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How to Advocate for Educational Audiology Recorded Aug 21, 2019

Presenter: Kym Meyer, MS, CCC-A
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- [Christy] At this time, it is my pleasure to introduce Kym Meyer, who will presenting "How to advocate "for educational audiology." Kym Meyer is an Educational Audiologist and Certified Teacher. She serves as Director of Public School Partnerships at The Learning Center for the Deaf in Framingham, Massachusetts. Previous positions include Massachusetts Eye and Ear Infirmary and the Helen Keller National Center. Public School Partnerships was created in 2001 and provides educational audiology and teacher of the deaf support for students with hearing loss in public schools throughout Massachusetts. Kym is a graduate of Hofstra in Gallaudet University and is currently a PhD candidate in Special Education Policy at The University of Massachusetts Amherst. Thank you for being with us today Kym and at this time, I hand the mic over to you.

- [Kym] Thank you very much and thank you to everyone who came back, I apologize for the last time, it was my technology issues, but I'm glad we're back here and back on. So I'm gonna, if just to look at this first slide, I use Twitter on a very regular basis, and so if you use Twitter, please feel free to connect with me using this, using my, sorry I'm learning how to use the pointer here. And we're gonna address this hashtag throughout the presentation #EdAudAdvocacy, so just stay tuned where that's concerned. So after this course, these are some of the learning outcomes we're gonna address. Participants are going to be able to identify services that educational audiologist can provide. We're gonna talk about ways, how educational audiologist can collaborate with other professionals. Discuss laws that support access to educational audiology services. And then identify resource to advocate for those services. It's really important that clinical audiologists and parents partner together to advocate for educational audiology services. Parents can make effective change when they know what to advocate for. Parent advocacy is the reason that special education laws were passed in the first place in the 1970's. So we're gonna talk about special education law, IDEA, the Individual with Disabilities Education Act, but I think the overall picture I'd like everyone to take away from today is don't just accept when schools say we don't have that service here. There are ways to advocate to make that service happen.

I wanna talk a little bit about this slide. This came from the Research for Outcomes with Children with Hearing Loss Study, which is a terrific resource for audiologists and you can access it in the resources. There's a link to it. What's important here is this study was a multi site longitudinal study of 370 children. They looked at children with mild to severe hearing losses in 16 states, preschool through fourth grade. This page talks about the frequency of how many speech pathologists, how often speech pathologists, and teachers of deaf, actually communicated with audiologists that they were working with. It's important for us to start looking at, I wanna look at these colors here. So this light blue really talks about they had a daily interaction with an audiologist. The orange is they have weekly interaction. The gray is monthly. Yellow is three to four times a year. One to two times a year, this darker blue. And sadly the green is never. And the lines on the left regard preschool service delivery and over here is school age service delivery.

And I think the big take away is that the amount of audiology services that speech pathologists and teachers of the deaf have access to is quite variable. There's, in some cases, like for example here. School age speech pathologists, 20% of those SLP's, never had an interaction with an audiologist at all. For preschool it was about 25% never had an interaction with an audiologist. For children in public schools who are hard of hearing, need to make sure that they are doing the right things audilogically for these kids. So we wanna be sure that they have some connection to an audiologist as we go along. This is also from the Outcomes of Children with Hearing Loss Study, and this poster can be downloaded from their website. The Outcomes of Children with Hearing Loss Study, they looked at evidence based hearing aid fitting and verification measures and they also looked at the amount of time that children were using their hearing aids through data logging. And what they found was 30% of hard of hearing children had hearing aids that were not fit to optimize speech perception, so it's really important that clinical audiologist and educational audiologist work together to ensure that hard of hearing children are constantly wearing their technology and that audiologists who are doing hearing aid fittings are using evidenced based hearing aid

fitting practices. The challenge is when we don't have an audiologist in the schools we're not sure if the child is wearing their hearing aids all day at school. We're gonna talk a lot today about school based personnel and their overlapping but importantly different expertise. We're also gonna talk quite a bit about scope of practice and what that means for educational audiologist, teachers of the deaf, and speech language pathologist. So what do laws say related to children with hearing loss? We're gonna go through a number of different laws and what that means for them. So the laws that cover students with hearing loss in school, the first one we're gonna talk about is IDEA, or the Individuals with Disabilities Education Act, and this is really special education law. The children who qualify under IDEA, will receive an individual education program or an IEP. For students who don't qualify for an IEP, actually how do students qualify for an IEP?

