

# **University-School-Center Collaboration in Support of Identifying and Treating Minority Students with Hearing, Language or Speech Difficulties: Fulfilling the Spirit of “No Child Left Behind”**

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## **ABSTRACT**

**St. Martin Hall, a demonstration school affiliated with Our Lady of the Lake University in San Antonio, Texas, collaborated with the Harry Jersig Center to test students for speech and language difficulties or hearing loss. A significant number of the children were from economically disadvantaged homes. Most of the children were Hispanic. Audiologists and speech pathologists assisted by graduate students from Our Lady of the Lake University conducted screenings of 108 children over a four-month period. Children who failed any screening were referred for further testing and possible intervention. This collaboration demonstrates how good will, cooperation, communication and energy can do much to improve the lives of children when school and parent resources are limited.**

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**C**lassrooms today are filled with an “educational hum.” Noise is everywhere! What would it be like if you were not able to hear your teacher teaching a phonics lesson when all of the other children could hear perfectly? That is a problem that many children face in schools every day. Statistics show that 15% of children from 6 to 19 years of age have some degree of hearing loss in one or both ears. A Vanderbilt University study found a 14.3% rate of hearing loss in a national sample of children who were of school age. The American Speech Language Hearing Association reports that more than 1 million U.S. children have some degree of hearing loss (Black, 2003, May). The Gallaudet Research Institute indicates that 40% of children with hearing loss have additional disabilities (GRI, 2003a, 2003b). This concern has national significance that

reaches far beyond the individual students and the demonstration campus of this study. The “No Child Left Behind Act” mandates that every child be on grade level by grade three. Educators nationwide are seeking ways to reduce the number of children in our special education classes but have they considered that a child’s learning problems may be due to a hearing loss?

Considering these realities investigators wanted know the following: 1) Do these statistics accurately represent what is happening within the economically disadvantaged minority population of St. Martin Hall? 2) What is the impact of hearing, speech and language difficulties on future learning and placement of each St. Martin Hall student?” and 3) How could the special relationship among a university, its demonstration school and a center specializing in hearing, speech and language disorders lead to collaborative intervention to identify and intervene on behalf of students with hearing or language difficulties early in their academic lives?

## **Background**

In 2001, President Bush signed the No Child Left Behind Act (United States Department of Education, 2001). This legislation articulated that every child would read by the third grade. This has increased the focus for every school district in the country regarding the quality of each child’s learning experience before the third grade. This is especially true where developmental issues related to language acquisition, language development and reading are concerned. Research has indicated that children enrolled in a comprehensive intervention program early show a higher score on vocabulary and verbal reasoning skills (Moeller, 2000).

Language is consistently an area where young children are showing a deficit. With increased use of computers, video games and T.V. children are becoming increasingly “speechless.” Children are also becoming “languageless.” They spend countless hours in front of devices that cannot hold intelligent conversation necessary for social interaction. Many Hispanic children whose primary language is Spanish speak neither their own language well nor have they mastered English. This problem leaves children with speech and language problems before they start school. Some children are born prematurely and have developmental delays that result in speech or language difficulties. “In the United States, out of every 10,000 live births, 30-60 have hearing disorders and 300-1000 have Speech and Language Disorders.” (Graziano, 2002, p. 35)

## **Problem**

During the fall of 2004 St. Martin Hall, a Catholic demonstration elementary school (PK-8) affiliated with Our Lady of the Lake University in San Antonio, Texas sought to investigate ways to better leverage its efforts to ensure that it was matching

public school quality improvement initiatives. The *No Child Left Behind* legislation and the state requirements of the *Texas Assessment of Knowledge and Skills* (TAKS) were two areas that resulted in voluntary goal setting for St. Martin Hall.

St. Martin Hall before 2004 had never conducted an entry-level speech and hearing screening of young children. St. Martin Hall serves a population that is 95 percent Hispanic, more than 35 percent of them on vouchers from Edgewood Independent School District or Bexar County, Texas. Most of the students are from economically disadvantaged homes. Teachers noticed that some students were talking loudly, pointing and gesturing rather than speaking, or calling teachers and students without using names. Many were unable to bring prior knowledge into the classroom, displayed excessive acting-out behaviors or were unable to express their own basic needs. These students were unable to finish sentences, role-play, or recite simple nursery rhymes.

