



## LIST OF TOOLS AND ASSESSMENTS

The intent of the IDEAL legislation ([IC 20-35-12](#)) is to monitor deaf and hard of hearing children's language so that gaps may be identified and addressed early to better ensure age-appropriate language growth. Identifying any access issues that may need to be addressed within a child's environments is also key to meeting their optimum potential (<https://www.in.gov/health/cdhhe/files/EXCEL2-language-access-series-clickable-links.pdf>).

Conducting annual language testing best meets the goal of ongoing progress monitoring to identify areas of need and write goals to ensure foundational language skills are developed. It is important that Indiana deaf and hard of hearing children be given the opportunities to achieve their optimum potential; therefore, **IDEAL legislation was created to encourage the use of standardized language measures for progress monitoring. Other tracking and benchmark tools are included in this portal for the purpose of supplementing, but not replacing, the language testing.** While benchmark assessments provide valid data regarding student progress, they do not provide the details that will highlight missing incidental information or if the child is using complex connected language. Benchmark assessments do not take the place of language-specific tools and assessments that can identify specific areas of delayed language which have a negative impact on a child's day-to-day communication and academic performance.

This is the list of assessments, if given, that are required to be reported to the Center for Deaf and Hard of Hearing Education. Reporting results can be logged within the **IDEAL portal** at <https://eportal.isdh.in.gov/CDHHEAssessmentPortal/>.

This IDEAL List of Tools and Assessments includes a multitude of measures that may be beneficial when monitoring language progress of deaf and hard of hearing children birth through age ten years. It is not designed to provide guidance for what should be given when completing a comprehensive language assessment with a student who is deaf or hard of hearing.

- If you need guidance regarding best practice for comprehensive assessments for children who are deaf/hard of hearing, please consult **Guidelines for the Assessment and Educational Evaluation of Children who are Deaf and Hard of Hearing in Indiana:** <https://www.in.gov/health/cdhhe/files/Guidelines-for-Assessment.pdf>
- Per Individuals with Disabilities Act (IDEA) Section 300.304, evaluators are to use a variety of culturally and linguistically appropriate assessment tools and strategies to gather relevant functional, developmental and academic information about the child, including information provided by the parent and, for bilingual children, testing completed in their home language: <https://sites.ed.gov/idea/regs/b/d/300.304>
- It is national best practice to closely monitor a deaf/hard of hearing child's language progress and access: <http://www.nasdse.org/docs/nasdse-3rd-ed-7-11-2019-final.pdf>
- When monitoring a child's American Sign Language progress, please see the **IDEAL Technical Assistance: American Sign Language: Best Practices:** <https://www.in.gov/health/cdhhe/files/IDEAL-ASL-Best-Practices-flyer.pdf>



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### Language Assessments

<i>Assessment, Evaluation, and Programming System for Infants and Children (AEPS)</i>
<i>Assessment of Literacy and Language (ALL)</i>
<i>American Sign Language – Expressive Skills Test (ASL-EST)</i>
<i>American Sign Language – Receptive Skills Test (ASL-RST)</i>
<i>Center American Sign Language Checklist</i>
<i>Clinical Evaluation of Language Fundamentals: Preschool 3<sup>rd</sup> Edition (CELF:P-3)</i>
<i>Clinical Evaluation of Language Fundamentals – 5<sup>th</sup> Edition (CELF-5)</i>
<i>Clinical Evaluation of Language Fundamentals Metalinguistics – 5<sup>th</sup> Edition (CELF5-Meta)</i>
<i>Communication Matrix</i>
<i>Comprehensive Assessment of Spoken Language, 2<sup>nd</sup> Edition (CASL-2)</i>
<i>Developmental Assessment of Young Children 2<sup>nd</sup> Edition - Center/ODDACE adaptation (DAYC-2)</i>
<i>Diagnostic Evaluation of Variations (DELV)</i>
<i>Early Functional Communication Profile (EFCP)</i>

