



# Determination of Eligibility for Michigan Mandatory Special Education for Infants and Toddlers, Birth to Age Three, Deaf or Hard of Hearing Guidance

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Michigan Department of Education

Office of Special Education

Office of Great Start

Low Incidence Outreach

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# Determination of Eligibility for Michigan Mandatory Special Education for Infants and Toddlers, Birth to Age Three, Deaf or Hard of Hearing Guidance

## Purpose

The purpose of this document is to provide guidance for the determination of [Michigan Mandatory Special Education \(MMSE\) eligibility](#) for infants and toddlers, birth to age three, who are deaf or hard of hearing (DHH) as defined by the *Michigan Administrative Rules for Special Education (MARSE)*.

Persons who will be able to utilize this guidance include:

- Part C personnel (including special education personnel) considering a referral of an infant or toddler.
- Multidisciplinary evaluation team (MET) members.
- Individualized Family Service Plan (IFSP) team members, including a parent or guardian.
- Administrators.

This document serves to clarify the eligibility process to ensure:

- Consistent practice among school districts within and across counties.
- Compliance with Michigan special education law and administrative rules.
- Implementation of best practices.
- Appropriate determination of eligibility within this category.

## Acronyms

**ASL** – American Sign Language

**ABR** - Auditory Brainstem Response

**DHH** – Deaf or Hard of Hearing

**EHDI** – Early Hearing Detection and Intervention

**ENT** – Ear, Nose, Throat Physician (Otolaryngologist)

**ESA** – Educational Service Agency

**IDEA** – *Individuals with Disabilities Education Act*

**IEP** – Individualized Education Program

**IFSP** – Individualized Family Service Plan

**ISD** – Intermediate School District

**JCIH** - Joint Committee on Infant Hearing

**MARSE** – *Michigan Administrative Rules for Special Education*

**MDE-LIO** – Michigan Department of Education-Low Incidence Outreach

**MMSE** – Michigan Mandatory Special Education

**MSD** – Michigan School for the Deaf

**MET** – Multidisciplinary Evaluation Team

**OAE** – Otoacoustic Emissions

**RESA** – Regional Educational Service Agency

**RESD** – Regional Education Service District

**TOD** – Teacher of the Deaf

## **Applicable Regulations**

### **Individuals with Disabilities Education Act (IDEA)**

#### ***34 CFR §303.21 Infant or toddler with a disability.***

(a) Infant or toddler with a disability means an individual under three years of age who needs early intervention services because the individual—

- (1) Is experiencing a developmental delay, as measured by appropriate diagnostic

instruments and procedures, in one or more of the following areas:

- (i) Cognitive development
  - (ii) Physical development, including vision and hearing
  - (iii) Communication development
  - (iv) Social or emotional development
  - (v) Adaptive development; or
- (2) Has a diagnosed physical or mental condition that—
- (i) Has a high probability of resulting in developmental delay, and
  - (ii) Includes conditions such as chromosomal abnormalities, genetic or congenital disorders, sensory impairments, inborn errors of metabolism, disorders reflecting disturbance of the development of the nervous system, congenital infections, severe attachment disorders, and disorders secondary to exposure to toxic substances, including fetal alcohol syndrome.

***34 CFR §303.321 Evaluation of the child and assessment of the child and family.***

***(a) General.***

- (1) The lead agency must ensure that, subject to obtaining parental consent in accordance with 34 CFR §303.420(a)(2), each child under the age of three who is referred for evaluation or early intervention services under this part and suspected of having a disability, receives –
- (i) A timely, comprehensive, multidisciplinary evaluation of the child in accordance with paragraph (b) of this section unless eligibility is established under paragraph (a)(3)(i) of this section; and
  - (ii) If the child is determined eligible as an infant or toddler with a disability as defined in §303.21—
    - (A) A multidisciplinary assessment of the unique strengths and needs of that infant or toddler and the identification of services appropriate to meet those needs;

- (B) A family-directed assessment of the resources, priorities, and concerns of the family and the identification of the supports and services necessary to enhance the family's capacity to meet the developmental needs of that infant or toddler. The assessments of the child and family are described in paragraph (c) of this section and these assessments may occur simultaneously with the evaluation, provided that the requirements of paragraph (b) of this section are met.

