EXHIBIT 5
DATE 1/26/07
HB 354

SCHOOL FOR THE DEAF AND THE BLIND

STATE OF MONTANA

3911 CENTRAL AVENUE
GREAT FALLS, MT 59405-1697

Administration: (406) 771-6000
Education: (406) 771-6030
FAX: (406) 771-6164
TDD: (406) 771-6063

THE IEP CHECKLIST:

RECOMMENDED ACCOMMODATIONS AND MODIFICATIONS FOR STUDENTS WITH HEARING LOSS

Name:_____ Date:_____

Amplification Options

___ Personal hearing device (hearing aid, cochlear implant, tactile device).
___ Personal FM system (hearing aid + FM).
___ FM system/auditory trainer (without personal hearing aid).
___ Walkman-style FM system.
___ Sound-field FM system.

Assistive Devices

___ TDD.
___ TV captioned.
___ Other.

Communication Accommodations

___ Specialized seating arrangements:
_____
___ Obtain student's attention prior to speaking.
___ Reduce auditory distractions (background noise).
___ Reduce visual distractions.
___ Enhance speechreading conditions (avoid hands in
___ front of face, mustaches well-trimmed, no gum chewing).
___ Present information in simple structured, sequential manner.
___ Clearly enunciate speech. Allow extra time for processing information.
___ Repeat or rephrase information when necessary.
___ Frequently check for understanding.
___ Educational interpreter (ASL, signed English, cued speech, oral).

Physical Environment Accommodations

___ Noise reduction (carpet & other sound absorption materials).
___ Specialized lighting.
___ Room design modifications.
___ Flashing fire alarm.

Instructional Accommodations

___ Use of visual supplements (overheads, chalkboard, charts, vocabulary lists, lecture outlines).
___ Captioning or scripts for television, videos, movies, filmstrips.
___ Buddy system for notes, extra explanations/directions.
___ Check for understanding of information.
___ Down time / break from listening.
___ Extra time to complete assignments.
___ Step-by-step directions.
___ Tutor.
___ Note taker.

Curricular Modifications

___ Modify reading assignments (shorten length, adapt or eliminate phonics assignments).
___ Modify written assignments (shorten length, adjust evaluation criteria).
___ Pre-tutor vocabulary.
___ Provide supplemental materials to reinforce concepts.
___ Provide extra practice .
___ Alternative curriculum.

Evaluation Modifications

___ Reduce quantity of tests.
___ Use alternative tests.
___ Provide reading assistance with tests.
___ Allow extra time.
___ Other modifications:_____

Other Needs? Considerations.

___ Supplemental instruction (speech, language, pragmatic skills, auditory, speechreading skills).
___ Counseling.
___ Sign language instruction.
___ Vocational services.
___ Family supports.
___ Deaf/Hard of Hearing role models.
___ Recreational/Social opportunities.
___ Financial assistance.
___ Transition services.

Source: Johnson, Benson, & Seaton. *(1997).Educational Audiology Handbook.* Appendix 11-A. p.448. Singular publishing Group, Inc.