Teacher at St. Martin Hall also noticed that students had been scoring low in some grade levels in math and reading portions of the state TAKS (Texas Assessment of Knowledge and Skills) test and was looking to realign curriculum and improve instructional methods used in the classroom. Since the TAKS test is reading and language-based, it was determined that an important area of exploration to improve test scores would be a closer look at the language and hearing characteristics of early childhood students. This need provided an opportunity for two Centers within Our Lady of the Lake University to collaborate to address the speech, language and hearing needs of their students. The missions of St. Martin Hall and The Harry Jersig Center coincided in this case and the collaboration was begun.

### **The Collaborators**

Both St. Martin Hall and the Harry Jersig Center are centers within Our Lady of the Lake University. According to published sources the mission of St. Martin Hall is “to serve as a laboratory/demonstration school for education majors enrolled in the University’s School of Education and Clinical Studies...committed to ensuring that each student will have an equal opportunity to learn and that all individuals will be treated with dignity and respect” (Our Lady of the Lake University, 2005, September 28a).

The Harry Jersig Center is the service and training facility of Our Lady of the Lake University’s Communication and Learning Disorders Program. It is a speech, language and hearing clinic dedicated to serving the needs of children and adults in the San Antonio area who are communicatively disabled. “The Communication and Learning Disorders Program is accredited by the Council on Academic Accreditation in Audiology and Speech language Pathology of the American Speech-Language-Hearing Association. Its mission is to prepare professionals for service careers in speech-language pathology, to provide services to individuals with communication disorders in San Antonio and surrounding areas and to conduct research in the field of communication disorders” (Our Lady of the Lake University, 2005, September 28b).

### **Focus of Inquiry**

The focus of inquiry of this case study is on several levels. One level of inquiry was to determine the language, speech and hearing characteristics of children in grades PK – 8 within the predominantly Hispanic economically disadvantaged population served by St. Martin Hall. A second level of inquiry was to follow-up diagnoses with possible interventions to address the specific needs of the students identified. A third level was to examine the emergent school-university-center collaboration and to formulate a model based on lessons learned from working with the school, university, center, parents, teachers and students. This process can inform educators in other settings who wish to work with similar issues in similarly defined populations. This case study focused on the following issues:

1. How many PK-8<sup>th</sup> children of 108 St. Martin Hall students screened by the Harry Jersig were identified for referral for language or hearing deficits?
2. How many students that failed and were referred for full evaluation would actually receive therapy either at Harry Jersig or another agency?
3. What problems would have to be overcome in order to address student referrals for hearing, speech and language?
4. What improvements could be made to improve the referral process?
5. How can St. Martin Hall improve principal, teacher parent collaboration in addressing the students' language, speech and hearing needs?
6. What lessons can this initiative yield that will enable St. Martin Hall, Our Lady of the Lake University and the Harry Jersig Center to extend the collaboration to reach even more children?
7. Can a transferable collaborative model be developed that is to address learning needs of minority populations in other settings?

### **Methodology**

The screening process for St. Martin Hall students lasted four months. Priority was given to testing all students in pre-kindergarten, kindergarten, and first grade for possible speech and hearing difficulties. The Harry Jersig Center spent two weeks selecting hearing, speech and language tests. The test for four and five year olds was developmentally appropriate and was selected by the Harry-Jersig Center. Hearing tests were conducted in a hearing booth by licensed audiologists. Due to space limitations and confidentiality concerns parents were strongly urged to let the teachers take students to the screening. We wanted to assess how the children would do without parents present. Students were tested in groups of ten so that we could interrupt a class only two times to minimize interruptions of instruction. "Foster grandparents," retired individuals, who volunteer as support workers in classes at St. Martin Hall, took the children to the Harry Jersig Center and transported them back to class when they were finished.

