>> SHARON HENRY: Wonderful, welcome. We're going to start right promptly at 3:00. Happy New Year, everyone. Thank you for being so courageous to make this meeting work despite the flurry of emails back and forth to arrange it.

I want to welcome Patty and who is the other person on the call? The name says Pam Hoover.

>> LINDA HAZARD: Sharon, it's Pam Hoover and Patty.

>> PAM: We can't hear, I'm sorry.

>> SHARON HENRY: We have three major items, one is to talk about the march 26th educational session. The second item is to talk about the table that Cassie is trying to construct about provider roles. And each of those will take about 30 minutes. Then our third item, the largest item, is the data standardization project that we are undertaking. And for that, Heather Doxsee-Willis (new State Director of Special Education) will join us. Sherry may or may not make it, her husband is not well, she'll try to make it to the second half but she may   not be able to make it.

So with that, with the March 26th agenda item, there are five big things we want to accomplish in the next 30 minutes. One is to finalize the agenda so that Michelle can finish creating the save the date and the registration page, et cetera, et cetera. Part of that discussion will be around whether we focus solely on parents or do we also include providers. We would like to address amplification issues that we had and that resulted in a lot of 'indiscernibles' in the transcript and discuss whether or not we can record the session.

We did record the session last time and Laura and Linda both said the video recording and the audio was not of a high enough quality to post it publicly.

Michelle is the president of Hands & Voices and the chair of the

NASDSE Coalition, thank you for being here. She met with her committee in

December, and after our successful collaboration in November, we wanted to

do something again, so she brainstormed with her committee members about

what some of their goals might be for a joint session. And I must say,

Michelle, the list was ambitious. It included sharing the data, going into

the guidelines, going into the coalition, the indicator tool and the

checklist as well as the rerunning or focusing on the IEP, which is what we

did last time.

And if I am not mistaken, Michelle, was the decision or the suggestion

to focus on the IEP and just stretch that way out? To go ahead and share,

and then update us from your meeting with the committee this morning.

>> MICHELLE JOHN: We want the focus to be on the IEP and dig deep into

that. We talked about needing an introduction. And much like probably the

one you gave at the previous workshop, which just covers in essence that

these guidelines exist and the subcommittee exists and kind of how did we

get to this thing that we are hoping people attend, so that they have some

knowledgeable background that they will at least be able to follow what is

now occurring during the programming, but not so much that they get bogged

down in the history and we don't get to the point of the session.

We discussed doing a much more detailed IEP meeting, one where -- and

again, this is something for you all to discuss amongst yourselves, but

that finding the points at which the subcommittee feels it should be

stopped and explained to those in attendance, why does this thing lead to,

you know, whatever items, 1 and 3 and 5, because it's going to be confusing

at first, I think.

So certainly, you know, I hand that particular portion off to all of

you. But I think we discussed, you know, having it scripted so it's not,

you know, on the fly or people say something and, you know, the others are

not prepared [laughs], and just ensuring as well that the mock IEP is not totally full of pleasantries and the world's most perfect IEP meeting, that there may be a bump or two in the road.

Again, we don't want to cycle down where we lose track and we're just infighting, but to allow it to have some realistic moments so parents can see and even providers, for that matter, can see what do I do when there's this moment of conflict and how do we redirect back to the tool or the checklist.

So those were kind of the big ones. Everyone reiterated that recording is really important, specifically for families, because those will be the group that is most likely to struggle to come live, whether in-person or online. So I think that was kind of really pronounced today as well.

And I think just a few things in our discussion that came up is, are we focusing on the tool, the checklist, or both? And I don't yet have clarity on where that will land. So I'm hoping that can be answered during this as well.

>> SHARON HENRY: Absolutely.

>> MICHELLE JOHN: I think those are the primary ones. Really the bulk of it is really I think going to be explaining, you know, the mock IEP and what are we saying when we get to these stepping stones. And we also discussed printing out like just a sleet of paper that allows them to write down questions.

We would like a question and answer at the end versus taking them at those pauses, because again, you'll just end up, you know, falling apart instead of having it be concise. So those were our big feedback. We did update the save the date. We've been getting approval for that. And I've been fussing with the registration and the post survey -- excuse me, the post-session survey.

So we've got a lot of fires burning. But we're getting it done so we'll be ready in time.

>> SHARON HENRY: Awesome, awesome. Thank you so much, Michelle. We're so glad to be collaborating with you. And Hands & Voices and the Coalition. So I probably had a little bit more time to think about this just because I had emailed with Michelle a little bit, but also in discussing it with Sherry, if the School Age Subcommittee were to take the IEP and really stretch it out, it could easily take an hour and a half to an hour and 45 minutes, because we stop and explain, as you might remember, we have run it twice now, each constrained by a 40-minute block of time because of scheduling issues.

And so we do a particular part of the script, and then Sherry says, and this demonstrates essential item number 1, 5, and 8, or something like that. So we could pause at that point and explain to the audience, how is it that that demonstrates item number 1 or number 8 or number 5?

So, having thought about this, one idea would be, and the best person of course to explain that is Sherry, because with her extensive special education background, and I can move it to an even more unqualified position and become the LEA, if, Michelle, you're willing to be the kindergarten teacher, which I'm certainly not qualified to be that either [laughs].

All of these roles are scripted. We could have an accompanying slide show that would -- so for example, the first part of the IEP, all the providers are introducing themselves, and explaining their role and their credentialing. So we could have a slide that could accompany that and Sherry could go over that, and what's the difference between this and this, so parents know they're being served by qualified providers, that could be essential item number 1 or something.

And so that's one thought. But I would like to hear from the rest of

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the subcommittee if you could envision -- and I would say that we would emphasize, Michelle, the checklist, because the checklist is what parents are going to be using on the day of or in planning for a special ed meeting.

So I think we should focus there, and do a really thorough job on that. Let me open it up to Tracy, Jen, Amelia, and Laura, the other subcommittee members, and Cassie, just to hear your thoughts. Jen?

>> JEN BOSTWICK: Sure. I can jump in. I agree, and I think that the indicator tool and the checklist are really -- they're very closely tied together. So I think from -- you know, after the development of the indicator tool, when we sort of came to the realization that it's a lot, it's a big undertaking, that we then try to pare it down to a more user-friendly tool, which then is the checklist.