When we talk about an IEP, it's students who need specialized instruction. Which means they need some aspect of their curriculum modified in order to access that curriculum. For students who don't need the curriculum modified, but they just need the ability to access the regular curriculum, those children would get a 504 plan, so a 504 is an anti-discrimination, civil rights statute that requires the needs of students with disabilities to be met as adequately as students without disabilities or an access law. School audiology services are available through both IDEA and 504. The next few slides contain specific wording about audiology services within IDEA. I'm not gonna read them all the way through, but I want you to be aware that audiology is outlined in educational laws as they relate to students with hearing loss. It's also important to realize that what we know about students with hearing loss in schools is that every state is required to submit the number of students with that disability to the federal government. And so of all students on IEP's in the United States, only 1% of all of the students on IEP's have a primary disability of hearing loss. So when we're talking about hearing loss and public schools, it's a very small number. Like I said 1%. A very small number of what special education directors understand. And so this is why having specific expertise in hearing loss is important. So the first regulation we're

gonna talk about is 300.34 which is Related Services. And Related Services are a number of different services that are listed here, but there are support services required to assist a child with a disability to benefit from special education. So speech pathology is included, occupational therapy, physical therapy, nursing, and audiology services is stated there. This in order, and this is for all children with disabilities, not just children with hearing loss. This is so if the child needs related services to access the curriculum in order to receive FAPE, so it's F-A-P-E, a Free and Appropriate Public Education. And they would need, the school district, needs to go through this list to determine which of these related services does a child with a disability need. And as we know, children with hearing loss, do need audiology services. So this regulation continues and defines all of those related services. I'm just gonna, the next two slides have the audiology definition listed.

So audiology includes identification with hearing loss, determining the range, nature and degree of hearing loss, oral rehab, and now you might think it's interesting, because some audiology, some educational audiologist in the United States have booths directly in their schools. So a child would walk down the hall and actually get their hearing tested within the school district, within the school setting. But then there are other parts of the country that have schools that were built without clinics, or without booths. So it's quite variable what services are available to different students in different places. This is the second part of the audiology definition. I've highlighted the last one though. Determination of children's needs for group and individual amplification, selecting and fitting an appropriate aid, and evaluating the effectiveness of amplification. And this part of the definition really speaks to the idea of fitting hearing assistive technology. FM systems, what they used to be called. I've been around when we started calling them auditory trainers, but all of that initial fitting needs to be done by an audiologist. We're going to, like I mentioned before, discuss scope of practice. This highlighted area is an area that speech pathologists and teachers of the deaf, do not have within their scope of practice and they are not trained within their educational programs either. So even though audiology is a related service within special education

law, the service delivery model varies widely. There's no predictable way of knowing what states or even what school districts offer regular access to educational audiology services. Some districts hire educational audiologists as employees. Other districts participate in collaborative organizations that might hire audiologist, such as BOCES, the Board of Educational Cooperative Services in New York, the Intermediate Units in Pennsylvania, or the Area Education Agencies in Iowa. And some hospitals and schools for the deaf have consultation programs where they contract educational audiologist to public schools. Another regulation I want everyone to be aware of is 300.5 which is the Assistive Technology regulation. And this again is the regulation for all disabilities. But it's important that hearing loss falls under here as well. So assistive technology means any item, piece of equipment or product to improve the functional capabilities of a child with disabilities. Hearing Assistive technology, FM system, remote microphones, that all fits here. Closed captioning fits here as well. The term does not however include a medical device that is surgically implanted.