## [Michigan Administrative Rules for Special Education \(MARSE\)](#)

### ***R 340.1701b Multidisciplinary evaluation team***

(b) “Multidisciplinary evaluation team” means a minimum of two persons who are responsible for evaluating a student suspected of having a disability. The team shall include at least one special education teacher or other specialist who has knowledge of the suspected disability.

### ***R 340.1707 Deaf or hard of hearing defined; determination***

- (1) The term “deaf or hard of hearing” refers to students with any type or degree of hearing loss that interferes with development or adversely affects educational performance. “Deafness” means a hearing loss that is so severe that the student is impaired in processing linguistic information through hearing, with or without amplification. The term “hard of hearing” refers to students who have permanent or fluctuating hearing loss that is less severe than the hearing loss of students who are deaf and that generally permits the use of the auditory channel as the primary means of developing speech and language.
- (2) A determination of impairment must be based upon a full and individual evaluation by a multidisciplinary evaluation team, which shall include an audiologist and an otolaryngologist or otologist.

### ***R 340.1862 Individualized family service plan; timelines; eligibility***

- (1) Eligibility for Michigan special education services for all children with a disability birth to age three shall be determined by and documented in an individualized family service plan.

- (2) Evaluations conducted to determine eligibility for Michigan special education services shall meet the requirements of 34 CFR part 303 and R 340.1705 to R 340.1717.
- (3) Determination of eligibility for Michigan special education services, for a child, birth to three, with a disability shall follow all timelines and requirements pursuant to 34 CFR part 303.310(a).
- (4) Special education services for children birth to three with disabilities shall be all the following:
  - (a) Determined by the child’s individual needs and specified in an individualized family service plan.
  - (b) Provided by an approved or endorsed early childhood special education teacher or approved related services staff.
  - (c) Provided for not less than 72 clock hours over one year. The timeline begins upon receipt of signed parental consent to provide services.
  - (d) Provided in an appropriate early childhood setting, school setting, community setting, or family setting.
  - (e) Have a parent participation and education component.
- (5) Approved related services staff shall work under the educational direction of an approved or endorsed early childhood special education teacher.

## Considerations

### Educational Performance

Since infants and toddlers are not typically in a school-based setting, examining how a child functions within a daily routine, while taking into consideration the family’s culture, is necessary. 34 CFR §300.304(b)(ii) clarifies that progress in the general curriculum, for a preschool-age child, is participation in age-appropriate activities. Therefore, “**functional performance**” for infants and toddlers is the equivalent of “educational performance” for school-age children.

### Hearing Status Versus Hearing Loss

The term “hearing loss” is often used to describe the result of a barrier or interruption of sound to the brain. However, words can unintentionally cause hurt or offense when used

in a way to describe the loss versus focusing on the impact for the child and family. In this document, every effort was made to use person-first language when describing “children who are identified as deaf or hard of hearing.” Additionally, the document refers to a child’s “hearing status” or “atypical hearing level(s).” This allows for respectful discussion regarding the needs of infants and toddlers who have hearing levels at the mild to profound range, without the potential of disrespect or any negative connotation associated with the word “loss.” With appropriate interventions and access to language, children who are deaf or hard of hearing can have the same educational opportunities and growth as their peers with typical hearing level(s).

### **Hearing Status and Cultural Identity**

Individual hearing abilities can fluctuate over time ranging from bilateral deafness to difficulties hearing a specific frequency in one or both ears. The committee recognizes the importance of cultural identity amongst individuals who experience a range of hearing abilities. Self and cultural identity is developed over time based on an individual’s family, school, and social experiences. This document provides guidance for identifying infants and toddlers from birth to age three who are deaf or hard of hearing as defined by the MARSE, regardless of their fluctuating hearing levels and later development of cultural identity.