But the essential elements are the same in both. So it's just pared down, and like I said, in a more user friendly way. In the introduction, the hope is that Sharon or Sherry, whoever is doing that, can expand on and will expand on that, as we did in the past, how each came to be.

>> SHARON HENRY: Okay. Tracy, any input?

>> TRACY HINCK: I'm trying to understand, Michelle, some of the feedback is that there was an interest in having some sort of controversy during the mock IEP? So currently, as it is, the goal of the mock IEP was sort of to demonstrate that in a typical IEP meeting following a standard, you know, guide, a standard like agenda of a typical IEP meeting, that each area of the essential elements can easily be addressed and documented.

And so I think, if I'm hearing you, is that the idea is we kind of want -- there's a request to throw in some sort of controversy, either a parent request or -- because we're pretty accommodating, things have come up in the mock IEPs that we sort of roll with and go, oh, yeah, we can add that, and that's part of essential element blah blah.

So if I'm hearing you right, you would like us to modify this in some way so that there is a discussion or a disagreement or something within the team?

>> AMELIA BRIGGS: Exactly, and then be able to use the indicator tool to help solve that problem, whatever that problem is.

>> SHARON HENRY: And I also think, Amelia, as the parent, you can ask more probing, provoking questions, because Sherry always gives you the opportunity, and Amelia, do you have any questions, you're like, no, no. We need you to ask the hard questions and we can help you develop those. But you want to be that informed parent who comes to the meeting.

But also to model for parents how to advocate. I think that's a really important thing that I think we can do. Sometimes parents don't feel empowered. And this could be a way to help empower them. Jen?

>> JEN BOSTWICK: So, you know, one area where we talked about that has kind of come up naturally in the last couple of times we've done it is around the want for John to have more expressive ASL, and I know Amelia asked for some more time with the Deaf mentor. And everybody, like you said, we're all like -- Sherry was like, yeah, sounds good, no problem, we'll add that.

So we were saying, because that's kind of come up the last couple of times, maybe that can be the place where maybe Sherry pushes back a little bit more and sort of says, can you talk a little bit more about, you know, why are you wanting some more time, or -- and then, you know, the Deaf mentor can say, well, looking at the tool, essential element number 7 -- you know, they can kind of expand on it a little more and hopefully still come to the agreement that they'll add more time.

We felt like that might be kind of a natural place where it's already sort of happened in the last two times that we've done it, but sort of maybe Sherry push a little bit, that's one thought.

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>> SHARON HENRY: Sure, that's a great idea. So Michelle, are you willing to be the kindergarten teacher?

>> MICHELLE JOHN: Sure.

>> SHARON HENRY: Okay. And Sherry and I will have to work out the other two roles. Unless there's someone else who wants to be the facilitator or the LEA [laughs]. I'll discuss it with Sherry and we'll come up with a plan around that. So if I'm hearing everyone, we want to do a short intro, ten minutes or so, Michelle, I'll take the slides I have and shorten them down a bit, just to provide the context.

And then we'll jump right into the IEP. We'll stick with our student, John. And if Tracy and Jen, if you want to add anything to our mock IEP to introduce that controversy, we can do that by email. So the next question is, do we limit this just to parents or do we also invite providers as well?

I think it would be valuable for providers. As Sherry said very clearly on November 6th, even as someone who has a master's in special education, she got very little training in Deaf/Hard of Hearing. As a special ed director, she said that's true for many people in those positions. So it would be perhaps at a risk of boring some of them because it's going at a little bit of a slower pace for parents. But is that the worst thing in the world? What do people think?

>> AMELIA BRIGGS: I think we should invite them. At our January 6th meeting, a lot of our providers and professionals that were there were very confused. So I don't think we have to worry about the pace being too slow. Everybody should be on the same page and getting the same information.

>> SHARON HENRY: Right, right. Any other thoughts? So, Michelle, can you send out that save the date flier to both parents as well as to providers or work with Linda to send it out to providers across the entire state?

>> MICHELLE JOHN: Yes. The only thing I need to work on is just kind of the associated blurb that will go in the body of the email, where we will be clear, that even though this is labeled to be, you know, parents, that everyone is welcome and everyone should be there if possible and, you know, have that kind of welcoming stance.

But we want to make sure we don't lose families, because we will if we're not careful with how we word it. But we do want to ensure that it's clear that this is all-inclusive.

>> SHARON HENRY: Right. Do you want to go back and forth by email with me and we can work out the wording? Does that work for you? Okay. I'll watch for your email. Okay. So the other thing is that particular day, Rebecca LaLanne is at another meeting that she can't, unfortunately, get out of, and she served the role as the Deaf mentor.

So can we generate a quick list of other people who we cap approach to fulfill that role? Ideally someone who has somewhat of an education background or has attended an IEP and so understands the context. Does anyone have any suggestions?

>> LINDA HAZARD: Sharon, this is Linda. We talked a little at the NASDSE Coalition meeting this morning. Last year we did have a Deaf mentor training for several of the New England states. So one of our suggestions is Darcy Matthews, who is a trained Deaf mentor and does attend IEP meetings. So that's our recommendation. Just in general, we thought, looking at -- so this recommendation is coming from D/HH/DB, ESP, that Darcy be considered for that role.

>> SHARON HENRY: What's her last name again, Linda?

>> LINDA HAZARD: Matthews.

>> SHARON HENRY: Okay. Then I also got an email from Rebecca LaLanne that John Perrone would be another possibility. On-John, I don't know what his background is, if he attends IEPs. Other than those two people, is

there anyone else that anyone can think of who we might approach? Okay.

>> JEN BOSTWICK: Sharon, this is Jen.

>> SHARON HENRY: I'm sorry.

>> JEN BOSTWICK: That's okay. There are a couple of other folks in our group that are certified Deaf mentors, kind of like what Linda said, I think if we can, have somebody who actually has that certification, that would be great. So Lynn Pocat is another individual who -- I would love to see a Deaf individual, obviously, in that role. Those are two that come to mind.

>> SHARON HENRY: And they're both certification, Jen, they have the certification? Okay. So Linda, would you mind contact Darcy as a number 1 and Linda as a number 2 if Darcy is not available?

>> LINDA HAZARD: Yes, Jen and I can do that.

>> SHARON HENRY: That's great. Linda, you have confirmed that Emily Burner is available on that day to be our --

>> LINDA HAZARD: Yes, Emily, educational interpreter.