And so what that means is school districts will not be responsible for mapping cochlear implants, but any of the technology that the child needs in order to access the curriculum, such as hearing assistive technology, the school district needs to provide it. And then the child needs to, it needs to be fitted appropriately by an audiologist. And again to access FAPE, Free and Appropriate Public Education. I'm gonna harp on this scope of practice piece, because it's really important that I think teachers and speech pathologists and special education directors, we need to be talking about scope of practice. Audiologists are the only professionals where fitting hearing assistive technology is within their scope of practice period. Making decisions and selections about hearing assistive technology and initial hearing aid fittings are not within a teacher of the deaf or SLP's scope of practice and are not taught in their graduate training programs. And I think it's really important that we continue like I said talk about this, because this is gonna be the area, the jump off area that we can get school districts to listen to, not just the law, but listen to what is ethically appropriate. But what is really happening out in the real world? I mentioned before that educational

audiology is variable. In some places we have it locked up well and in some places it doesn't exist at all. So what's really happening? Our teachers of the deaf and speech language pathologists are often asked by their special education directors to determine what to order and then perform initial HAT fittings on children. And that is my emoji of "Oh my God, please don't do that," because you really don't know what you're doing. Teachers of the deaf and speech pathologists are afraid to say no. Even though they have not been trained and is not within their scope of practice. I presented this similar topic to a mainstreaming conference about a year ago and this just say no button I put out just on one slide. Speech pathologists and teachers of the deaf when they're told by their special education directors to do something, they expect that they're going to be, that they need to do it, and they need permission in some ways from their own professions to say, "This is not your responsibility." So it's important that we talk with the professionals that are also working in schools to say "I'm not gonna do a swallowing study as an audiologist. "It's not my scope of practice." You shouldn't be fitting hearing assistive technology because it's not in yours and I think they understand that, but again I think those conversations need to take place.

Most recently I came across a teacher of the deaf Facebook page where one was asking other teachers of the deaf how to add hearing assistive technology to a CROS hearing aid. I nearly lost my mind. This is not okay and I'll give you some examples of why it's not okay, because I have lots of stories and some I'm gonna tell you in a little bit. So all of these, children with hearing loss need all of these professionals to collaborate together. The educational audiologist, the teacher of the deaf, and hard of hearing if they have one and the speech language pathologist within the schools. There's overlap of what all of these professionals do, but there are specific jobs that each are responsible for. In the next couple of slides, I'm gonna share some resources how these professionals can collaborate and outline overlapping and collaborative roles. This is a website, the Raising and Educating Deaf Children website where they have eBulletins, which are policy and practice bulletins. And I wrote this one a couple of years ago that really talks about the different roles of teachers of the deaf and

educational audiologist. Within this particular bulletin, refers to many other documents from the Educational Audiology Association and from ASHA, so you can access all of those documents there on how to advocate for educational audiology services. And this is also within the reference list that you'll get at the bottom, at the end of this, your handout. I have to thank the Educational Audiology Association for creating this document, the "Shared and Suggested Roles "of Educational Audiologists". "Teachers of the Deaf, and Hard of Hearing, "and Speech-Language Pathologists." This is a wonderful document and one that I believe everyone should have access to. I strongly suggest that you go to the Educational Audiology Association website and look at their position and advocacy statements as well, because I believe that they can also help you in your advocacy for educational audiology services.

This document really, that's a multi-page document, I only copied the first page. But this has a list of what children need here and like I said I think it's like four or five pages children of hearing loss need and there's a column for educational audiology, column for the teacher of the deaf and hard of hearing, and a column for speech language pathology. So you can see here, in some cases, the columns are empty. There's nothing written. That's really kind of a determination, the team would determine then who would, we'll use this number six as an example. "The management of hearing assistive devices including maintenance and troubleshooting." So who would do that throughout the day? And then who would if a child has a speech pathologist that they see everyday and the speech pathologist knows how to check the equipment then that person we would check that box in that setting. And you can take this document to an IEP meeting and say, "Okay all of these things need to, "the child needs all of these services done, "who is going to do them? "Who's gonna be the person responsible?" But what you notice here is, there are check marks in these three areas and for example the evaluation and fitting for personal hearing instruments, classroom, and other hearing assistive technologies, the educational audiologist is checked off here. That means that that is the only person that can provide that service among the three professionals. So it's really important. You can go through this and you can see what

are only teacher of the deaf services? What are only speech language pathology services? And then what is only educational audiology? And this was a collaborative document that was developed by multiple groups of people, and speech pathologists, and teachers of deaf, to determine what are the scopes of practice that they need to be doing for children with hearing loss in schools. I want to bring you down to here, number nine, which is, the whole thing was supposed to be yellow, but isn't here I see. It says the use of daily listening checks to monitor function of hearing technology use by students. This is required, daily checks of children's hearing aids, and hearing assistive technology, is required by IDEA and we're gonna talk about that next. So this is the regulation, 300.113. The routine checking of hearing aids and external components of surgically implanted medical devices. This talks about how hearing aids need to be checked on a daily basis, and that external components of surgically implanted medical devices also need to be checked on a daily basis.

