

AMERICAN SIGN LANGUAGE EDUCATION PROGRAMS
FOR PARENTS: EFFECTIVENESS AND ACCESSIBILITY
FOR LOCAL PROGRAMMING

by

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A THESIS

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Early, varied, and frequent language experience is critical during early brain development; therefore, its absence can compromise a child's ability to learn language later in life. Parents of children who are deaf may choose to use ASL to support their child's language acquisition, however, many parents need programs with which to learn ASL. This study offers four recommendations for parent ASL education programs, suggesting that programs should: teach ASL within a cultural context, provide parents with opportunities to practice with fluent or native signers, provide parents with instruction on how to best support their child's visual language acquisition, and be responsive and receptive to parent needs. Additionally, this study demonstrates the elements that the Eugene community perceives as important and what needs it has in relation to this programming. These insights are applicable to the future of programming locally and offer insight for others into possible needs in their own communities.

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Introduction

Three out of every 1,000 babies are born with a “detectable level of hearing loss in one or both ears” and 90% of deaf and hard of hearing children are born to hearing parents, according to the National Institute on Deafness and Other Communication Disorders (NIDCD) (2016). Children who are born deaf or who lose their hearing early in life, before they have fully acquired their primary language, are at risk of falling behind in language acquisition because they do not have the same early aural access to language as their hearing peers. This early access to language is important because it correlates with a sensitive period for language development (Allen, Letteri, Choi & Dang, 2014). Children who miss this sensitive period for language development are likely to have long-term language delays (Freel, Clark, Anderson, Gilbert, Musyoka & Hauser, 2011). For example, deaf adults who were not exposed to any form of language in early childhood scored significantly lower on language tests than their deaf and hearing peers who had early language exposure (Mayberry & Lock, 2003).

The terms “deaf” and “hard of hearing” are commonly used interchangeably, although they are not synonymous. Hearing loss can be caused by a variety of different physical conditions (pregnancy complications, heredity, childhood illness, injury, etc.) and result in various degrees of loss (Clark & Martin 2015). These degrees are usually categorized as “mild”, “moderate”, “severe” or “profound” losses (Clark 1981). It is not uncommon for individuals with hearing loss to experience different degrees of loss in different ears (Clark, Martin 2015). With the variation in both cause and degree, each individual with a hearing loss experiences sound differently. Traditionally, “deafness” is used to discuss a hearing loss that is moderate to profound in both ears, indicating that

the individual has very little use of their residual hearing, whereas “hard of hearing” is used to refer to individuals with a mild to moderate loss in one or both ears, who typically has some use of their residual hearing (National Association of the Deaf 2017). The definition included in the federal legislation that entitles children with hearing loss access to special education services, the Individuals with Disabilities Education Act (IDEA), does not discriminate between deaf and hard of hearing, but instead defines it as, a hearing loss “that is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification that adversely affects a child's educational performance.” (IDEA 2004)

Access to Language

Children who are deaf (and do not have a co-occurring cognitive loss) are more likely to experience language delays than their hearing peers, not because of their deafness, but because their early experience of language is typically inconsistent and incomplete (Freel, et al. 2011). With irregular language input to model after and learn from, child who are deaf do not receive the same rates of exposure to language that many of their hearing peers receive aurally (Humphries et al., 2016). Research indicates that early, varied, and frequent language experience is critical during early brain development and that an absence of experience can compromise a child’s ability to learn language later in life (Mayberry, Lock, & Kazmi 2002).

As society and technology develops, there have been attempts to address the inaccessibility of oral language for individuals who are deaf. Technological advances provide tools, such as hearing aids and cochlear implants, in an attempt to mitigate hearing losses. While these tools work for many, they may not be an option for all

individuals with hearing losses. Another method to provide language access to individuals who are deaf are manual language forms. Manual language can vary in complexity and mode. Some are merely a signed form of an oral language, like Signed Exact English (SEE), whereas others are fully developed and independent languages, like American Sign Language (ASL) (Stokoe, 2005). Families with children who are deaf decide how their children will access language and may select a combination of options to best fit their children's needs.

American Sign Language. ASL is a common visual language in the United States and many children have the opportunity to learn ASL in public schools, schools for the deaf, or other programs. While there has been speculation that teaching a child to sign will hurt language development or impede their ability to acquire other languages later in life, this is not the case. Research indicates that whether a first language is spoken or signed does not matter because children reach the same language development milestones if they have a rich exposure to and practice with any language during the critical early period (Holowka, Brosseau-Lapr e, and Petitto, 2002). Studies also show that learning ASL does the opposite, it keeps "language tissue and systems 'alive' and propels the acquisition of spoken English," (Cordano, 2016; Allen, 2015). Additionally, learning ASL can also act as a support when learning spoken English, or English print, later in life (Allen, 2015; Freel, et al. 2011).

Parents who choose ASL as a method of communication for their child to learn language need to learn ASL in order to communicate effectively with their child. Communication barriers develop when children learn to communicate fluently in ASL but family members do not (Badger & Sheppard 2010). This not only socially isolates

children but also prevents them from getting the full exposure to new language forms that their peers who are hearing receive within the context of family life. Parents who are hearing and who learn ASL along with their children are not only able to provide a richer language experience, but are also able to expose their children to language more frequently and within the natural context of their family home. Studies have shown that parents do not need to be fully fluent in ASL in order to make differential and positive impacts on their children's language development (Allen, 2015; Allen and Morere, 2012; Allen, Letteri, Choi, and Dang, 2014). Any level of exposure to ASL appears to benefit children who are hearing impaired.

Classes that Teach Parents ASL

Parents who wish to learn ASL learn use methods similar to adults learning any other second language. Parents can learn ASL by taking a course, independently reading studying a book, or enrolling in online courses but often the methods employed by parents better prepare them for conversing with other adults rather than exposing their children to developmentally appropriate language (Wilcox & Wilcox, 1997). Additionally, traditional methods of learning ASL may be expensive and quality instruction may be difficult to find, making quality ASL education inaccessible to many.

The United States, unlike similar countries, has no nationwide structure for providing ASL instruction to parents and other caregivers of children with hearing loss. In Norway, parents of deaf children are entitled to at least 40 weeks of free instruction in Norwegian Sign Language (NSL), before their child turns 16 (Snoddon, 2012). Sweden has similar programs offering intensive instruction in extended weekend classes

and 1- 2 week free courses for families who have deaf members (Snoddon, 2012). In the United States, if a family chooses ASL as a method of communication for their child, their child is entitled to ASL instruction under IDEA. Some individual states have specific provisions for teaching families ASL. For example, in the state of Massachusetts, families are entitled to 20 weeks of ASL instruction (Gallaudet University, 2011). However, more typically parents receive individualized instruction in ASL from their child's Teacher of the Deaf included as a part of their child's Individualized Family Service Plans (IFSP; a service plan for children from birth to age three under IDEA). This type of instruction may not be as frequent or comprehensive as desired due to provider constraints, such as case over loads or limited funding. Additionally, not all families who could benefit from this instruction are aware of it or can access it. When parents do get instruction, it may be limited to one hour every other week, which may not be sufficient instruction for a parent to learn ASL fluently enough to effectively use it with their child (Wilcox and Wilcox 1997; Allen, 2015; Allen, et al., 2014).

Currently in the state of Oregon, there are no regulations that entitle parents of children who are deaf to receive specific ASL instruction beyond the general services provided through IDEA. In the Eugene area, there is one free community-based ASL class for parents. Parents are typically provided with information about the class by their child's DHH teacher and are encouraged to attend, but the class is not linked to their IDEA services. If this class does not suit parents' needs, their only other choice is to enroll in university level ASL courses, at their own expense. Parents of children who are deaf have complained that that the current services in Eugene are limited and do not

fully meet their ASL education needs. No study has been completed in the Eugene community examining need to improve or redesign parent ASL programming.