<i>Oral and Written Language Scales 2<sup>nd</sup> Edition (OWLSII)</i>
<i>Preschool Language Scales 5<sup>th</sup> Edition (PLS-5)</i>
<i>Receptive, Expressive, and Social Communication Assessment – Elementary (RESCA-E)</i>
<i>SKI-HI Language Development Scale (LDS)</i>
<i>Test for Auditory Comprehension of Language – 4<sup>th</sup> Edition (TACL-4) &amp; Test of Expressive Language (TEXL)</i>
<i>Test of Early Language Development 3<sup>rd</sup> Edition/ 4<sup>th</sup> Edition (TELD)</i>
<i>Test of Integrated Language &amp; Literacy (TILLS)</i>
<i>Test of Language Development: Primary -5<sup>th</sup> Edition (TOLD:P-5)</i>
<i>Test of Language Development: Intermediate-5<sup>th</sup> Edition (TOLD:I-5)</i>
<i>Test of Narrative Language 2 (TNL-2)</i>
<i>Test of Problem Solving 3 Normative Update (TOPS-3:NU)</i>
<i>Visual Communication and Sign Language Checklist (VCSL)</i>

### Benchmark/ Alternative Assessments

<i>Children’s Communication Checklist 2<sup>nd</sup> Edition (CCC-2)</i>
<i>Dynamic Indicators of Basic Early Literacy Skills (DIBELS)</i>
<i>Fountas and Pinnell Benchmark Assessment Systems (BAS)</i>
<i>Indiana’s Alternative Measure (I AM)</i>
<i>Indiana Learning Evaluation Readiness Network (ILEARN)</i>
<i>Indiana Reading Evaluation and Determination (IREAD-3)</i>
<i>Indiana Student Performance Readiness and Observation of Understanding Tool (ISPROUT)</i>
<i>i-Ready</i>
<i>Language Use Inventory (LUI)</i>
<i>Northwest Evaluation Association Measures of Academic Progress Test (NWEA MAP)</i>
<i>STAR Early Literacy</i>
<i>STAR Reading</i>
<i>Teacher Assessment of Spoken Language (TASL-II)</i>
<i>World-class Instructional Design and Assessment (WIDA) ACCESS</i>



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### Language Assessments American Sign Language

Name of Instrument	Age Range	Possible Use
<i>American Sign Language – Expressive Skills Test (ASL-EST)</i>	4-13 years	The <i>ASL-EST</i> is designed to assess a child's ability to produce a signed narrative using appropriate ASL grammar. Training is required to administer this test. This test is an effective tool for eliciting connected ASL.
<i>American Sign Language – Receptive Skills Test (ASL-RST)</i>	3-13 years	The <i>ASL-RST</i> presents videos of individuals using various ASL grammatical constructs. It allows a child's understanding of number/distribution, negation, noun/verb distinction, spatial verbs, size/shape specified, classifiers, role shift, and conditionals to be determined. It is a grammatical receptive test and would need to be given along with another measure that determines a child's use of connected ASL to glean a full picture of the child's language skills.
<i>Assessment, Evaluation, and Programming System for Infants and Children (AEPS)</i>	Birth-6 years	The <i>AEPS</i> is the evaluation tool used by Indiana Early Intervention, First Steps. It measures the development of young children in eight major areas: fine motor, gross motor, adaptive, social-emotional, social-communication, cognitive, literacy, and math.
Center American Sign Language Checklist	K-12 <sup>th</sup> grade	The ASL Checklist is a criterion-referenced language tracking tool developed by Center staff that is based on the Indiana Language Standards and the Gallaudet ASL standards. It provides a zone of proximal learning. It is an effective tool for ongoing tracking but not as a comprehensive evaluation. It can supplement a robust language measure.
<i>Developmental Assessment of Young Children 2<sup>nd</sup> Edition - Center/ODDACE adaptation (DAYC-2)</i>	Birth-5 years	The <i>DAYC-2</i> has five domains to measure overall development that include cognitive, communication, social-emotional, physical development, and adaptive behavior skills. It is a good tool to track very young children and develop goals with a norm-referenced tool. It is effective to use with children for the transition from part C to B evaluations who may be significantly delayed, shy to work with new people, or challenged to follow adult-led activities. It allows for observation and parent interview.
<i>SKI-HI Language Development Scale (LDS)</i>	Birth-5 years	The <i>LDS</i> is a criterion-referenced language assessment tool that can be used with children/families in early intervention. It is a parent interview tool that assists in determining a child's present level of function in both signed and spoken language.
<i>Test of Narrative Language – Second Edition (TNL-2)</i>	4-15 years	The <i>TNL-2</i> is a norm-referenced test that measures children's narrative language abilities (i.e., children's ability to understand and tell stories). Narration is an important aspect of language that provides a critical foundation for literacy. This is a good tool to use to gain information about a child's connected language and its complexity.
<i>Test of Problem Solving 3 Normative Update (TOPS-3:NU)</i>	6-12 years	<i>TOPS-3:NU Elementary</i> focuses on the student's linguistic ability to think and reason. Language competence is the overall indicator of how a child's language skills affect his ability to think, reason, problem solve, infer, classify, associate, predict, determine causes and sequences, and understand directions. This test is a practical choice to observe a child's connected language and determine their academic language skills or ability to use language for thinking.
<i>Visual Communication and Sign Language Checklist (VCSL)</i>	Birth-5 years	The <i>VCSL</i> is a norm-referenced checklist that provides information about young children's ASL development.



