



## **FREQUENTLY ASKED QUESTIONS REGARDING SCHOOL AUDIOLOGY SERVICES**

The purpose of this document is to respond to questions concerning the role and responsibilities of educational audiologists and how they differ from clinical audiologists in medical settings, teachers of the deaf and hard of hearing, and speech and language pathologists.

NOTE: Wisconsin Administrative Code PI-34 uses the term “school audiologist.” However, the more commonly used term nationally and in Wisconsin schools is “educational audiologist” which will be utilized throughout this document.

### **1. What is the role of an educational audiologist?**

The role of the educational audiologist is multifaceted and covers a wide variety of areas in both special and regular education. Educational audiologists are uniquely qualified to address the effects of hearing, listening, and auditory deficits on the ability of children to access spoken language, verbal instruction, and peer-to-peer learning opportunities. A primary role of the educational audiologist is to assure that students who are deaf and hard of hearing have appropriate auditory access through the use of assistive technology and modifications and accommodations designed to support individual hearing needs.

The Individuals with Disabilities Education Act (IDEA 2004), both Part B and Part C, define a wide array of services that educational audiologists can provide under the subcategories of related services, audiology, and assistive technology. 34 CFR 300.34 (c) (1) defines the practice of audiology in educational settings as including:

- (i) Identification of children with hearing loss;
- (ii) Determination of the range, nature, and degree of hearing loss, including referral for medical or other professional attention for the habilitation of hearing;
- (iii) Provision of habilitative activities, such as language habilitation, auditory training, speech reading (lip-reading), hearing evaluation, and speech conservation;
- (iv) Creation and administration of programs for prevention of hearing loss;
- (v) Counseling and guidance of children, parents, and teachers regarding hearing loss; or

(vi) Determination of children's needs for group and individual amplification, selecting and fitting an appropriate aid, and evaluating the effectiveness of amplification. IDEA 2004 regulations also require schools to ensure that hearing aids and external components of cochlear implants are functioning properly (34 CFR 300.113).

The scope and practice for educational audiologists is defined by several nationally recognized organizations such as the American Speech-Language-Hearing Association (ASHA) and the Educational Audiology Association (EAA). Wisconsin State Statutes and the Department of Safety and Professional Services set additional requirements for audiologists. For additional information, refer to the Additional Resources section at the end of this document.

**2. As a related service provider, what is the role of the educational audiologist on an individualized education program (IEP) team?**

- Educational audiologists have relevant and pertinent information that should be shared at the IEP team meeting. Their participation on the IEP team can inform and enhance the discussion related to each student's individual auditory needs.
- The educational audiologist may serve as a critical link between diagnostic information received from clinical audiologists and the application of that information when identifying appropriate educational accommodations and maximizing students' auditory accessibility across environments.
- The educational audiologist should provide information on how the child is functionally using their residual hearing, as well as how they are utilizing and benefiting from their amplification, including both personal and/or assistive listening devices. If the student participates in auditory training tasks, progress should be noted along with the student's ability to self-advocate for their listening needs.
- The educational audiologist should also be a resource when evaluating classroom acoustics and the effects of noise, reverberation, and distance from the speaker on the performance of the child.

**3. Can educational audiologists provide documentation of a hearing loss for the initial special education evaluation?**

As outlined in PI 11.36 (4), a current evaluation by an audiologist licensed under Chapter 459, Wis. Stats. is one of the components for an initial evaluation of a child with a suspected hearing impairment. Although most Wisconsin educational audiologists hold the Chapter 459 license, they may be limited in their ability to provide the specific information needed for an initial evaluation due to equipment and environmental limitations. Most educational audiologists function within an itinerant model; they use portable equipment within a school building and are therefore limited by ambient noise and the specific functions of their equipment. Conversely, some educational audiologists have access to sound treated test booths and may perform the same evaluations as clinical audiologists.

