

# The Hands & Voices Advocacy and Support Training (ASTra) – Laying the Foundation to Support Educational Excellence for Young Children who are Deaf/Hard of Hearing.



ADVOCACY  
SUPPORT &  
TRAINING



2014 National EHDI  
Conference  
Jacksonville, Florida  
April 13, 2014

# Today's Presenters



Cheryl Johnson



Janet DesGeorges



Lisa Kovacs



# **We are not attorneys, but we are...**

- **Lay Advocates**

- We've been to countless IEP's with families. (modality issues, school placement, peer support, social/emotional issues, eligibility, teacher qualifications, etc...)

- **Law Junkies**

- Interested in the IDEA, have attended many Special Education Conferences, work to understand the law, case law, advocacy, and parent perspective.

- **Dedicated to the philosophy of H&V**

- Focused on enabling children who are Deaf and Hard of Hearing to reach their highest potential.



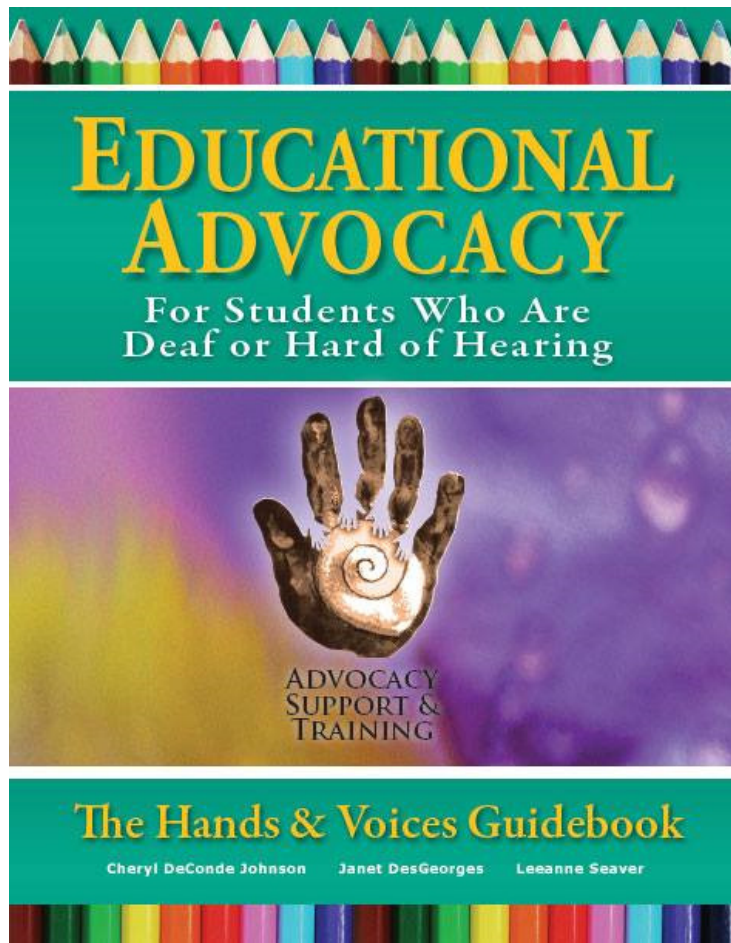
## Who you are...

- Families in the early years
- Lay advocates that provide support to other families at IFSP/IEP's
- Parent-to-Parent supporters
- Professional –to – parent supporters
- Other

## Why you are here...



# Hands & Voices Intro to ASTra Advocacy-Support & Training



*“Advocacy begins with a thorough understanding of the “what” – what you’re advocating for, and what you need to know to advocate for it effectively.”*

# H&V Mission & Vision



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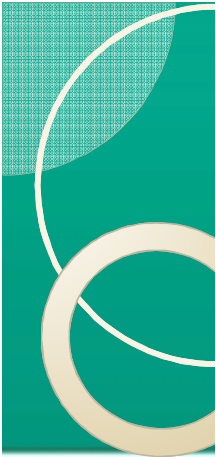
Mission Statement:

***Hands & Voices is a parent driven organization that supports families with children who are Deaf or Hard of Hearing without a bias around communication modes or methodology.***

***Motto: “What works for the child is what makes the choice right”***

Vision Statement:

***We envision a world where children who are deaf and hard of hearing have every opportunity to achieve their full potential.***



# H&V Presence



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## Hands & Voices Chapters

For info on a H&V chapter near you click a location marker on the maps below. Stars indicate full chapters and dots represent start-up / provisional chapters.

The image displays two maps illustrating the global presence of Hands & Voices chapters. The left map is a detailed view of the United States, showing numerous orange stars (representing full chapters) and yellow dots (representing start-up or provisional chapters) distributed across all states. The right map is a world map showing the global distribution of chapters, with orange stars and yellow dots placed in North America, Europe, Africa, and Australia. The world map labels include SOUTH PACIFIC OCEAN, NORTH ATLANTIC OCEAN, SOUTH ATLANTIC OCEAN, SOUTH AMERICA, EUROPE, AFRICA, ASIA, INDIAN OCEAN, and AUSTRALIA.



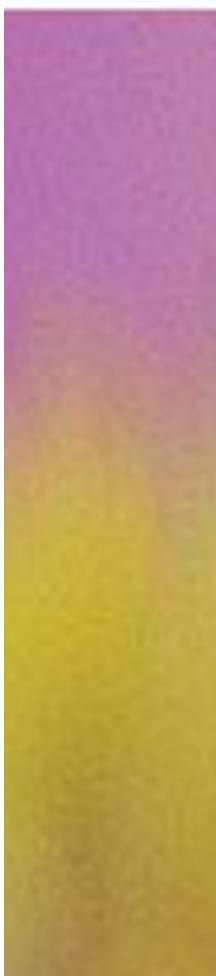


## ***From “We Are Hands & Voices”***

“Deafness is a sensory difference. It only becomes a disability when the educational system fails the child and family.”

**-Christine Yoshinaga-Itano, Ph.D.**





# What we know...



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The amount and degree of parent involvement is the most influential factor in determining students' success in school, based on a 1994 United States Department of Education survey.