>> SHARON HENRY: Yes, okay, great. All right. So the last two things in our last nine minutes to address is the amplification issue. So Tracy has kindly agreed to bring in the same DM system we used last time, and Sherry is bringing in her LCD projector so we've got the closed captioning and we have a captioner who will be present.

If you read through the transcript, we had a number of indiscernibles. I think it was due to the fact that when the microphone was turned on, you have to wait a second or two, am I right about that, Tracy? And that's why we ended up with more indiscernibles than we wanted.

>> TRACY HINCK: That's one of the possibilities. The other is people wanted to take the mic out of the holder and we wanted to leave it in there and making sure it's in the right position before you start talking. So I think we could just have some -- a brief training with just those general

strategies that will kind of improve the transmission.

It is complex, because there is technology that's in the space. So are we going to be in the same space?

>> SHARON HENRY: We are not going to be in the same room. I believe in November we were in the Ash room, and I think on March 26th we're in the Oak room, is that correct, Laura? I think that's right. So I imagine it's the same kind of technology, but the room will not be --

>> LINDA HAZARD: Sharon, hold on, let me check. Yes, it is the Oak room.

>> TRACY HINCK: And does the Oak room have the same wraparound acoustic input and mics as the other room we were in?

>> LAURA SIEGEL: Yes. Ash and Oak are the exact same room.

>> TRACY HINCK: Okay. We just want to make sure that that technology, again, doesn't interfere probably with Roger's system that we have. So we might want to test it out.

>> LAURA SIEGEL: Again, you would want to ask Heather, I'm not sure about that, if there's any interference, she's definitely the one more at liberty to answer that kind of information. So I would reach out to Heather.

>> TRACY HINCK: I can send her an email.

>> SHARON HENRY: You can send her an email, and I've already reserved Heather that day from 9:00 to 1:00, once again to save our butts. I think it will work for us. So by practicing, Tracy, do you mean the morning of, we all have a little practice, or as we're getting ready to gather around the table?

>> TRACY HINCK: I think if we could just have a quick practice tutorial, just about how to -- remembering to pass the microphone is an important one, remembering to use the microphone, and then holding it up before you talk instead of starting to talk when it's not in that position,

I think will help a lot.

>> SHARON HENRY: Okay. I think I saw Linda's hand.

>> LINDA HAZARD: Yes. So we were in Oak on 11/6, which is the room we usually use for the Council. I just want to clarify, are we in Oak or Ash for the 26th?

>> LAURA SIEGEL: We're in Oak. March 26th, Oak Room. The Ash is reserved by someone else.

>> SHARON HENRY: And on the morning of, Tracy, we'll gather at 8:45 to rally the troops and give them a quick refresher.

>> TRACY HINCK: Is it the same setup with kind of hybrid, we're going to have -- are people presenting also on the screen?

>> SHARON HENRY: No.

>> TRACY HINCK: Or just having attendees?

>> SHARON HENRY: Attendees on the virtual side, which will make it easier, I think. That certainly added a layer of complexity. One of the assignments on our list is someone that day needs to monitor the chat. We sort of overlooked assigning that task, and I think some of the virtual people might have felt a little neglected because we didn't always get to all of their questions, live and learn, right?

So, yeah, we're just going to be presenting in the Oak Room, and it will be shared with the people who are attending virtually. So yeah, we would like to be able to post the transcript again relatively soon thereafter, and not have to edit it and look for indiscernibles, because you have to remember what you said, and that's always hard to do.

>> PAM: Sharon, this is Pam. Sorry to interrupt. Is there any way that you can activate the captions as the host, we're not able to get that.

>> SHARON HENRY: Let me see, Pam. There is -- Laura, can you send to Pam the -- we have a URL, Pam, for captioning. I would really love to see it happen, I don't personally have a lot of bandwidth in the next two

months to solve this problem, but if people know how to do this, I would

love to get your advice. Jen?

>> JEN BOSTWICK: I'm just asking, what? Because people record Zoom

meetings all the time, and put them up. So what was the issue with it?

>> SHARON HENRY: Linda, can you speak to that? Because I actually

never got the actual recording.

>> LINDA HAZARD: Jen, on Zoom, yes. But we have to use Teams, and

Teams has been a little bit more tricky. So the recording wasn't great

when we reviewed it. So I think we just need to figure out whether we can

do it through Teams. We don't have the option at the Waterbury complex any

longer for Zoom. We used to, but they changed that, just before our

November meeting.

So, Tracy, maybe you and I can talk with Heather a little bit more

about this and see if there's any way we can resolve the recording. And I

am going to apologize, but I have to step away for a Federal meeting for

about a half hour, and I will be back. I'm going to leave myself in the

meeting, but just turn my mic off.

>> SHARON HENRY: Okay, thank you, Linda, we'll look forward to having

you back. Michelle, maybe you could speak briefly to the ways that you had

shared with me at some point about how the tool might be -- how the

recording might be used as a teaching tool.

>> MICHELLE JOHN: Sure. This is Michelle speaking. We had discussed

as a coalition having it recorded, much like we did our NASDSE workshop

that we did with Dr. Johnson, so those who can't be there that day can

access the information. We had talked about 30, 60, 90 days, leaving it

available.

It seemed the general consensus of the coalition and the Hands &

Voices board, for that matter, was 90 days. And that seems to work pretty

well, as long as we send a monthly reminder, reminding people how much time

is left because that will jump-start them. And we kind of thought that's

step 1, is just allowing access to those who cannot attend, was our big

step 1.

And then step 2 was the idea, much like our workshop, where if we had

just said okay, we're done, then this last one that we did for

professionals, they wouldn't have had access to that workshop, which is

something we were able to give. So I think from our perspective, it just

allows that learning opportunity.

And as both the Coalition and as Vermont Hands & Voices, we had

discussed potentially having -- and I'm sorry, in this moment I can't

remember what we called it, but we'll say like teaching time, like a

viewing party, where we would invite families to come and watch it

together, on a Zoom or what have you, or even in person, hybrid, however we

worked it out, so that in live time, those that weren't in attendance can

ask their questions or make comments and give feedback and allow that

interaction that may be missed by not attending live but still allow both

the fellowship of sitting with other families for professionals but also

the ability to ask their questions in real time.

So those were the few things that we kind of discussed. It gives a

little more broad spectrum coverage and allows for more options that

families or professionals feel that they would like. So we kind of viewed

that as pretty integral to this process because otherwise we're really

being accidentally exclusionary [laughs].