### **Determining Eligibility for DHH**

Eligibility for special education under DHH should be considered for any child with atypical hearing level regardless of the degree or configuration of that hearing level. Eligibility under DHH does not require a developmental delay. A child with unilateral, mild, and/or fluctuating hearing level, as evaluated by an audiologist and an otolaryngologist or otologist, is at risk for experiencing limited access to language development opportunities and should be considered for eligibility. It is best practice to utilize a pediatric audiologist or educational audiologist who has training in testing infants and young children to determine the hearing level. The Michigan [Early Hearing Detection and Intervention Program](#) maintains a list of [Infant Diagnostic Audiology Facilities by County](#) that follow Best Practices in Pediatric Diagnostic Audiology on the [Early Hearing Detection and Intervention \(EHDI\)](#) website. Contact EHDI at 517-335-8878 if a qualified audiologist is not available in the family’s area.

When evaluations and assessments are being conducted, evaluators need to:

- (1) Determine if hearing assistive technology (such as hearing aids and cochlear implants) has been recommended and is in use during the evaluation.
- (2) Ensure the device and all associated components are in good working order.
- (3) Conduct the evaluation in the child's mode of communication if the child's mode of communication has been determined. If the primary mode of language in the home is American Sign Language (ASL) or another visual mode of communication, the professional conducting the evaluations and assessments with the child/family should be proficient in that chosen mode of communication. However, an interpreter may need to be enlisted if an evaluator proficient in ASL is not available.

It is highly recommended that a certified teacher or teacher consultant with a DHH endorsement participate in the evaluation, assessments, and/or the collection of documentation surrounding eligibility and potential services for the child and family. If access to a certified teacher or a teacher consultant with a DHH endorsement is not available through your intermediate school district (ISD), consider contracting with neighboring ISDs for a person with those qualifications. You may also consider contacting the [Michigan Department of Education-Low Incidence Outreach \(MDE-LIO\)](#) for assistance. The information-gathering process to determine eligibility includes the following steps:

- Evaluation
- Data Collection
  - Review of Existing Evaluation Information
  - Parent Interview/Parent Input
  - Direct Observations
  - Evaluation Tools
- Data Analysis
- Additional Evaluation and Assessment Considerations
  - Considerations for Culturally and Linguistically Diverse Children
  - Evaluation of Co-Occurring Disabilities

## Evaluation

Evaluation is the procedure used by qualified personnel to determine a child's initial and continuing eligibility (34 CFR §303.321). A multidisciplinary evaluation team, consisting of a minimum of two persons, is responsible for evaluating a child suspected of having a disability (R 340.1701b(b)). The multidisciplinary evaluation team for the eligibility category of deaf or hard of hearing shall include at least one special education teacher or other specialist with knowledge of the suspected disability, an audiologist, and either an otolaryngologist or otologist. (R 340.1701b(b) and R 340.1707)

It is highly recommended that a certified teacher or teacher consultant with a DHH endorsement is included on the evaluation team. The teacher or teacher consultant will work with the family to identify strengths and challenges in listening and spoken language skills and/or other visual modes of communication within the home and community environments. Assessing skills within the framework of a family-centered approach within natural environments and the routines of the family are an important part of identifying the needs of the child and the family. The [Joint Committee on Infant Hearing \(JCIH\)](#), a national committee that addresses the importance of early identification, intervention, and follow-up care of infants and young children, stresses the importance of a 'specialized provider' when working with infants and toddlers who are deaf or hard of hearing. A specialized provider will have formal, specialized education and training specific to infants and toddlers who are deaf or hard of hearing. A teacher (or teacher consultant) with the DHH endorsement has received this type of specialized education and training.

Additional evaluators with training in identifying the needs of infants and toddlers, who are deaf or hard of hearing, may include one or more of the following:

- Speech Language Pathologist
- Educational Audiologist
- Early Interventionist
- Related Service Provider

According to the [Michigan Part C State Plan](#), adjusting for prematurity is needed for every child born earlier than 37 weeks gestation. This adjustment should continue until the child reaches the chronological age of 24 months. After the child is two years old (chronologically), adjustments for prematurity are discontinued.