Curriculum, Technology, & Education Reform





# Today's Agenda

- From EHDI/Part C to Part B: Strategies to make it work.
- Supporting families in advocacy development: The early years.
- Preview/Overview of the Hands & Voices ASTra Program

# FROM EHDI/PART C TO PART B: STRATEGIES TO MAKE IT WORK



Cheryl DeConde Johnson





# Key Issues

- Early intervention vs school-age **eligibility** criteria
- **Assessments**
- **IFSP Communication Plan**
- **Transition** - Moving from “Family-centered” to “Child-centered” Services
- **Access** to communication-driven programs and services





# Part C and Part B comparisons

- **Hallmarks:**
  - Eligibility can be based on *potential* need
    - *Part B – must show need (new language in the law that ‘helps’)*
  - Early intervention as a support to the family and the child
    - *Part B – your child is the only ‘client’*
  - “Natural environments”
    - *Part B – LRE is the counterpart*
  - Service coordination
    - *Part B – no requirement for service coordination*
      - *Parent-to-Parent often cited as the ‘replacement’! – think GBYS*
  - Goals are created for families
    - *Part B - Goals are created for the student (don’t forget ‘parent training and counseling’ as a Related Service)*



# Eligibility

## Part C vs Part B criteria

Part C	Part B
<ul style="list-style-type: none"><li>■ Developmental delay</li><li>■ Diagnosed physical or mental condition</li><li>■ At risk of experiencing delay w/o intervention</li></ul>	<p>Categorical Definitions:</p> <ul style="list-style-type: none"><li>■ Deafness</li><li>■ Hearing Impairment</li><li>■ Deaf-blindness</li></ul> <p style="text-align: center;">PLUS</p> <ul style="list-style-type: none"><li>■ Adverse affect</li></ul>



# Eligibility Situation #1

- Insufficient evidence to meet eligibility
  - Paradox of EI: Intervention effectiveness may cost child eligibility to Part B
    - Failure-based model
  - 504 eligibility
    - Mitigating measures



# Questions to Consider

1. Was the scope and intensity of the assessment sufficient?
  - Pre-academic
  - Communication, pragmatic language
  - Social
2. Did the persons conducting the assessment have appropriate qualifications and skills?
3. Was there at least one person at the eligibility meeting to interpret test findings who had expertise in the education of children who are DHH?
4. Were “special considerations” for children who are DHH taken into account as required by IDEA?
5. For children found to be ineligible,
  - Was a process established to closely monitor performance and progress?
  - Was a 504 Plan developed? Did it include FM or other assistive technology?



# Functional & Diagnostic Assessments

## Tools: PS-K

### Auditory/Listening/Speech Skills

- Meaningful Auditory Integration Scale (MAIS, IT-MAIS)
- Functional Auditory Performance Indicators (FAPI)
- Spontaneous speech sample measures (ages 3-5)
  - Phonetic inventory
  - Percent vowels and consonants correct
- Speech Intelligibility Rating Scale (ages 3-5)

### Communication

- Classroom Participation Questionnaire (CPQ)

### Social-Emotional

- Social Skills Rating System (SSRS)SSIS (3-5 yrs)
  - Parent Checklist
  - Teacher Checklist

### Language

- MacArthur Communicative Development Inventory: Words & Sentences (3 yrs)
- MacArthur Communicative Development Inventory Level III (4-5 yrs)
- Pragmatics Checklist (3-5 yrs)
- Expressive One-Word Picture Vocabulary Test (3-5 yrs)
- Spontaneous Language Sample (3-5 yrs)
  - MLU
  - # of different words

### General Development

- Minnesota Child Development Inventory (3-4 yrs)
- Functional Assessment for Students who are Deaf/Hard of Hearing (5 yrs)
  - Cognitive/behavioral/social
  - Self-Advocacy
  - Communication
  - Physical
  - Language
  - Speech intelligibility
  - Auditory & Listening Skills



# Strategies

- Ask for thorough assessment, not a cursory preschool screening
- Ask for a qualified specialist, e.g., deaf educator
- Look specifically for assessment of skills that
  - are unique to hearing impairment or deafness (language- spoken and sign when used, auditory/listening development)
  - consider multiple communication situations (noisy, distance, w/o visual cues)
  - consider familiarity with concepts (known vs new information/vocabulary)



## Strategies cont

- Establish an expectation that growth is minimally one year in one year's time
  - Adverse educational effect rule
  - Will the school accept ownership if not eligible and subsequently adequate progress is not made?

# Eligibility Situation #2

- Response to Intervention (RtI)
  - School says they need to implement intervention procedures prior to a special education referral

NOTE: RtI is a program under IDEA of graduated supports (usually 3 tiers), strategies and progress monitoring that occurs within general education. It is applied differently in states at the preschool level. It is only required for students with learning disabilities at this time.







# Questions to Consider

1. Is there clear evidence that child meets eligibility?
2. Is there already a signed referral for special education?
3. How does the local Rtl initiative apply specifically to children/youth who are DHH?
4. What are the evidenced-based practices used at each tier?
5. What other strategies are used at each tier of interventions?
6. What is monitoring procedures used?



# Strategies

- If child not eligible, Rtl has the potential to improve classroom instruction if implemented properly
  - Scientifically-based instruction
  - Progress monitoring
  - Use of data to make educational decisions
- Rtl cannot be used to prevent a child who is categorically eligible from receiving special education services – this would be a denial of FAPE
  - (OSEP RTI Policy Clarification Letter Jan 21, 2011)

## Eligibility Situation #3

- Child on grade level academically but is socially inappropriate or communication is compromised

Note: Unless there is explicit evidence of a significant social-behavioral disorder it is unlikely a child will be eligible under the emotional category.





# Questions to Consider

1. Has sufficient assessment been completed to evaluate potential social, emotional, or behavioral issues?
2. Was it completed and interpreted by a person with expertise in this area?
3. Does the IEP team have sufficient knowledge regarding the impact of hearing loss and the resulting communication issues that impact social-emotional development?
4. Does the IEP team recognize that adverse effect includes these areas?