>> SHARON HENRY: And what Cheryl DeConde Johnson suggested to me, if

we had a recording, we could have text-over to increase the educational

value of the recording. So what I don't know, was it just the audio that

wasn't any good, Laura? Or was it also the visual? Because I never got to

see it. Both, okay.

>> LAURA SIEGEL: Honestly, it was both. I think the audiological part

is a little easier to fix, you can move the mic, get it closer, keep it up

near your mouth more. But, you know, about the Teams, ugh, Teams is just

not great. The problems that occur with that, you have your interpreter

super small, it's this tiny little box, so it makes it very difficult.

Then captioning is overlapping, you know, you have your automatic

captions plus the captioner, and they overlap each other. So, you know,

it's just not really great on Teams. And that's why I shared, it's not

great to share this video, because it's not beneficial.

>> SHARON HENRY: Jen, and then we'll have to move on to the next item.

>> JEN BOSTWICK: Okay. Because Zoom, you know, during Covid, Zoom

definitely sort of was touted as this is the best if you're using sign,

ASL, Zoom is just a much better quality of video. So is there any -- in

terms of an ADA accessibility thing that we could make it -- that they can

make an exception? Or do we need to look for a different place? I don't

know. I think that Teams is not -- I think you're right, it's not good.

And Zoom is better. It's not perfect, but it's better.

>> SHARON HENRY: I think the option of going to a different locale

involves dollars to pay for the rental fee. At the State complex, we get

the space for free. It's relatively central, not perfect, but it's closer

than Burlington, right?

So I think that that's a real limitation in terms of the fact that

there's no real budget to fund the activity. Does anyone have friends as

WCIX?

>> TRACY HINCK: I did work with Heather to see if we could access Zoom

in that environment. They have sort of a generalized auditory system in

all of the rooms out there. So there just is no way to use Zoom in that

platform. It's kind of like a closed type platform from an outside agency.

The only other suggestion I have is, because what we're trying to

record with the most accuracy is the mock IEP, is that -- would you say

that's accurate? So there's a possibility that we could have a different camera and setup that's in-person that would have a more accurate representation of the mock IEP for training purposes.

So I could try to look into that to see if that would be an easy thing to add.

>> SHARON HENRY: Thank you, Tracy, if you could come up with a video camera, that would be fabulous. Thank you for taking that on, I appreciate that.

So there are a number of other tiny details. Maybe, Michelle, you and I can go back and forth by email about some of those. I'll confer with the subcommittee and get back with you. But I think the rest of it is going to flow, now that we have the big questions answered. Was there anything outstanding that I didn't address that you wanted me to in terms of allowing your work to move forward?

>> MICHELLE JOHN: No, I think that's everything for now. But I saw Pam wanted to make a comment or question. No, just kidding, she accidentally unmuted. No, for now I'm good, once I have things more finished, I'll send it out.

>> PAM: I was going to add, Tracy, if you're going to give a little blurb-intro on the equipment, I think it would be helpful to do it at the start of the mock IEP, like we do normally, I don't know, not normally, but in some cases, right, if there's equipment and we need people to kind of use it in a certain way, we kind of train them even them at the IEP, so that might be helpful as part of it.

>> SHARON HENRY: That's true, thank you, Pam.

>> TRACY HINCK: Thank you.

>> SHARON HENRY: So bring your coffee from 9:00 to 10:00 for a meet and greet, and socialization, and training on the amplification, and then we'll run our IEP from 10:00 to 12:00. And then there will be a light

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lunch served, I think. No, Michelle says no.

>> MICHELLE JOHN: Other way around. We're doing breakfast and snacks
and getting them through the morning. And then they're on their own.

>> SHARON HENRY: Then you bring your own lunch and stay and socialize.

>> MICHELLE JOHN: Or not, either way, eat, get lunch when you're done
socializing, however.

>> SHARON HENRY: Wonderful. Thank you, everyone. It's going to be
fun to do it again. Tracy, you feel okay if we just modify the script but
we don't actually have to get together and practice one more time, are we
okay?

>> TRACY HINCK: I would like to meet first with everyone really
quickly just to make sure we're using the technology right. And if we're
going to do an instruction as part of the IEP, we would probably want to
explain why we're using this equipment for a certain student or a certain
individual or through the speakers, just so that there's some kind of like,
we'll need to build that into the mock IEP.

>> AMELIA BRIGGS: I would like to meet again as a subcommittee to go
over the IEP.

>> SHARON HENRY: So watch the email from me, it will have to be either
early February or early March, and we'll find another time to --

>> TRACY HINCK: We're not all actors, right, we don't just jump in and
change the script. It sounds like we're adding some things, we're changing
providers, right, there's going to be some more people doing the mock IEP,
you want to record it and tape it and use it as a teaching tool, but you
want us to just throw this all in. So I think we need a meeting to go over
that.

>> SHARON HENRY: I will try to make that happen, Tracy. Okay. So
welcome, Sherry. We're now going to turn our attention to the table that
Cassie has begun to draft. And I just want to say that the preamble and

the value of something like this is that, yes, the resources exist, and yet

special ed directors are not reading the NASDSE guidelines.

I don't have the time to look on page 73 where all this is listed out.

Cassie basically had three questions for us. Does this list cover all the

professionals who might work with a student who is Deaf, Hard of Hearing,

in the school setting?

And very specifically, what role does this person play in the life of

a student? And really trying to capture how a parent or a special ed

director would identify who is a qualified provider based on the needs of

that individual student.

>> We're just having a hard time pinning the interpreter, can we wait

one minute?

>> SHARON HENRY: Do I need to do something?

>> I just want to see if -- so unfortunately when you switched over to

share your computer, share your screen, it put everybody on equal footing

so that no one -- we're not able to pin.

>> SHARON HENRY: Gotcha. Does everyone have a copy of this document?

I sent it out with the email again yesterday. It's a Google Doc and I also

sent it as a Word document.

>> AMELIA BRIGGS: Would it be helpful if we turned off our cameras?

>> SHARON HENRY: No, I think it's a funny bug in Zoom.

>> INTERPRETER: Now that the sharing is gone, it's okay.

>> SHARON HENRY: It's okay again, yeah. So anyway, I think one of the

important questions, does this represent all the professionals who might

touch a student in the school setting, what is their role, and very

importantly, does the role change if the student is on a 504 versus an IEP.

