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*The Teacher Education Journal of South Carolina* (TEJSC), a peer-reviewed journal, publishing material of interest to teachers and teacher educators across the southeast. The journal contains articles reporting on useful practices, research findings, and experiments, as well as first-person accounts and opinion pieces on controversial issues. Consideration is given to articles dealing with educational trends and philosophy; pre-service and in-service education; effective schools; curriculum; learning styles; discipline; guidance and counseling; community involvement; education of students with disabilities; teaching and learning climate; gifted and talented programs; international education; instructional leadership; instructional techniques; testing and measurement; and school law. *The Teacher Education Journal of South Carolina* (TEJSC) is published online twice a year.

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## **The Leveling the Playing Field Language Acquisition Program for Deaf and Hard of Hearing Children**

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**Abstract:** Language deprivation is a nationwide epidemic despite Early Intervention (EI) programs for deaf babies. EI provides at-home services and assumes a caregiver is with their baby during the day to use the strategies they learn. However, most parents work full time, and their children attend daycare. This paper describes a pilot program for families whose deaf babies were in daycare without full access to a natural language. Deaf Language Acquisition Associates (DLAA) were placed in classrooms with deaf babies for twenty-five hours a week. The program's success resulted in funding through the state legislature and adoption statewide.

All deaf babies deserve access to a natural language as an open pathway to their future where academic success, goals, dreams, and family relationships are possible. However, nationwide, deaf children are unintentionally being put at a disadvantage before they enter preschool because the importance of exposure to a fully accessible language has been overlooked (Kushalnagar et al., 2010). The National Association of the Deaf released a position statement regarding early cognition and language development in deaf children. Backed by more than 20 years of research, the document states that language access is a human right, but thousands of deaf and hard-of-hearing children continue to suffer from language deprivation (National Association of the Deaf, 2014).

Approximately 96% of deaf babies are born to hearing parents who may initially know little about deafness or sign language. Within one or two days of birth, babies are identified as deaf, deaf-blind, or hard of hearing, and parents receive information about how to make sure their child can communicate. Studies showed that children acquire language naturally when surrounded by a language accessible to them (Humphries et al., 2016). For deaf babies,

the language they can acquire naturally and without obstacles is a visual language. Nevertheless, most deaf children are raised in speaking-only environments and not exposed to sign language until after they are five years old, or never at all (Hall, 2017). Because the critical period for learning a language is between zero and five, avoiding sign language often leads to language deprivation, diminished linguistic and cognitive capability, and the inability to understand others quickly and express oneself. The negative impacts of language deprivation extend beyond academic achievement and affect a child's psychosocial well-being as well (Spellun et al., 2022).

### **Early Intervention and Opposing Ideologies**

Early intervention approaches for deaf and hard-of-hearing babies have conflicting ideologies. The oral/aural perspective promotes speaking, listening, and medical solutions like cochlear implants. The goal is often to implant babies prior to 12 months of age with the promise that they will develop "normal" spoken language skills by the time they enter school and will present as "normal-hearing children" (Barnet, 2017).

Hall (2017) reported that advocates of the approach often told parents never to sign with their deaf baby because signing would prevent the child from learning to speak, even though there is no evidence to support this.

In contrast, the bilingual-bicultural approach supports the acquisition of American Sign Language (ASL) as a first language, English as a second language, and the celebration of both hearing and Deaf cultures. Spellun et al. (2022) asserted that babies must acquire a foundation language before five years of age and that ASL, a visual language, gives the baby unencumbered language access. In addition, brain-based research showed that increased synaptic density happened more quickly in the visual cortex than in the auditory and that a deaf baby's brain was primed to learn a visual language (Humphries et al., 2016).

Those in favor of providing early access to ASL for deaf babies do not discourage offering speech therapy and lipreading (Caselli et al., 2021). There is growing support for using ASL and cochlear implants for deaf babies and ensuring that parents understand they are not mutually exclusive from one another. Studies showed that deaf children with deaf parents and cochlear implants who received ASL as a first language performed higher on standardized language testing than those with hearing parents who did not. Similarly, implanted signing deaf children of hearing parents performed better than their non-signing peers (Hall, 2017). Bilingualism is a practical and effective approach to addressing the whole child's needs.

