

This whole LEADK legislative process has been a learning experience for me. And today Kristy's comment below made everything a lot more super FOCUSED(camera ZOOM IN) FOR ME as I always struggle to clarify the legislative system as am STILL LEARNING!

Parent choice: HAS TO BE A FEDERAL Bill. LEADK is STATE Bill.

Quoting [Kristy Stellato](#) in a comment on ASHA - on Sheri's wall explaining background info where LEADK 'fit's in.

"... it's a federal mandate that parents be allowed their choices. We can't override a federal mandate, so that is why the LEAD-K bill was created to establish external controls such as language assessment and data collection. These two controls will force state governments to look at real evidence of language deprivation."

Brilliant....

Bridging the language gap by Andrea Juillerat-Olvera

Most people are unaware of the debate over educating deaf and hard of hearing children that has been seething for more than 130 years.

One faction takes a medical view of deafness, seeing it as a defect in need of fixing. This group aims to make the deaf or hard of hearing child as much like their hearing counterparts as possible. The medical view focuses on speech training above all else and readily embraces technologies like surgical intervention to eradicate deafness.

The other group sees being Deaf as a cultural identity, unique and valuable, and not a condition to be eradicated. These people, who capitalize the letter D in

Deaf, consider themselves to be members of a cultural and linguistic minority.

At the [Second International Educational Conference in Milan](#), in the year 1880, educators from all over the world voted to give oral methods primacy over the use of sign language in classrooms for the deaf. In the years leading up to the conference, Alexander Graham Bell argued vehemently with Edward Miner Gallaudet over the use of sign language, which Gallaudet supported. Bell thought that sign language should be forbidden to the deaf, or they would never learn to speak. Bell was against the

intermarriage of deaf people, fearing that their progeny would create a race of "defective humans." To this day, Bell remains the biggest cultural bogeyman for the Deaf. Their fear is not unfounded, as the [AG Bell Foundation](#) continued its campaign against sign language and Deaf identity right up until October of 2018.

After more than a century of promoting oralism to the exclusion of sign language, the AG Bell Foundation appears to have softened its stance.

On October 26th 2018, a historic meeting took place between AG Bell and [LEAD-K](#), an advocacy group for Deaf early education. The result of intense negotiations between the two parties is an agreement to work together on LEAD-K's model bill, amended with a few additions that are already in federal law. LEAD-K hopes to see this bill pass in every

state of the U.S. There were some strong reactions from members in both groups. Nevertheless, the majority of both were thrilled, as any consensus is rare and such opportunities should not be wasted.

For more than a century, the choice to learn sign or learn speech, has been treated as a zero-sum game. Parents, medical professionals, educators, and family members all want what is best for the child. One of the most intrinsic factors of human development is the formation of a language. The deprivation of a natural language for the Deaf is a weapon that has been deployed in an ideological battle that must cease in order for progress to be made. The fear associated with allowing a deaf/hard of hearing child to learn sign language is way out of proportion for what it entails. The myth that students who are exposed to sign language will fail to speak is just that: a myth. To pretend otherwise is unproductive and ignores a great deal of research and lived experience. Nevada's educators have been firmly rooted in the medical perspective on hearing loss. Parents are encouraged to install cochlear implants as soon as possible while sign language resources are scarce. Their focus is on speech training rather than what hearing students get: general education. Thus, deaf/hard of hearing students in Nevada who finish high school have, *on average, a fourth grade literacy level*. [This has been true](#) since at least the 1950s. The gap between deaf and hearing children opens early and is illustrated by their vocabulary development prior to entrance into kindergarten. A hearing toddler commands a vocabulary of 2,500 words by age five while the deaf/hard of hearing child averages about 50 words; so the initial problem is with language acquisition. It's not happening on time for our deaf children.