Successful Students Who Are Deaf in General Education Settings

Recurring Themes

1) Family Involvement

2) Self-determination/Motivation

3) Involvement in Extracurricular Activities

4) Social skills/Friendships

5) Self-advocacy skills

6) Collaboration among service providers

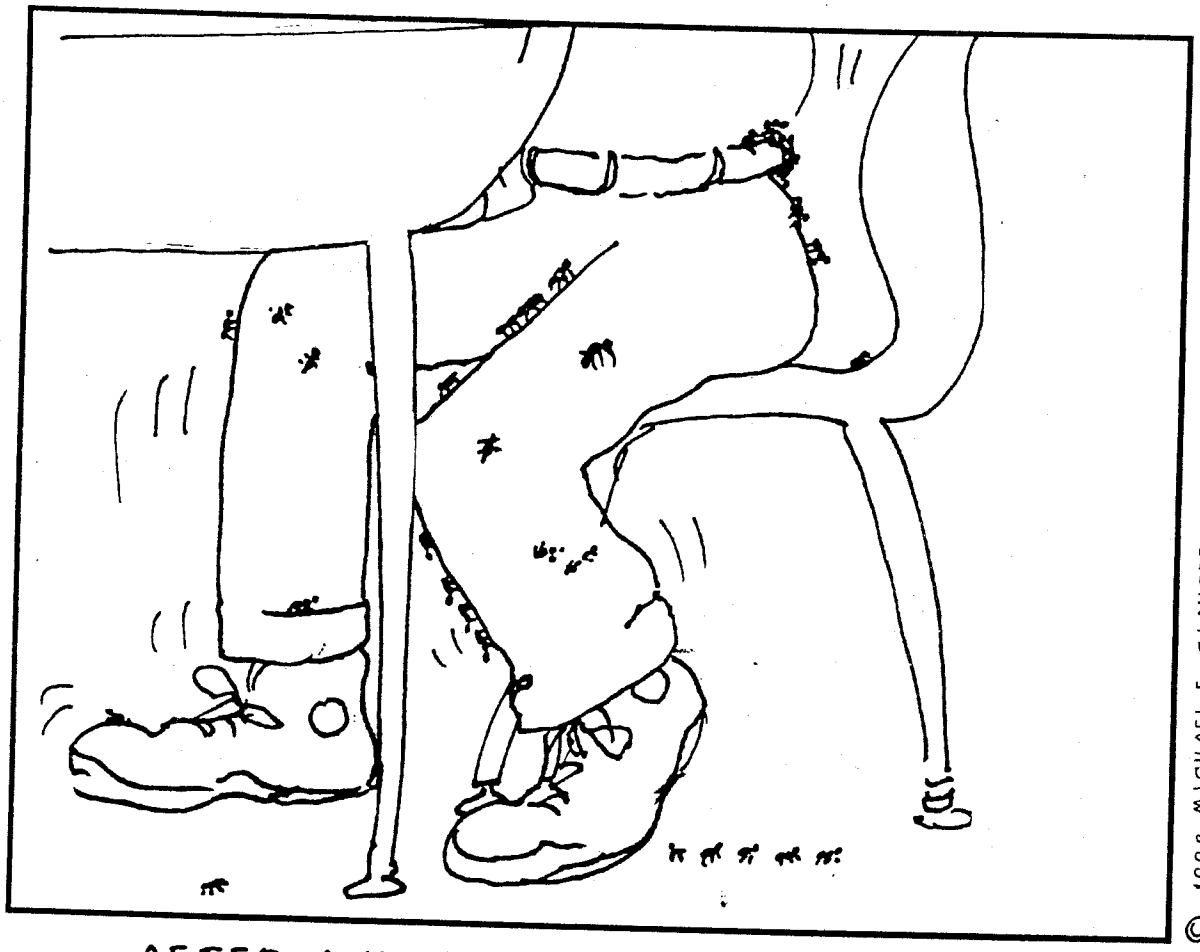
7) Preteach/postteach content and vocabulary being learned in the general education classroom

8) Early Identification and Early Intervention

9) Good Reading Skills

10) High Expectations

As identified by John Luckner and Sheryl Muir, in *American Annals of the Deaf*, December 2001.



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AFTER A HASTY SPECIAL EDUCATION PLACEMENT FOR BEHAVIOR PROBLEMS, SCHOOL OFFICIALS WERE EMBARRASSED TO LEARN THAT MARTY REALLY DID HAVE ANTS IN HIS PANTS.

Some General Areas of Difficulty For Children Who Are Hard of Hearing

(Mild to Moderate and Fluctuating Hearing Losses)

SPEECH RECEPTION

a) The hearing impaired child is deficient in the ability to discriminate between similar acoustic elements, which consequently impairs his or her capacity to identify the acoustic/phonetic features of speech. Because of impaired hearing, such children are unable to develop the same competent and intuitive grasp of the language as do their normal hearing peers.

b) From the speech fragments hard of hearing children receive, they cannot creatively reconstruct the intended message. For them, impaired hearing serves as a bottleneck that reduces the amount of information delivered to their brains. They cannot, by means of a rich language background, synthesize the acoustic fragments into a meaningful message.

c) Errors in auditory perception are greater for word endings than for initial sounds.

VOCABULARY

a) In extended conversations, particularly those involving abstract topics, the hard of hearing child's language skills are seen to be much less flexible than those of normal hearing peers. Pervasive language problems can usually be detected, with one of the most important relating to vocabulary knowledge.

b) As hard of hearing children get older, their vocabulary gap relative to normal hearing peers increases.

c) Much normal conversation is made up of idiomatic or metaphoric expressions, slang and colloguialisms. Children with hearing impairments have difficulty with word combinations that do not literally convey their dictionary meanings.

d) Hard of hearing children often learn, or are taught, a single meaning for a word or just one word to express a general concept, thus, synonyms are often a source of difficulty.

e) Hearing impaired school children frequently will have trouble with certain kinds of academic tasks, not because of the work itself but because they do not understand the vocabulary (and sometimes the syntax) of the directions.

f) Many hard of hearing children in grades 4 or 5 experience difficulty with content area vocabulary. Teachers can assume that most of this new vocabulary either is already familiar to children or that there is sufficient linguistic context for them to comprehend meaning. However, the hard of hearing child has an initial vocabulary derived from language that has largely been addressed and explained to them. These children do not hear or understand much of the incidental langauge that flows around them at home or at school. Using context to figure out the meaning of a new word is also difficult when the language context itself is insufficiently understood.

SYNTAX

a) The differences between the syntactical performance of hard of hearing and normal hearing children appear in degree rather than in kind, with little difficulty evident for older hard of hearing children in the simpler syntactical constructions.

b) In one study, hard of hearing children misunderstood complex sentences (i.e., medially embedded clauses) 49% of the time. The difficulty in processing complex sentences becomes quite evident when these children must utilize their deficient language skills for academic tasks. It was reported that relative clauses appear regularly in the second primer of a typical reading series used in regular schools. Hard of hearing children's problems with this type of language structure undoubtedly accounts for a large portion of their academic problems.