Informed consent was obtained from the parents at the beginning of the academic year at parent night meeting. Parental consent forms were signed and retained for future reference. Before the tests were administered, field trips were conducted until the children had met all of the graduate students, audiologist and speech pathologists. It was important to familiarize the children with the location, setting and people who would be screening them. They were taught to be quiet so as to respect the classes being taught and how to locate the bathrooms and water fountains.

Each child was screened by a graduate student under the direction of a speech pathologist for speech and language delays. A licensed audiologist tested each child for possible hearing loss. The results showed that there were indeed a high number of students that failed the screening and needed to be re-screened. Additional students in grades 2 – 8 were also screened upon teacher referral.

The St. Martin Hall parents did not have trouble accepting the screening process when it was announced. But when the Harry Jersig Center sent notices indicating that their child did not pass the screening and needed to return for further evaluation, the parents had difficulty accepting that their child would need intervention. Although they had given prior consent parents were not fully aware of its implications once the screening took place and additional needs had been identified.

### **Findings**

One hundred eight St. Martin Hall students had been selected for screening of hearing, language and speech. Thirty-five of one hundred eight Pre--K through 8<sup>th</sup> Grade students at St. Martin Hall failed the initial speech and language or hearing screenings. Twenty-six were identified as needing speech and language intervention; nine were identified as having hearing loss. These students were referred for additional testing. Some needed immediate referral. Out of this number only five students currently were receiving speech therapy at the Harry Jersig Center by the end of the academic year 2004-05. No students were being treated for hearing loss. In one case a child's hearing problem was related to a stone in her ear. This was easily resolved. These findings are summarized in the following list and in Table I below:

1. Twenty-six out of 108 students screened (24%) failed the initial screening and were referred for additional testing.
2. Nine out of 108 (8%) students failed the initial hearing screening for possible hearing loss and were referred for additional testing.
3. One student had a small rock in her ear that kept her from hearing. Her pediatrician removed the rock.
4. Teachers identified that 95% of the students that failed the speech screening also were struggling academically in the classroom.
5. Parents had difficulties accepting that their child may need further hearing tests. Parents had a difficulties accepting that their child may need speech therapy.

6. Teachers had been accurate in their speech and hearing student referrals

Table I

Number of students tested, those needing additional follow-up, and those receiving intervention

<u>Total Students Tested</u>	<u>Referred for Follow-up</u>	<u>Number Treated</u>
<u>108</u>	<u>35*</u>	<u>8**</u>

\* Twenty-six students needed further evaluation for speech and language difficulties; nine were further tested for hearing loss.

\*\* Eight students received speech and language therapy.

### **Conclusions**

The data show that the St. Martin Hall Students had a high percent needed speech and language intervention. At the end of the 2004-2005 academic year only five were receiving intervention at the Harry Jersig Center. By September, 2005 eight of the identified students were receiving therapy at the Harry Jersig Center. In October, 2005 the students would be retested along with a new cohort of early childhood students.

What motivated the collaborators was a conviction that success for all children is achieved when early identification of special needs is paired with early intervention. What happens to the children who do not receive treatment or who continue to be undetected was of concern to the collaborators in this article. Children with minimum to profound hearing loss likely will show a significant delay in language, speech and social adjustment. Hearing loss may cause a child to stutter or have significant speech problems. If a child is straining daily to hear the teacher, she will fatigue quickly. A small child may fall asleep about midday due to the strength it takes to hear and perform in a preschool classroom. Often a children with hearing loss will show discipline problems because, unable to hear the teacher, they become very frustrated. A hearing impaired child may misbehave because he did not hear when the teacher taught about proper classroom behavior. Without screening and intervention, children will not know that they have a specific hearing problem; consequently they will not be able to explain that they are experiencing a hearing loss. It will take an informed teacher or parent to observe the child and suggest a hearing test.

Preschool teachers should screen each child as he or she enters a preschool program. Often the test performed by the school nurse will not be sufficiently diagnostic to identify a child with a mild hearing loss. Undetected, mild or moderate hearing loss

usually results in a decline in academic performance that often is attributed to other reasons.

