

January 24, 2020

Mark Allan Schultz
Acting Assistant Secretary
Office of Special Education and Rehabilitative Services
U.S. Department of Education
400 Maryland Avenue, SW
Washington, DC 20202

RE: Proposed Priority and Requirements—Technical Assistance on State Data Collection—IDEA Data Management Center (Docket ID ED–2019–OSERS–0025)

Dear Acting Assistant Secretary Schultz:

On behalf of the American Speech-Language-Hearing Association, I write to comment on the U.S. Department of Education's *Federal Register* notice on Proposed Priority and Requirements—Technical Assistance on State Data Collection—IDEA Data Management Center.

The American Speech-Language-Hearing Association (ASHA) is the national professional, scientific, and credentialing association for 204,000 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students.

Audiologists specialize in preventing and assessing hearing and balance disorders as well as providing audiologic treatment, including hearing aids. Speech-language pathologists (SLPs) identify, assess, and treat speech and language problems, cognitive impairments, and swallowing disorders. More than half of ASHA members work in educational settings. The services provided by ASHA members help ensure that students receive a free appropriate public education (FAPE) in the least restrictive environment.

ASHA strongly supports continuing to fund national Technical Assistance (TA) Centers using funds reserved under Section 616(i) (Part B) of IDEA to improve the capacity of states to meet their IDEA Part B and Part C data collection requirements under Sections 616 and 618. The TA Centers are a cornerstone for improved outcomes for students with special needs in some states. National TA Centers provide high-quality assistance and much needed infrastructure and services to state educational agencies (SEAs) and lead agencies (LAs) to comply with the IDEA data collection requirement of the law. In addition, data on the prevalence of students with hearing, speech, and language impairments provide national trends information that various stakeholders, including professional associations such as ASHA, use to better inform their work.

The following comments and recommendations reflect ASHA's response to the Directed Question posed in the FR notice, as well as related comments and recommendations.

Directed Question on Establishing Two IDEA Data Management Centers

Comments: ASHA supports the establishment of two centers (one Center addressing the needs of Developed Capacity States, and a second Center addressing the needs of Developing

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Capacity States). Such an approach would efficiently and effectively meet the diverse needs of states in integrating, reporting, analyzing, and using high-quality IDEA Part B data. Although the Developed Capacity States have appropriate linkages between special education data and other K-12 data, projects funded under this focus area would also help states utilize those existing linkages to report, analyze, and use IDEA Part B data. ASHA also supports that "Developing Capacity States" are defined as states that have a data system that does not include linkages between special education data, K-12 and other data, and that projects funded under this focus area would help such states develop those linkages.

Recommendation

ASHA recommends that the Department of Education (ED) provide examples of the types of TA that the proposed IDEA Data Management Centers would provide to both groups of states (Developed Capacity and Developing Capacity States).

Rationale

This would provide clarity and help states identify their needs and capacity, as well as provide states with information about the services and supports that students with disabilities receive across settings and in other states. This would also help delineate the distinct roles and responsibilities of each center and any areas of overlap.

Additional Comments

Comments: ASHA supports the proposed priorities and requirements outlined in the notice that would establish a TA Center to provide TA for improving states' capacity to collect, report, analyze, and use high-quality IDEA Part B data by enhancing, streamlining, and integrating their IDEA Part B data into the state's longitudinal data systems.

Comments: ASHA also supports inclusion of TA on the implementation of an existing open source electronic tool to assist states in building ED Facts data files and reports that states can then submit to ED and make available to the public, as outlined in the notice. ASHA applauds enhanced transparency in state data collection.

Comments: ASHA urges ED to continue to fund national TA Centers so states can provide equitable opportunities, services, and adequate resources to improve outcomes for infants, toddlers, children, and youth with disabilities.

Recommendation

ASHA recommends that state data collection for IDEA data capture the following elements:

- does the student have a speech and/or language disorder;
- if the student is receiving IDEA services, what is the disability category and is it the primary or secondary impairment;
- if the student is receiving services under Section 504, what is the disability category and is it the primary or secondary impairment;
- is the student receiving hearing and/or speech and language services;
- if the student has hearing loss, is it in one or both ears;
- what is the degree of hearing loss in each ear; and
- what type of hearing instrument(s) are used in the classroom setting?

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Rationale

State data systems are crucial in monitoring a student's progress and informing state and district needs, especially for students with disabilities. Although a primary or secondary communication disorder negatively impacts a student's long-term outcomes (e.g., graduation or employment rates), limited aggregate data exists for students with communication disorders. Students with hearing loss experience more difficulty transitioning from school to adulthood, have a higher rate of unemployment, and are less likely to pursue a post-secondary education than their hearing peers.^{1, 2, 3}

Comments: IDEA requires states and LEAs to collect data under Part B, which informs decision-making in many areas, including the determination of significant disproportionality status. Disproportionality in special education is an area of concern regarding special education identification, discipline, and placement. Inappropriate identification often results in disproportionate representation of culturally diverse populations in special education. While race and ethnicity represent important factors for consideration, other demographic factors play a role in influencing educational outcomes as well. Additional influential factors include socioeconomic status and low incidence disabilities, such as hearing impairments.

Thank you for the opportunity to provide comments on the Proposed Priority and Requirements—Technical Assistance on State Data Collection—IDEA Data Management Center. If you or your staff have any questions, please contact Catherine D. Clarke, ASHA's director of education policy, at cclarke@asha.org.

Sincerely,

Theresa H. Rodgers, MA, CCC-SLP

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2020 ASHA President

¹ Garberoglio, C.L., Cawthon, S., & Bond, M. (2016). *Deaf People and Employment in the United States: 2016.* Washington, DC: U.S. Department of Education, Office of Special Education Programs, National Deaf Center on Postsecondary Outcomes.

² Garberoglio, C. L., Cawthon, S., & Sales, A. (2017). *Deaf People and Educational Attainment in the United States*: 2017. Washington, DC: U.S. Department of Education, Office of Special Education Programs, National Deaf Center on Postsecondary Outcomes.

³ Punch, R., Hyde, M., & Creed, P. (2004). *Issues in the school to-work transition for hard of hearing adolescents.* American Annals of the Deaf, 149(1), 28-38.

⁴ National Education Association of the United States. (2007). *Truth in Labeling: Disproportionality in Special Education*. Retrieved from http://www.nea.org/assets/docs/HE/EW-TruthInLabeling.pdf.