Research Questions

The purpose of this project was twofold:

1. By critically looking at previous research and at other national and state programs that teach hearing parents ASL, what known elements are important to consider when designing/improving local community-based ASL parent programming?
- 2) What elements do local parents and experts believe are important to consider when designing/improving local community-based ASL parent programming?

Research Methodology

Research Question 1: Literature Review and Elements of Existing Programs

In order to determine the important elements contained within existing ASL programs, the parent ASL literature was reviewed and a representative sample of out-of-state and Oregon parent ASL education programs were identified and reviewed.

The University of Oregon library database, and Education Resources Information Center (ERIC) database were used to search for relevant literature. Key word search terms included combinations of American Sign Language, ASL, family, parent, education, and classes, across publication titles, abstracts or key words between the years of 1980 and 2016. Due to the lack of research specifically on parent ASL education the search also looked more generally at the elements of teaching ASL as a second language. Six periodicals were identified, including two books, three peer reviewed journal articles, and one dissertation. All but one of these sources focused on parents learning ASL; one book pertained to teaching ASL as a second language. These periodicals were then examined by the primary investigator for trends and elements of successful ASL parent education.

A review of ASL education programs across the US and Oregon was also conducted. Programs across the US were selected due to unique or exciting elements that they possessed, which set them apart from other programs. This was done to create a representative sample of programs that currently exist in the US. Online searches were conducted through the Google Search Engine using phrases such as “Parent ASL Classes” and classes were also located through recommendations given to the primary researcher by local experts, in a way that might mimic the method that parents might go

about searching for programs to learn ASL. Programs were selected using a convenience sampling method, meaning that programs selected were not necessarily selected because they were the only programs that possessed certain qualities but rather that they were the simplest to gather information about (Dornyei, 2010). Due to the limited number of Oregon programs, all Oregon parent ASL programs identified were included.

Once selected, each program was examined to determine:

1. participant demographics;
2. specifics about the program, such as the location, time of day when the program meets, program costs, and child care;
3. a description of the program's curriculum; and
4. whether the program is taught by/with Deaf adults.

If possible, information was gathered online through information publicly available on websites and downloaded brochures. If this did not provide sufficient information, program directors were contacted by email or phone. Once information was gathered for each program, it was compiled into a research packet (see Appendix A, Program Information Packet).

Question 2: Parent and Expert Advice About Local Parent ASL Programming

To gather community input on designing a local parent ASL program, parents and experts met in two focus groups. Both focus groups as well as the exit surveys that followed the group meetings were approved by the University of Oregon Research Compliance Services. All focus group participants were 18 years of age or older. Participants for the parent group were recruited from the local chapter of Guide by Your

Side, a support group for parents of children who are deaf or hard of hearing. There were five parent participants and all had a child who is deaf or hard of hearing under the age of 18. Three parents had children under four years of age (two were 3- years old and one was 2-years old) and two had children in early adolescence (an 11-and 13-year old).

Participants for the expert group were five individuals who were known to the primary investigator as being part of the professional community and included deaf education experts, ASL instructors, and early intervention specialists. Three of the “expert” participants were deaf or hard of hearing and all had extensive knowledge of ASL and experience with the deaf community and deaf education. Demographic information for expert group participants is included in Table 1.

Table 1
Expert Demographics

<u>Expert</u>	1	2	3	4	5
<u>Job Title</u>	ASL Instructor	Teacher of Deaf and Hard of Hearing	Teacher for the Deaf, Early Intervention and ECSE	Early Intervention/Early Childhood Special Education Specialist	Bilingual Speech-Language Pathologist
<u>Years of Experience</u>	22	11	17	17	8

Approximately one week before the focus groups convened, participants were sent a research packet that included a summary of expert recommendations, a summary of model out-of-state parent ASL programs, and a summary of all Oregon parent ASL programs. They were asked to thoroughly review the research packet before attending their focus group meeting.

Focus group meetings lasted approximately 90-minutes and included a:

1. presentation that closely resembled the information contained in their previously received research packets,
2. discussion about the benefits and challenges of each out-of-state program and Oregon program,
3. discussion of what participants would like to see in a local parent ASL education program.

During the focus groups, important elements of parent ASL programs identified by the group were written on white boards at the front of the room so that participants felt that they were being heard and could clarify if something they said was being misinterpreted. At the end of the group discussion, parent participants were asked as a group to reflect on what was written on the white boards and select the most important elements of parent ASL programs. Expert participants were not given the opportunity to select the most important elements due to time limitations. After the focus groups, videos of the focus group sessions were reviewed to ensure that all elements that were discussed were correctly identified and recorded. Some elements were combined because they appeared to be similar. In addition, the length that each element was discussed was rated as “minimal discussion”, “moderate discussion”, and “extended discussion”.

When the focus group discussion ended, all participants filled out an online exit survey (see Appendix B). In the exit surveys, participants provided demographic information, rated the programs that were presented, indicated what elements of ASL classes were most important to them, and recorded any additional experiences or information that they felt pertained to this study.

Quantitative data was analyzed descriptively (e.g., # of participants who prefer a certain program or program characteristic or mean ranking of important program indicators). Qualitative data was analyzed for trends and ideas.

Results

The purpose of this study was to examine the accessibility and effectiveness of parent ASL education programs in the Eugene community in hopes to provide information to the local community on how to best serve parents who want to learn ASL. Information obtained through an initial literature review and review of existing state and out-of-state programs was used to answer the first research question pertaining to known elements in a parent ASL training programs. Descriptive trends found in the two focus groups studies and descriptive statistics from the exit surveys were used to answer the second research question pertaining to preferred elements in a local parent ASL training program.

Research Question 1- Literature Review and Description of Model Programs

In order to determine what national experts recommend when creating parent ASL programs, six periodicals were collected and reviewed. From this review, four recommendations were identified.

1. ASL should be taught within a cultural context. Language is commonly intertwined with culture. To understand a second language, parents need to understand the culture associated with the language. A comprehensive parent ASL program would include not only language instruction on topics such as vocabulary, grammatical rules and syntax, but would also include instruction on Deaf culture (Wilcox & Wilcox, 1997).
2. Opportunities to practice with fluent and or native signers should be provided. Practice with fluent and/or native signers allows parents to improve their signing abilities in a natural context and exposes them to a wide variety of signing styles and cultural concepts. These signers also offer correct ASL models for the parents observe (Wilcox & Wilcox, 1997; Snoddon, 2012).
3. Parents need to learn how to support their children's visual language acquisition. Since most parents learned their native language aurally, they may not intuitively know how to teach a visual language. Giving

parents strategies to improve their children's visual access to language enables parents to better support their children's language acquisition and development (Allen, 2015; Snoddon, 2012).

4. Parents' preferences and needs need to be respected. This includes scheduling classes at convenient times, adapting to parents' ASL knowledge, choosing a convenient class location, and having respect for families chosen method of communication for their child (simultaneous communication, ASL only, etc.) (Toth, 1999; Bodner – Johnson, 2002; Hardin, Blanchard, Kemmerly, Appenzeller, & Parker, 2015).

In order to determine what typical ASL parent programs include, four out-of-state programs and five Oregon programs were identified and reviewed. The out of state programs are summarized in Table 3 and included parent classes offered through the Texas School for the Deaf, the Washington School for the Deaf, Cal State Northridge, and The Beverly School for the Deaf in Massachusetts. All of these programs incorporated the four recommendations identified in the literature review. The Oregon programs are summarized in Table 4. Out of the Oregon programs only two, the Holt elementary classes and the Salem Alliance classes, are specifically tailored to parents with children who are deaf. Programs selected included, beginning ASL classes at the Lane Continuing Education center, online ASL classes through Oregon State University (OSU), beginning level ASL classes offered through the University of Oregon (UO), family ASL classes offered through Salem Alliance Church, and family ASL classes through Holt Elementary in Eugene. Two of the Oregon programs were tailored to parents and three were focused on adults acquiring a second language. All of the Oregon programs met some of the recommendations found in the literature however, several programs did not respond when contacted for more information. Without this additional information, it was impossible to confirm if each

possessed all four recommendations. Further descriptions of both the Oregon programs and the out of state programs can be found in the parent packet included in Appendix A.