### **Legislation and Policy**

While more people learn ASL nationwide, medical professionals often pressure new, hearing parents of deaf children to avoid sign language despite the proven benefits (Hall, 2017). In response,

the United Nations Convention on the Rights of Persons with Disabilities ratified the human right to learn sign language in 100 nations worldwide. The United States was not one of them (Convention on the Rights of Persons with Disabilities, 2006).

Sadly, the ideological war continues with an audism lens prioritizing spoken languages over visual languages. Proponents argue that one must adapt to the majority group who is hearing. More policies are needed to preserve, protect, and promote all forms of signed languages, and here in the U.S., specifically ASL (Murray et al., 2019). Although there is a movement to create language policies that support access to visual languages in a manner that addresses communication access and inclusive education, there is no federal language policy, just the expectation that English is the dominant language.

Since 2013, there has been a strong emphasis on ensuring that deaf children acquire first-language fluency. It has also been a priority that parents and educators are empowered, aware, and ultimately accountable for providing deaf children with the tools they need to establish a first language by the time they enter kindergarten. After groups of deaf individuals led their communities to advocate for change, various states passed legislation called Language Equality and Acquisition for Deaf Kids (Language Equality and Acquisition for Deaf Kids, 2022). The impetus for this was the historical cycle of minimal expectations for deaf children and their lack of a solid language foundation, all of which led to irreparable academic, social-emotional, and vocational harm (Murray et al., 2019). More than twenty states have passed forms of this legislation, with more states introducing similar legislation.

### **Rationale for a Program Like Leveling the Playing Field**

Most early intervention systems are family centric. The service provider visits the family home for one or two hours a week, working with parents and offering strategies to incorporate learning into their daily routines. One obstacle for deaf babies when only this intervention model is used is that most parents of deaf children are hearing and do not know sign language. Furthermore, these parents do not yet have the fluency level to provide quality interactive language for their deaf babies (LaMarr & Egbert, 2019).

The second obstacle is that parents work in more than half of families with children in the United States. According to the Bureau of Labor Statistics Employment Characteristics of Families 2021 report (April 20, 2022), 62.9% of families with children have two working parents. In families maintained by single mothers, 71.2% were employed, and in families supported by single fathers, 81.7% were employed (Bureau of Labor Statistics, 2022). As a result, children may spend most of their waking hours in a daycare setting, and for deaf children, this is often a place without an accessible language.

In a typical daycare environment, hearing childcare workers interact with hearing children throughout the day, talking about what a child is playing with, reading stories, and talking about people and things in the environment. Childcare workers also talk to each other, which provides the children with a modeling of adult language. During this time, listening and interacting are crucial components of the child's language development. However, if deaf children cannot access the language in their environment, how can they be expected to acquire a complete language? Hall and De Anda (2021) emphasized the importance of language input and language access as

predictors of language proficiency.

### **Program Origin – Leveling the Playing Field**

In March 2017, Leveling the Playing Field (LTPF) began as a pilot program with two deaf toddlers. At birth, the first toddler was not a candidate for acoustic amplification instruments. Conversely, the second toddler had bilateral cochlear implants (CI). Despite their differences audiologically, bilingualism was the goal for both children and their families. One family included two working parents, and the other a single working mother. Both families received services through NJ Early Intervention and learned how to incorporate language into daily routines and interactions with their children. However, because each baby's parent(s) worked full time, their child spent most of their waking hours in daycare. With bilingualism as the goal, toddlers needed English and ASL in their daily environments.

The second child had a year before her cochlear implants would fully activate, and with bilingualism as a goal, her mother was committed to her child's continued use of ASL. However, no one in her child's daycare signed. For the child without access to auditory input, his daycare environment was languageless without visual language input; therefore, his teacher and mother made phone calls, requested meetings, and shared research that provided the rationale for enhancing EI services. They asked that a Deaf Language Acquisition Associate (DLAA) be placed in his daycare classroom. Because this had never been done, there was resistance from the early intervention agency and later the State-run early intervention system.