For all children ages birth to three, the evaluation must be multidisciplinary and include all of the following domains:

- Physical development (vision and hearing).
- Cognitive development (thinking, learning, and playing).
- Communication development (talking, listening, and understanding).
- Social or emotional development (feelings and getting along with others).
- Adaptive development (self-help skills and coping).

### **Data Collection**

Although Part C of the IDEA and the MARSE identify required evaluators (as specified above), it is important to understand the type of data these evaluators should be addressing. For example:

- **Input from an otologist or otolaryngologist:** The otologist or otolaryngologist completes an evaluation which typically includes a comprehensive medical history to identify the presence of risk factors for congenital or delayed-onset childhood hearing loss; a physical examination of the structures of the head and neck, including the ears; and an assessment of conductive hearing changes related to debris/fluid in the ear canal and/or middle ear.
- **Input from an Audiologist:** An Audiologist completes an audiological evaluation which typically includes a battery of tests. These tests may include but are not limited to Auditory Brainstem Response (ABR), Otoacoustic Emissions (OAE), tympanometry, or behavioral audiometry. A written report may include the degree, configuration, and type of hearing status and amplification management recommendations, if determined appropriate.
- **Input from the special education teacher or other specialist who has knowledge of the suspected disability:** This input would encompass how the child's hearing status currently impacts all areas of development as well as how these developmental areas could be impacted in the future.

## ***Review of Existing Evaluation Information***

It is important to conduct a comprehensive review of existing relevant information related to the impact of the hearing status on development. For infants and toddlers, relevant information may include input from, but is not limited to, the following sources:

- Childcare providers from the Michigan Department of Health and Human Services
- *Early On*® Michigan
- Early Head Start
- Educational audiologist
- Family
- Other health care providers
- Outpatient therapy programs
- Outside medical reports
- Physicians
- Teacher consultants for students who are deaf or hard of hearing
- University based programs

## ***Parent Interview/Parent Input***

When conducting an evaluation, no single procedure may be used as the sole criterion for determining a child's eligibility, as required in 34 CFR §303.321. Information about the child's medical and educational history, the child's level of functioning in each of the developmental areas, family concerns, resources, and priorities are valuable and required pieces of a thorough evaluation. Gathering information from other sources such as family members, other caregivers, medical providers, social workers, and educators, if necessary, help to understand the full scope of the child's unique strengths and needs.

Parents and caregivers provide critical information about the child's language and communication needs and developmental milestones. A structured interview with people familiar with the child's demonstration of skills and behaviors should take place to gather this information. Communication plans, while not required in Michigan, can be a useful tool to assist with the interview process. The [Michigan Communication Plan](#), as one example, can be found on the [MDE-LIO website](#). When the team works together to

complete the plan, there is greater understanding of the child’s language and communication needs and preferences.

It is important to gather information in a way that is respectful of parent decisions and the American Deaf culture<sup>1</sup> and considers preferences demonstrated by the child. Parents of infants and toddlers may be in the beginning stages of understanding the implications of their child's hearing status and its impact on their development and may need support in this early identification stage. It is essential to not impose bias toward any language or communication approaches or hearing assistive technology when collecting or sharing information with families.

### ***Direct Observations***

Direct observations in a variety of natural environments (e.g., home, childcare, playgroup), across several days provides valuable information. Comprehensive observations can provide a more accurate picture of how the infant or toddler communicates, interacts, and responds to varying stimuli and demands as compared to same-aged peers. Observations should also include the child’s use of spoken and/or sign language(s), speech, auditory skills, and use of any recommended hearing assistive technology. Consistent behavioral patterns across observations increase the validity of the presence or absence of relevant behaviors. It is strongly recommended that members of the evaluation team conduct multiple observations across contexts.