Table 3
Out of State Parent ASL Programs

Program name	Intended Participants	Location	Frequency	Curriculum	Deaf instructors	Cost to parents	Childcare provided
Parent Sign Language Class at the Texas School for the Deaf (TSD)	Families of children who are deaf or HH and are enrolled in TSD	TSD and Online	1x week at night during school year	Based on True Work ASL, and Gallaudet University ASL education materials	Yes	Free	Yes
Washington School for the Deaf (WSD) Family ASL Classes	Families of children who are deaf or HH	WSD	1x week in the at night during school year	Based on what parents want and instructor experience	Unknown	Free	Yes
CSUN American Sign Language Classes for Families with DHH children	Families of children who are deaf or HH	Online, at local schools and in instructor home	Varies based on location	Based on what parents want and instructor experience	Yes	Free	No, but children welcome
Beverly School for the Deaf Parent-Infant/ Toddler Program	Families of children who are under 3 and are deaf	Home visits at the child's home and at the School	Varies based on element of program	Tailored to each individual child and family	Yes	Free	N/A

Table 4
Oregon Parent ASL Programs

Program name	Intended Participants	Location	Frequency	Curriculum	Deaf Instructors	Cost to parents	Childcare Provided
Beginning ASL at Lane Continuing Education	Adults Learning ASL as a Second Language	Lane Continuing Education building in downtown Eugene	2.5 hour class 1x week for 10 weeks	Instruct-or designed based on past classes	No, but instructor has Deaf parents	\$149- \$175 per a term	No
Oregon State University Online ASL Classes	Adults Learning ASL as a Second Language	Online	Each level is 10 weeks	Instructor designed, based on <i>Signing Naturally</i>	Yes	\$1,120 per a term not including books	N/A
University of Oregon Beginning ASL	Adults Learning ASL as a Second Language	University of Oregon main campus	1 hour classes during the day 4x week for 10 weeks	Instructor designed, based on <i>Signing Naturally</i> and the <i>ABCs of ASL</i>	No, but instructor has Deaf parents	\$1,600 not including books	No
Salem Alliance ASL Basic & Family Conversations	Families of children who are deaf or HH	Salem Alliance Church	1.5 hours in the evening 1x a week for 12 weeks	Instructor designed based on text and level of parent ability	No	\$25 per a session not including books	Yes
Family ASL Classes at Holt	Parents, Family Members Care-takers and school personnel	Bertha Holt Elementary	1.5 hours at night 1x a week for 15 weeks	Instructor designed based on text and class needs	Yes	Free	Yes

Research Question 2- Focus Groups and Exit Surveys

This section covers the trends in the discussion during the focus groups and descriptive results of the exit surveys conducted at the end of each focus group. Results are presented by the parent and expert participant groups.

Parent Focus Group

Discussion Elements

During the focus group, all important elements of ASL parent training identified by the parents were written down on a white board at the front of the room. Table 5 lists these elements with a description of what was discussed, their importance to the group, and the length each element was discussed. In all, the parent discussed 10 different topics over 60 minutes. They spent the most time talking about how classes should be convenient and consistent, and how learning about and integrating Deaf culture into their lives impacted them and the least amount of time talking about class cost and how to expand their community to include families with children who are deaf from different parts of the state. At the end of the discussion, as a group the parents identified 6 elements that are most important to them, including parents should feel welcomed, classes should be convenient and consistent, classes should cater to a variety of ASL levels and classes should be low cost.

Exit Surveys

In the exit surveys the parents expressed their opinions regarding current programming as well as their desires for what they would like to see in future programs.

Preferred Existing Programs- When asked to indicate which out of state programs were impressive to them only one participant selected CSUN as an impressive program. No other program was selected. When asked about in-state programs, all parents selected programs that they had participated in, with the largest number of parents, four, selecting the Holt classes followed by three selecting the University of Oregon classes.

In the exit surveys parents indicated that the “time of program meeting” was the most likely to influence their decision to attend a parent ASL program and “course content based on research” was the least likely to influence their decision to attend a parent ASL program. Parents rated “the ability to communicate with your/their child” and “the ability to sufficient support their child’s language development” as most important goals to them and “a comprehensive knowledge of Deaf culture” as the least important goals to them. Parents also rated “ASL structure and grammar” as the most important aspect of ASL curriculum and “education about Deaf culture” as the least important aspect of ASL curriculum. These results are displayed in Table 6.

Table 5
 Important elements of parent ASL programs identified and
 discussed during the parent focus group

Trend	More information	Marked as Important	Time Rating
Parents should feel welcomed	Parents expressed that it was important for both the instructors and other group members to be welcoming and accepting	✓	extended discussion
Classes should be convenient and offered consistently	Parents thought that classes should be held at a consistent time and offered throughout the year. They were interested in classes that were offered at multiple times throughout the week and expressed that they liked the idea of being able to attend after missing several classes and not being too behind. They would also like the classes to be held convenient times and locations	✓	extended discussion
Classes should cater to a variety of ASL levels	Parents want the classes to diversify their curriculum to be more applicable to a wider variety of parents. This includes serving a variety of levels of parent knowledge, beginner to advanced and ensuring that the curriculum caters to different signing needs that arise throughout a child's life.	✓	extended discussion
Classes should be low cost	Parents wanted classes to be low cost or free, this would make the classes more accessible for a wider group of participants	✓	minimal discussion
Classes should be available to others important people in the child's life	Parents expressed that they would like classes to be open to any individuals involved in their child's life, including, teachers, clinicians, doctors, family members, babysitters and friends		minimal discussion
Limitations of the local community	Parents discussed problems they see in creating ideal parent ASL education programs such as funding limitations, and a shortage of capable signers who had time to teach classes.		moderate discussion
Online Classes and Resources	Parents shared what online resources, like dictionaries, they had used and how those had been helpful. They also discussed why they were opposed to entirely online classes stating that without a community to support them weekly they were not as motivated to continue classes.		minimal discussion
Increasing Services	Parents discussed ideas on how to expand their community to include more families who have children who are deaf and increase the number of services available that are tailored to their families.		minimal discussion
Deaf Plus Population	Parents discussed the rising number of individuals who are deaf and have disabilities. They commented on the diversity of needs in this population and how programs could meet these needs.		minimal discussion
Deaf Culture	Parents discussed their opinions on how Deaf culture their families and how its concepts were introduced to them. Parents stated that they would prefer if more complex concepts were gradually introduced after they had built some foundation in ASL rather than teaching them simultaneously.		extended discussion

Table 6
Parent Exit Survey Ratings of Program Elements.

Question	Elements	Mean Rating
How important do you feel the following elements would be to (you/parents) if making a decision about attending a parent ASL education program?	Frequency of Program Meeting	4
	Program Location	3.8
	Time of Program Meetings	4.4
	Program Cost	3.6
	Provides Strategies to Teach Visual Language	3.8
	Curriculum is based on research	2.8
	Availability of childcare	3.75
	Practice opportunities with fluent signers	4.2
How important are the following goals are to (you/parents) in a parent ASL education program?	Teaches about Deaf Culture	3
	A comprehensive understanding of Deaf culture	3.2
	The ability to communicate with (your/their) child	5
	Ability to communicate with a variety of signers	3.6
	Ability to sufficient support child's language development	5
How important do you think following curriculum aspects are to you/would be to parents?	Fluency in ASL	3.8
	ASL Vocabulary	3.8
	ASL Structure and Grammar	4.8
	Deaf Culture	3

Expert Focus Group

Discussion Themes

Table 7 displays all the trends identified during the expert group discussion and the time rating given to each trend by the primary investigator. While all members did participate in the discussion, some members participated more than others. In all, the experts discussed 8 different topics over 60 minutes. They spent the most time talking about Model parent ASL education programs that are not exclusively classes,

limitations of the local community, the necessity of classes having parent centered curriculum and things that prevent parents from participating. They spent the least amount of time talking about how it is important for programs to include information on cognitive development and behavior.