So why did this regulation come in to IDEA? There have been a number of studies done over the years that have shown, one in particular, 50% of children, on any given school day, had hearing aids that did not work. Now think about that. 50% of hearing aids in the schools may not be working. And that's why it got put into IDEA, that we need to actually be checking technology on a daily basis. The personal equipment, the child's hearing aid, personal hearing aids, or the child's personal cochlear implant needs to be checked on a daily basis to make sure it's working. I also wanna bring to your attention this B two. So B one is the cochlear implant needs to be checked, the external parts, but it's not the school districts responsibility to pay for mapping or to send the child out for mapping. That is a parent responsibility. So when we're checking children's equipment though, we're checking their hearing aid, we're checking their hearing assistive technology, so they each need to be checked every single day, but by who? Certainly if we don't have audiologists in the schools, it doesn't need to be an audiologist. I've trained school nurses, speech pathologists, I've trained principals, I've trained guidance counselors, special education teachers, and teacher aids. And not only do you need to teach one person within the school, but you also need to teach a

back up person. So if the first person is out, who's going to be the back up person to check the equipment? And it really needs to be, the person who is trained needs to be trained by someone who knows how to check hearing aids. And we're gonna talk in a minute about the comfort level of some speech pathologists on what they know about hearing assistive technology. So how do we do that checking? There's a number of different ways. I'm sure you all remember the recent commercial, "Can you hear me know?" That is not an appropriate way to check hearing assistive technology or hearing aids. Because if you ask a yes/no question, do you hear me? And they say, "yes." What does that mean? You don't know how well that technology is working. You don't know if the remote microphone is working.

So we wanna be sure, in some cases we have to have somebody listen to the equipment, take the hearing aid off the child, listen to it, if they can't give some reliable feedback. Maybe move across the room from the student and ask them questions through their microphone. I tend to like to play Simon Says. If I'm wearing their Roger microphone, and they're across the room, I kind of put my hand over my mouth, just so they can't lip read me, and then might ask them, Simon says, "Touch your nose," and make a game out of it. If they can do that. Another option is the Ling Six-Sound Test, which is another way to get children to repeat back sounds. If you Google Ling, L-I-N-G, six sound test, there are a number of different videos that you can see, that can show you how to do that. The most important thing we know in education is that if you don't write it down, it didn't happen. So it's important that the person who is doing the checking of the child's hearing aids everyday, needs to document it. And I often have just a spreadsheet and have them put the date and the what are they doing? And what did they find? And if everything's working, they get a check mark. Okay well let's say the child were having problems, then the team prior to the child having problems needs to discuss what is the plan if there's something that goes wrong, if the child's equipment is not working, what are you going to do and who is going to take care of that? Being explicit with the process to make sure that the child can get up and running with their technology is really important. A number of years ago I was part of a

group where we sent out in the Massachusetts Department of Education we sent out a questionnaire to speech pathologists throughout the State of Massachusetts just kind of asking them their comfort level about checking students hearing assistive technology, and you can see here, it say about 50/50. Half said, "Yep, I feel comfortable "checking a child's technology." Okay but what we did was we only asked their comfort level. We didn't ask if they were competent or what they knew how to do. And so my question becomes, who taught them and do they really know how to check hearing assistive technology? I've certainly gone into enough situations where they've told me they're confident and then I watch them do it and I realize they need a lot of support in figuring out how to make sure the child's hearing aids get back in the correct ears or the ear molds go in properly, or anything like that. So checking often falls by default to the speech language pathologist. That is just what happens in most schools.

