionals from different domains (e.g., education, speech-language pathology, audiology, music therapy, sign language instruction).
- Provide training to parents of children who are deaf or hard of hearing.
- Develop student learning opportunities.
- Provide audiological assessments, communication assessments, educational assessments, classroom assessments, and assessments of professionals in American Sign Language and English sign systems, oral interpreting, cued speech, and language transliterating.
- Support Indiana school corporations in providing services to students who are deaf or hard of hearing.
- Act as a liaison with all state agencies that provide services to individuals who are deaf or hard of hearing.
- Provide unbiased information about all communication options and support families in making informed decisions.

Contact Hear Indiana at
317-828-0211 or
Info@HearIndiana.org

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Bottom line:

By enacting HB 1367, the State of Indiana can capitalize on its outstanding early detection system and use limited funds more effectively by reshaping its approach to servicing children who are deaf and hard of hearing. As a result, families will be supported, and children will reach their full potential.

Additional Facts:

- 98% of all Hoosier infants are screened for hearing loss before leaving the hospital.
- Hearing loss can be mild, moderate, severe, or profound. It can be one-sided (unilateral) or bilateral. It can be temporary or permanent. All degrees of hearing loss can impact a child's ability to learn.
- Newborn babies can wear hearing aids, and babies as young as 12-months can receive a cochlear implant.
- Six-month-old babies will begin using baby sign language if modeled.
- Deaf children born to deaf parents (who are fluent in ASL) develop signed language skills commensurate with their developmental level.
- Best practices suggest that all babies should receive early intervention before six months of age to maximize their ability to achieve age appropriate or near age appropriate language skills by the time they enter Kindergarten, an important precursor to successful learning in the classroom.
- There is a continuum of communication options available to children today. Some of these choices include American Sign Language, Listening and Spoken Language, English-based signing, and Cued Speech.
- All points on the service delivery continuum should have highly qualified providers.
- Currently, 80% of all Hoosier children who are deaf or hard of hearing are educated in mainstream schools.
- 95% of all babies with hearing loss are born to hearing parents. A large portion of these families are choosing to use technology (i.e., hearing aids and/or cochlear implants) and pursuing listening and spoken language. Some of these families also choose to use either American Sign Language or an English signed system.
- **The number one predictor of language acquisition success is that the family is committed and supported in the communication mode(s) they have chosen and that the child has received the appropriate early invention services to meet the communication goals of the family.**

Scan this QR code to watch a video about HB 1367:



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