Exit Surveys

In the exit surveys the expert focus group expressed their opinions regarding current programming as well as what they would like to see in future programs.

Preferred Existing Programs. When asked to indicate which programs presented were impressive to them, members of the expert focus group predominately marked the out of state programs as impressive in the exit surveys. Three experts marked CSUN, two marked WSD, four marked New Beverly PIP and three marked TSD. Only two selected the Holt classes as impressive.

Opinions on Program Elements. To gauge what elements experts perceived to influence parents' likelihood to attend programs, what experts perceived as important outcomes for parents who attend and what elements of curriculum experts felt were important to parents, experts were asked to rate various aspects of these categories from one to five. One being not very important and five being extremely important.

The expert group indicated that they believed "program cost" was the most influential factor in parents deciding to attend and both "frequency of program meeting" and "program curriculum being based on research" as the least important factors in deciding to attend parent ASL programs. The expert group rated "the ability to communicate with your/their child" and "the ability to sufficient support child's language development" as the most important parent outcomes and "a comprehensive knowledge

of Deaf culture” as the least important outcome. The expert group perceived “ASL vocabulary” to be the most important aspect of curriculum and “curriculum about Deaf culture” as the least important aspect of curriculum. Results are displayed in Table 8.

Table 7
Important elements of parent ASL programs identified and discussed during the expert focus group

Trend	More Information	Time Rating
Online vs. In-Person Classes	Experts felt that parents might appreciate or benefit from an online class option or online class supplement. In their opinion this would minimize barriers to parent participation.	moderate discussion
Model parent ASL education programs that are not exclusively classes	Experts explained the logistics of the Shared Reading Program and the Deaf Mentor Program, discussed why it was advantageous for the community and the limitations that prevented it from working in this community.	extended discussion
Limitations of the local community	Experts discussed how difficult it is to create programs that meet all families' needs since Eugene has a very diverse (many different ages, ASL ability levels, amplification methods, etc.) population of youth who are deaf. They also discussed how the limited population of Deaf adults locally makes it hard to find instructors for certain programs and the how the lack of funding for these programs also limits them.	extended discussion
Classes should have parent centered curriculum	Experts talked about how to create parent centered curriculum for programs and how to best determine what parent needs are.	extended discussion
Things that prevent parents from participating	Experts discussed what the perceived as barriers to parent participation and expressed frustration with these challenges.	extended discussion
Classes should include information on cognition and behavior	Experts mentioned the importance of including instruction on cognition and behavior to parents.	minimal discussion
Classes should include information on the foundations of language acquisition	Experts discussed what they believed were the foundations of language acquisition and how to best educate parents in this arena	moderate discussion
Classes should cater to a variety of ASL levels	Experts discussed how important it is for programs serve different levels of parent knowledge, and cater to a variety of needs due to the population diversity. Experts also commented on the challenges doing all of this in a single program.	moderate discussion

Table 8
Expert Exit Survey Ratings of Program Elements.

Question	Elements	Mean Rating
How important do you feel the following elements would be to (you/parents) if making a decision about attending a parent ASL education program?	Frequency of Program Meeting	3.75
	Program Location	4.6
	Time of Program Meetings	4.8
	Program Cost	5
	Provides Strategies to Teach Visual Language	4.75
	Curriculum is based on research	3.75
	Availability of childcare	4.6
	Practice opportunities with fluent signers	4.75
How important are the following goals are to (you/parents) in a parent ASL education program?	Teaches about Deaf Culture	4.25
	A comprehensive understanding of Deaf culture	3.6
	The ability to communicate with (your/their) child	5
	Ability to communicate with a variety of signers	3.8
	Ability to sufficient support child's language development	5
How important do you think following curriculum aspects are to you/would be to parents?	Fluency in ASL	3.8
	ASL Vocabulary	4.6
	ASL Structure and Grammar	4.4
	Deaf Culture	3.8

Discussion

Supporting parents who wish to learn ASL in order to better encourage new language skills in their children at home is important. Parents who choose to implement ASL at home need high quality parent ASL education programs. These programs must be holistic, convenient and accessible. While this study mostly created more questions that must be answered before new programming can be created, it also offered insight into existing programming, defined parent needs and laid the ground work for future research.

Question 1- Literature Review and Description of Model Programs

Four professional recommendations were identified during the literature review which created a structure from which to judge the identified in-state and out-of-state programs. ASL programs should 1.) teach ASL within a cultural context, 2.) provide opportunities to parents to practice with fluent and or native ASL signers, 3.) provide instruction on visual language acquisition, and 4.) respect parents' preferences and needs (such as, respecting their preferred method of communication, accommodating their busy schedule and tailoring curriculum to what the parents wanted to learn). Of the nine total programs, only the four out-of-state programs seemed to incorporate all four recommendations. They indicated that they hold programs at convenient times and locations, have flexible schedules, tailor the curriculum to parents and provide childcare or allow children to attend, which suggest that they most likely "meet parent needs". However, additional studies would have to be conducted to determine if these programs' attempts to meet parent needs were in fact successful.

The five Oregon based programs did not appear to meet all of the recommended elements. Of these programs only two were specifically designed for parents of children who are deaf. The other three were designed for adults to learn ASL as a second language for academic credit. This is an important distinction as the populations attending these classes use ASL in a very different context (adult to adult conversations vs. adult to child conversations) and often have different desired outcomes that are not as relevant to parents (such as fluency in ASL instead supporting children's language development). Additionally, ASL as a second language programs are scheduled and/or located in places that are convenient for traditional college populations but less convenient for parents (i.e., college campuses). These differences made the three Oregon programs which were not tailored to parents, less desirable to parents even though they incorporated the other recommended elements including teaching ASL within a cultural context and offering practice with fluent and native ASL signers.

Of the two Oregon ASL programs that are specifically designed for parents, it was difficult to determine if they fully incorporate all four recommendations. Both programs state that they tailor their curriculum to parents' needs, however the instructor of the Holt class, stated that he often found it difficult to truly know what parents want due to lack of response when surveyed. The parent focus group participants who also participate in the Holt classes also stated that while they enjoyed the Holt class they did not feel like it catered to a wide enough variety of ASL skill levels. Parents with older children (over the age of 10) felt that often instruction was on topics they had already mastered while parents with younger children (under the age of four), for whom this instruction was often novel, reported that they found the program very helpful. From the

data gathered there was no indication that the Holt classes included any elements of explicit instruction or curriculum about how to best support a child's visual language acquisition. The second program, the Salem Alliance, advertises that they tailor their curriculum to meet parent needs, however it is unclear to the that extent this is accomplished. None of the parent participants or the expert participants had personal experience with this program. Based on the data gathered, it is also unclear if this program includes curriculum or explicit instruction on how parents who are hearing can best support their child who is deaf in visual language acquisition.

Question 2- Focus Groups and Exit Surveys

During the parent focus group discussion, parents identified four elements as being crucial to a local ASL parent programming: 1.) parents should feel welcome when they attend, 2.) classes should be at times that are convenient and consistent, 3.) classes should cater to a variety of ASL levels, and 4.) classes should be offered at low or no cost. The length of time each element was discussed did not directly translate to how important the parents felt the element was to them. Out of the six topics selected as most important three had extended discussion, two had moderate discussion and one had minimal discussion. In the exit surveys, parents indicated that the goals that were most important to them are being able to sufficiently support their children's language development and being able communicate with their children. Parents also indicated that ASL structure and grammar should be included in parent ASL training and that they would decide whether to attend an ASL parent class based on whether the class offered opportunities to practice with fluent signers and whether the class was offered at convenient times and locations.