And so we need to be working with our SLP colleagues to say, "You don't have to do this by yourself." Often too I sometimes teach undergrad audiology Intro to Audiology classes and I will interestingly, I'll pass out a hearing aid, have these undergrads listen to the hearing aids and after they listen to the hearing aid, I look at all of them and I say, "Okay do you feel like an expert in hearing aids?" And they all look at me and say, "No," and look panic stricken. And I say, but now you're going to be, when you get to be speech pathologists, they're still undergrads, so the class they're taking with me, is the only class that they're taking, maybe an oral rehab class, but that's it. I said when you get to be a practicing speech pathologist, your special education director is gonna say you are the expert in hearing loss simply because you've taken an intro to audiology class and simply because you've listened to this one hearing aid today with me. So we need to be giving those SLP's permission to say "You know what I don't know enough "and I need support in this area." When children have, if they're not on IEP's, if they're on 504's, they can still receive educational audiology or any related services through a 504 plan. So through periodic monitoring, the educational audiologist can support communication access, accommodations, and assistive

technology through the child's 504 plan. So children with any level hearing loss on an IEP, or on a 504, can receive audiology support in public schools. So what happens when audiologists are not involved in hearing aid fittings, hearing assistive technology fittings in schools, and these are just examples from situations that I have come across over the years. So in one case, the hearing assistive technology, turned a child's hearing aids off every time the speech pathologist attached it. The child heard nothing while he was at school and was in danger of failing. This happened, the speech pathologist fit to the child's hearing assistive technology in September. I did not get called into the school district until the spring. Every single day when this child went to school, the receivers were shutting off the child's hearing aids and the child was essentially, the hearing aids were now ear plugs as the child was sitting through their school day and when I got the call, that they indicated, "Well we wanna take the child's FM off, "because he actually does worse with it." I'm quite sad that it took six or seven months to figure that out and if I had done the initial fitting or an audiologist had done the initial fitting, that would not have happened.

Another situation where teachers wore HAT microphone, but did not realize the children needed HAT receivers on their hearing aids and as we know, without the receivers, the child does not have access to the curriculum. The teacher thought it was just magic, it just magically went to the child's hearing aids. Another situation similarly, the teacher had a sound field microphone around their neck when I walked into a classroom and I looked around for the speaker and didn't hear it and couldn't see it and I said, "Well where's the speaker?" And they said, "What do you mean?" And I searched and found the speaker in a closet with it turned off. So these are things that really do happen. Teachers in classrooms mixed up the microphones and receivers for three children, for six weeks during the school year, so in this case, teacher A was talking to child B in child B's classroom. So if you A, B, and C. And child's B teacher was talking to C in the next classroom. And it was such a challenge and it took six weeks. Even I think the important thing to realize though, these were children were in elementary school, they complained to the teachers, and they said nobody believed

them, which was unfortunate. So often I listen to children and the things they tell me and I try to believe them 'cause they're usually right. Another situation, and this happens more often than I'm comfortable with. The school decided to use a sound field system for a child with a very significant hearing loss. And so this sound field system benefited for all of the students in the room except my child with hearing loss. And so we know there's research that shows what sound field is appropriate for and what any, if we're kind of, you wanna look at what the current research is, and that's we know that sound fields are great and I'm a huge proponent of sound fields when it's appropriate, but certainly for many kids with more significant hearing losses, they need direct instruction with personal hearing assistive technology. So next we're gonna talk about some resources, so that you can advocate for educational audiology with both in your clinic and with your families as well. And I would suggest that you share these with your families too.

So Wrightslaw, you have this as one of your handouts. Wrightslaw is a free website that explains laws related to special education and 504 plans. Parent advocacy is how special education laws were initially passed in 1975. Parents actually got together and sued school districts and those lawsuits in the early 70's went up to the Supreme Court and that's how we got initial special education laws passed in 1975. So parents have a lot of power, but they often don't know what their rights are. So this handout helps parents understand what educational audiology services are. You can print this handout and give one to every parent on your caseload, so they can advocate for educational audiology services within their child's schools and parents have already told me that their SPED director didn't know anything about audiology services until they received copy of this handout. Again don't just accept the quote, "We don't have that service here." That's not how special education works. Now you're gonna think I'm crazy and I'm going, and I probably am, but I am going to suggest that everyone listening today put this recommendation in your clinical audiology reports. Hearing assistive technology is recommended to access the curriculum. Consultation in the school from an educational audiologist is recommended to select and fit appropriate

HAT technology. And I'm saying that even if you don't have educational audiology in your area. If they've never heard of educational audiology in your area, if your parents are complaining that they don't have educational audiology in your area, still put this recommendation in your clinical audiology reports. Special education directors and principals may not always understand that an educational audiologist is the right professional to do this work. And so if you put this recommendation in, even if you don't have those services in your area, it's gonna start the conversation with parents and administrators. We did that in Massachusetts. I asked some clinical audiologists at some large hospitals to please put this in their recommendations. I think they looked at me and thought I was out of my mind. But then once they started doing that, then the special education directors started calling each other going "What do we do now? "We have to get this service." Right, you do have to get this service, they just have to know that that happens.