# Strategies

- Request that assessment include social and behavioral areas
- Request that assessors are qualified and present at IEP meeting to discuss links between communication access and social & behavior problems
- When services are provided by learning and/or behavioral specialists w/o expertise in deafness, the deaf educator or other specialist must be part of the intervention team to assure that the implications of the student's hearing loss are understood and accommodated appropriately

# Eligibility Situation #4

- Physician writes a prescription for special education services because a hearing loss is present
- Physician (or other outside expert) often portrayed as more knowledgeable
- Implications:
  - Often sets families up to expect something that may not be possible
  - School personnel may be viewed as less knowledgeable







# Questions to Consider

1. Have local medical, speech and hearing clinic, and other entities been informed regarding school legal procedures for referral and special education services?
2. Does the school district have a policy for how to address this problem when it occurs?
3. Is there a clear definition of eligibility in the state law?



# Strategies

- Define and convey policies to non-educational personnel
  - Emphasize difference between hearing loss and eligibility for services
  - Explain components of educational assessment
- Collaborate and share expertise to yield comprehensive assessment and recommendations
- Minimize potential for contention between school and non-school entities

# Eligibility Situation #5

- Category confusion
  - Eligibility determined by available services received rather than disability
- Implications:
  - Confusion
  - Inappropriate services
  - Inaccurate data reporting
  - Unrealistic expectations and outcomes



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# Questions to Consider

1. Have there been discussions regarding eligibility categories and resulting implications for services?
2. Have there been discussions regarding the implications on state and federal data reporting?



# Strategies

- Always align disability/eligibility to services
  - Special considerations under IDEA
  - Appropriate providers
  - Appropriate services
  - Accuracy in data reporting
- Exceptions: cognitive impairments, severe emotional/behavioral disabilities, concomitant hearing/vision deficits



# Questions to Consider

1. Is child minimally making one year's growth in one year?
2. Are academic grades the only measure of success? Are they authentic?
3. How is progress monitored for early intervention and preschool-age children?
4. How long has the child sustained his/her academic success? Developmental trajectory?
5. Is there an administrative directive to reduce IEP caseloads?
6. How will the child be supported without the special education supports that have resulted in attainment of the achievement milestones?



# Eligibility Situation #6

- Disincentive to Achieve
  - Child was in special education but is performing “adequately”; found to be no longer eligible
  - Loss of eligibility vs denial of eligibility



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# Strategies

- Don't give in until child is making adequate progress – minimally one year's growth in one year in all areas (academic, non-academic, developmental)
  - Ask to see evidence comparing work and mastery with hearing classmates
  - Look at goals in areas that are unique to hearing deficiency (expanded core curriculum)
    - Listening skills
    - Communication skills (speech, language, including pragmatic language and sign language)
    - Social skills
    - Self-advocacy
    - Deaf culture
  - Use milestones of hearing children (no DHH norms)



# Strategies

- Assure that accommodations are provided
  - Implemented with fidelity, e.g., consistently and appropriately as prescribed
  - Monitoring plan for HA/CI performance
  - Management plan for assistive technology, e.g., FM system
- Request services that will minimally monitor and maintain progress
  - Rtl and progress monitoring
- Request a 504 Plan



# **SERVICES: *DESIGNING FOR THE CHILD***



What?  
How delivered?  
By Whom?  
Where?  
When?



# Services & Placements: General Considerations

- Academic and development level
  - Developmentally appropriate language and social models
- Unique to children who are DHH
  - Language usage, ability, and preference
  - Language and communication preference of student and family
  - Communication access in classroom
  - Opportunities for direct communication
  - Use of hearing and functional listening skills
  - Social-emotional skills and peer relationships



# Communication & Communication Access

- Available communication options
  - Flexible throughout the school day for each student
- Efforts to assure full communication access
  - In the classroom
  - Outside of the classroom (at school)
  - In extracurricular activities
- Use of a communication facilitator
- Provisions for student's whose communication mode(s) cannot be met within the available school services





# Considerations for Staff & Learning Environment

- Ability to implement accommodations and instruction as specified in IEP
- Awareness of universal design particularly as related to the needs of D/HH students
- Classrooms acoustic standards for noise and reverberation (ANSI S12)
- D/HH peer interactions
  - What is provided and supported?
  - Critical Mass



# What services does the child require?

- Academic, non-academic, developmental
  - Expanded core curriculum
  - Extra-curricular
  - Goals, objectives
  - Link to standards, common core
  - Performance Assessment
    - Progress monitoring
    - Annual evaluation
    - Triennial evaluation – eligibility
- Related services (audiology, speech-language, OT, PT, parent counseling and training)
- Assistive technology
- Accommodations
  - Classroom acoustics



# Expanded Curriculum Options

- Communication skills, literacy development training for families
- Auditory & listening skill development
- American Sign Language (ASL)
- Social skills
- Self-advocacy skills
- Leadership development
- Deaf studies
- Transition planning