In a study on an individual parent ASL education program, and in a focus group study of family-centered interventions for ASL users and individuals who are deaf, parents expressed similar views, highlighting the importance of ensuring that parent needs and preferences were incorporated. (Toth, 1999; Hardin et. al, 2014). Parents stressed that the convenience of the program was essential to their attendance, citing time, location, and availability of childcare. Parents also expressed that they felt more positively about programs when they felt that their needs and opinions were being addressed, similarly to parents. This is similar to a study conducted by Hardin et al. (2014) which examined how to improve family centered early intervention practices. Like the parents in that study, the parent who participated in this focus group wanted programs that were individualized, flexible, responsive, and supportive.

Similar to the parent group, the expert focus group suggested that parent ASL programs should: 1.) utilize a parent centered curriculum, 2.) be flexible and convenient, 3.) include instruction on cognition, behavior and language acquisition, and 4.) cater to diverse needs/levels. In exit surveys, they reiterated these priorities and added that parent ASL programs should teach about Deaf culture. They agreed with the parents that the most important goals of ASL programs were to improve parents' ability to communicate with their children and support their children's language development. They also agreed with the parents that structure and grammar are important elements of parent ASL curriculum but also added that they thought ASL vocabulary is very important.

Commonalities exist between the priorities of the two groups. Both groups conveyed that programs should cater to a variety of ASL levels and be convenient and

flexible for parents. In three questions in the exit survey, which were split into 14 program elements which participants could rate the importance of, parents and experts often indicated similar program elements as important, however the level of importance they prescribed varied. Experts were much more likely to rate program elements as more important, by an average of 0.55 points, when compared to importance parents prescribed to the same 14 elements. Out of these three questions, the parents and the experts only answered one question (“what is the most important outcome for parents”) the same. Both indicated that “communicating with the child” and “helping the child acquire language” were the two most important outcomes. Overall experts felt that 12 out of 14 of the program elements available to rate, were more important to parents than what the parents indicated.

Although there were differences in how each group rated important elements, for the most part the two groups agreed with three of the four practice recommendations. The biggest difference between the practice recommendations and the two focus groups pertained to Deaf culture. While parents felt that Deaf culture was important they made it clear that their immediate needs, such as functional communication channels with their child, took priority over their desire to learn about Deaf culture. Experts felt that embedding information about Deaf culture into the curriculum was very important to parents and would influence parents’ decisions to attend (these were rated 0.8 and 1.25 points higher respectively than parents rated these factors). This difference was especially noticeable during the focus group discussions. Parents in general agreed that they did find Deaf culture and learning about it to be important, however they expressed that they felt overwhelmed by it when they first

started learning about ASL. Parents with older kids reported a higher level of interest in Deaf culture and felt that it was more immediately applicable to their lives, whereas parents with younger kids were more concerned about establishing strong communication and support within their family and familiar community before learning about Deaf culture. Parents indicated that while they were interested in learning about Deaf culture they felt like other elements of their ASL education were more important, especially when their children were young. They felt that sometimes the emphasis on Deaf culture and interacting with Deaf adults could be overwhelming and make them feel like they are inadequate to parent their child and teach their child new language skills. The experts stated that they felt it crucial was for Deaf adults to be directly involved in all parent ASL education. They strongly stated that it was important for Deaf culture to be a part of all programs and that qualified Deaf adults were the ideal instructors for parent ASL education programs, even insisting that parent ASL classes taught by non-native signers were not as favorable of an option for community programming.

The disparity between the needs of the parents and the perceptions of the experts is interesting and could factor into parent perception that local Eugene programs do not fully meet their needs. This could also contribute to why experts notice a lack of participation from the community. A study published in 1995 by Minke and Scott, found that when parents do not feel like their opinion is valued or when professionals do not fully value parent contributions and opinions the parent-professional relationship suffers and the outcomes of the meetings and interventions are poorer. Professionals sometimes struggle with allowing parents to make decisions that they do not feel is the

best option for the child or that they feel does not fully align with their theoretical orientations (Minke & Scott, 1995). Experts can feel that their training and experience justifies their beliefs and provides them with superior insight. This attitude can alienate parents if there is not a strong relationship between the professionals and the parents (Minke & Scott 1995). This study appears to have highlighted a similar mismatch of opinion; experts who participated in the focus group felt that it was essential to teach parents about Deaf culture and parents who participated in the focus group perceived that the emphasis on Deaf culture was off-putting, especially when their children were young. The different backgrounds and priorities of parents and experts may influence these perceptions. While both groups want children to be successful and parents to use ASL, the experts have a more theoretical and clinical background where the parents are more heavily influenced by their family's current needs and priorities. For example, many children in the Eugene community have some form of amplification and use ASL to supplement spoken English. Parents of these children may want to learn ASL, but may not feel that learning about Deaf culture is critical (since their children will live and function in the hearing world) and may not wish to become fully fluent in ASL. While these choices may not align with the beliefs and theoretical stances of some professionals, the professionals involved must still support the family's decisions to best support the child and create positive relationships with the family (Hardin et al. 2014).

Clinical Implications

As stated in the literature and found in this study, accommodating parents' needs and desires should be a high priority for professionals working with families. This can improve family satisfaction and success in programming (Hardin et al. 2014). This

study revealed that in the Eugene community there is a difference between expert opinion and parent opinion surrounding parent ASL education, which could be detrimental to parent participation and satisfaction with local programming. While professionals often have additional training and information that can support parent learning and decision making, the parents, not the professionals are ultimately the constant in the child's life which places them in the best position to make decisions about how they wish to raise and support their child (Hardin et al. 2014). Professionals need to understand that supporting the parents' desires and needs is the best way to help the child, and that this should take precedence. By meeting parents where they are (especially in comfort level with Deaf culture and signing ability) and making the program work for them professionals may see increased parent involvement and satisfaction which would be beneficial to the children and the community.

Originally this study was intended to help create a framework for an ideal parent ASL education program in the Eugene community, however it ultimately lead to more questions that should be answered before creating additional programming.

The difficulty of identifying Oregon programs when compared to identifying programs found elsewhere raises the question why does Oregon not have as many developed programs as our neighboring states, Washington and California? Oregon has a much smaller population than Washington and California and a different method of funding education, but what other factors impact the ability to create and maintain these types of programs? Perhaps there are additional elements in the Eugene community and throughout the state of Oregon that may be impacting services that should be examined more closely.

Both parents and experts agree that the classes at Holt elementary are positive and the most successful in memory, however both groups agreed that the program could be improved upon. In this program, what are elements that could be added or changed within the programs' scope that could improve it? Additionally, what makes the existing program so successful and how could other programs learn from it? Existing services can be improved by examining this program's strengths and weaknesses.

During the expert participants' discussion, experts extensively discussed the Shared Reading program out of Gallaudet University and the Deaf Mentor program out of the University of Utah and cited them both as successful parent ASL education programs, but additionally mentioned that they felt the programs would not be or had not been successful in the Eugene community. Both programs facilitate home visits during which Deaf adults teach ASL to the family, rather than traditional classes. Experts mentioned that while this was an ideal arrangement, the Eugene community does not currently have the resources to support these programs. This raises the question, are there elements (such as curriculum, format, delivery method) that could be incorporated into current or future programming? Also, even though these programs were deemed impossible in the past are there ways in which to adapt them to community now? A closer look at these two programs offers the potential of innovation for local programming.

Study Limitations

While a lot of information was gained through the literature review and focus group discussion, the research study had some limitations. Expanding the number of databases searched or expanding the terms searched during the literature review could

have provided additional literature to review. This is also true for the search for parent ASL education programs. Had there been additional time, different search methods or even searches that examined different formats of parent ASL education (like home visits or mentorship based programs) additional out-of-state and in-state programs may have been discovered.

Participant recruitment could have also been improved. By limiting recruitment to one parent organizations and professionals familiar to the primary investigator, the study potentially missed portions of the population that would have altered the study results. By expanding the groups the study recruited from the study would have also allowed for more diversity among participants. Also by exclusively recruiting parent participants from a parent support group the study may have only sampled parents that were more likely to be more involved/opinionated with/about classes. Additionally, several perspective participants for both the parent and expert groups were unable to attend at the last minute which made the groups smaller. While smaller groups facilitated a discussion space in which each member had more time to share the limited number of participants also meant that fewer community opinions were shared. This means that the sample may not have truly representative of the community. Having participants from the Oregon School for the Deaf, Holt Elementary's Special Education program, and more participants who were minorities could have made this sample more representative. The study would need to be repeated with both a larger sample size and more inclusive sampling methods to ensure community opinions were represented.