**4. How is “current” audiological documentation of a student’s hearing loss determined for the re-evaluation?**

When IEP teams are preparing to conduct a re-evaluation of a student with a hearing impairment, the participants first review existing data to determine if additional assessment is needed. An educational audiologist is critical to this process. If the IEP team determines that the most recent audiogram of the child is representative of the child’s current hearing, then there may not be a need to complete another audiogram. If the IEP team, including the parents, believes that the hearing status of the student has changed, or if additional information is needed about the health of the ear or functional listening with the students’ personal amplification or assistive listening device, the IEP team may collect more “current” information.

If the child has documentation of a fluctuating or progressive hearing loss, the educational audiologist may conduct an evaluation at school to determine if responses are consistent with previous levels or if any changes can be identified. The IEP team may determine to pursue additional follow-up with a clinical evaluation to confirm or identify “current” hearing levels and any other required medical or clinical based interventions.

**5. How is the role of the educational audiologist similar/different than that of a teacher of the deaf and hard of hearing?**

The roles of the educational audiologist and the teacher of the deaf and hard of hearing are complimentary and not mutually exclusive. Each will have varying degrees of training and knowledge related to hearing loss, auditory development, amplification, academic implications, social/emotional development, speech and language development, alternate communication modes and appropriate modifications and accommodations for deaf or hard of hearing students. It is the scope of practice and legal requirements that vary between professions. In addition, each district utilizes their staff in the manner that best fits individual student needs and district requirements.

Teachers of the deaf and hard of hearing are specifically trained to address the academic needs of students. This includes cognitive development, language and communication development, as well as modifications and strategies for evaluating the impact of the child’s hearing loss on all learning situations and activities. In addition to direct instruction with the student, teachers of the deaf and hard of hearing provide instruction and supportive consultation to regular education teachers specific to curriculum and instruction and language development for the deaf or hard of hearing student. Areas of overlap may include self-advocacy skills, auditory re/habilitation, auditory training, speech reading (lip reading), monitoring amplification, and student/staff training.

**6. How is the role of the educational audiologist similar/different than that of a speech and language pathologist?**

Historically, teachers of the deaf and hard of hearing and speech and language pathologists have found themselves responsible for many aspects related to assistive listening devices.

The educational audiologist is qualified to select, fit, or dispense personal types of assistive listening devices such as those connected to a child's personal amplification. It is within the educational audiologist's skill set to know current information about these technologies and their potential impact on auditory accessibility, as well as the ability to verify the output and performance of these devices.

A speech and language pathologist has unique skills to provide services to improve voice, fluency, speech, sound production, and articulation, or to establish a functional and effective communication system. Speech and language pathologists can also provide services to improve a child's language and communication skills. The speech and language pathologist is often involved with aspects of communication development for students identified with a hearing loss. This may include oral and/or sign language development, features of speech production, voice characteristics, lip-reading, and aural habilitation/rehabilitation (the development of listening and speaking skills for children with hearing loss). Besides direct service, the speech and language pathologist may work with the classroom teacher to assist in implementing modifications or accommodations for a child with a hearing loss.

A collaborative approach to service provision for children who are deaf or hard of hearing will provide the most efficient and supportive services for their unique needs.

**7. What is the difference between an educational audiologist and a clinical audiologist?**

Educational and clinical audiologists have the same Master's level or Doctorate education and are required to graduate from an American Speech-Language-Hearing Association (ASHA) accredited university program (WI Statute Ch. 459 & PI 34). Both have similar skills and knowledge related to the provision of audiology assessment, services, amplification devices and auditory development.

Typically, clinical audiologists have access to the full array of technology required to conduct comprehensive audiological evaluations, which is often unavailable to educational audiologists. In addition, since personal amplification devices such as hearing aids and cochlear implants are owned by the student and often provided by private insurance, the evaluations most often are obtained through a clinical setting.

Educational audiologists typically have additional coursework related to special education law and child development, as well as practical training in educational

settings. In addition, educational audiologists generally have greater experience related to the application and utilization of a broader array of technology for auditory accessibility within academic settings. An educational audiologist has the expertise to conduct an in-depth evaluation of the school environment to determine which devices are appropriate based on the child's individual needs. The educational audiologist subsequently is responsible for ordering and monitoring the effectiveness of assistive listening devices in school settings. Educational audiologists provide on-site services and supports that allow them to work with children, parents, and staff in school environments, including classrooms, halls, lunch room, playgrounds, etc. This ability to provide on-site services allows the educational audiologist to identify the individual needs of a child in a variety of school environments and specifically describe how the child's hearing loss functionally affects their educational performance.