# Development, Review, and Revision of IEP, Consideration of Special Factors

## 34CFR300.324(2)(iv)

The IEP Team must-

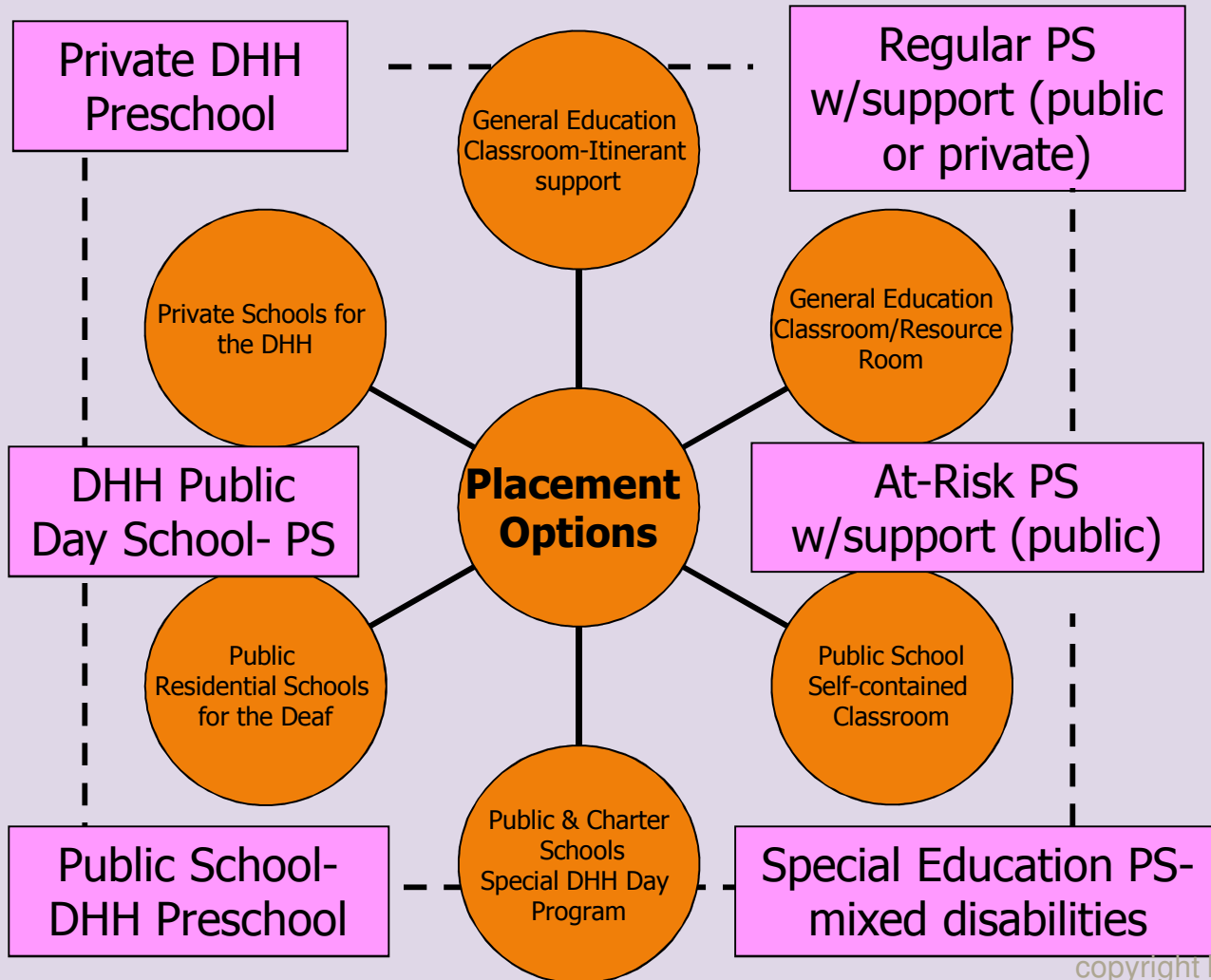
- (iv) Consider the communication needs of the child, and in the case of a child who is deaf or hard of hearing, consider the child's language and communication needs, opportunities for direct communications with peers and professional personnel in the child's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the child's language and communication mode
- (v) Consider whether the child needs assistive technology devices and services



## Implications...Schools must have documentation of considerations and actions regarding:

- *Identification of student's primary language and communication (variety of settings & individuals)*
- *Opportunities for direct communications with peer and professional personnel in the student's language and communication mode*
- *Opportunities for direct instruction in the student's language and communication mode and academic level, and with consideration of the child's full range of needs*
- *Student's need for assistive technology and assistive technology services*

# Where are the services provided?



- Instructional Delivery Models
- Direct Instruction
    - Interpreted/Facilitated Instruction
    - CO-Teaching





# Service & Placement Considerations

- Preferred language or mode of communication
- Language level
- Academic level
- Assistive technology needs
- Cultural and linguistic needs
- Communication access needs
- Social-emotional development and needs
- Access to peers who are DHH
- Opportunities for instruction through preferred communication mode
- Opportunities for direct communication with peers/adults
- Qualified personnel
- Access to related and support services
- Parental choice and child's placement preferences



# Research Support

- DHH children perform better when educated in higher performing schools
  - Reed, Antia, & Kreimeyer, 2008
- Children in noisy preschools perform more poorly than those in quiet rooms
  - Maxwell & Evans, 2000



# PARC: Placement And Readiness Checklists

- The Student
  - General education placement
  - Interpreted/Transliterated education
  - Captioning/Transcription
  - Oral/Manual Instruction Access
- The Environment: Placement Checklists
  - Preschool/Kindergarten
  - Elementary
  - Secondary



# PARC: Placement And Readiness Checklists

## Placement Checklist Areas

- Classroom-Physical Environment
- General Learning Environment
- Instructional Style
- School Culture

Analysis: Does the environment make a good fit for the child's communication & language, social skills, and listening skills?



# Tips: Preschool Transition

- Making the Transition Process Family Friendly
- Prepare for the IFSP/IEP transition meetings
  - PS Placement Checklist
- Think of preschool as transition
- Maintain consistent and effective communication
- Establish roles and expectations together
- Continue home visits
- Flexible programs and schedules
- Use the Communication Plan
- Establish a parent support group
- Facilitate kindergarten visitations



# Supporting Families in Advocacy Development: The Early Years

Janet DesGeorges

**You'll never get there  
with just the 'what'**



# The evolution of parent support

- The “F” in IFSP
- Support off the cliff – “*Godspeed in Part B*”
  - EHDI 1-3-6...part C...Part B...transition to work/school...
- Who’s the driver?
  - 1. Parent driven/child passive
  - 2. Parent driven/child input
  - 3. Parent driven/child driven
  - 4. Child driven/parent input
  - 5. Child driven/parent passive







# **The Foundations – *and why they matter in education***

- Language Development
- Informed Decision making
- Parent/Professional Partnerships
- Parent-to-Parent Support
- Communication Access
- Parent Accountability, responsibility, involvement
- High Expectations

○



# The early questions/beliefs about education and how they evolve....

## Early

- “Will my child be able to go to ‘regular’ school? Need to go to a Deaf school?”

## Evolved

- “which educational setting will be most accessible for my child who is DHH and his/her individual needs?”

Parents (particularly hearing parents) move from a context of understanding their child’s needs from their own perspective to that of the needs of their child’s life experience.