And then lastly, what credentials and licensing pathway are needed for that

provider in order to be considered qualified.

So I helped Cassie organize this, and the credentialing comes right

out of the appendix of the indicator tool that we created. And there is

text that comes right out of the NASDSE guidelines that describes the role

of these individuals. And Cassie had sent an email to me earlier today,

but I'm going to let her take over from here, now that she's connected,

welcome, Cassie, I'm sorry you're having such a rough day with no power at

home, and little kids.

   >> CASSANDRA SANTO: Yeah, we're in a weather crisis here. There will

be no way we'll be able to have this full discussion in 20 minutes. I

think that's why Sharon has the table, you'll be able to share how you see

these things manifest. For an IEP team, maybe they're curious about how to

build social skills and they're wondering would that be a service that I

might look at with an SLP or with an educational interpreter, and how do I

know that that person is the right person to deliver and serve this need.

   So that's the sort of impetus behind thinking about these topics. And

then also, using this document as something that LEAs can kind of go to to

get links to the communication tool, to the indicator tool, so that they

can easily access those things when they're considering how to go about

drafting these documents.

   I don't know how to go about this, Sharon. I was just going to maybe

start with special education teacher, kind of share what -- as a special

educator myself, what I see as their role in this process, and then some

followup questions I have for you all. Is that okay?

   >> SHARON HENRY: Sure. Why don't you take it profession by

profession, Cassie. Are you taking notes or do you want me to try to take

notes?

   >> CASSANDRA SANTO: No, if somebody else could take notes, I'm very

technologically challenged today, and my children keep coming in here, so

they might come in here and you might see me giving directions over my

computer. Okay.

So special education teacher is just where I wanted to start. A lot of you here might know this. One, this is a nonexhaustive list, there are so many responsibilities, but one role I see really critical as a special education teacher, they are in my experience most often the case manager.

In the State of Vermont, only a special education teacher or SLP can serve as a case manager. They're often the writer and the organizer of the IEP, the collaborator, the consultant with the general education teacher, SLP, TLD, et cetera, they coordinate services with various providers, they manage those services and accommodations and modifications. They make the recommendations for academic goals and objectives and they might be the person delivering instruction to students who are Deaf and Hard of Hearing.

The educator may play similar roles but all under the direction of the special education teacher. In your experience as providers for students who are Deaf or Hard of Hearing, what role do you see the special education teacher playing in that process?

>> SHARON HENRY: Does it differ for 504 versus IEP?

>> CASSANDRA SANTO: It does for sure. What I'm describing as case manager, that's very specific to IEPs. The 504 case manager can be a very different role within a building. So yeah, turning it over to you all, and thank you, Sharon, for taking notes.

>> SHARON HENRY: I'll do my best.

>> JEN BOSTWICK: Are you asking if there are others that were not on the list, is that what you're looking for?

>> CASSANDRA SANTO: Yeah. Again, for a very particular disability category, you might have other responsibilities as the case manager that are very particular to that need. And so I'm just curious beyond what I listed if there are things a special education teacher might be doing to ensure a Deaf or Hard of Hearing student is getting services. I see Sherry's hand.

>> SHERRY SOUSA: I would think they would be the facilitator between the individuals providing specialized services and the classroom teacher and parents. So to me, as you said, kingpin, they are the facilitator and ensurer that all services as listed on the service page are provided, and accessing consultation when team members believe they don't have the knowledge they need to deliver the appropriate services.

Does that sound right?

>> CASSANDRA SANTO: That's a really important caveat too, that if others are needing support to figure out who to go to, that again, that special education teacher is that linchpin of that process. And then really specifically, because I'm happy to get more specific with questions, I was curious, in you guys' experience, and Sherry, you might be able to speak to this, how might schools go about assigning case managers for students who are Deaf/Hard of Hearing, I've lived it, Sherry, I see you smiling, obviously we know some schools might have a higher population and therefore might be able to structure things in a more serving manner.

But how does that look, if anyone has any insight how that assignment goes.

>> SHERRY SOUSA: Do you want me to jump in? So I think the hope would be that each district would have at least one individual with a special education license who has specific training and expertise in this disability category. And if not, ensure that there's accessibility to training in order to if not become licensed in that area, at least have some significant coursework.

As we all know, we have such deficits in terms of meeting, finding high qualified special education teachers. In the ideal, so previously in my district we always had someone amongst the team, and we had maybe ten special educators who had expertise in the full array of disability categories.

So that's to me the best case scenario. Often, it would be the SLP in combination with the special educator who was familiar with students in that developmental stage. So if you were an elementary special educator, you may not have the training, access. But in consultation, coordinating with an SLP, could bring that expertise to the table. I think those are typically how it plays out in Vermont.

I would love to hear what others think.

>> PAM: Sherry, hi, this is Pam. I was just talking to a special educator yesterday, I was just in a school, and she was telling me that now they are able to have interventionists who work to provide some of those services on the IEP where they haven't in the past. Is that accurate?

>> SHERRY SOUSA: Yes. With the new special ed laws that are in place -- Cassie would be better to answer that, but yes, that's true.

>> PAM: I think it opened up a lot more opportunities for service providers when they weren't having those obviously in the school that I was in. So they were pretty happy about it.

>> SHARON HENRY: Cassie, that's the special ed consulting teacher and the parent educator. What about the 504 side?

>> CASSANDRA SANTO: More variability in terms of case management. I think the biggest difference I have to identify between a 504 and an IEP, IEP, you need special instruction to access, and if you're on a 504, that is definitely not one that has been identified as your need. And so I think with 504s, you can have -- and Sherry is nodding, but you might have to correct me, a general education teacher could serve as the case manager there. It could really be extremely variable.

That's where I'm curious with you guys' standpoint, do you have any observations of how a special educator might be involved in the life of students on 504s in a school setting? And I just want to say, it's okay if nobody feels like equipped to answer these questions. We can keep talking

about this as I draft the document.

>> SHERRY SOUSA: Cassie, it's a really good point. 504 in general, it could be anyone from a school counselor to a school nurse. The hope would be, and to me would be best practice, because 504 is a series of questions that a team representing every opportunity for engagement of a student to talk about how that area impacts their access to education.