Eventually, the program received approval, and the LTPF pilot program was offered to and accepted by both families. A DLAA began working in each baby's

daycare setting, where they interacted with their assigned child the same way the hearing daycare workers interacted with the hearing children, but the DLAA used ASL. The goals were two-fold; the deaf children had unencumbered access to language in their environment, and through the program's outreach, the families of each baby were trained to support the language development of their deaf child. This program also created employment opportunities for Deaf community members.

To begin, DLAA's worked fifteen hours a week, but after three months, the benefits were so dramatic that the service hours increased to twenty-five hours a week. Within two weeks, both babies showed an increase in signed vocabulary and, within six months, an increase in the number of signs per utterance, including evidence of emerging grammatical ASL structures. Deaf Cultural norms developed naturally in both babies as well. One of the babies began signing in his sleep and tapping the shoulder of friends or teachers when he wanted their attention. It is important to note that the DLAA's supported the education environment without pulling the deaf babies away from the larger group. They mirrored the interaction between hearing adults and hearing children, thereby leveling the playing field of language access for the deaf child.

DLAA's remained with the babies in their daycare environments until the children turned three and entered public school. Both children entered kindergarten as thriving bilinguals with a firm foundation in English and ASL, and the families continued to enjoy a relationship with the Deaf community. LTPF was a bilingual/bicultural program that enhanced the linguistic environment for deaf babies by adding visual language to a spoken language environment. The next step was to find a way to offer this service to deaf, deaf-blind,

and hard-of-hearing babies statewide.

In 2019, LEAD-K had just passed in New Jersey, and the bill's primary sponsor asked the Deaf community and allies what more was needed and how the state could supply support and services beyond the legislation. The early intervention system did not consistently place language models in homes for more than a few hours a week and LTPF was only a pilot program with two families. The LTPF originators submitted a program proposal outlining LTPF and hoping to expand state early intervention services to include DLAA's. The proposal was accepted and funded, and the Division for the Deaf and Hard of Hearing (DDHH) formally established LTPF, later renaming it the Language Instruction Program (LIP). It is important to note that the program's intention has always been language access, not language instruction. The original DLAA is now the state program coordinator, and families throughout the state are entitled to this free service. Currently, twenty-five families have DLAA's in classrooms with their deaf children.

### **A Mother's Perspective on LTPF**

When my son was three months old, he was diagnosed with severe to profound bilateral sensorineural hearing loss. The shock and devastation were overwhelming as a hearing parent with two other hearing children and no family history of hearing loss. We knew no other deaf people. I immediately felt dread that my son's future had just diminished. We faced new challenges; the first and foremost was how we would communicate with our baby. We did not know American Sign Language or even where to start learning.

My son started daycare when he was three months old. Even though he was just a baby, I did not have immediate concerns with him spending forty-plus hours a week



in daycare because I knew he was well cared for. At six months of age, he started early intervention. A teacher of the deaf came to the daycare one day a week for one hour. She taught him and me some basic signs to help facilitate communication, such as MILK, MORE, MOM, and DAD. This continued for the next year, with more signs added to help us communicate basic daily needs.

As my son was growing and becoming more active as a baby and then a toddler, I knew that he needed more than basic sign language, and I knew that he needed more than one hour per week with his teacher of the deaf. I also knew we, as a family, needed more to help us communicate with our deaf son.

When he was 15 months old, I went to an ASL Chat and met Deaf Community members and a local teacher of ASL who was also a teacher of the Deaf. There, I realized my son needed much more than he received through early intervention. Not only was he not getting the same access to language as his hearing peers, but there was an entire community he belonged to that no one told us how to find. My son was in a daycare setting where no one signed. He had no one to communicate with, while his hearing twin brother was able to laugh with the teachers and other children. Throughout the day, my deaf son would happily play with toys and other babies, but he was not learning any language. He was isolated in an environment where he should have been exploring new things and acquiring language.