## ***Fear rises....***

- “Going from Part C to Part B was like going from heaven to hell.”
- “I went from being physically present in my child’s intervention, to waving at her from the driveway as she took the school bus to receive school services.”
- “I’m constantly reminded that the IEP must be about the student, not our family, what happened to family choice?”

# Supporting Parent Relationships with Schools



*“Successful family involvement is not a sporadic activity. It is a sustained commitment to instill the habits of learning and to set high expectations. It is making connections to teachers and schools not only when trouble arises, but as a part of the every day process of children’s schooling.”*

*Richard W. Riley, Secretary of Education, 1994*



# “Kind and Gentle” Advocacy Support


- Advocating for younger families -
  - Try not to freak parents out about ‘what’s coming’
  - Don’t overload parents with too much information and everything *you* know
- But....
  - The earlier families understand their rights/the law, the better.
  - Fighting for something earlier can pay off in the long run (rather than letting it go)



# Confidence comes over time

When supporting others...

- Know the law
- Speak truth to power
- Nerves of steel? If not, just fake it.
- Offering legal advice
- Follow the family's lead
- Model emotional steadiness
- After the IEP – phone a friend



# Prepare for the IFSP/IEP transition meeting

## PARENTS

- ✓ Assure appropriate and thorough assessment is completed
- ✓ Observe preschool setting options (PARC). Preschool checklists
- ✓ Ask about teacher and provider qualifications/experience/philosophies
- ✓ Be familiar with rights and available services under the law
- ✓ Discuss performance expectations
- ✓ Ask for documentation of progress

## SCHOOL

- ✓ Meet with family and child prior to meeting
- ✓ Assure appropriate and thorough assessment is completed
- ✓ Evaluate preschool placement options for appropriateness
- ✓ Determine teacher/provider qualifications
- ✓ Describe programs, services, expectations, progress monitoring





# Tips for Professionals

- Review/update assessment information and IFSP
- Decide on mutually agreed upon date, time and location for the transition meeting
- Review w/ family what may happen at the meeting
- Familiarize family with district process
- Participant in the Child Find eval., staffing, and initial IEP
- Continue to review Transition Packet/Portfolio and fill out the parts the family wants to share with the receiving program



# Maintain consistent and effective communication

## PARENTS

- ✓ Share information with perspective teachers about child
- ✓ Inform teacher about special circumstances
- ✓ Clarify teacher/staff expectations
- ✓ Find out who is responsible for seeing that services are provided as indicated on the IEP

## SCHOOL

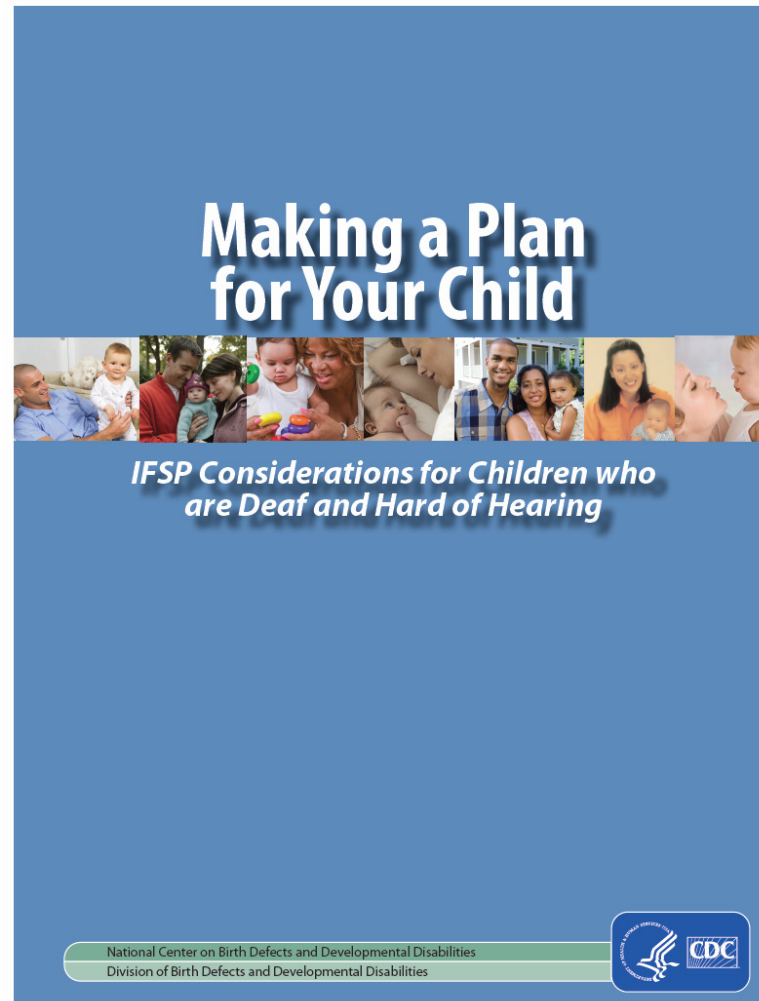
- ✓ Make frequent calls home and provide written notes about the day/week
- ✓ Clarify parent expectations
- ✓ Provide written information about events and opportunities that may be of interest to parents
- ✓ Communicate sensitive information directly to parent rather than through newspapers or word of mouth

# Tools and Tips that Help Families

- IFSP Communication Plan
  - Consider it now! This will help prepare for the school years.
- IEP Meeting Planner
  - A primer for parents to prepare for meetings
- Develop an “Aspiration Plan”
- Beyond the IEP and the Bridge to Preschool(CO)



# Communication Plan for IFSP's



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# Guidance from Part C Encourages Inclusion of Special Factors on IFSPs

## Discussion:

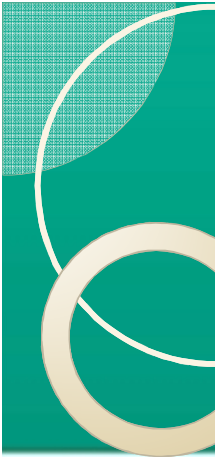
- “...it is the Department’s position that the regulations, as written, adequately address the commenters’ concerns.”
- “Section 303.344(d)(1) requires that each IFSP include a statement of the specific early intervention services that are necessary to meet the unique needs of the child and the family to achieve the results or outcomes identified in the IFSP.”
- “Therefore, each IFSP Team must explore any factor (including, as applicable and appropriate, the factors included in 34 CFR 300.342(a)(2)) that are relevant to an infant or toddler with a disability achieving the results or outcomes identified in his or her IFSP.”