The nature of focus group studies must also be taken into account when examining limitations. Investigators can only truly record and measure what individuals

choose to share. Individuals who spoke less are naturally less represented in results. Additionally, participants may not have shared all pertinent experiences or opinions, either because the moderator did not direct the conversation in that direction or because participants did not feel comfortable sharing that information in this setting. The inexperience of the moderator (also the primary investigator) should also be noted as it may have influenced the results. While she did extensively research this role, and had assistance from her advisors, results may have differed if a more experienced and impartial moderator carried out the groups. Having done the majority of the research leading up to this project, the moderator may have directed the discussions in directions she was personally interested in, perhaps preventing participants from discussing other topics that they felt were pertinent. Additionally, had the primary investigator been able to observe the focus groups naturally rather than moderating them, she could have potentially recorded and interpreted data in a more natural manner.

Future Directions for Research

While this study offered important insights, it was preliminary in nature and opened up a multitude of different directions in which this research could continue. One possible direction for research could be specifically differentiating the populations of parents by limiting participants to only parents of children in certain age ranges, perhaps the age ranges with the most children throughout the community. By examining what these specific parents (maybe parents of preschool aged children or infants) would want in a parent ASL education program researchers could better design a program for this population. This could also allow for a cohort type of program to be established within the University of Oregon's HEDCO specialty clinic or another setting which could not

only provide families with ASL instruction but also provide families with the community aspect parents indicated was important to them.

Another possible direction for research would be examining the disparity between parent needs and the experts' perception of parent needs. Using the 1995 Minke and Scott study as an example, investigators could study the relationships between professionals and parents and why their opinions differ. Researchers could interview both groups about their relationships, analyze these results and then utilize this information to find constructive manners to bring the two groups together. This could possibly lead to suggestions on how professionals can better attune themselves to parent needs and help strengthen the relationships.

Finally, further investigation into program design and feasibility studies could be conducted to help develop local programming for parents with children who are deaf. Future investigations could examine model programs (such as the out of state programs mentioned, the Shared Reading Project or the Deaf Mentor Program) more thoroughly and work with curriculum and program designers to take elements of successful programs and adapt them programming for the Eugene community. Feasibility studies for these program plans would also need to be conducted to ensure the success of these programs. This would involve looking more closely at existing programs (such as the Holt classes), community agencies and resources to determine if these new programs were feasible and if so, who would participate in carrying out these program plans and where they would receive their funding.

Conclusion

Mayberry, Lock, and Kazmi (2002) have noted that early, varied, and frequent language experience is critical during early brain development and that an absence of experience can compromise a child's ability to learn language later in life. Parents of children who are deaf may choose to use ASL to support their child's language acquisition however many parents need programs with which to learn ASL. It is clear from the data presented here that ASL parent programs should be holistic, incorporating the four recommendations found in the literature and as well as individualized to the community and the families involved. Throughout this study, it has been demonstrated that programs should teach ASL within a cultural context, provide parents with opportunities to practice with fluent or native signers, provide parents with instruction on how to best support their child's visual language acquisition, and most importantly, should be responsive and receptive to parent needs. Additionally, this study demonstrated what elements the Eugene community perceived as important and what needs relate to this programming. These insights are applicable to the future of programming locally and additionally offer insight for others as to possible needs in their own communities.

Appendix A- Program Packet

Provided to Participants Prior to Focus Groups

Introduction

Research indicates that children who are deaf or hard of hearing (HH) have a greater risk of developing language delays compared to their hearing peers (Spencer 2004; Mayberry & Lock, 2003). Access to sound does not inherently deter language development, but rather it is the lack of access to language early on in life that is problematic. This lack of access can contribute to future difficulties in language development (Freel, Clark, Anderson, Gilbert, Musyoka & Hauser, 2011; Snoddon, 2012). Studies have shown that children who are deaf or HH are more likely to acquire language typically when involved with early intervention programs and provided early access to accessible language (Vohr et al., 2012; Allen, Letteri, Choi & Dang, 2014). Many families choose to make language accessible to their child by using American Sign Language (ASL) with their child. In order for the parents to successfully expose their child to ASL many must first learn the language. This can be difficult if there are limited or no resources in the community to support parents learning ASL as a second language. Even when there are resources in the community, parents may feel like the classes teaching ASL do not sufficiently meet their needs (Toth, 1999).

In this project, I hope to better understand perceived community needs surrounding parent ASL education programs. To accomplish this, I plan to hold two focus group sessions, one of parents of deaf or HH children and one of related experts. These focus groups will help me gather information about what a feasible parent ASL education program would look like for Eugene and the surrounding communities. This packet is designed to provide a starting place for the discussion that will happen during our focus group meeting. It contains both some general information about what research suggests model parent ASL education programs should look like, as well as some brief summaries of existing parent ASL education programs. All the information provided in this packet about individual parent ASL education programs was provided by either program officials or program websites.

Before we start our focus group discussion on March 4th, I will give a short presentation on the material contained in this packet to serve as a refresher before we start our discussion. Thank you so much for taking the time to read this packet. I look forward to hearing everyone's input during our group discussion.

-Laurel Smith
Primary Investigator

Research Recommendations for Parent ASL Education Programs

While research on parent acquisition of ASL is being conducted, most of the research in this field is fairly new and there is currently no formal consensus on what an ideal parent ASL education program would incorporate. After reviewing the existing research and suggestions about parent ASL education programs, it appears that best-practice programs:

1. Teach ASL within a cultural context. Language is commonly intertwined to the culture of the populations of people who speak the language so in order to understand a second language parents also need to understand the culture associated with the language. A comprehensive parent ASL program would include not only language instruction on topics such as vocabulary, grammatical rules and syntax, but would also include instruction on Deaf culture (Wilcox & Wilcox, 1997).
2. Provide for opportunities to practice with fluent and or native signers (Wilcox & Wilcox, 1997).
3. Help educate parents about how their child is acquiring language through ASL. Although language acquisition milestones are very similar for ASL and spoken English, parents may not be as confident in their ability to support their deaf or HH child's language acquisition through ASL as it is not their native language. Most parents teaching their children ASL learned their native language aurally. Teaching parents strategies to improve their child's visual accesses to language enables parents to better support their child's language acquisition and development (Allen, 2015; Snoddon, 2012).
4. Respect parents' preferences and needs. This includes scheduling at convenient times, comfort level, preferences on class location, and having respect for families chosen method of communication for their child (simultaneous communication, ASL only, etc.) (Toth, 1999; Hardin, Blanchard, Kemmerly, Appenzeller, & Parker, 2015).

Commonly used ASL Textbooks and Materials

Signing Naturally- Signing Naturally is an ASL curriculum that was originally created in 1980 and is one of the most widely used curriculums in the US. The multi-level curriculum includes DVDs, textbooks/workbooks and teacher curriculums for each level. Signing Naturally's goal is to provide students with no previous knowledge of the Deaf and ASL communities with the skill and fluency to use ASL in a variety of settings.

True Work ASL- True Work ASL is a newly created program that uses an interactive online format. The program was developed in Austin, Texas in association with the Texas School for the Deaf and the Austin Community College. The authors of this curriculum, who have 70 combined years of experience in teaching ASL, created the program to bring student centered curriculum to an accessible engaging format for ASL classes in the Austin community to use

ABC's of ASL – A textbook guide that contains twenty-two lessons that cover the foundations of ASL grammar and vocabulary with an emphasis on proper sentence structure.