The challenge is a lot of clinical audiologists are putting makes and models and ordering information in a report, and when you do that, that gives the district, the speech pathologist, and the teachers of the deaf, and I'm gonna use this word in quotes, permission, quote, unquote to order and fit the equipment. So when you tell them what to order, that is giving them the permission, "Oh okay, well they told us what to order, so we're just gonna do that." And if, like I mentioned, if you use the recommendation that I have listed on the slide it requires the district and the parents to start a conversation about audiology services in that school. And again, we don't let them lay back on the phrase, "We don't have that service here." That's just not acceptable. I talked about this slide before, but this is a great advocacy document that you can use, you can give to parents to use. They can bring to their child's IEP meeting. And it's downloadable from the Educational Audiology website, and I also strongly suggest that you go on their website to look at their position and advocacy statements that parents and clinical audiologists can use as well. This book, if you're not familiar with this book, please become familiar with it. It's the "Optimizing Outcomes for Students who are Deaf and Hard of Hearing." It was written by NASDSE,

which is the National Association of State Directors of Special Education and this it was just printed recently, and this is the third printing, the third iteration of this document. This is a fantastic document and my personal goal is to get this book in the hands of parents and professionals, every parent, every professional who works with deaf and hard of hearing children including special education directors. It's a free pdf now. It used to be you had to order the book. Now you don't. It's a free pdf. It's in the references and in here it talks about every possible person, personnel, services for all deaf and hard of hearing children. It was a whole group of people collaborated to write it. We are currently working with our State Department of Education, they have a copy of this, and we're talking about the appropriate service delivery for deaf and hard of hearing children and we're talking about educational audiology as being part of that. This was a slide I used for a previous conference. This was a slide I used for Teacher of the Deaf Mainstreaming Conference.

And I wanted them to start thinking about the resources that they could use in their community to use the term "nudge" the district to into compliance with educational audiology services. So asking, let me get my little pointer here, asking clinical audiologist to get that Wrightlaw article out to parents and presenting or get someone present to local parent groups about educational audiology services. Tap into the local audiology community and ask them to include the recommendation I mentioned on the previous slide on every report and then being a resource to deaf and hard of hearing organizations. And so it's really important that we're having audiologists, teachers of the deaf, and SLP's kind of continue to talk about what is and what is not again within their scope of practice. So let's say okay the district broke down and it's fine, we'll hire an education audiologist. Well how do we find one? Okay that's more challenging. I'm gonna agree that that's not an easy find, but here's just some suggestions. First contact the EAA, ask them if there's one already in your area. That would be a great way to begin. EAA now has, every state now has kind of a representative, and that person would know what is happening within their state, so they can kind of direct you if there's a possibility of providing services. Connect with other local families of

children with hearing loss to find out if their children had access to an educational audiologist in their own school district. And then see if your district can contract with the other school to borrow their educational audiologist. Sometimes that happens. Contact your state Commission for the Deaf and Hard-of-Hearing to see if they have any resources. And then contact a local university that trains audiologist to see if they can provide educational audiology services. Sadly increasingly, AuD training programs are not providing instruction in educational audiology service delivery, that's another, I have an issue with that. But I think it's important that we have these conversations. Again I had a conversation with a professor at a university and they said "Well we don't train audiologist to know "about educational audiology because there aren't "any educational audiologist."

And my concern is if we're not training audiologist to understand about educational audiology, then we're not going to have educational audiology, so it's a vicious cycle. Okay support the movement. This is where I wanna talk about my hashtag. So this hashtag was actually, it's not mine, it was voted on at the mainstreaming conference a couple of summers ago, really because we need to get, now that we have social media, we need to get the term out that parents and clinicians can use to discuss educational audiology services. And we can use this hashtag across social media platforms to educate parents and other audiologists about educational audiology services. Like I said I'm on several different Facebook pages, and often I will see either SLP's or teachers of the deaf request, "Well what do I need to do with this?" And I say, you'll need to, I'll go through some of the suggestions of things they can tell their special education directors, but then I always use this hashtag as I'm going through. Because again, students with hearing loss are low incidence and so we don't have, we're not on special education directors radar at all. Again students having hearing loss being 1% of the population of children on IEP's, so we kind of need to be out there, be aggressive, or assertive. That's a better word, in order to get them to understand the needs of our children with hearing loss. So that's what I have for the

formal part of this. I definitely wanna be available to answer questions, or to see if there is anything that I wasn't clear on. I'm happy to do that.