# Unique Considerations (What might get left out of an IFSP if you're not thinking about it)

- The decisions families make for communicating with their child
- **Assistive Technology** (Amplification options, fm system, etc)
- **Family training, counseling and home visits** – families are supported to facilitate as language models and primary advocates for their child.
- **Peers and role models who are deaf or hard of hearing**
- **Family Service Coordinator** should be one of the family's primary service providers. Part C of IDEA states that the family service coordinator is to be "from the profession most immediately relevant to the infant's, toddler's or family's needs (cite IDEA?)
- **\*Qualified, knowledgeable Service Providers...** Those who have expertise, experience, and training, in assessing and working with d/hh kids birth - three, specifically your child's/family's chosen communication option, if known/decided. (Including appropriate certification).
- **Assessments and curriculums that are tailored for children who are d/hh**





9th Circuit ruled that a mainstreamed ASL deaf student struggling with poor standardized test scores and social isolation in the general education setting was still receiving FAPE since she was achieving A's and B's in her classes.

Even though the student had difficulty communicating with teachers and classmates in spite of the support of a sign language interpreter, and while there was a program in a neighboring district for D/HH students that her parents felt would have been a better fit for their daughter, the judge's decision, based on the Rowley precedent, was that the district was providing her with FAPE. (47 IDELR 29 SEA WA 2006)

## **Mode/Method rarely goes our way...**

- ~ instructional methodology is up to the teacher to decide, but relevant to IEP team discussion
- ~ misunderstanding “method of instruction” with “method of communication”
- ~ Caselaw almost always favors school district positions





# How do we advocate for “methodology”?

**Is the D/HH child’s mode of communication being altered or compromised by the school’s chosen methodology?**

- How can this be substantiated with evidence?
- How is the IEP written to guard against this?
- Is the child maintaining age-appropriate language levels with the mode/method of communication being used?
- Is the staff delivering services proficient in... and is the person evaluating staff proficiency qualified to do so?
- Is the method of instruction being delivered via the student’s mode and method of communication?
- Is the child making expected academic progress with the mode/method of communication being used?



# Case Study :

## Transitions Transgressions

- School district has ‘cookie cutter’ approach to school services regarding: Eligibility, school placement, intensity of services, even length of IEP meeting....In walks a transitioning unilateral, additional needs, smart, bright, speech delayed, **INDIVIDUAL WITH UNIQUE NEEDS**. So many laws being broken, where do you start?



# Interactive Breakouts:

## Hot Topics in preschool transition

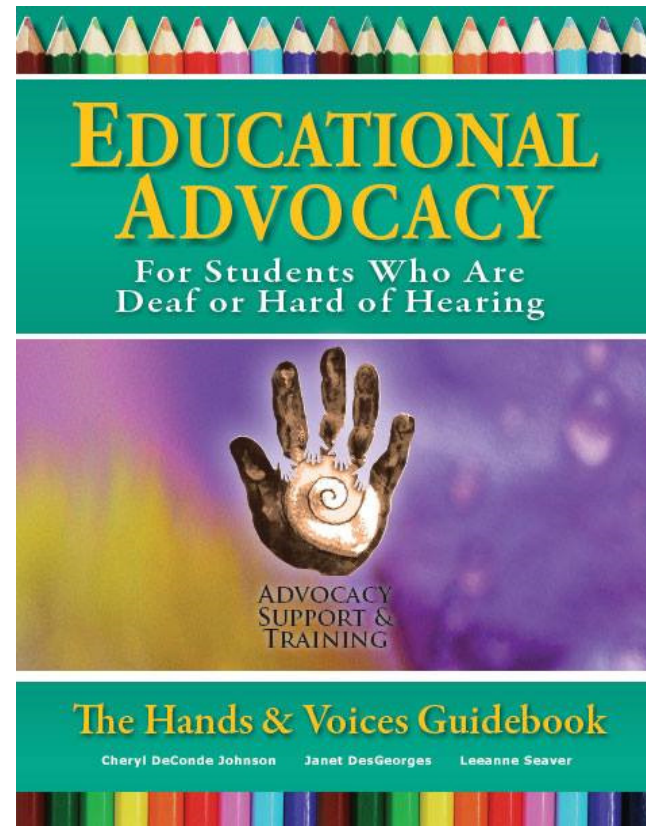
- “They tell me my son is not eligible for special ed. He is doing ‘too well?’”
- “My daughter will have an interpreter in preschool. Is that right?”
- “They don’t want to qualify my child under ‘hearing impairment’...should I make a big deal out of that?”
- “I think my child needs summer services....ESY”
- “The school says I have to drive my child to school”
- “The technology the school wants to use is ancient (FM system etc), what can I do?”
- “My district says no one has experience with my child’s (implant, cued speech, secondary disability...)
- “My district told me my child has to...go the center based program...can’t go to the center based program...has to go to the school for the deaf...never told me about the school for the deaf, has to go to the neighborhood school due to LRE...”
  
- “I think my child needs \_\_\_\_\_, but the school says no.”

**BREAK UP INTO GROUPS OF FOUR – PICK A TOPIC—HOW WOULD YOU RESPOND?**

# HANDS & VOICES INTRO TO THE ASTRA PROGRAM



Lisa Kovacs





# H&V Advocacy



*After years of direct experience with educational advocacy for students who are deaf or hard of hearing, H&V has synthesized the vast resources and experience of our leadership to create this educational advocacy training program.*

*In doing so, we are providing parents, professionals, and other interested stakeholders with a program focused specifically on educational advocacy in the H&V context: a commitment to unbiased support to families regardless of language and communication approaches used by their children.*

# Foundational Values of ASTra



- All ASTra advocates and trainers are committed to the Hands & Voices philosophy and principles, including unbiased support and parent/professional collaboration.
- Uncompromised commitment to supporting families according to their unique needs, priorities, and values. Regardless of geographic location, communication & language, method or mode, without bias, and across the school placement spectrum.
- Belief that empowered families can learn to advocate effectively and independently.
- Supports collaboration with other parent training centers and advocacy organizations.