Program Comparison Charts

Oregon Programs

Program Name	Population Classes Cater to	Location where it meets	When it meets	Curriculum	Taught by/with Deaf adults	Cost to parents	Child Care provided
Beginning ASL at Lane Continuing Education	Adults Learning ASL as a Second Language	Lane Continuing Education building in downtown Eugene	2.5 hour classes 1x week for 10 weeks	Instructor designed based off of past classes	No, but instructor has Deaf parents	\$149-\$175 per a term	No
Oregon State University Online ASL Classes	Adults Learning ASL as a Second Language	Online	Each level is 10 weeks	Instructor designed, based off of Signing Naturally	Yes	\$1,120 per a term not including books	N/A
University of Oregon Beginning ASL	Adults Learning ASL as a Second Language	University of Oregon main campus	1 hour classes during the day 4 days a week for 10 weeks	Instructor designed, based off of Signing Naturally and the ABCs of ASL	No, but instructor has Deaf parents	\$1,600 not including books	No
Salem Alliance ASL Basic & Family Conversations	Families of children who are deaf or HH	Salem Alliance Church	1.5 hours in the evening 1x a week for 12 weeks	Instructor designed based off of text and level of parent ability	No	\$25 per a session not including books	Yes
Family ASL Classes at Holt	Parents, Family Members, Caretakers, and school personnel	Bertha Holt Elementary	1.5 hours in the evening 1x a week for up to 15 weeks	Instructor designed based off of text and class needs	Yes	Free	Yes

National Programs

Program Name	Population Classes Cater to	Location where it meets	When it meets	Curriculum	Taught by/with Deaf adults	Cost to Parents	Childcare provided
Parent Sign Language Class at the Texas School for the Deaf (TSD)	Families of children who are deaf or HH and are enrolled in TSD	TSD and Online	1x week in the evening for the duration of the school year	Based off of True Work ASL, and Gallaudet University ASL education materials	Yes	Free	Yes
Washington School for the Deaf (WSD) Family ASL Classes	Families of children who are deaf or HH	WSD	1x week in the evening for the duration of the school year	Based off of what parents want and instructor experience	No?	Free	Yes
CSUN American Sign Language Classes for Families with DHH children	Families of children who are deaf or HH	Online, at local elementary schools and in instructors' homes	Varies based on location	Based off of what parents want and instructor experience	Yes	Free	No but children welcome
Beverly School for the Deaf Parent-Infant/Toddler Program	Families of children who are under the age of 3 and are deaf or HH	Home visits at the child's home and at the Beverly School for the Deaf	Varies based on element of program	Tailored to each individual child and family	Yes	Free	N/A

Parent ASL Education Programs

Oregon ASL Programs

Program Title: Beginning ASL at Lane Continuing Education

Location: Eugene, Oregon



- Length: 10 week terms
- Curriculum: Instructor created
- Goals: Learning ASL as a second language but more specifically, improved fingerspelling ability, building a 700 sign vocabulary and an understanding of Deaf culture
- Cost: \$149-175 a term
- Other noteworthy items:
 - Classes held one night a week for two and a half hours
 - Instructor's grew up with parents who are deaf

Program Title: Oregon State University Online ASL Classes

Location: Online



- Length: 11 week terms
- Curriculum: Instructor created but heavily based off of the text book series *Signing Naturally*
- Goals: For students to learn ASL as a second language
- Cost: \$1,120 per a term
- Other noteworthy items:
 - Class is Online and self-paced
 - Instructor is Deaf

Program Title: University of Oregon
Beginning ASL

Location: On the University of Oregon main
campus in Eugene, Oregon



- Length: 11 week terms
- Curriculum: Instructor created but heavily based off the text book series *Signing Naturally* and *ABC's of ASL*
- Goals: For students to learn ASL as a second language
- Cost: \$1,600 per a term not including books
- Other noteworthy items:
 - Classes are 50 minutes long and are held Monday through Thursday at 9:00 AM, 10:00 AM and 12:00PM
 - Instructor is a former interpreter and grew up with parents who were deaf

Program Title: Salem Alliance ASL Basic &
Family Conversations

Location: Salem, Oregon



- Length: 12 weeks
- Curriculum: Instructor created but heavily based off the text book series *Signing Naturally*
- Goals: Establishing fluent communication for families who have deaf of hard of hearing (HH) children
- Cost: \$25 per a person, not including books
- Other noteworthy items:
 - Child care is provided
 - For older children there is a free companion ASL class
 - Recommended by the Oregon School for the Deaf though not officially affiliated with it
 - Classes meet once a week for an hour and a half in the evening

Program Title: Family ASL Class
Location: Bertha Holt Elementary School,
Eugene, Oregon



- Length: Not strictly defined, this school year there will be 15 classes over 3 terms
- Curriculum: Instructor uses the book *Learning American Sign Language* as a foundation but adds or skips content based on class needs
- Goals: Establishing communication and providing a better understanding about Deaf Culture for families and community members who have/work with deaf or hard of hearing (HH) children
- Cost: Free
- Other noteworthy items:
 - Child care is provided
 - Older children are welcome to sit in on the ASL classes
 - This class is open to parents, Family Members, Caretakers, and school personnel
 - Deaf community members occasionally come and give lecture
 - Classes meet once a week for an hour and a half in the evening
 - Instructor is deaf

National Programs

Program Title: Parent Sign Language Class at the Texas School for the Deaf

Location: Texas School for the Deaf, Austin, Texas



- Length: While TSD is in session (September through May)
- Curriculum: Instructor created but heavily based off of the text book series *Signing Naturally* and the online curriculum *True Work ASL*
- Goals: provide a more complete understanding of Deaf Culture and improve conversational signing abilities
- Cost: Free to any family with students enrolled in TSD
- Other noteworthy items:
 - Classes are offered in-person and online via tele-conference
 - Child care is provided for in-person classes
 - In-person classes meet once a week for an hour and half in the evening
 - Online classes meet once a week at times convenient to participating families
 - In-Person classes are taught by a TSD ASL instructor who is deaf
 - Online classes are taught by several certified ASL instructors

Program Title: Washington School for the Deaf Family ASL Classes

Location: Vancouver, Washington and Central Washington



- Length: 10 weeks
- Curriculum: Largely based off of what parents want to learn but also uses text book series *Signing Naturally*
- Goals: To improve family communication with children who are deaf or HH
- Cost: Free to any family with students enrolled in WSD. \$50 for community members who have children who are deaf or HH
- Other noteworthy items:
 - Child care is provided for in-person classes
 - Classes meet once a week for an hour and a half in the evening

Program Title: CSUN American Sign Language Classes for Families with DHH children

Location: San Fernando Valley, California, Los Angeles, California and Online



- Length: While school is in session (August through May)
- Curriculum: Largely based off of what parents want to learn but also uses text book series *Signing Naturally*
- Goals: To improve family communication with children who are deaf or HH
- Cost: Free to any family with who has children who are deaf or HH
- Other noteworthy items:
 - Classes are offered in Spanish and English
 - Classes are offered online via tele-conference and in person at elementary schools and in instructors' homes
 - Child care is not provided for in-person classes but children are welcome
 - In-person classes meet once a week for one and half to two in the evenings
 - Classes are taught exclusively by instructors who are deaf

Program Title: Beverly School for the Deaf Parent-Infant/Toddler Program

Location: Boston, Massachusetts



- Length: On going intervention program for children from birth to three
- Curriculum: Based off of what parents would like to know
- Goals: To improve family communication with children who are deaf or HH
- Cost: Free
- Other noteworthy items:
 - Includes: home visits, play groups and parent ASL classes.
 - home visits are offered weekly, provided by both deaf and hearing teachers
 - PIP playgroups are designed to offer parents the chance to interact with other families raising a young deaf/hard of hearing children.
 - Parent ASL classes include both adult evening ASL classes and Saturday morning Family sign classes

Appendix A - References Program Packet

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Appendix B- Exit Surveys

Parent Exit Survey

Q1

Name (1)

Q2 How old is your child who is deaf or HH?

Q3 How many children do you have?

