

# **Educational Audiology: An Emerging Concept**

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During this past year, many audiologists have been involved in the direct provision of service under PL. 94-142. This morning's program will address some of the major problems encountered in complying with this law. For the sake of orientation and introduction, I would like to briefly review some of the progress recently made in implementing the audiologist's role in the management of problems of the hearing impaired child.

At the onset, it is important to remember that the audiologist's concern for the school age child grew in parallel with the development and eventual enactment of PL. 49-142. The law did not create a new role for the audiologist, it mandated a role that was naturally and methodically evolving. PL. 94-142 mandates appropriate audiologic service for hearing impaired children (HEW, 1977). Enactment of the law serves as somewhat of a milestone in a loosely connected network of fundamentally related activities. Over ten years ago, our audiologist colleagues, especially among the members of this Academy, formally documented the need to identify educational deficiencies relating to hearing loss and to develop educational programs which would promote the effective functioning of school age hearing impaired children (Berg, 1967). This need served as a charge and a challenge which remains variously interpreted and largely unmet.

Changes have occurred on at least three different levels. On the training program level, audiology program directors have reacted to increased attention to meeting the needs of hearing impaired children in one of three ways. First, some have taken a bandwagon approach. Sub-specialty "educational audiology" or "hearing clinician" programs have been created separate from the more traditional audiology core (Siegenthaler, 1977). A more

conservative approach has been to re-structure and broaden core curricular and effective course offerings within a traditional program (Davis, 1977a). Finally, a small number of programs have not made any changes, either claiming to already meet the needs of future audiologists or ignoring that any real differences exist between yesterday's and tomorrow's needs (Carmean, 1975).

On the professional level, practicing audiologists employed by school systems function under a job description that may include any variety of services ranging from identification audiometry to comprehensive audiologic assessment and possibly remediation to academic tutoring. The audiologist's specific duties and responsibilities often reflect what is perceived to be the service program's most critical need at the time. Months may be spent exclusively in providing audiologic assessment, hearing aid evaluations or some other isolated activity. In many instances the school audiologist is not administering a comprehensive, balanced service program (Jeffers, 1973; Colton, 1978; and Garstecki, 1978).

Besides direct service, several audiologists have contributed to the almost non-existent body of literature pertaining to the needs of school age hearing impaired children. Recent contributions include description of the influence of hearing loss on academic achievement (Davis, 1977b), the development of audiology training and service programs (Berg, 1977; O'Neill, 1974) and meeting the service and research needs of the hearing impaired child population (Garwood, 1978).

On the state and national levels, a few audiologists have played instrumental roles in delineating guidelines to implement the role of the audiologist in state-wide educational programs (Garbee, 1977). Others have described the audiology component of an educational program for purposes of competing for financial resources (Ross and Calvert, 1977).

From these reports and observations, it is evident that steady progress is being made in attempting to clarify the audiologist's role in serving the schools. In this fight to serve the hearing impaired, we have begun to win a few battles but we are a long way from winning the war. Future progress will be limited and short-lived until we can convince others that we have an integral service to offer. At least three steps need to be taken. First, we must realistically define the duties and responsibilities of the audiologist serving the schools. What functions should be handled directly and what should be delegated to others? What duties can be realistically assumed given the limitations of the school environment? Secondly, we must develop and sell up-dated training program requirements. Audiology students must be trained to meet the projected needs of tomorrow; practicing professionals should avail themselves of appropriate in-service training. Finally, we need to do a better job of convincing local, state and Federal agencies that we provide a specialized service which is in

line with current philosophy and practice in serving the school age hearing impaired child. This service is unlike that provided by the traditionally trained audiologist, speech-language pathologist and teacher of the hearing impaired. We must take concrete measures to solidify our position or accept the inevitable fact that we will be moved by others with similar interests.

The following papers will deal with some practical solutions to everyday problems. The first paper is entitled "Coordination of School and Hearing Clinics in Writing I.E.P.'s," and it will be presented by Dr. Jan Colton of the University of Illinois.

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