Chapter 11

Empowering Parents & Providers to Talk About Testing Children Who Are Deaf or Hard of Hearing

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A child who is D/HH should have a team dedicated to helping them achieve their personal potential.

Introduction

A child who is deaf or hard of hearing (D/HH) will be served by a team of professional providers with the parent or caregiver taking the lead in intervention decisions and implementation. It is the provider's responsibility to ensure parents understand assessment results and their implications for intervention. This chapter will define common tests and assessments given in a school setting as a resource for parents. Additionally, this chapter will address communication barriers in sharing assessment results between parents and providers and how the use of reflective questions can aid in preventing them.

A child who is D/HH should have a team dedicated to helping them achieve their personal potential. This team may include an audiologist, educator of the deaf, and/or speech language pathologist. However, the most important team member for any child will be the parent or primary caregiver (Yoshinaga-Itano, 2014; NAEYC, 2011). A parent is the most consistent team member in a child's life and has the ability to connect the many professionals their child sees. This is done through coordinating each team member's efforts. To effectively do this, a parent must truly understand what pieces of information each professional has and how it connects to their child's intervention services as a whole. Best practice states that professionals use validated tests and measurements to correctly identify holes or gaps in a child's language and cognitive development and base intervention decisions from these findings (DEC, 2014; Yoshinaga-Itano, 2014). If a parent for any reason is not understanding the results of these measurements and tests, they may not understand the "why" behind intervention

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choices they are making with the professional. Decisions for intervention should always be led by the parent (Bailey, 1987). Therefore, it is the professional provider's responsibility to ensure parents have accurate information to make appropriate decisions. Acquiring accurate information about a child is the first step to ensuring quality intervention. The second is to accurately inform and empower parents to share and use it.

Professionals should be constantly thinking of the best ways to present information to parents in formats that they understand.

To identify potential areas for targeted instruction and language therapy—both at home and in school—there are a number of tests and tools created for the benefit of clinicians and parents to guide best practice. No matter what role you play in working with a child who is D/HH, it is important to be able to discuss, interpret, and accurately share these test results for the benefit of the child.

Families of children who are D/HH will attend formal meetings, such as an IEP (Individual Education Plan) or IFSP (Individual Family Service Plan), regarding testing at least two times a year, with the potential for having follow-up meetings to discuss progress on determined goals and current services (DEC, 2014; NAEYC, 2011). These meetings are vital for setting up and executing accurate intervention service plans to ensure a child is receiving best practice services from all parties on their team.

Professionals should be constantly thinking of the best ways to present information to parents in formats that they understand. This information can then be used to ask questions and lead the discussion on services for their child. Best practice states that services determined using both formal and informal testing procedures are more effective than single tests (DEC, 2014; NAEYC, 2011.) When a child's testing is accurately described and understood by the parent, that parent can then lead the team in providing the best services for their child.

Research has supported these statements for years. Communication barriers arise when sharing test results between parents and professionals. These barriers may be the result of misunderstanding jargon and technical terms commonly used when sharing results. Assumptions about a parent's or professionals' understanding about assessments of a child who is D/HH can contribute to these barriers. This chapter is focused on outlining common tests and terms used in the school setting. Those can be used as a resource by all team members, especially parents, to clarify and guide testing discussions. It will then outline common barriers seen in sharing and interpreting test results and how reflective questioning can be used to help. This chapter will conclude with suggestions for additional research.

What: Defining Common Tests & Test Types

In the school setting, there are three basic test types used to gather information on a child (DEC, 2014; Yoshinaga-Itano, 2014):

- Standardized tests
- Curriculum-based assessments
- Developmental checklists

Each gleans specific types of information and contributes to a team's understanding of a child's current skills. A clinician and teacher will work with parents to use all three test types to create and execute service plans for intervention based on the current levels measured from testing. *Table 1* describes what each test is, common examples of each test type used, and the type of information given.

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Table 1
Common Tests Used in School Assessments

Test Type & Definition	Common Examples	Information Given
Standardized Test Test given typically in an individual setting with set instructions that must be given by a trained clinician. Will have strict rules and guidelines for how it can be administered.	• Goldman-Fristoe Test of Articulation (GFTA) • Receptive and Expressive One-Word Picture Vocabulary Test (EOW, ROW) • Preschool Language Scales (PLS) • Clinical Evaluation of Language Fundamentals (CELF) • Battelle Developmental Inventory	• Gives quick snapshot of child's skills. • Provides statistical comparative information to see how a child measures against typically developing peers. • Commonly used to qualify a child for school services.
Curriculum-Based Assessments Test given by a classroom teacher as a checkpoint to see how the child is understanding and participating in the classroom curriculum. Can be done formally and informally through observation or through a structured classroom task designed to measure a specific skill.	Determined and designed by the school district or school administrative team.	• Tells how well a child is understanding and participating in the school curriculum. • Commonly used to determine if additional targeted teaching time is needed for a child.
Developmental Checklist Outline of specific skills or milestones used to guide parent and clinician observations of a child.	• Cochlear Skills of Development • Cottage Acquisition Scales for Listening, Language, and Speech (CASLLS) • Macarthur Bates Communicative Developmental Inventory	• Provides an age equivalent to compare their skills to children of the same age. • Gives information about a child in different settings, including at home or in therapy.