Hearing people can listen *passively*, picking up a great deal of information from the environment without effort. The situation is entirely different for Deaf people. Even with high-powered hearing aids or cochlear implants, it is still easier for a Deaf person to comprehend visual information rather than audio input. Prosthetic devices can assist, but the effort required to derive speech from them requires *Active Listening*: work, effort and patience. Deaf people enjoy effortless, fluent conversation as much as hearing people do and with sign language they achieve it. Hearing aids or cochlear implants do not make one hearing, rather, they are tools that can help people with a hearing loss navigate the world at large.

Children acquire language when they interact with their parents and caregivers. The adult corrects and guides while the child persists. It is through trial and error that children eventually grasp the full spectrum of communication. Early language exposure also conveys the breadth and depth of articulations that are possible. The development of conceptual categories during language acquisition provides a scaffolding for all future propositional thinking and cognitive ability. For that reason, it is imperative that deaf children be exposed to the best language models we can afford them and this includes sign language.

Audiology and speech pathology have dominated treatment and educational options since 1880. While improved hearing is desirable, it is not sufficient to guarantee that a child will meet language acquisition milestones. For too long "hearing sound" has been conflated with "acquiring language." In 1976 linguistic researcher [William B. Stokoe](#) proved that American Sign Language contains all the linguistic features of a true language. Further, [exciting new research](#) shows that sign language reveals hidden



logical structures inherent in all human languages, a feature of interest for the field of linguistics.

The past few years have seen sign language earn a spotlight in popular culture:

Supermodel [Nyle D'Marco](#) was catapulted to fame when he became the first Deaf person to [win on Dancing With The Stars](#) in 2016. "[Switched at Birth](#)," was a television series that focused on the lives of two teenage girls, one of them played by Deaf actress [Katie Leclerc](#). For decades hearing families have flocked to the vogue of [baby sign](#), teaching their infants basic signs to communicate before the onset of speech. All of this and more attest to hearing people's love of sign language, except when it comes to deaf children themselves! For some reason we still hold onto the decision of the fateful Milan conference in 1880: that deaf children should not sign.

LEAD-K is not trying to replace speech pathology and audiology, but to supplement education with sign language and provide students with the greatest language spectrum possible. A deep cognitive remodeling takes place as children acquire their native language between the ages 0–5.

LEAD-K is a legislative initiative that does two things: it asks the department of education to create a metric for assessing language acquisition in deaf and hard of hearing children, ages 0–5. Currently, the Department of Education collects data on all special needs students, but does not disaggregate between types of disabilities. LEAD-K asks for data about this specific population. Once created, the assessment tool would be made available to parents of these children as well as government bodies who educate them. Milestones or benchmarks in equivalent populations (without the disability) will be used to chart progress and make sure deaf/hard of hearing children are learning on par with their hearing counterparts. The mission of LEAD-K is to make sure that all deaf children achieve language acquisition between the ages of 0–5, just as their hearing counterparts do.

The second aim of LEAD-K is accountability. Data gathered with the assessment tools shall be used to make sure best practices are put to use, regardless of longstanding habits within the system of education. If students do not meet language milestones the instructional team will be required to justify their continued use of unproductive strategies.

LEAD-K wants to make certain that all children are given the chance to develop a fluent and robust language by the time they enter kindergarten. If language acquisition is delayed in favor of cultivating normative behaviors, then we have failed in our efforts to educate. Instead we have molded a child into the least burdensome and most cost effective form that we, as educators and service providers, deem suitable. Our current approach to educating these children has created several generations of deaf/hard of

hearing youth with depressed language skills and incomplete social development. This causes literacy delays and other problems that persist throughout life. Dr. Neil Glickman published [Language Deprivation and Deaf Mental Health](#) in October of 2018. His work reveals a profound link between early language deprivation and mental illness in Deaf individuals.

LEAD-K makes the modest proposal that if deaf and hard of hearing children benefit from exposure to sign language during the years most critical to language acquisition

and development, then they should be allowed to have it. They are visual communicators and access to a visual language ought to be their right.

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