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### Language Assessments Spoken English (page 1)

Name of Instrument	Age Range	Possible Use
<i>Assessment, Evaluation, and Programming System for Infants and Children (AEPS)</i>	Birth-6 years	The <i>AEPS</i> is the evaluation tool used by Indiana Early Intervention, First Steps. It measures the development of young children in eight major areas: fine motor, gross motor, adaptive, social-emotional, social-communication, cognitive, literacy, and math.
<i>Assessment of Literacy and Language (ALL)</i>		The <i>ALL</i> looks at a child's print and spoken language and includes language, phonological awareness, alphabetic knowledge, print awareness, fluency (reading), and listening comprehension (story). It is a valid tool to investigate auditory memory challenges. It is also useful when a DHH child has difficulty with the less salient sounds of speech.
<i>Comprehensive Assessment of Spoken Language, Second Edition (CASL-2)</i>	3-21 years	The <i>CASL-2</i> has 14 optional subtests to measure spoken English. It has subtests that will look at abstract language learned incidentally. It does not include comprehension tasks that may give insight into auditory memory. It can be a useful choice if a child's language is several years delayed. It can give qualitative information if the provided response analysis is utilized that helps with goal-writing.
<i>Clinical Evaluation of Language Fundamentals: Preschool 3<sup>rd</sup> Edition (CELF:P-3)</i>	3-6 years	The <i>CELF:P-3</i> has a variety of subtests that can give insight into a DHH student's listening, expressive grammar, memory, and ability to discriminate the less salient sounds of speech. It includes evaluation of using language for thinking, pragmatics, and early literacy.
<i>Clinical Evaluation of Language Fundamentals – 5<sup>th</sup> Edition (CELF-5)</i>	5-21 years	The <i>CELF-5</i> is separated into 5-8 years and 9-21 years age ranges. It contains subtests that can give insight into a DHH child's ability to understand the less salient sounds of speech and auditory memory.
<i>Clinical Evaluation of Language Fundamentals Metalinguistics – 5<sup>th</sup> Edition (CELF5-Meta)</i>	9-21 years	The <i>CELF5-Meta</i> provides print stimuli. It probes four areas of language that are generally learned incidentally. It can give insight into making inferences, multiple meanings, and figurative language. A below average score on any one subtest will reveal language needs that impact higher-level literacy development.
<i>Developmental Assessment of Young Children 2<sup>nd</sup> Edition (DAYC-2)</i>	Birth-5 years	The <i>DAYC-2</i> has 5 domains to measure overall development that include cognitive, communication, social-emotional, physical development, and adaptive behavior skills. It is a good tool to track very young children and develop goals using a norm-referenced measure. It is effective to use with children for the transition from part C to B evaluations who may be significantly delayed, shy to work with new people, or challenged to follow adult-led activities. It allows for observation and parent interview.
<i>Diagnostic Evaluation of Variations (DELV)</i>	4-9 years	The <i>DELV</i> is a norm-referenced diagnostic test designed to identify speech and language disorders/delays in children who speak dialects of English. The <i>DELV</i> addresses four domains: syntax, pragmatics, semantics, and phonology. It helps educators limit assessment bias for speakers of non-mainstream varieties of English. These subtests are useful to identify when a DHH student is missing the subtle, less salient sounds of their dialect.
<i>Preschool Language Scales 5<sup>th</sup> Edition (PLS-5)</i>	0-6 years	The <i>PLS-5</i> is designed to measure young children's expressive and receptive language. This tool presents with poor validity and psychometric properties and tends to elevate scores. It can be a useful tool to gain qualitative language information about a child if paired with a comprehensive language sample.