# Goals of the program



1. Empower more parents in their child's IEP process
2. Influence and transform common dynamics of IEP meetings
3. Identify a group of highly skilled advocates specific to our demographics
4. Distinguish the advocacy training we've been doing for years into a well defined training program
5. Apply consistent advocacy workshops across H&V Chapters
6. Expand and accelerate the development of trained parents and educational advocates





# Program Structure: Three Levels

## **BASIC**

ASTra Basic Training is intended for any individual that seeks the opportunity to increase their knowledge and skills to advocate for their own child, and/or students they work with.

## **Advocate**

ASTra Advocate Training is intended for those individuals who seek to be designated as a H&V ASTra Advocate. This level is for those individuals within H&V who seek to advocate for families as an official representative of their Chapter or GBYS Program.

## **Train the Trainer**

ASTra Train the Trainer is intended for those individuals within the organization who seek to train other parents and/or professionals in Level 1 & 2 required trainings as an official representative of Hands & Voices HQ.

# Level I – Basic ASTra Training



## Intended Audience:

Parents, Family Members, Professionals, Teen Consumers, D/HH Adults

## Purpose:

To create an understanding of the basic components of educational advocacy for children who are D/HH so that they are better equipped to advocate for their child, the children they support, or themselves. Therefore, engaging more parents/family members in the IEP process.

## Outcome:

Participants are able to provide basic educational advocacy for their child, the children they serve, or for themselves. (This is a required level of ASTra training for those participants who have been recommended by their local H&V Chapter to be trained as an ASTra Advocate)

# Level 2 – ASTra Advocate Training



## **Intended Audience:**

Parents, Professionals, D/HH Adults – who have completed an ASTra Advocate Application and received a letter of recommendation from the local H&V Chapter

## **Purpose:**

To develop knowledge and skills to be an effective H&V ASTra Advocate for families regarding the education of children who are D/HH

## **Outcome:**

Participants who successfully complete the training and receive certification by completing all training requirements are able to provide educational advocacy for families who request support through their H&V Chapter

# Level 3 –ASTra Train the Trainer



## **Intended Audience:**

ASTra Advocates who have received a letter of recommendation from their local H&V Chapter & a family who they have advocated for and have met the program requirements to be considered for a H&V ASTra trainer

## **Purpose:**

To develop knowledge and skills to provide ASTra Level 1 & 2 trainings as an official ASTra trainer.

## **Outcome:**

Trainers provide effective Level 1 & 2 training and work collaboratively with their local H&V Chapter, HQ, and other HQ ASTra trainers.

# Level I – ASTra Basic Training Components



1. Pre-requisite – Advocacy 101 Webinar
2. Pre-test
3. Introduction to Special Education
4. A Question of Eligibility
5. The ABC's of FAPE and LRE
6. Procedural Safeguards
7. Assessment and Evaluation
8. IEP's
9. Hands & Voices IEP Meeting Planner
10. Post-test
11. Training Evaluation
12. Possible Certification

# Level 2 – ASTra Advocate Training Components



1. Pre-Requisites – We Are H&V and Supporting Families Without Bias webinars and post-test to webinars
2. Level 2 Pre-test
3. The 4 R's of Advocacy
4. Leaping “Hurdle Talk” in an IEP
5. Advanced Advocacy Strategies and Case Law
6. The Finesse of Advocacy
7. Case Study session
8. Pertinent Hands & Voices Advocacy Document Review
9. Post-test
10. Possible Certification

Level 3 training components are still “under construction”

# ASTra Advocate Level 2 Requirements



- ASTra Advocate Application
- Letter of Recommendation from the local H&V Chapter
- Previous advocacy experienced preferred (although someone could be trained but not receive certification until gaining advocacy experience by being mentored by another experienced ASTra Advocate)
- Personal Advocacy Portfolio
- Submit 3 case studies describing personal IEP meeting advocacy
- Complete state/territory training



# ASTra Recognition Program



## Purpose:

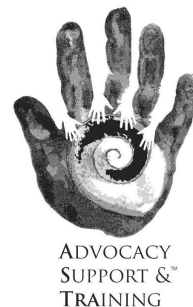
1. Tracks completion of training pre-requisites and required components prior to certification
2. Requires and tracks ongoing professional development on an annual basis
3. Tracks families served and if the Parent Satisfaction Survey is completed
4. Includes an annual self-evaluation process of the ASTra Advocate with the local H&V Chapter

# ASTra Program Operation



- Program Application required by the Local Chapter
  - Can include an agency partner/funder
- Chapter is responsible for recruiting and receiving ASTra Advocate Applications
- Chapter is then responsible for oversight of trained and certified ASTra Advocates
- Director of Programs at HQ provides coordination of initial ASTra trainings and ongoing technical assistance
- Hands & Voices recommends that ASTra Advocates be paid an hourly rate or a stipend however volunteer ASTra Advocates are allowable with funding goals in place by the chapter

# ASTra Program Start-Up Process



## Let's Get This Party Started

1. Chapter prioritizes ASTra goals and objectives
2. Contact Director of Programs with request to either host a Level I ASTra Training or submit an ASTra Program Application
3. If starting an ASTra Program, identify parents with previous advocacy experience
4. Secure program funding (if applicable)
5. Create and submit a program budget with the program application
6. Submit to HQ all ASTra Advocate applications and requirements 2 weeks prior to initial training
7. Secure location for training
8. Confirm training agenda with Trainers