And so case management could be, again, school counselor, could be an assistant principal. The composition of the team is what to me is the most important with 504. Again, my oldest child was on a 504 for sensory hearing disability, and I was the 504 coordinator. It made for some very interesting meetings, I will tell you, especially when she wasn't following the plan. Yeah, that was fun.

So I think more than who is case managing is an understanding of 504 law and responsibilities as well as -- which means that a representation -- and it could be -- you know, it needs to be the PE teacher, it needs to be the gen ed teacher, in some cases it could be the food service person, the school nurse.

So it really is around your understanding of the student's needs and where those needs are impacting their access to the full educational experience. Very different. Different schools see it different ways.

>> CASSANDRA SANTO: It seems like you need someone who has Deaf/Hard of Hearing background to understand what the student's needs are. But I'm five circles out, so --

>> CASSANDRA SANTO: Either that or you have, like what I know Jen and others on this call do, you have that TOD coming in and consulting with that person, offering expertise.

>> SHARON HENRY: So the next three professions might spur or conversation because there's people on the call who are these things.

>> CASSANDRA SANTO: I know, I would love to get to the next one, I see

Tracy's hand.

>> SHARON HENRY: Educational audiologist, and you have medical/general audiologists. So why don't we do TOD first.

>> CASSANDRA SANTO: Sure. I wanted to make sure I got Tracy's question or feedback here. Go ahead, Tracy.

>> TRACY HINCK: I just had a quick question sort of about the special educator role. I'm a little delayed, we're going back a little bit to the special educator. But I think I heard you say as a case manager, so the important role -- and I also in chapter 8 of NASDSE, it doesn't have special educator as their list of an important professional on the team.

So I think what you said is valuable. They have a lot of different roles for a teacher of the Deaf and Hard of Hearing, so that person really is a special educator with a teacher of the Deaf endorsement. I see special educator as really the case manager to make sure process is followed so everyone sitting around the table, I kind of feel like, if you're joining an IEP meeting, you can be to have a role.

And part of the role of the special educator that's the case manager is going around and having everyone introduce themselves, what their role is, their background, why they're there at the meeting for that student.

>> CASSANDRA SANTO: No, you're absolutely right. They typically facilitate the whole meeting and schedule the whole meeting and do all of that work to make the meeting happen.

>> TRACY HINCK: And the paperwork. Because I guess most districts are using Ed Doc, but there's been a transition, each district used different platforms. It's different for providers who may be from a variety of places to know about that. That's a key and super important thing the case manager is doing, is actually managing that process.

And I kind of see the same thing as the 504, whoever the 504 coordinator is, that person has that same role, making sure that all the

service providers are defined, that that student is receiving provision of services in either case, that they're guiding the process and meeting regularly and going through parental guidelines and rights.

>> CASSANDRA SANTO: No, I appreciate that comment, Tracy, because I was thinking the same thing, they're not listed in NASDSE I think listing it first, and everything that follows goes back to that person, all these other people that we're talking about are going back to that special educator as their primary person. I'll try to get through another one here before I know we have to move on.

And I'm happy to do TOD next, I just have to -- I may not have that in there. My list right now, I have educational audiologist next.

>> TRACY HINCK: I'm back. So --

>> SHARON HENRY: Might as well do that.

>> CASSANDRA SANTO: Let's do it, maybe my own notes didn't get transferred well. I really want to hear from you guys about what this looks like, nonexhaustive, educational audiologist. Diagnose, facilitate link, learning, and communication, support that access via specialized assessments, monitor personal hearing instruments, recommend and manage hearing adaptive technology.

>> INTERPRETER: I'm sorry.

>> CASSANDRA SANTO: I'm just rattling on here. Provide services for needed technology. Emphasize access skills and supports. Counsel children to promote personal responsibility and self advocacy. Maintain student performance levels. Help students transition. And work with other school professionals.

You pulled this from the Educational Audiology Association and they also identified that services might include identifying hearing loss, hearing technology, acting as a key member of the education team, and ensuring quality services.

And then one thing I want to note is that I separated these two roles initially because in the NASDSE guidelines, they only reference educational audiologists. And so that was my guide for separating these as two -- you know, not -- not -- as to distinct professions, I suppose. An educational audiologist might play a different role than a general audiologist, and I really look to you guys as to how that might manifest in your world.

>> SHARON HENRY: Can you speak to that, Tracy?

>> TRACY HINCK: Sure. IDE also has a list of specifications for audiologist and I think it's important to include all of the things in there. One thing that's very unique about Vermont is, in Vermont legislation, laws, the only person is a licensed audiologist, there's only one license in most states, and the definition includes marrying assistive technology. Not all states define hearing aid in that way. There is only one license. That is typically across most states.

I happen to have a rehabilitative services teaching credential from California. I don't think that equates to Vermont. But there are some states that do say, if you're going to work in a school, you have to have this license or certification. And there are initiatives across the country that they're trying to -- because there is a big difference.

There is a difference between it being a clinical provider, they define it differently. It's important that we specify, it's a related service and it gets forgotten all the time. It is just one license.

>> CASSANDRA SANTO: Super helpful. Any time we can drawback to legislation is huge on my end because those are the bones.

>> TRACY HINCK: Yeah, and I have a list of those definitions if you want me to share them with you, I'm happy to.

>> SHARON HENRY: Cassie, on your table, do you think it would be okay to collapse educational and medical audiologist based on what Tracy just said or do you think it's important to keep them separate?

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>> CASSANDRA SANTO: I guess I almost feel like a combo might be good, it might be important to delineate some things specifically happening for an audiologist in a school setting versus a clinical setting and maybe that's the way to sort of talk about it. I realize the licensing isn't different but that the role would be different, right, the way that their responsibility would manifest in the life that have student would be different, right?

>> TRACY HINCK: Yeah, it would be nice, I think, to -- I think one -- so anyone that is ASHA certified as part of their professional credentials has to follow a code of ethics. And within those code of ethics, you have to say, if someone asked me to do a swallowing evaluation, even though I'm a speech language pathologist and I'm licensed at OPR in Vermont, I would say unfortunately I'm not able to do that, that's not within my scope of practice.

I might secretly say, you don't want me to do a swallowing -- but that's my professional obligation, that my certificate of clinical competence, code of ethics.

>> CASSANDRA SANTO: One more question, this is really good for me to start with and we can keep coming back to this conversation as a group, but -- I just lost my train of thought. Hold on. Sorry, guys. It's been a day. It's going to come back to me, Tracy, and I'll reach out to you about it.