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### Language Assessments Spoken English (page 2)

Name of Instrument	Age Range	Possible Use
<i>Receptive, Expressive, and Social Communication Assessment – Elementary (RESCA-E)</i>	5-12 years	The <i>RESCA-E</i> provides information about receptive, expressive, and social language. It covers vocabulary, following oral directions, comprehension of stories, describing, explaining, narrative skills, social language inference (figurative language), and situation use. This tool provides a breadth of information about a child's language skills, particularly what is obtained incidentally. Given the length of administration, this tool may not be able to be utilized with some children. Portions can be translated to ASL.
<i>Test of Early Language Development 3<sup>rd</sup> Edition/ 4<sup>th</sup> Edition</i>	2 ½-6 years (3 <sup>rd</sup> ) 3-6 years (4 <sup>th</sup> )	The <i>TELD</i> is a quickly administered test that can provide more surface information about a child's expressive and receptive language. It is most useful with a young child who may be challenged to attend to longer testing tools and should be paired with a robust language sample.
<i>Test of Integrated Language &amp; Literacy (TILLS)</i>	6-18 years	The <i>TILLS</i> is a comprehensive, norm-referenced test that has been standardized for three purposes: to identify language/literacy disorders, document patterns of relative strengths and weaknesses, and track changes in language and literacy skills over time. It has strong psychometric properties and is an effective choice to gain an overall measure of connected language. Some subtests are computer audio, so the child needs to be able to process recorded auditory information with their technology. It gives insight into auditory memory, narrative skills, and using language for thinking.
<i>Test of Language Development: Primary-5<sup>th</sup> Edition (TOLD:P-5)</i>	4-8 years	The <i>TOLD:P-5</i> has six core subtests and three supplemental subtests that measure various aspects of oral language. The results of these subtests can be combined to form composite scores for the major dimensions of language: semantics and grammar; listening, organizing, and speaking; and overall language ability. This test enables examiners to determine if potential auditory memory issues exist; if the child is missing subtle, less salient speech sounds; and if the child can use language for thinking. It has minimal visual support.
<i>Test of Language Development: Intermediate-5<sup>th</sup> Edition (TOLD:I-5)</i>	8-17 years	The <i>TOLD:I-5</i> has six core subtests and three supplemental subtests that measure various aspects of spoken language. The results of these subtests can be combined to form composite scores for the major dimensions of language: semantics and grammar; listening, organizing, and speaking; and overall language ability. This test enables examiners to determine if potential auditory memory issues exist; if the child is missing subtle, less salient speech sounds; and if the child can use language for thinking. It has minimal visual support.
<i>Test of Narrative Language 2 (TNL2)</i>	4-15 years	The <i>TNL-2</i> is norm-referenced test that measures children's narrative language abilities (i.e., children's ability to understand and tell stories). Narration is an important aspect of spoken language, not usually measured by spoken language tests, that provides a critical foundation for literacy. This is a good tool to use to gain information about a child's connected language and its complexity.
<i>Test of Problem Solving3: Normative Update (TOPS 3:NU)</i>	6-12 years	The <i>TOPS 3 Elementary</i> focuses on the student's linguistic ability to think and reason. Language competence is the overall indicator of how a child's language skills affect his ability to think, reason, problem solve, infer, classify, associate, predict, determine causes and sequences, and understand directions. This test is a useful choice to observe a child's connected language and determine their academic language skills or ability to use language for thinking.