# ASTra

## Advocacy-Support-Training



### Hands & Voices Guidebook

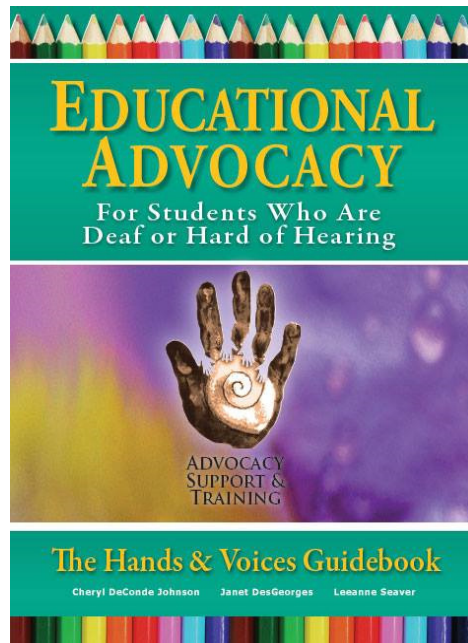
Chapters:

1. Introduction to Special Education
2. Special Considerations
3. A Question of Eligibility
4. The ABC's of FAPE and LRE
5. Assessment and Evaluation
6. IEP's
7. Procedural Safeguards
8. The Four R's of Advocacy
9. Leaping "Hurdle" Talk
10. Advanced Advocacy and Case Law
11. The Finesse of Advocacy

Appendix

<http://www.handsandvoices.org/resources/products.htm#astra>

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# H&V Pertinent Advocacy Tools

1. IEP Meeting Planner
2. IEP/504 Checklist
3. Pop-Up IEP
4. P.E.I. “Parent Education Initiative”
5. PARC: Placement and Readiness Checklist
6. D/HH Self-Advocacy Inventory
7. Sample Communication Plan
8. Placement Considerations Checklist
9. Functional Listening Evaluation
10. O.U.R. IFSP/IEP/504 Safety Attachment
11. ASTra Advocacy Request Form



ADVOCACY  
SUPPORT &  
TRAINING

# H&V Supporting Advocacy Documents & Articles



## Articles:

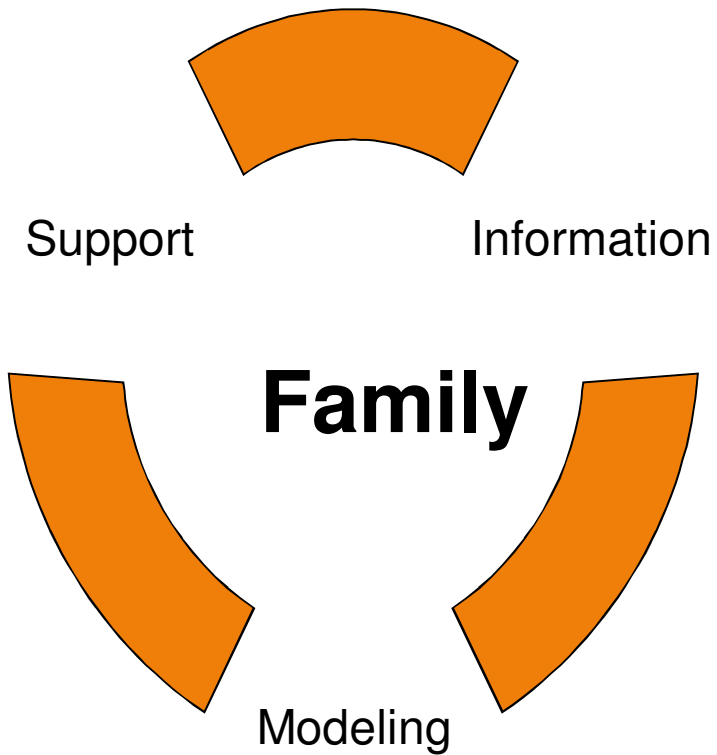
- Eligibility Survivor Guide
- Transition to Pre-School
- One Year's Growth in One Year's Time- Expect No Less
- Tips for Successful Inclusion

## Documents:

- IDEA 2004 Key Regulations Pertaining to Audiology and Deaf Ed
- Comparison of Pertinent Areas of IDEA, Part B, 504, & ADA
- General Provisions of IDEA Part C and B

Even more can be found at [www.handsandvoices.org/ASTra](http://www.handsandvoices.org/ASTra)

# Hands & Voices Model of Support





# Beginning with the end in mind **ULTIMATE IMPACT**



## Stages of Advocacy

1. Parent Driven/Child Responsive
2. Parent Driven/Child Input
3. Parent Driven/Child Driven
4. Child Driven/Parent Input
5. Child Driven/Parent Responsive



# Advocacy stories from families



*“Hands & Voices was right by my side, taught me about the Education Laws, went to IEP meetings and made me a stronger parent. I now have the knowledge and courage I need to ensure my child has the proper education that meets her specific needs. She never passed judgment of our mode of communication. We started out using Signing Exact English, now Sarah is oral. Thank you, Hands & Voices, with all of my heart.*

Melissa Ebbing

Sarah Ebbing (Cochlear implant – left, Hearing aid – right, Auditory Neuropathy) Age 5, twin

# Another story...



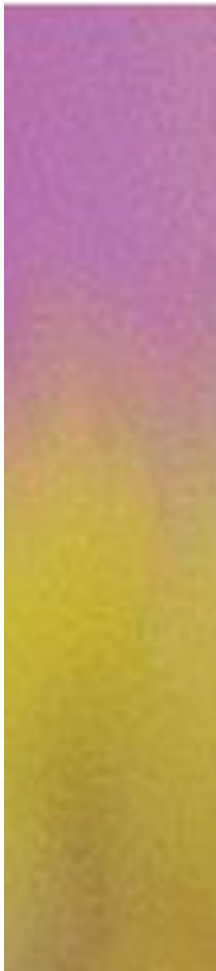
*“Hands & Voices is an amazing organization! They stepped in to guide us when we adopted our daughter who was hearing impaired and we didn't know who to turn to for help. Our daughter couldn't communicate AT ALL and she wasn't making any progress at the public school. Hands & Voices attended multiple IEP meetings with us to advocate for our daughter's right to a free and appropriate education. Because of Hands & Voices, our daughter is flourishing and living a rich and wonderful life!*

*Cindy Johnson*

**In the end... Happy kids who were given the opportunity to reach their full potential!**







ADVOCACY  
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