>> SHARON HENRY: Would it be helpful, Tracy, if I email this document out again and ask people to fill it in?

What I can do is I can copy and paste in the roles that you emailed to me today that I didn't pass on, and then send that out to the group and the subcommittee can add to that. Would that help you?

>> CASSANDRA SANTO: It would.

>> TRACY HINCK: These documents are helpful to me too, when we get

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these documents, there are so many things that come up that really do benefit from some discussion. So Cassie, I really appreciate the conversation with everybody with this.

>> SHARON HENRY: I think if we can get all of our thoughts down on paper, then when we get together next week, we can react to a more complete document and have a more thorough discussion.

>> TRACY HINCK: Sounds good.

>> PAM: Tracy, how do the services differ, let's say Stephanie who has a booth in a school, I know she took Lloyd Scott's position when she was an educational audiologist down south, so what services is she providing that like other maybe providers or audiologists, educational audiologists going into the school would or wouldn't be providing that are different than a clinical audiologist?

>> TRACY HINCK: I'm not sure I totally understand your question. Like why do some educational audiologists have a booth setting, to do testing within that anechoic chamber?

>> PAM: Right. What she's doing in the educational setting as an educational audiologist is similar to what the clinical audiologist is doing, correct?

>> TRACY HINCK: No, it isn't, actually. There's a lot of differences, when I worked in another state and we had a booth, it was painted like a submarine, it was really cool, we did tympanometry to monitor the kids, we collaborated really well with the clinical audiologist but the clinical audiologists are looking at a lot of diagnostic indicate hers and medical like ENT referrals. Educational audiology, we don't just put amplification on kids and send them out to learn. It's how do we work with those students to make sure we're maximizing use of that equipment. I think Stephanie does a really nice job in her experience of those kids.

I think it can depend from state to state and department to

department. But yeah, I think it's still very, very different.

>> PAM: Okay. Thank you. And it might be helpful to even get feedback from her because she is a provider in the state, she has a whole region and area that are not provided by -- well, it might be a little overlapped but not so much, so it might be good to get feedback from her as well.

>> TRACY HINCK: Yeah, I collaborate with her pretty often, actually. So yeah, but definitely I would love to get her input, because I don't know all of the things she does, that's just my understanding, and certainly limited.

>> PAM: Oh, yeah, I wasn't meaning you, Tracy.

>> SHARON HENRY: Thank you for the discussion. So what the action plan will be will be, I will fill in this chart, I'll send you my notes, Cassie, I'll send it out to the committee and other people can fill it in. When we meet again, we will flesh this out a little more, because I think it would be really great to have a document that people can grab, Cassie, so thank you for doing this work and hashing it out with us because it's not easy. It's not easy for sure.

So the next part of our meeting is to be talking about data standardization. Because of the pinning issue with the interpreters, I'm not going to share my screen and show you the Excel spreadsheet, but you all have it in front of you, I sent it to you before Christmas and I sent it again last night, yesterday afternoon.

But I want to wait a minute for Heather Willis Doxie to join us, the new Vermont State Director of Special Education. I thought we could let Heather introduce herself. Thank you, Cassie, for setting this up and making this happen. And then I'll just sort of do a little bit of an overview of what we're doing, why we're doing it, what we're hoping to accomplish, and then dive into the Excel spreadsheet.

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Excuse me, I've been talking too much today. And we can -- and then we can also have each of us introduce ourselves to Heather. Hello, Heather. We want to welcome you and thought we would let you introduce yourself first and tell us a little bit about your background, where you've worked before, and what brought you to Vermont.

>> HEATHER WILLIS-DOXSEE: I would be happy to do that, thank you. My name is Heather Willis-Doxsee, I am the new State Director for Special Education. I'll tell you guys a little bit about my background.

I started out as a general education teacher and elementary schoolteacher. And you will hear me tell everybody, I do not believe there is such a thing as a general education teacher. But I will use those terms because that's what we have to work with right now. Anyway, so I quickly learned that there is no such thing as general education, when I had 30 fourth graders in my classroom, some who did not know what 2 plus 1 was, all the way up to students who were very gifted and working well beyond the confines of the fourth-grade curriculum.

I went back and got my master's degree in special education. I eventually got my doctorate degree in special education and educational leadership. Some different roles I've held, aside from elementary schoolteacher, would be I worked in a large school district in Florida, if you're familiar with St. Petersburg, Florida, by the Tampa area.

And I worked at one of the inner city schools. Florida at that time had a list of the lowest 100 elementary schools. And I was at one of those schools. And it was a turnaround school. And I worked focusing on behavior and academic interventions and coaching teachers and developing systems for school improvement. And that's what I focused on.

I also during that time focused on training new teachers in the evening, teacher mentoring and training. Then I went back to the Tallahassee area, that's where I'm from, the Tallahassee, Florida area.

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Actually a very small town that maybe has two stop lights called Havana, Florida, outside of Tallahassee, is where I'm really some, but I just say Tallahassee for some context for people.

And I then went back and I also taught in Georgia for some time. I lived on the Florida-Georgia line. Sometimes it was faster to drive over to Georgia than it was to some of the other schools in Tallahassee. So I've taught in Florida and in Georgia. I did some co-teaching as a special education teacher and then went to work at Flagler College in Tallahassee where I was finishing up my doctorate degree.

I was a supervisor for interns and I taught special education classes. My dream job opened up at the Florida Department of Education. Nicole, I wanted to do a quick check-in with you, am I doing okay with my talking speed? Thank you.

I went to the Florida Department of Education, and my dream job became available. I was the first person to become the special education reading specialist. And in Florida, we -- so if you hear me say ESE, that stands for exceptional student education. And that's what we call special education in Florida. And the reason behind that is it also included our gifted students.

So it was really called the ESE reading specialist. And I was tasked to become the expert on dyslexia. So I actually went back to school after already having a doctorate degree. I went back and got more knowledge so I could LEAD the state and training around and conversation around dyslexia and how do we work with students with dyslexia.

I guess I was the child of those two departments, to bring them together to talk about how do we get the academic team and the special education teach to actually talk and build systems together. So that was really amazing work that I was able to do. And then went on to become the Deputy Director for Florida and led teams across the state in analyzing

data and making systemic changes for students and their achievement, but also focused on -- we had a reading endorsement program, and so I worked with colleges and universities as well as school districts to ensure that teachers had the training they needed to provide quality reading instruction.