**8. Can a local educational agency acquire audiology related services for a student from a clinical provider?**

A local educational agency may acquire audiology related services from a clinical provider for a student who is deaf or hard of hearing, but they must do so at no cost to the child's family. Without a license issued by the Department of Public Instruction (DPI), a clinical provider may not provide on-site school-based services. The IEP team should consider travel time to the clinic and the impact on the child's educational experience when making this decision.

**9. What licenses are required for educational audiologists?**

In Wisconsin, educational audiologists are required to have a DPI School Audiologist License #822 as defined in Wis. Admin. Code PI 34. The DPI #822 School Audiologist License requires educational audiologists meet the state and federal definition of "qualified personnel" and have additional training and experience related to school and special education services as previously outlined.

Although not specified in PI 34, it is recommended as best practice that educational audiologists also have a State of Wisconsin Audiology License as defined by WI State Statute Chapter 459. With a State of Wisconsin Audiology license, an educational audiologist (with appropriate facilities and equipment) can contribute to testing and evaluation for initial eligibility for the category of hearing impairment, as defined by the DPI eligibility guidelines. In addition, many educational audiologists regularly need to make personal earmolds for school-based hearing assistive technology devices and make modifications or adaptations to personal amplification. This function of an educational audiologist would be considered "fitting and dealing in hearing aids" as defined within Chapter 459; thus a state audiology license (listed in references) would be required. In addition, when an educational audiologist also holds a state audiology license, it reflects alignment with the current national standard of practice; as of 2010, a doctoral degree in audiology is required for new audiologists seeking licensure.

**10. Is there a resource for school districts when seeking clarification regarding educational audiology services or professional development opportunities for educational audiologists?**

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**11. Additional Resources:**

- a. American Speech-Language-Hearing Association *Guidelines for Audiology Services in and for the Schools* (2002) <http://www.asha.org/policy/GL2002-00005.htm>
- b. Educational Audiology Association [www.edaud.org](http://www.edaud.org)
  - i. School Based Audiology Services (2009)
  - ii. Recommended Professional practices for Educational Audiology (2009)
  - iii. Educational Audiology Services Under IDEA: Pertinent Regulations (2010)
  - iv. Minimum Competencies for Educational Audiologists (2010)
- c. IDEA 2004; The Federal Register 34CFR300/301 (2006)
- d. PI 11 WI Administrative Code: Children with Disabilities [http://sped.dpi.wi.gov/sped\\_pi11\\_0701](http://sped.dpi.wi.gov/sped_pi11_0701)
- e. PI 34 Teacher Education Program Approval and Licenses [http://docs.legis.wi.gov/code/admin\\_code/pi/34.pdf](http://docs.legis.wi.gov/code/admin_code/pi/34.pdf)
- f. WI Chapter 115 State Superintendent; General Classifications and Definitions: Children with Disabilities <http://legis.wisconsin.gov/statutes/Stat0115.pdf>
- g. WI Department of Public Instruction (DPI) Bulletins: [http://sped.dpi.wi.gov/sped\\_bulindex](http://sped.dpi.wi.gov/sped_bulindex)
  - i. 03.03 Frequently Asked Questions Regarding the Implementation of D/HH Disability Eligibility Criteria
  - ii. 93.16 WI Guide to Childhood Hearing Screening

- iii. 92.10 Provision of Wearable Assistive Listening Devices by Local Education Agencies
- h. Model for Audiology Services in the Schools in the State Superintendent's Audiology Services in the Schools Study Committee (DPI, 1990).
- i. WI Department of Safety & Professional Services: Hearing and Speech Examining Board – Code Book  
<http://dsps.wi.gov/Default.aspx?Page=7a91cdcf-f1b8-424f-b4f9-7894cb88b2e5>
  - i. Chapter 459