SPEECH PRODUCTION

a) The most common errors made by children with mild to moderate hearing impairments concern the place of articulation, while the features of voicing, manner, and nasality usually are retained.

b) Speech of hard of hearing children resembles the production of speech of much younger normal hearing children.

c) The majority of speech production errors are 1) omissions of final position consonants, and 2) substitution.

d) Examining the frequency of speech producation errors by manner of production reveals that the largest number of errors involve (in order): affricates, fricatives, stops, nasals, and glides and laterals.

e) Hard of hearing children are prone to omit one component of an affricate (e.g., uttering /t/ for /ts/) or to distort the phoneme entirely. In general, the most visible phonemes are produced correctly more often than are less visible phonemes.

READING

a) Limited site vocabulary

b) Erratic sight vocabulary - sometimes knows word, other times doesn't know same word

c) Has trouble learning abstract words

d) Skips over unknown words without attempting to figure them out

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From: *Educational Audiology Association: Great Educational Handouts, Volume 1*, 1998, 1-800-460-7322
Excerpted by Karen L. Anderson, Educational Audiologist from Assessment and Management of Mainstreamed Hearing-Impaired Children by Ross, Brackett and Maxon (ProEd 1991).

READING continued

e) "Reads" all words without differentiating between known and unknown words
f) Guesses wildly at words using general configuration or key feature
g) Doesn't examine words carefully enough, mistakes words that are similar (e.g., present/parent)
h) Has poor visual discrimination (e.g., b and d confusion)
i) Doesn't use context clues
j) Doesn't relate spoken sound to written sound
k) Doesn't group words into phrase or idea units
l) Even when language is known, reads isolated words without visualizing ideas
m) Reads lexical (content) words only, doesn't take meaning from the structural (grammatic) elements
n) Doesn't understand question forms
o) Isolates each sentence, doesn't relate from one sentence to the next, doesn't integrate, anticipate
p) Reads short passages only, is frustrated by longer selections
q) Understands simple language but can't handle complex language
r) Understands concrete langauge but can't handle abstractions
s) Needs constant help and guidance, cannot read independently
t) Has insufficient grasp of language; in reading constantly meets new language, seriously interfering with comprehension
u) Doesn't enjoy reading; hardly ever chooses to read on own

SPEECHREADING

a) There is no convincing evidence that one can teach children to speechread, beyond encouraging them to focus on the lips. Evidence suggests that ability to speechread may be related to the speed with which a visual sequence (lip, tongue, and jaw movements) is converted to neural messages and transmitted to the brain. Thus, speechreading may be one of the many faculties for which human beings ordinarily show a wide range of innate capacities, restricting the efficacy of specific training.
b) The dependence of a hard of hearing child on the visual aspects of a speech message varies according to the extent of the hearing loss, the nature of the amplification system being worn, and the masking effects of ambient noise in different environments.
c) Speechreading actually emphasizes the less efficient modality with regard to developing and comprehending language. When great emphasis is placed on the visual byproducts of the spoken word, audition gets relegated to a supportive role, and children who are exposed to such a program become primarily visual rather than auditory communicators.
d) In practice, hard of hearing children seem to depend on vision only as much as is necessary for them to understand a message. They learn, most quite unconsciously, that in noisy circumstances they require visual cues in order to understand the message. Thus the task with hearing impaired chldren is to maximize the auditory possibilities available to them, and only then to encourage the complementary use of visual cues; the latter alone, however, is never a substitute for appropriate auditory management.

PSYCHOSOCIAL

a) Identity problems may occur for hard of hearing youngsters, as they are neither normal hearing nor deaf. They often try to "pass" as normal hearing by pretending to understand what was said by peers or adults.
b) Hard of hearing children are able to hear and respond to environmental and speech sounds, however, their hearing loss prevents them from responding normally and conssitently to these stimuli. Such unpredictable behavior often leads to judgements that these children are somewhat "odd," perhaps manifesting symptoms of minimal brain dysfunction, retardation, or emotional disturbance.
c) Because of the inconsistency with which they respond to sound, hard of hearing children often are diagnosed later than deaf ones. By the time a definite diagnosis of hearing loss is made and/or its effects are understood by the family, the affected child already will have lived with the burden of being considered somewhat "different."
d) Many children, often those identified late or who have not come through good early management programs, resent the fact that they must wear hearing aids. Adolescence often brings active rebellion against wearing amplification.
e) Hearing impaired children appear to depend more on their teachers for mediating classroom activities than do normal hearing children, who rely more heavily on their peers.
f) For the child who has a significant history of fluctuating hearing loss, areas of difficulty that specifically are related to social relationships are: overactivity, attentional problems, insecurity, lack of self esteem and distractibility. It is typical for them to have a greater need for approval from adults and to either use aggression in social situations or withdraw from situations with other children.

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