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The largest difference between test types is how the information is gathered. ***A standardized test*** is designed to compare a snapshot of a child's skill to other children of the same age. These tests are normed by being administered to thousands of children and statistically analyzed to enable comparing progress. Because of this, a standardized test has a strict set of rules and prompts that must be given as scripted to ensure it's given the same way to each child, every time, in a set amount of time. The benefit of this type of testing is it provides a systematic measure of a child's progress and can identify developmental delays or strengths when compared to children of the same age. It also ensures that no matter who gives the test, it will be given the same way. Because of this consistency, these tests are commonly used by school districts to determine eligibility for special services.

A curriculum-based assessment is typically given by a classroom teacher and is designed to measure how well a child is gaining the skills being taught in class through the curriculum or material being presented by the classroom teacher. It is not a standardized test, since the teacher has a choice to measure these skills through observation of the child from day to day or design a specific task or lesson to measure the skill. It can be done over

an unset amount of time and leaves room for a teacher to comment on the specific skill being measured. How and what test is given is typically determined by the school district or administrative team.

A developmental checklist guides parents and/or clinicians in their observations to determine the child's current skills. A checklist typically has different skills commonly seen at each age outlined with boxes to check or comment in. A parent and caregiver can then go through each section and mark if the skills have been observed or not.

Each test type can create their own barriers in gaining and sharing accurate information. These barriers will be discussed.

Why: Defining the Uses for These Test Results

As professionals, it is important to clarify what information each test provides and how the parent can use that information to determine what goals to target with a clinician.

A parent may wonder why their child has to participate in the large variety and repetition of tests. As professionals, it is important to clarify what information each test provides and how the parent can use that information to determine what goals to target with a clinician. A parent knows that their child who is D/HH is first and foremost a child. Each child has their own unique skills, interests, and desires. As a team, we want children to be empowered to communicate and participate in their communities and families. These desires and interests—paired with the goals of their families and caregivers—are what should move intervention forward. In order to accurately do that, professionals serving the child need to know the child's current skill level in a variety of developmental areas, so they can set appropriate goals and utilize intervention time to its maximum efficiency. The variety of testing allows a child to be seen as a whole and not as one test or measurement's snapshot.

A poor understanding of current skill levels of a child may lead to an inaccurate creation of a service plan for that child. For example, a parent may know their child is able to combine two words at home but is incredibly shy around new people and did not demonstrate this skill during formal assessments. Because of those test results, a goal was written on a service plan to work on using and combining two words. This child is now practicing targets he/she has already mastered instead of targeting new skills. When parents understand testing and the goals written because of them, they can be empowered to advocate for their child. Regular testing can show the skills gained in between testing periods and what skills need additional targeting. Accurate management and interpretation of testing information drives meaningful service while keeping clinicians and caregivers accountable for progress.

Standardized tests are also used to determine eligibility for additional school services outside of accommodations for hearing loss. If a child shows a large enough deficit in skills when compared to typically developing children, he/she can receive services at school to help them participate fully in their classroom settings and close those gaps. This may mean additional time with a speech therapist or pull help from an itinerant teacher of the deaf to aid in the development of math, reading, or language skills.

For both a parent and provider, it may be helpful to review some common terms used in testing before going over results to ensure clear communication. Some common terms are defined in *Table 2*.

Barriers: Accurately Sharing Testing Among a Child's Team by Addressing Common Assumptions

As stated earlier, acquiring accurate information about a child is the first step to ensuring quality intervention. The second is to accurately inform and empower parents to share and use it. An intervention team cannot celebrate progress if the measurements are

An assumption as defined by Webster's Dictionary is "a thing that is accepted as true or is certain to happen, without proof." People make assumptions in their day-to-day interactions.

inaccurately understood or attained. We cannot treat a child in a "whole child" approach if each member of the team is not receiving and using the information gained from assessments. Because of this, clear communication is essential to empowering parent(s) to coordinate information and lead services. The communication barrier can come from assumptions providers can make of parent understanding or simple time constraints. It is important to prioritize clear communication, because it diminishes the risk of alienating parent(s) due to assumptions or lack of understanding of testing. Providers must take the time to hear parent information and insight to truly intervene in a whole child approach. When we recognize the common barriers that may arise in communicating test results, we can work to get past them. The most common problems that cause communication barriers come from assuming information.

An assumption as defined by Webster's Dictionary is "a thing that is accepted as true or is certain to happen, without proof." People make assumptions in their day-to-day interactions. We use context clues and past knowledge to form ideas and predict how an interaction will go. The assumptions that are made when interacting as a team can be inaccurate and lead to misunderstandings that create unnecessary barriers in communication. Both parents and professionals have beliefs that affect the way they listen to each other. Using reflective questions with parents can prevent assumptions and clarify ongoing beliefs from past experiences.