- [Christy] Hi Kym, thank you so much for that presentation. I know earlier you mentioned that you wanted to share some of the stories, you were saving a couple of stories for us, would you like to share any of those with us at this time?

- [Kym] Some of them I did already. There's a lot. There's a great video. If you go on to, I have a YouTube channel. That if you just Google my name and then audiology, you'll see it and one of the things I save on there, that I like to use for my teachers is "A Day in the Life of an Educational Audiologist." It's a cartoon and one of the cartoon's, all of the EA, educational audiologist that I know laugh about it because they'll say, "How are things going?" and "Great," that is usually the question we ask, "How are things going?" "Graeat," and then you dig a little deeper, and you realize that things aren't so great. And on that cartoon it talks about, "Oh things are great, "but you know those things you brought me "that stick out from the child's hearing aids? "Yeah I lost those the first week of school." "You mean the \$800 dollar pieces of equipment?" So I mean that's not unusual. They're like, "Oh don't you have more?" I've had those, almost everything that they talked about in that cartoon, is something that we have all experienced. We don't want the technology is important, but they just don't get how it works and they don't get the pieces that are needed. For example, they're like, "Well the child can hear me." Well yeah, but hearing and understanding are completely different things. I mean things I don't need to tell audiologists that they all know. But it's really critical that we kind of hammer those things home to school districts. Am I, I don't know if I can read these. Oh here we go. Okay oh, "How would I define educational audiology?" So and really it's an audiologist who works in a school. When we're talking about clinical versus educational audiology, it's I don't believe that a person can be an educational audiologist if they're not actually going into the school. But it's somebody who understands the classroom, understands how teachers teach, and then being able to determine how the child learns in that environment. It's people

who are educational audiologists are generally, they have to be trained. I mean all of the audiologists I bring on my staff, we have eight now, and all of the ones I bring on my staff, had no experience being an educational audiologist prior to coming on. Didn't have a clinic in it, didn't have a training in it, and so I was teacher before I was an audiologist, so I now train audiologist to do that. But I think it's important, you need to be able to go into schools, you need to be able to work with the classroom teacher, and then make sure that they can, and making recommendations of things that have to happen in the classroom for that child to access the curriculum. And if I'm not answering the questions just let me know, and I will help you. Next question is "What actions do you recommend "a parent take when there's no educational audiologist "for the district and the kids are not "getting adequate service?" I mean I would start with some of the things we talked about today.

Put that recommendation in your reports and get that parent that purple book and they might need to get some advocacy services to help them navigate where to go next. I can't say that everything I taught you today is gonna magically make it happen 'cause I know that's not the case. I know how public schools work, but I think if you have a family who is knowledgeable and savvy who can take the information that I've shared with you today and kind of run back to their district and not take no for an answer. Again I think when we're taking, when we hear special education directors say things like, "Oh well we don't have that service here." What happens is people like they shrug their shoulders and they walk away. And we shouldn't be doing that. We should be saying, "You know what, "I know you say you don't have that service, "but within IDEA, audiology is a related service, "and we should be providing it so how do we do that?" And again be part of that solution. There are organizations like Hands and Voices which is a terrific parent organization that when parents kind of get together and they bring all their knowledge together and fight for something. That's when things, change can happen. Okay so the next one I'm gonna read here. Okay don't laugh too hard. Oops, I lost that one. Can you bring that one back Christy? Somebody just wrote one, but I, oh here we go. Okay, oh I see here, "On one of your IDEA pages, "I saw routine

checking of equipment was required, "but didn't see daily. "Is there a source that actually says daily so I "can show parent and school districts?" I mean I think it says it in the statute, it says routine. But there is probably, so the statute says routine, but if you check in on Monday, and the child's hearing aid isn't working on Tuesday, then they're not hearing on Tuesday, so they're not accessing the curriculum on Tuesday. So the only way we know routinely if the technology is working is to check it on a daily basis and I could certainly fight for that. It's not written anywhere but we need to make sure it's working everyday. Oh here's a question. "What if EdAud Services are there but low quality?" I don't know. I guess my question should be, my question back, would be what are the situations that you're saying, what is not happening? What is happening? Something is happening well, what is that? Then if something is not happening, then documenting what's not happening and then you wanna bring it to the special education director is buck stops here person.