Administrators should take the lead working with teachers and parents to arrange for a hearing test be administered by a certified audiologist prior to special education testing on the child. Most public schools require hearing tests for all children that are referred for special education. Because most nurses are not certified audiologists, it is possible that some children will "slip through the cracks" and become special education students with an undetected hearing loss. Children that wear hearing aids in contrast often excel in the regular classroom.

Teachers may need additional strategies to make hearing-impaired students successful. That is a small price to pay compared to the lost learning opportunities that result from incorrect placement in special education. In Tennessee 1200 students with a slight hearing loss were examined and it was discovered that 37% of the students had failed one grade; only 3% of the hearing students had failed one grade.

A hearing test is an easy way to help young learners be successful in the classroom. Several problems can occur when by contrast early identification and intervention does not take place with a child who has a hearing loss or language difficulty: 1) underachievement; 2) low self esteem due inability to express himself; 3) lower aspirations for themselves, not seeking to prepare for higher-level careers (Black, 2003, May).

### **Recommendations for Future Collaborations**

Harry Jersig collaborators, the St. Martin Hall faculty and Our Lady of the Lake graduate students made the following recommendations for improving the efforts of future collaborations

1. Have a parent night that explains to the parents in greater detail the importance of speech and hearing testing for their students.
2. Educate the teachers on signs of speech and hearing difficulties in students.
3. Start the testing at the Child Development Center at age 2.
4. Have the testing done before school starts so that the child can receive help during the school year instead of waiting a whole school year to be identified.
5. The Harry Jersig Center needs to implement a sliding scale payment procedure for parents that do not have insurance or their current insurance carriers is not one that the Harry Jersig Center accepts.
6. St. Martin Hall would be well advised to have all students tested for speech and hearing yearly in grades prekindergarten through fifth grade.
7. St. Martin Hall could facilitate the collaboration by dedicating a room for speech and hearing screening.
8. St. Martin Hall could facilitate the collaboration by designating a liaison for students whose parents are not able to follow through on the referral process.

### **Recommendations for School Administrators**

School administrators can have an enormous impact on this one area of student need. To address this one small area can have a significant impact on a few lives and a moderate impact on the aggregate test score gains and reduction of erroneous referrals that occur too often. The following suggestions can make a difference.

1. Screen all children in elementary grades and in upper grades if the student indicates hearing difficulties.
2. Use tympanometry and otoscopic examination.
3. A certified audiologist should train and supervise screening specialists.
4. Encourage parents whose students fail to have their child examined by a medical doctor who is trained in hearing problems.
5. Train teachers to develop instructional strategies to help students that have hearing loss.
6. Implement a yearly hearing screening for students in the elementary grades and students that show a hearing problems in the upper grades.
7. Provide students with additional speech and hearing consultations with trained personnel.

There is a lot that principal can do to ensure that more students are reading at grade level by grade three. Principals should take a lead in identifying students early to avoid any learning delays. Early identification and intervention of students with a mild or moderate hearing loss can prevent learning frustration in a young child. In order to “turn around” a school we must start with our youngest children. Reading Readiness is a crucial part of high achievement within a school. If all students were identified and provided proper instruction for their individual needs, student achievement would soar.

### **Discussion**

The children who received speech and language intervention by the Harry Jersig Center now have a greater chance of succeeding in school. Our Lady of the Lake University graduate students gained valuable hands-on experience working with preschool, elementary and intermediate students in the speech and hearing screening process. They will be more ready to serve constructively in this national struggle to address the needs of every child through their work as audiologists and speech pathologists.

The leverage of this Collaboration was evident. There was no out-of pocket expense for St. Martin Hall or the parents for the initial screening. It was rich with in-kind contribution of teacher and volunteer time, graduate student help, good will and



boundary-spanning roles assumed by all parties. Sharing a common campus made the collaboration work smoothly especially with planning, logistics and follow-up. The leadership, heart and energy of the collaborators led them to build the informal relationships, secure the necessary approvals and fine-tune the logistics to ensure that the process worked well on behalf of the students of St. Martin Hall.

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