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### Language Assessments – Alternative Supplemental Options Spoken English

The tools on this list are rating scales/tracking tools for spoken English. To help DHH children reach their optimum potential, information from teachers and parents can prove invaluable. Rating scales, which are subjective in nature, should not be a replacement for a robust language measure but can provide additional data to assist with goal writing.

Name of Instrument	Age Range	Possible Use
<i>Children's Communication Checklist 2<sup>nd</sup> Edition (CCC-2)</i>	4-16 years	The CCC-2 is a parent or caregiver rating scale. It allows the rater to provide information about the child's articulation, vocabulary, sentence structure, and social language. It has strong psychometric properties. It includes scores that can identify language disorder vs. pragmatic disorder.
<i>Language Use Inventory (LUI)</i>	18-47 months	The LUI is a parent/caregiver rating scale with strong psychometric properties. It allows professionals to gain more information about a young child's use of language and theory of mind. It targets learning about the child's complexity of language use and understanding.
<i>SKI-HI Language Development Scale (LDS)</i>	Birth-5 years	The LDS is a criterion-referenced language assessment tool that can be used with children/families in early intervention. It is a parent interview tool that assists in determining a child's present level of function in both signed and spoken language.
<i>Teacher Assessment of Spoken Language (TASL-II)</i>	No age limit	The TASL-II is designed to assist teachers when analyzing and assessing syntax and provides suggestions for focusing on the development of language.



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### Language Assessments – For Children with Additional Needs Spoken English

Name of Instrument	Age Range	Possible Use
<i>Communication Matrix</i>	No age limit	The <i>Communication Matrix</i> helps understand the communication status, progress, and unique needs of anyone functioning at the early stages of communication (0-24 months) or using forms of communication other than speaking or writing. The matrix can be used online in English, Spanish, Czech, Dutch, Chinese (traditional), Russian, Korean, and Vietnamese. It assesses seven levels of communication from pre-intentional behavior to language in nine categories of communicative behavior: refuses/rejects, requests more action, requests new action, requests more objects, makes choices, requests- new object, requests absent object, requests attention, shows affection, greets people, offers/shares, pays direct attention, answers yes/no questions, asks questions, names things/people, and makes comments.
<i>Developmental Assessment of Young Children 2<sup>nd</sup> Edition (DAYC-2)</i>	Birth-5 years	The <i>DAYC-2</i> has five domains to measure overall development that include cognitive, communication, social-emotional, physical development, and adaptive behavior skills. It is a good tool to use to track very young children and develop goals and with children for the transition from part C to B evaluations who may be very delayed, shy to work with new people, or struggle to follow adult-led activities. It allows for observation and parent interview.
<i>Early Functional Communication Profile (EFCP)</i>	Birth-10 years	The <i>EFCP</i> is a dynamic assessment tool used to gather information on foundational communication skills. It is designed to pinpoint specific deficits in joint attention, social interaction, and communicative intent. This criterion-referenced tool's precise descriptive measures identify what student CAN do and how they respond to different types of prompts.
<i>Oral and Written Language Scales 2<sup>nd</sup> Edition (OWLSII)</i>	3-21 years	The LC and OE Scales assess receptive and expressive language. The test gives a general overview of language and does not include aspects to assist with determining the ability to access less salient sounds of speech. If the advanced analysis is completed, the OWLSII can provide information on the linguistic structures of semantics, syntax, pragmatics, and supralinguistics.
<i>Test for Auditory Comprehension of Language – 4<sup>th</sup> Edition (TACL-4)</i> & <i>Test of Expressive Language (TEXL)</i>	3-12 years	The <i>TACL-4</i> provides three picture choices to receptively measure semantics, grammatical morphemes, and elaborated sentences. It is a good choice for a child with significant language delays who needs picture support. It should be administered with its companion expressive language measure <i>TEXL</i> , which also measures semantics, grammatical morphemes, and elaborated sentences given picture support.



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## Benchmark Assessments

This list of benchmark tools should be considered supplemental to annual language testing. They may help determine if disparities or similarities exist between language and academic performance that would require further investigation.