And so that's the person that you need to let know. This is what the audiologist is not doing and I need that done in my child's school. Okay, la, la, la, la, la . Okay so, "My clinic is beginning to partner "with a local school and some of the IEP's include "15 minutes of audiology services a year. "Obviously this is not enough time to do anything. "Where would you start with this and what conversation "would be having with whom?" I would have it with the special education director. I think instead of trying to ask, defend my position, I always start with, "What do you expect that I'm gonna do in that 15 minutes? "And let me tell you what I need to get done "for this child." And so if you ask them the question of what they intend that you're gonna do in 15 minutes a year, and then you can say "Well this is," give 'em a list, "this is everything I think that the child needs, "that needs to happen, and I don't think, "I can't do that in 15 minutes." And have that conversation with the family as well. Again if that's not, I'm happy to expand on that further, and kind of talk about that if we need to. I think I did answer that one. Let's see, "What data is there regarding service equity "between English speaking families "and non English speaking families?" That's challenging. I think too the thing I'm coming up against are families of children who are not English

speakers who also have hearing loss and they say, well it's an ELL problem not a hearing loss problem and certainly children who are ELL can also have challenges because of their hearing loss. It's a lot of navigating I think in particular when you have, in Massachusetts we have a very strong ELL support system and so it's often me and the ELL teacher trying to, not battle, but we're trying to defend our corners of what the child needs and so I don't know that there's a whole lot of data. You asked whether there was data regarding service equity between English speaking and non English speaking families, I'm not sure, I'm not certain of any. I think it's challenging too. The kids I know who have ELL services, those are the kids I know about. But often a lot of the time I get called in from families who are, English is their first language, or they're upper middle class. We know those are the families who are fighting for services and the families who are not fighting for services generally don't speak English as a first language or are of a different socioeconomic level and that becomes a challenge, because with particularly in districts that don't have educational audiology services for every student. Again we're very lucky in that the services that my staff provide in many cases, we're providing services to an entire school district. So it's not, in some cases the families don't have to fight to get us in there, because we're in there for everyone, but we also work in other districts where the families have fought to get us in for that one student and that's challenging. I think that's gonna continue to be a great inequity of service delivery for families who can't fight for the services that their child needs. I think I may have answered all of the questions. Are there any others?

- [Christy] Thank you so much Kym. What a great, great presentation with wonderful content and excellent resources. We just wanna thank you for your time and your expertise. If anybody had any last questions or comments, if you can send them in for us, otherwise I know Kym had provided her contact information or her Twitter handle on the first slide of your handout. So you can always reach out to Kym there as well. Kym did you wanna leave any last comments before we close up the classroom?

- [Kym] Yeah I think the things I talked about today are not, they're not easy fixes, I know that. I don't expect that we're going to, you're gonna do everything I tell you to do here and it's gonna fix it in your area. I do believe this is a movement. I believe that we need to be working together. The clinical audiologist, the speech pathology community, and parents, need to be pushing this along, because without it, educational audiology will be overlooked as a service for kids in schools. And my peers who are working in public schools as educational audiologists are often fighting to keep their jobs. And we want, the service is important, and I believe that if we are using like this hashtag that's here, and conversations about not letting other people do the jobs that audiologists are supposed to be doing and partnering with those other professionals. That will I think be beneficial to deaf and hard of hearing children in the long run. So I thoroughly expect to be discussing, advocating for educational audiology for the rest of my career. And I'm happy to talk with people about that and what that looks like going forward, but it's not an easy fix and I don't expect it to be. But I will fight if everyone fight along with me.

- [Christy] Thank you Kym for sharing your knowledge and insight with us. We hope that this will empower all audiologists to advocate for our students. Thank you so much everyone and have a great day.

- [Kym] Thank you.