In December 2016, when he was 18 months old, the teacher I met at the ASL Chat was now his EI teacher of the deaf. She shared with me her concerns about my son's languageless environment at daycare and recommended adding a member of the Deaf community to his classroom. I contacted early intervention multiple times and asked

them to provide this person for my son. It took persistence, but they finally agreed to an in-person meeting in January 2017, and ultimately agreed for a DLAA to be with my son at daycare. While my son had always been a happy baby, his world opened just days after the DLAA started working with him. Every day, he signed more. He was craving that language and communication, soaking it up immediately. The frustration with pointing and gesturing was replaced by self-confidence.

Over the next year and a half, my son's language flourished. His ASL signs became too many to count. He learned his colors, numbers, and animals. He could count to 10 at three years old. My son could tell me about his day using 4-5 signs in a sentence. He could ask me to go outside on the swing or ride his bike. He could tell me he was not feeling well or was too scared to ride the Ferris wheel at the boardwalk. He could share his excitement when Daddy gave him candy. My son was now a child that could easily communicate his wants and needs just like his hearing twin. I no longer felt concerned about him being alone in daycare because he was not. He had someone with whom he could have direct communication.

Of course, my son was not the only one benefiting from a Deaf ASL Language Model. The daycare staff and hearing children learned to sign and could communicate with my son. His language growth with the DLAA prepared my son to attend public school pre-kindergarten. At three years old, he had the language he needed to communicate expressively and receptively. For the first time, the school district hired a DLAA to continue with the ASL Language Model format and she was with my son daily.

The DLAA was not only a part of my son's daily life, but she was a part of our family's life as well. Although my husband and I alternated attending ASL classes

taught by Deaf Community members, it was my DLAA who became a lifeline for me. I contacted her regularly for help in communicating with my son at home. Not only did she help facilitate language for our family, but she also connected us to the Deaf Community. Once we learned about the Deaf community, we knew that our son had a right to be part of it, and we were welcomed with open arms.

My son, now 7, is in the second grade and academically on level with his peers. He loves going to school and has lots of friends. He loves math and is learning to read. His favorite activity is gymnastics, and he also plays soccer and baseball. He has self-confidence, and strong self-advocacy skills that I believe are directly related to having a language-rich environment in his early years. There are very few days of frustration as he now even teaches our family ASL. Various DLAAs are still part of my son's life. They support him during his extracurricular activities and help facilitate language between him, his coaches, and his teammates. They continue to support our family in the same capacity as when he was a baby.

LTPF and our DLAA allowed me to watch my son's language develop. His little personality grew because he acquired a language that was fully accessible to him. Watching how fast his language developed seemed no different from watching his hearing brother's language develop. My son just needed the tools to aid in that development.

As a hearing parent, I learned that we often take incidental learning for granted. It is not something that needs to be considered with hearing children. It just happens. We have a baby, talk to them, and teach them. However, what happens when we cannot do that? We need help. Most hearing parents cannot provide fluent ASL and Deaf Culture for their deaf babies and need access to

resources to aid their child in language development. For our family, having our son in the LTPF program and a DLAA in our lives has become the most invaluable resource thus far.

### **Inside the Program as a DLAA**

As a deaf child from a hearing family, my home communication was more gestures than language. Growing up in a town with very few deaf and hard-of-hearing people, I was the only deaf student at my school. The world went by; I saw people's mouths moving around me and on television screens without knowing what anyone was saying. I felt alone, frustrated, and angry, unable to adequately express myself. I was excluded from activities in a hearing community where those around me used a language I could not access because I could not hear it.

When I was eight years old, four deaf students transferred to my school, and I was in awe of how they could answer questions and carry-on conversations in ASL, their primary language. I learned that their Deaf father and hearing mother used ASL at home. These four sisters had grown up with access to a natural language, and they were typical, happy eight-year-olds who resembled the hearing students around me in every way apart from the language they used. Deaf children with parents who could sign and communicate with them was a brand-new concept to me, and I was envious.