Name of Instrument	Age Range	Possible Use
Dynamic Indicators of Basic Early Literacy Skills (DIBELS)	K-6 <sup>th</sup> grade	The DIBELS comprise a developmental sequence of 1-minute measures: naming the letters of the alphabet, segmenting words into phonemes, reading nonsense words, reading real words, and oral reading of a passage (accuracy and fluency). DIBELS scores are intended to be used only for instructional decision-making (i.e., to identify students who need additional instructional support and monitoring response to intervention).
Fountas and Pinnell Benchmark Assessment Systems (BAS)	K-8 <sup>th</sup> grade	BAS is a system administered one-on-one by teachers to determine a child's reading grade level equivalent.
Indiana's Alternative Measure (I AM)	3 <sup>rd</sup> grade-HS	I AM measures student achievement and growth according to Indiana's Content Connectors aligned to the Indiana Academic Standards. I AM is the summative accountability assessment for students with significant cognitive disabilities in grades 3-8 and high school.
Indiana Learning Evaluation Readiness Network (ILEARN)	3 <sup>rd</sup> – 8 <sup>th</sup> grade	ILEARN is the summative accountability assessment for Indiana students in grades 3-8 and high school biology. ILEARN measures student achievement and growth according to Indiana Academic Standards for English/language arts (grades 3-8), mathematics (grades 3-8), science (grades 4 and 6), and social studies (grade 5).
Indiana Reading Evaluation and Determination (IREAD-3)	3 <sup>rd</sup> grade	IREAD-3 is a grade 3 reading assessment developed in accordance with state legislation. IREAD-3 is designed to measure foundational reading skills based on Indiana Academic Standards through grade 3.
Indiana Student Performance Readiness and Observation of Understanding Tool (ISPROUT)	Birth-K	ISPROUT is utilized to measure skill development in children from infancy to kindergarten. Skills are reported in three categories: social/emotional, knowledge and skills, and independence/motor coordination.
i-Ready	K-8 <sup>th</sup> grade	The i-Ready Diagnostic is an adaptive assessment that adjusts its questions to suit your student's needs. Each item a student sees is individualized based on their answer to the previous question.
Northwest Evaluation Association Measures of Academic Progress Test (NWEA MAP)	K-12 <sup>th</sup> grade	NWEA's assessments are called Measures of Academic Progress (MAP®). When taking these computerized adaptive tests, the difficulty of each question is based on how well a student answers all the previous questions. As the student answers correctly, questions become more difficult. If the student answers incorrectly, the questions become easier.
STAR Early Literacy	K-3 <sup>rd</sup>	Star Early Literacy measures both early literacy and early numeracy.
STAR Reading	K-12 <sup>th</sup> grade	Star Reading measures students' knowledge and understanding of reading and vocabulary, as well as their ability to apply vocabulary strategies.
World-Class Instructional Design and Assessment (WIDA) ACCESS	K-12 <sup>th</sup> grade	WIDA is designed for students who are learning English as a second language to measure their language comprehension and expression (spoken and print) in order to guide instruction.





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### Scenarios

It is important when tracking language that examiners pair tools with observations and robust language/discourse and narrative samples. For DHH children, additional language supports may be needed despite an overall average language score on a norm-referenced measure. Individual subtests that measure language the child learns incidentally may score below average revealing possible missing foundational information that is required for further literacy development. DHH children continue to need language support even if their scores fall in the low average range.

#### What if?

- I want to give the **gold standard** to track my student's language?
  - Pair norm-referenced testing with a robust language/discourse and narrative sample and administer tools that will give information about language learned incidentally that includes measures to look at language memory, use of grammar, complexity of language, and using language for thinking. For spoken language, tests such as *CELF*, *TOLD*, *TILLS*, *ALL*, *DELV*, *RESCA*, etc. can be useful. For ASL, *ASL-RST*, *ASL-EST*, *TOPS-3:NU*, and *TNL* can be useful.
- My student has many additional needs?
  - Use tools that can track the incremental changes such as the *Communication Matrix* or the *Early Functional Communication Profile*. These can be used for ASL or spoken English.
- My student appears to have great language but is still struggling with reading?
  - Select language tools that include using language for thinking and information learned incidentally, such as the spoken language tools of *TILLS*, *TOLD*, Supralinguistic Index of *CASL2*, *CELF5-Meta*, *TOPS-3:NU*, etc. For ASL, the *TOPS3:NU* is a good tool.
- My student appears to have very delayed language skills and gets the lowest score on traditional language tests?
  - Try using a language tool with a larger age range and picture supports such as *TACL-4/TEXL* combination, *OWLSII*, or *CASL2*. Keep in mind that these tools with those supports may elevate scores from what is observed in the classroom, but they can justify the need for additional visual supports and language processing accommodations to help the child grow their language.
- My student's parents express concerns but the school staff see no language difficulties?
  - Select a test that will tax the student's language skills such as *TILLS*, *TOLD*, *RESCA*, *CELF5-Meta*, etc. Also give the parents a checklist that investigates social skills and theory of mind (*CCC-2* or *LUI*).
- I'm concerned about access and need help with next steps?
  - The Center is here for you! Contact [CDHHE@isdh.in.gov](mailto:CDHHE@isdh.in.gov).