Q4 Which programs, out of the programs presented or discussed today did you find to be impressive? (You may select multiple programs)

- Beginning ASL at Lane Continuing Education (1)
- OSU Online Classes (2)
- UO Beginning ASL Classes (3)
- Salem Alliance ASL Basic & Family Conversations (4)
- Holt Elementary (5)
- CSUN DEAF Family ASL Classes (6)
- Washington School for the Deaf Family ASL Classes (7)
- New Beverly Parent Infant Program (8)
- Texas School for the Deaf (9)

Q5 What elements of these programs made them impressive? (You may select multiple elements)

- Time at which the program met (1)
- Frequency of meetings (2)
- Cost of program (3)
- Availability of child care (4)
- Location of meetings (5)
- Curriculum (6)
- Format of classes (online vs. in-person) (7)
- Other (Please Explain) (8) _____

Q6 How important do you feel the following elements would be to you if making a decision about attending a parent ASL education program? 1-Not important to and does not impact their decision about attending 2-Slightly important but probably wouldn't impact their decision about attending 3-Moderately important and might impact their decision about attending 4-Very important and likely to impact their decision about attending 5-Extremely important and would impact their decision about attending

- _____ Frequency of program meetings (1)
- _____ Program location (2)
- _____ Time of program meetings (3)
- _____ Program Cost (4)
- _____ Provides strategies to teach visual language (5)
- _____ Curriculum is based off of research (6)
- _____ Availability of Childcare (7)
- _____ Class provides opportunities to sign with fluent signers (8)
- _____ Teaches about Deaf Culture (9)
- _____ Other (please specify) (10)

Q7 How frequently do you think an ideal program should meet?

- Twice a week (1)
- Once a week (2)
- Twice a month (3)
- Once a month (4)

Q8 Would you prefer an online program or an in-person program?

- Online (1)
- In-person (2)
- No preference (3)

Q9 How important are the following goals are to you in a parent ASL education program? 1- Not at all important 2-Slightly important 3- Moderately important 4- Very important 5-Extremely important

- _____ A comprehensive understanding Deaf culture (1)
- _____ The ability to communicate with their child (2)
- _____ The ability to communicate with a variety of signers other than their child (3)
- _____ The ability to sufficiently support their child's language development (4)
- _____ Fluency in ASL (5)

Q10 How important are following curriculum aspects to you? 1- Not important 2-Somewhat important 3- Moderately important 4- Very important 5-Extremely important

- _____ ASL Vocabulary (1)
- _____ ASL Structure and Grammar (2)
- _____ Deaf Culture (3)

Q12 Is there anything else you would like to share?

Expert Exit Survey

Q1

Name (1)

Q2 What is your job title?

Q3 How many years have you been working in this field?

Q4 Which programs, out of the programs presented or discussed today did you find to be impressive? (You may select multiple programs)

- Beginning ASL at Lane Continuing Education (1)
- OSU Online Classes (2)
- UO Beginning ASL Classes (3)
- Salem Alliance ASL Basic & Family Conversations (4)
- Holt Elementary (5)
- CSUN DEAF Family ASL Classes (6)
- Washington School for the Deaf Family ASL Classes (7)
- New Beverly Parent Infant Program (8)
- Texas School for the Deaf (9)

Q5 What elements of these programs made them impressive? (You may select multiple elements)

- Time at which the program met (1)
- Frequency of meetings (2)
- Cost of program (3)
- Availability of child care (4)
- Location of meetings (5)
- Curriculum (6)
- Format of classes (online vs. in-person) (7)
- Other (Please Explain) (8) _____

Q6 How important do you feel the following elements would be to parents when they are making a decision about attending a parent ASL education program? 1-Not important to and does not impact their decision about attending 2-Slightly important but probably wouldn't impact their decision about attending 3-Moderately important and might impact their decision about attending 4- Very important and likely to impact their decision about attending 5- Extremely important and would impact their decision about attending

- _____ Frequency of program meetings (1)
- _____ Program location (2)
- _____ Time of program meetings (3)
- _____ Program Cost (4)
- _____ Provides strategies to teach visual language (5)
- _____ Curriculum is based off of research (6)
- _____ Availability of Childcare (7)
- _____ Class provides opportunities to sign with fluent signers (8)
- _____ Teaches about Deaf Culture (9)
- _____ Other (please specify) (10)

Q7 How frequently do you think an ideal program should meet?

- Twice a week (1)
- Once a week (2)
- Twice a month (3)
- Once a month (4)

Q8 Do you think families would prefer an online program or an in-person program?

- Online (1)
- In-person (2)
- No preference (3)

Q9 How important do you think the following goals are to parents who are interested in Parent ASL Education programs? 1- Not at all important 2-Slightly important 3- Moderately important 4- Very important 5-Extremely important

- _____ A comprehensive understanding Deaf culture (1)
- _____ The ability to communicate with their child (2)
- _____ The ability to communicate with a variety of signers other than their child (3)
- _____ The ability to sufficiently support their child's language development (4)
- _____ Fluency in ASL (5)

Q10 How important do you think following curriculum aspects would be to parents? 1- Not important 2-Somewhat important3- Moderately important 4- Very important5-Extremely important

_____ ASL Vocabulary (1)

_____ ASL Structure and Grammar (2)

_____ Deaf Culture (3)

Q11 How important do you think following curriculum aspects are? 1- Not important 2-Somewhat important3- Moderately important 4- Very important5-Extremely important

_____ ASL Vocabulary (1)

_____ ASL Structure and Grammar (2)

_____ Deaf Culture (3)

Q12 Is there anything else you would like to share?

Appendix C- RCS Approval



UNIVERSITY OF OREGON

DATE: January 13, 2017 **IRB Protocol Number: 11282016.026**

TO: Laurel Smith, Principal Investigator
Department of Communication Disorders and Sciences

RE: Protocol entitled, "American Sign Language Education Parent Programs:
Effectiveness and Accessibility for Local Programming"

**Notice of IRB Review and Approval
Expedited Review as per Title 45 CFR Part 46 #6, 7**

The project identified above has been reviewed by the University of Oregon Institutional Review Board (IRB) and Research Compliance Services using an expedited review procedure. This is a minimal risk study. This approval is based on the assumption that the materials, including changes/clarifications that you submitted to the IRB contain a complete and accurate description of all the ways in which human subjects are involved in your research.

This approval is given with the following standard conditions:

1. You are approved to conduct this research only during the period of approval cited below;
2. You will conduct the research according to the plans and protocol submitted (approved copy enclosed);
3. You will immediately inform Research Compliance Services of any injuries or adverse research events involving subjects;
4. You will immediately request approval from the IRB of any proposed changes in your research, and you will not initiate any changes until they have been reviewed and approved by the IRB;
5. You will only use the approved informed consent document(s) (enclosed);
6. You will give each research subject a copy of the informed consent document;
7. **If your research is anticipated to continue beyond the IRB approval dates, you must submit a Continuing Review Request to the IRB approximately 60 days prior to the IRB approval expiration date. Without continuing approval the Protocol will automatically expire on January 12, 2018.**

Additional Conditions: *Any research personnel that have not completed CITI certificates should be removed from the project until they have completed the training. When they have completed the training, you must submit a Protocol Amendment Application Form to add their names to the protocol, along with a copy of their CITI certificates.*

COMMITTEE FOR THE PROTECTION OF HUMAN SUBJECTS • RESEARCH COMPLIANCE SERVICES
677 E. 12th Ave., Suite 500, 5237 University of Oregon, Eugene OR 97401-5237
T 541-348-2510 F 541-348-5138 <http://rcs.uoregon.edu>

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UNIVERSITY OF OREGON

Approval period: January 13, 2017 - January 12, 2018

The University of Oregon and Research Compliance Services appreciate your efforts to conduct research in compliance with University of Oregon Policy and federal regulations that have been established to ensure the protection of human subjects in research. Thank you for your cooperation with the IRB process.

Sincerely,

Lizzy Utterback
Research Compliance Administrator

CC: Heather Moore, Faculty Advisor

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