I spent most weekends with them in a deaf-friendly house where people signed all the time, even during mealtimes, an environment very different from my home. As time passed, we became close, my ASL vocabulary grew, I became self-aware, and I learned how to self-advocate. When they invited my family to participate in Deaf events, they finally learned about Deaf culture and ASL. My frustration and anger subsided because I could express my

feelings and thoughts. Most importantly, I felt proud of my Deaf identity. Having deaf language models like those four sisters and their parents positively impacted my language and cognitive development more than I could measure. Luck brought these Deaf language role models into my life and my life course changed dramatically for the better.

My passion for working with deaf and hard-of-hearing children was evident as I got older. I knew deaf children and their hearing families needed support from people who shared the same language, culture, and values as their deaf children. When LTPF was successfully established in my home state, I was thrilled for deaf and hard-of-hearing children to finally have this program available to them and their families. I immediately applied and began working as a DLAA.

Working in the LTPF program, I taught deaf children and their families ASL and about Deaf Culture. I explained to families the importance of an accessible language. I also showed them how to sign with their children about who and what was in their environment. I invited them to Deaf events, so they felt welcomed in the Deaf community. When working in a deaf child's classroom, I added an accessible language to the environment and modeled how to communicate with hearing people. I became the Deaf, language role model I was lucky enough to have in elementary school.

I have had many memorable moments, but two stand out, involving one deaf child I have worked with for a long time. After a few weeks working with him at summer camp, one day, he screamed to get my attention. I was confused that he thought I was hearing after all the time we worked together. I knelt at eye level with him and explained that I was deaf, like him. I reminded him that I never used my mouth to talk with hearing people and always signed

in ASL. His eyes widened, and he stared at me, soaking it all in. He didn't realize there were other deaf people besides him. It took a minute for him to realize that I was in that summer camp to support him. As soon as I arrived the next day, he approached me and pointed to different objects asking me for their signs and English words. He understood my role was to teach and he was ready to learn.

Fast forward to one of the community's ASL Chats at Starbucks, where ASL students and Deaf and hard-of-hearing people socialize using ASL. I saw him traveling around the room asking everyone, "YOUR FAVORITE COLOR WHAT?". He was tallying the responses on his paper to see which color was the most popular. Once he finished asking everyone in the room, he looked warily at the three hearing cashiers who could not sign. I used this to teach him how to self-advocate and explained how he could engage with the cashiers. I was so proud as he walked up to the cashiers, made a heart shape with his hands, a questioning look on his face, and pointed at the paper with different color names. The cashiers understood and pointed to the colors they liked. His face showed the empowerment that happened during that interaction. I could teach him this lesson because of my own experience as a person who is Deaf in a hearing world.

It is crucial to the healthy development of every deaf child that their families have the resources they need to give their child access to sign language and an understanding of Deaf culture. I experienced firsthand how the Leveling the Playing Field program made this happen.

### **Future Research**

For a fourth year, the state legislature has funded LTPF, doubling the initial grant. Reaching eligible families has proven to be challenging, nevertheless there are twenty-



five families throughout the state who currently receive this service at no charge.

As the program grows, further research is needed to explore the benefits. A formal ASL assessment tool like the Visual Communication and Sign Language checklist (Gallaudet University, 2022) could be used to explore the relationship between linguistic development and children who participate in LTPF. It would also be helpful to gather information regarding language exposure compared to language access in LTPF daycare classrooms based on the work of Hall and De Anda (2021). Finally, further study is needed to examine the relationships between families and children who participate in LTPF. Is there a correlation to

how parents perceive their abilities to effectively meet the needs of their deaf, deaf-blind, or hard-of-hearing children?

Indeed, regardless of ideology, it can be agreed that all babies, deaf or hearing, deserve an open pathway to their future where language, goals, dreams, and family relationships are accessible. Now is the time for a change, to do better for all deaf children, and we can by leveling the playing field.

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