### ***Evaluation Tools***

A combination of evaluation methods and tools are required to yield the most culturally-sensitive and linguistically-valid results. Evaluation tools may include use of:

- Norm-referenced standard scores
- Criterion-referenced scores
- Developmental benchmarks/scales/checklists

Any type, degree, or configuration of atypical hearing can have an impact on the child’s access to the sounds of speech necessary for the appropriate development of speech,

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<sup>1</sup> Gallaudet University faculty Dr. Beth Sonnenstrahl Benedict and student Jannelle Legg authored an article defining [American Deaf Culture and Community](#) that includes a group of people who are deaf and who have their own language (ASL) and share a common history, values, and experiences.

language, and learning milestones. The evaluation team needs to integrate the hearing status information and consider the adverse impact that hearing status can have on listening, speech and language development, and overall functional performance of the child. The evaluation must include the use of tools that are valid and reliable.

Standardized evaluation tools can be difficult for very young children when administered by individuals unfamiliar to the child and may present the child with unfamiliar tasks. A child's performance may be impacted by, but not limited to, shyness, interest, motivation, cooperation, fatigue, and the ability to understand and attend to the tasks assigned. External factors need to be considered when interpreting results. The evaluation team needs to consider the following areas of development, as appropriate, when assessing the child:

- Auditory skill development
- Receptive (comprehension) language skills
- Expressive (production) language skills
- Pragmatic (functional/social) language skills
- Speech production
- American Sign Language (ASL)

There are many potential assessment tools available. One source on available tools, [Assessment Resource Guide for Students Who are Deaf or Hard of Hearing](#), can be found on the [MDE-LIO website](#).

### **Data Analysis**

The IFSP Team will analyze all data gathered to determine whether the child's hearing status impacts language, communication, or other areas of development. A child can be determined eligible for MMSE as a child who is deaf or hard of hearing with any type, degree, or configuration of atypical hearing level including permanent or fluctuating. Documentation from the otologist/otolaryngologist and the audiologist are required.

### **Additional Evaluation and Assessment Considerations**

Standardized evaluations are only one source of data. Standard scores are not necessarily a true assessment of impact on a young child's ability to participate in age-appropriate activities. Age equivalent scores, percentage of delay, family impact, functional checklists,

observation of the child in natural environments, medical reports, and information about the diagnosis are all valid sources of data. Eligibility determination is based on an analysis of comprehensive data from a variety of sources.

Rather than focusing on educational performance, the DHH evaluation should consider the impact of a child's hearing status on his or her ability to participate in age-appropriate activities. A child who is deaf or hard of hearing may or may not experience impact in multiple areas of development and learning, including self-care, motor skills, language, social, and behavior.

### ***Considerations for Culturally and Linguistically Diverse Children***

The multidisciplinary evaluation team looks at the child in the context of the family and culture, interpreting information about the child in the child's environment. Evaluation and assessment tools and procedures must be nondiscriminatory not only on the basis of the child's disability, but also on the basis of the child's and family's race, culture, home language, and preferred mode of communication.

All evaluations and assessments of the child must be conducted in the native language of the child unless clearly not feasible to do so. This can include ASL and/or languages other than English. If a child is learning more than one language, the assessment should include the child's skills in all languages available to the child. Using an interpreter during evaluations and assessments for a child who is learning more than one language is important because the team must describe the child's comprehension, expression, and social communication skills in all languages available to the child.

Family culture and choices regarding amplification and communication must be considered and respected when completing the evaluation.

### ***Evaluation of Co-Occurring Disabilities***

According to [Demographics of Deaf Education: More Students in More Places](#), infants and toddlers who are deaf or hard of hearing may have physical, emotional, or learning needs that are not related to their hearing status. Children may qualify under other special education categories depending on their primary need. All areas of suspected disability must be considered.

When children are found eligible for MMSE under another disability category they may also receive services and supports from skilled provider(s) with training in supporting

students who are deaf or hard of hearing. A child with an IFSP is entitled to services and supports that meet their identified needs.

