Utilization of I.E.P.'s in a University Clinic

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Historically, hearing impaired children have gone from their school to the university clinic year after year, receiving the same or totally divergent therapy at the beginning of each new term because neither the clinic nor school personnel exchanged knowledge of a given child's actual functional abilities. Often several weeks of assessment and trial and error passed while the various professionals involved individually attempted to get to know the child and plan an instructional program. If the child was recently placed, an audiologic evaluation was generally available. Such reports usually classified the type and degree of hearing loss, possibly recommended medical referral and/or a hearing aid without providing the information necessary for educational and therapeutic programming. Terms such as "moderate impairment in word discrimination ability" or "requires preferential seating" suggested certain performance levels and courses of action but were not specific enough to be beneficial in planning a program. The individualized educational program (I.E.P.) mandated by Public Law 94-142 could alleviate similar occurrences in the future if utilized and implemented properly.

After approximately one year of utilizing "mini I.E.P.'s" at the University of Illinois Hearing Clinic several significant benefits have become apparent. (Although an attempt will be made to discuss each of these features as a distinct entity each one is, in some fashion, intrinsically interwoven with another.)

Initiation of individualized educational programming has facilitated clinic and school communication. Audiologists have begun to go out into the schools to observe what occurs in the child's classroom and/or therapy situation, how the child functions in a familiar environment, and they have begun to request input from classroom teachers and supportive service professionals. With the audiologist more readily available, school personnel have demonstrated greater freedom in asking questions and also in requesting that specific information be obtained and made available through diagnostic evaluations. Further, clinic

staff have participated in school staffings and school personnel have participated in clinic staffings.

This interaction has direct bearing upon two other salient benefits. First, the University's clinical training program has been strengthened. Students have had the advantage of experiencing for themselves the limitations of "traditional" audiologic evaluations when developing a therapy program. They have discovered that it is not feasible to determine a child's language abilities simply through one or two samplings of behavior. Almost without exception, they have indicated a certain amazement relative to the amount of relevant information classroom teachers can supply. In general, the students have manifested a better grasp of how to work within the frame of a multi-disciplinary team. Further, by utilizing an I.E.P. format, students are better prepared (after an initial period of floundering) to identify behaviors and select conditions and criteria for any given task. This, in turn, has allowed students to plan more appropriately for each client and has fostered a concern for accountability. Consequently, the students have been better able to explain what has and has not been accomplished to parents and school personnel. Also, student clinicians have indicated that with older children, those who had input into the formulation of their I.E.P., motivation was more easily maintained. (It should be noted that several students during the Spring Semester 1978, of their own volition, began to employ a modified I.E.P. format with their adult hearing impaired clients because they felt it gave them more direction in planning and evaluating their therapy sessions.)

Another contribution of individualized educational programming has been increased communication with parents. It has been obvious that most parents have had more positive experiences with the implementation of individualized educational programming. Mrs. Linda Meyer, the parent of a seven year old deaf child, answered as follows when asked what she thought about I.E.P.'s:

> "Generally, I think they are a good idea. Parents have a chance to know exactly what is happening, or they should if they are involved. It is also good as far as accountability is concerned. The parent can look at what has happened over the year, and see if the goals have been met. Sometimes it is impossible to meet all of the goals, but you do not know that until you try."

When asked how she viewed the Clinic's attempt to coordinate I.E.P.'s with the school, Mrs. Meyer replied:

> "It is ideal when the clinic works closely with the school, so that the situations overlap in trying to help the child. Otherwise there has been and could be real digression on what the classroom teacher is trying to do and what the clinic is trying to accomplish."

Parents have not only been better informed of what was being taught, but they have also exhibited more openness in seeking answers to a wide variety of questions. Additionally, many parents felt that they provided their child(ren) with more reinforcement at home because they knew, specifically, what was being taught. Due to greater parent participation, the student clinicians have gained greater insight regarding the feelings associated with having a hearing impaired child and also to their role(s) when counselling the parent(s) of such a child. Moreover, student clinicians have experienced a "positive negative". Many students idealistically expected each and every parent to be concerned and involved in planning for their child. Subsequently, the student clinicians were somewhat bewildered and discouraged when the parent(s) did not become interested. The students who experienced this difficulty invariably sought to establish communication through written notes sent home with the child and again, were somewhat surprised when this did not bring about the desired result(s). As one student succinctly stated, "I learned that a phone call or a personal contact makes them (the parents) more liable...they have to accept more responsibility...well, at least they have to answer your questions."

As can be seen then, the utilization of an individualized educational program has yielded many benefits for the University Clinic. Not the least of which has been improvement in the delivery of services to the school age hearing impaired population. These children have received more consistent, thorough evaluations and therapy as a result of the implementation of individualized educational programming. The school has benefited, parents have benefited, the University and its students have benefited and subsequently, the hearing impaired child has become the winner.

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