Reflective questions are open-ended questions that allow parent(s) and providers to collaborate and share their individual insights with one another. These questions are designed to require more than one-word answers and create opportunities for meaningful dialogue.

Rush and Sheldon (2019) outlined four categories of reflective questions to use in "The Early Childhood Coaching Handbook." These categories are:

- Awareness
- Analysis
- Alternative
- Action

Awareness questions provide information on what a person currently knows and observes about their child and their own experiences and will aid a provider in knowing in what areas the parent needs additional information or support. ***Analysis*** questions help the parent evaluate events and outcomes and their role in them. ***Alternative*** questions help the parents come up with additional options of doing things. ***Action*** questions help parents and the professional determine the next step in intervention. When combined, these questions help professionals

Table 2
Defining Common Test Terms

Standardized Scored	Converted number of a raw score that can then be compared to all children's scores.
Age Equivalent	The age at which most children achieve this score/skill.
Percentile Rank	The percent of children this age whose scores are equal to or below the same score as your child.
Standard Deviation	A measurement of how far your child's score is above or below the average.
Raw Score	The number of correct answers a child gave.
Average	Represents the score that most same-aged children received.

determine knowledge, analyze events, discuss alternatives, and devise an action plan when a barrier is identified. Further information and guidance for using these questions can be found in the handbook.

To demonstrate, some common assumptions that professionals and parents make are outlined in *Table 3*. The right column suggests reflective questions to use in aiding clear communication.

In each case, the professional or parent is assuming something about the other without clarifying or receiving additional information. Each of these assumptions can create a barrier of understanding between the parent and professional. They can lead to the parent or professional feeling frustrated, embarrassed, or unable to participate in and provide accurate services. By asking these reflective questions, all team members can recognize barriers and put the parent back in charge of the discussion as they seek to understand the results of each test. With that understanding, the parent can then accurately and effectively coordinate the information to lead their child's intervention plan.

Conclusion

Both parents and professionals need to remain mindful of the importance of attaining and understanding accurate testing information to enable best practice services for a child who is D/HH. Parents are capable, powerful team members ready to coordinate information and services with the aid of caring professionals. For future research, it is important that professionals continue to look at reflective questioning as a way to provide best practice services to children.

Parents are capable, powerful team members ready to coordinate information and services with the aid of caring professionals.

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Table 3
Assumptions & Reflective Questions

Possible Professional Assumption	Reflective Question to Use
"This parent has had a child in services for many years and has heard this term/goal already, so they probably know what it means." A parent may be embarrassed to clarify a term/goal because of their experience and instead state they understand to avoid looking silly.	*"What do you remember about ____?" (Awareness)* This question allows parents an opportunity to tell you what they understand and remember from previous experiences. It also validates their experience and understanding. A provider can then clarify additional information, if needed.
"These providers only care about the numbers. My child is just another statistic." When providers discuss numbers, parents may find that dehumanizing, even though the provider's intention is to measure current skill level to see a child as a whole.	*"How do the test results compare to what you've seen your child do?" (Analysis)* Parents' instincts regarding their children's development are important to include in decisions regarding children's intervention needs. A discussion of other observations helps a parent see their insights are valued more than what a snapshot of a test says.
"This parent has no other distractions and is fully engaged in this conversation. I can move quickly through information." Parents have many responsibilities, any of which could be weighing on their mind during the discussion.	*"What other opportunities to review what we discussed today would be helpful?" (Alternatives)* This question alleviates possible pressure of remembering every piece of information at once and allows a parent to manage their time with you.
"The parent asked for testing, because they suspected a delay. It'll be easy to share the test results that confirm the delay." Each parent may feel differently about testing results, despite stating a belief in a delay.	*"How did the test results compare to the delay you expected to see?" (Analysis)* *"What supports will you need to determine intervention?" (Action)* These questions can validate the variety of emotions that may come with a diagnosis and allow the professional to gain insight on the parents' experience.
"Parents are comfortable asking me questions or expressing concerns. I'm familiar to them." Even when parents have a good relationship with a provider, they may be hesitant to bring up their questions or concerns about their child for various reasons.	*"We have time. What other things would you like to discuss today?" (Awareness)* Consciously opening up and creating the opportunity for parents to bring up other thoughts are important to keep communication lines open.
"My provider is so busy. There isn't time for me to ask them any questions. I know their next appointment is here." Providers can create other times to meet or delay a meeting with another client to ease concerns and set up action plans.	*"What supports are the most helpful when learning new information?" (Awareness)* *"What resources do you already have or need access to?" (Action)*
"This parent is a professional and doesn't need me to clarify anything for them." The personal connection to their own child or family member alters the current experience from their professional expertise.	*"What supports are the most helpful when learning new information?" (Awareness)* *"What resources do you already have or need access to?" (Action)*
"Just because I have a question for the provider doesn't mean I don't understand what is going on." Parents are capable team leaders with large knowledge bases.	*"Before I answer your question, tell me what you remember about ____ so that I don't repeat something you already know." (Awareness)* This question avoids barriers by expressing respect of parents' previous knowledge and can save valuable meeting time by avoiding unnecessary repetitions.

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