## Eligibility Recommendations

After the evaluation is completed, the IFSP Team determines if the student is eligible for programs and services. According to R 340.1707, “the term deaf or hard of hearing refers to students with any type or degree of hearing loss that interferes with development or adversely affects educational performance.” There is abundant evidence that atypical hearing level of any degree and configuration results in developmental delays if appropriate early intervention is not provided. Eligibility under DHH does not require a developmental delay, but rather that a medical diagnosis exists and the child’s ability to fully participate in age-appropriate activities is adversely impacted. Eligibility recommendations for an infant or toddler birth to age 3 who has been identified as deaf or hard of hearing, should focus on “functional performance,” or how the hearing status adversely impacts the child’s ability to communicate, acquire language, and function within daily routines.

Children with typical hearing acquire and develop language(s) naturally through daily exposure to spoken language while interacting with families, peers, and community members. Children who are deaf or hard of hearing experience barriers to this process due to lack of access to sounds and spoken language. Any type or degree of atypical hearing level can impact the development of auditory skills and the acquisition of spoken language. A child who is deaf or hard of hearing can acquire visual language through ASL if given access to proficient language models. Therefore, it is imperative that an infant or toddler identified as deaf or hard of hearing have access to intervention services from skilled providers as soon as possible to support language acquisition.

Given appropriate intervention, family support, and access to proficient language models (spoken language and/or ASL), children who are deaf or hard of hearing may acquire and develop language(s) commensurate with their typically hearing peers. Without this early intervention, children with atypical hearing levels may struggle for years with delayed language skills. Language delays impact communication, literacy, concept development, social skills, and school readiness.

## Service Provision

A child, birth to age three, found eligible for MMSE under the category of DHH would have access to special education services. This could include services from a certified teacher or teacher consultant with a DHH endorsement, sometimes referred to as a teacher of the deaf (TOD). A TOD has completed extensive coursework and practical experiences specific to various methodologies and strategies for children identified as deaf or hard of hearing. In addition to a TOD, other specialized providers could include educational audiologists, speech language pathologists, or other early interventionists who have completed formal, specialized education and training specific to infants and toddlers who are deaf or hard of hearing. These specialized providers are highly recommended due to the differences in how children who are deaf or hard of hearing develop language.

Services are designed to meet the developmental needs of each child under *Early On* and the needs of the family related to enhancing the child's development. The child's IFSP Team must make a data-based decision to determine appropriate services in order to meet the outcomes identified by the team. The child's eligibility does NOT dictate the program or service. Each IFSP Team will carefully consider the most appropriate setting(s) most likely to achieve the outcomes desired. The team may determine that settings other than the natural environment are most appropriate, but only when the early intervention services cannot be achieved satisfactorily in a natural environment. Considerations for service delivery include the qualifications of the provider(s) who best meet the child's needs.

## Termination of Eligibility

A toddler's eligibility for special education under the MARSE does not terminate because the child ages out of Part C. At age three, special education services are provided through an individualized education program (IEP) versus an IFSP process.

Special education **eligibility** is terminated when:

- A reevaluation results in a determination through the IEP or IFSP Team (depending on the age of the child) that the child no longer meets eligibility criteria for any eligibility category.

- A parent declines the provision of special education programs and services (revocation of consent for Part B special education services).

Special education **services** are terminated when:

- A reevaluation results in a determination through the IEP or IFSP Team (depending on the age of the child) that the infant or toddler no longer needs special education services.
- A parent declines the provision of special education programs and services (revocation of consent for Part B special education services).