## Frequently Asked Questions

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- 1. What is the benefit of providing personally identifiable information (PII)?** The intent of the IDEAL legislation was to track progress over time and enable the Center to partner with schools and/or providers to help DHH children reach their optimum potential. Without PII, the Center is unable to track progress over time or individualize the assistance we provide.
- 2. How can I explain the importance of IDEAL annual language testing to parents?** We have a template parent letter for you to use as a guide (<https://www.in.gov/health/cdhhe/files/IDEAL-parent-consent-template.docx>) as well as a technical assistance summary explanation for you to give to parents and providers/staff ([https://www.in.gov/health/cdhhe/files/IDEAL-Overview-Flyer\\_final.pdf](https://www.in.gov/health/cdhhe/files/IDEAL-Overview-Flyer_final.pdf)).
- 3. How can I streamline entering scores in the portal?** The Center encourages collaboration within clusters/school districts to allocate responsibilities between staff to ensure the child's language will be tracked closely to allow the child to reach their optimum potential. The portal was redesigned for rapid entry of scores that results in minimal time commitment. The portal enables the entered scores to be downloaded and/or printed for direct entry into the child's electronic files.
- 4. Why is annual language testing recommended – not just benchmark testing?** Annual language testing will increase the possibility of finding gaps in the child's learning that need addressed to create a solid learning foundation for further growth.
- 5. Am I required to use one of the language measures listed?** The Center encourages professionals to follow their best judgement partnered with their knowledge of the student to provide the best possible assessment for annual language progress monitoring. If professionals give one of the tests listed within the Tools and Assessment, the scores will need to be entered into the portal.
- 6. What are good tools to use when I want to write goals?** Staff and providers working with DHH children are discouraged from using norm-referenced measures as a resource for writing goals. Many tools, which have further skill analysis incorporated, can be used for goal-writing (*CELF*, *CASL*, etc.), or the norm-referenced measures can be independently analyzed for patterns, which can give insight into the needs. Criterion-referenced tracking tools prove very useful for goal-writing. For ASL, the *VCSL* and the center ASL checklist can meet this need. The [\*Cottage Acquisition Scales for Listening, Language, and Speech\* \(CASLLS\)](#), [\*Teacher Assessment of Grammatical Structures\* \(TAGS\)](#), and [\*Teacher Assessment of Spoken Language\* \(TASL-II\)](#) are all designed for DHH children using spoken English. There are a several options for tracking auditory skills such as [Tracking a Listening Child](#), [Auditory Learning Guide](#), etc.
- 7. What if my student is bilingual?** The Center is collecting language data for English and American Sign Language (ASL). It is imperative that individuals working with multilingual children follow the IDEA parameters (<https://sites.ed.gov/idea/regs/b/d/300.304>) to have culturally and linguistically appropriate evaluations. Multilingual language evaluations require individuals who are trained in cultural and linguistic diversity and are fluent in the child's languages to gain valid results. Languages should be considered as a whole, rather than individual units. You are encouraged to consult IDEAL resources on general language development (<https://www.in.gov/health/cdhhe/files/IDEAL-Parent-Document-General-Language.pdf>) and use of an interpreter (<https://www.in.gov/health/cdhhe/files/IDEAL-Use-of-an-Interpreter-flyer.pdf>).