## Resources/Citations

- [Alexander Graham Bell Association for the Deaf and Hard of Hearing: Families-Early Intervention](#)
- [American Speech Language and Hearing Association](#)
- [American Speech-Language-Hearing Association Hearing and Balance](#)
- [Assessment Resource Guide for Students Who are Deaf or Hard of Hearing, Michigan Department of Education-Low Incidence Outreach](#)
- [Division for Early Childhood \(DEC\) Recommended Practices](#)
- [Early Hearing Detection and Intervention \(EDHI\)](#)
- [Gallaudet University – Laurent Clerc National Deaf Education Center: Setting Language in Motion: Family Supports and Early Intervention for Babies Who are Deaf or Hard of Hearing](#)
- [IDEA 2011 Part C Regulations](#)
- [Initial Specialty Set: Deaf and Hard of Hearing, Council for Exceptional Children](#)
- [Joint Committee on Infant Hearing \(JCIH\) Year 2019 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs](#)
- [Michigan Administrative Rules for Special Education \(MARSE\) With Related IDEA Federal Regulations](#)
- [Michigan Department of Education-Low Incidence Outreach](#)
- [NASDSE: Optimizing Outcomes for Students who are Deaf or Hard of Hearing](#)

- [National Center for Hearing Assessment and Management \(NCHAM\)](#)
  - [NCHAM: “Just in Time” Resources](#)
  - [NCHAM: Family Support and Partnership](#)
- [US DOE: Deaf Students Education Services-Policy Guidance](#)

## Definitions of Terms

**Audiologist:** A licensed hearing health-care professional who evaluates atypical hearing and balance issues. Audiological assessments are performed by licensed or certified pediatric audiologists, audiologists, or educational audiologists.

**Bilateral:** Atypical hearing level is present in both ears.

**Conductive:** Occurs when sound is blocked from traveling through the outer and middle ear.

**Congenital:** Present from birth.

**Fluctuating Hearing Level:** Hearing level that frequently changes.

**Hearing Evaluation:** A complete hearing test which includes diagnostic assessments to determine specific type, degree, and configuration of hearing level as well as possible treatment options.

**Hearing Screening:** A quick hearing test that yields a “pass” or “refer/fail” result. If a child does not pass a hearing screen, more in-depth diagnostic testing is required to determine the hearing level.

**Individuals with Disabilities Education Act (IDEA):** The *Individuals with Disabilities Education Act* (IDEA) is a law that makes available a free appropriate public education to eligible children with disabilities throughout the nation and ensures special education and related services to those children.

The IDEA governs how states and public agencies provide early intervention, special education, and related services to more than 7.5 million (as of school year 2018-2019) eligible infants, toddlers, children, and youth with disabilities.

**IDEA Part B:** Children and youth ages 3 through 21 receive special education and related services under IDEA Part B. Part B includes provisions related to formula grants that assist states in providing a free appropriate public education in the least restrictive environment for children with disabilities ages three through 21.

**IDEA Part C:** Infants and toddlers, birth to age three, with disabilities and their families receive early intervention services under IDEA Part C. Part C includes provisions related to formula grants that assist states in providing early intervention services for infants and toddlers birth through age three and their families.

**Michigan Administrative Rules for Special Education (MARSE):** The MARSE outlines specific requirements regarding how special education is to be implemented in Michigan for children/students ages 0 to 26.

**Mixed hearing:** Occurs when hearing level is impacted in both conductive and sensorineural pathways.

**Otolaryngologist/Otologist:** A physician and/or surgeon who identifies, treats, and manages a wide range of diseases of the head and neck including ear, hearing, and vestibular disorders. An otologist is a board-certified Otolaryngologist who specializes in medical and surgical care of patients with diseases that affect the ears, balance system, temporal bone, skull base, and related structures of the head and neck. An otolaryngologist/otologist is sometimes referred to as an ENT (Ear, Nose, and Throat).

**Sensorineural hearing:** Occurs when an anomaly is present in the inner ear, the auditory nerve, or the brain.

**Unilateral:** Atypical hearing level is present in one ear only.

For more information about these terms, please refer to the:

- [American Speech-Language-Hearing Association Hearing and Balance](#)
- [IDEA Statute and Regulations](#)
- [Michigan Administrative Rules for Special Education \(MARSE\) With Related IDEA Federal Regulations](#)
- [National Center for Hearing Assessment and Management](#)

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