And after that, I went to a school district in Florida, and was their special education and student services director, that was the -- I kind of did things backwards, I went to the State first without having been director in a school district. That was such a valuable learning opportunity for me. There I oversaw everything from pre-K, discipline, anything special education compliance, everything student services, and wore many, many hats.

And after that I went back to Tallahassee for a little while, and worked as a special education coordinator for related services. And I feel like that's probably what this group is going to be most interested in hearing, because for the first time, even though I had all this broad experience with special education, specifically compliance, and literacy-related, I took that hat off, not necessarily the compliance hat, but I focused truly on the related services that we provide to students.

And as part of that, our DHH program fell into my purview. And so I learned so much from -- we had two full-time DHH teachers, and we also had full-time sign language interpreting team that I oversaw. And so that really helped me understand, nobody had ever talked to me about the expanded corps curriculum before, didn't even really know that was going on in the school districts, because when you're over everything, you don't always get to find out the everything that goes along with very specific needs for students.

So I would say that the majority of my time, when I was an ESE coordinator, was spent paying attention to our DHH program. And I say that

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because the needs of our students who communicated solely with sign language fell upon me to make sure they were getting the services that they needed for communication support throughout the day, per their IEP.

And I spent more time rearranging schedules at schools and making sure students had coverage, because I'm not sure what that looks like here in Vermont, but I'm interested to learn. It was such a critical staffing shortage with sign language interpreters. So we utilized face-to-face interpreters and virtual sign language interpreters to fill our needs because we did not have enough qualified staff to serve as sign language interpreters.

So yeah, I feel like that helps me probably relate well to this group, I hope, because I lived and breathed it, not personally, you know, I do not know sign language, but I became the immediate advocate for students in my school district who had -- who were either Deaf or had a hearing impairment. So I really learned a lot about what the needs of the students are, what the needs of the staff are who are providing services to our students.

So that's -- and then I'm here now, I started in December. I have been dreaming for years about living in Vermont. It's just been -- my husband and I, we have six children, I'll tell you a little bit about that in a minute, but during Covid -- so I'll back up and say, I used to live in New Jersey, and so I had taken a couple of little road trips --

>> SHARON HENRY: Heather, we want to hear all this information, but maybe a synopsis would be great.

>> HEATHER WILLIS-DOXSEE: No problem. So I fell in love, my husband and I would travel up here whenever we would get some kid-free time and fell in love with the area, that's what piqued my interest and led me to seek out opportunities in the state. I have six children, my three oldest children are adopted out of foster care, they all have IEPs and special

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needs, so I live and breathe all things special education both as a parent and as a professional. So there you go, there's the synopsis.

>> SHARON HENRY: I'm so sorry you moved to Vermont in December and we've delivered three horrible storms for you. It does get better. Take a minute or two to introduce yourselves to Heather, I'll ask Sherry to go next, my co-chair of the School Age Subcommittee and wears many hats.

>> SHERRY SOUSA: Good afternoon, Heather, welcome, great to hear your story and experiences. I'm the superintendent of Mountain View Supervisory Union. I was special ed director for the district. Welcome.

>> SHARON HENRY: Tracy?

>> TRACY HINCK: Hi, nice to hear your history and to meet you, welcome to Vermont with our exciting weather, I don't know what it did up there today. Do you live near Burlington or Montpelier?

>> HEATHER WILLIS-DOXSEE: Actually we settled in Bellows Falls. We are enjoying it, my kids, it was fantastic to watch them play in the snow for the first time.

>> TRACY HINCK: Awesome. I'm an educational audiologist and a speech language pathologist, so a related service provider. I work for the University of Vermont Medical Center. It's an educational outreach program.

>> SHARON HENRY: Laura Siegel is another member of the School Age Subcommittee.

>> LAURA SIEGEL: Hello, my name is Laura Siegel. I am the Director for Deaf/Hard of Hearing/DeafBlind services underneath DAIL.

>> SHARON HENRY: Jen Bostwick, another member of the subcommittee.

>> JEN BOSTWICK: I'm Jen, nice to hear all about you, welcome to Vermont. I'm a teacher of the Deaf. I don't know what else to say [laughs]. I've been here for a long time, 30 years now.

>> SHARON HENRY: Amelia Briggs is a mesquite our School Age

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Subcommittee.

>> AMELIA BRIGGS: I'm a parent to a 14-year-old DeafBlind daughter, a parent adviser to the subcommittee, and I sit on the NASDSE Coalition board and the Hands & Voices board.

>> SHARON HENRY: Cassie Santos is our other subcommittee member.

>> CASSANDRA SANTO: Hi, Heather. Sorry, I'm mobile because of all these things, and Heather knows all about them.

>> HEATHER WILLIS-DOXSEE: You're very dedicated, thank you, Cassie.

>> SHARON HENRY: She's very dedicated. I'll introduce Michelle John who has two hats.

>> MICHELLE JOHN: Hi, I'm technically not a member of the subcommittee but I am here visiting today. I am the president of Vermont Hands & Voices which is a parent-led nonprofit for families who have children who are Deaf, Hard of Hearing, DeafBlind, Deaf plus, Hard of Hearing plus, DeafBlind plus. I chair the Vermont coalition for Deaf/Hard of Hearing NASDSE guidelines and I'm a parent of three. My oldest is 10 and he's DeafBlind plus.

>> SHARON HENRY: Thank you, Michelle. Our other guest today is Linda Hazard who is the Director of the -- I'll let you introduce yourself.

>> LINDA HAZARD: Thanks, Sharon. Hi, Heather, welcome, I'm Linda Hazard, the program Director for the Vermont early hearing detection and intervention program, as well as our early intervention program for Deaf, Hard of Hearing, and DeafBlind children, and provide some of the services, especially from consultation, technical assistance, all the way through direct instruction, ASL, bilingual program, et cetera, for school age students, so I oversee that program as well.

My background is as a pediatric audiologist and I also have a doctorate in educational leadership and social policy. I would just add that I've been boots on the ground for the educational services in the

State for on and off a number of years too. So I've also served in that capacity. We're excited to have you here.

>> SHARON HENRY: I'm Sharon Henry, we've emailed quite a bit, Heather, thank you so much, I'm the co-chair of the School Age Subcommittee and a parent member of the Deaf/Hard of Hearing/DeafBlind Council. I've been very involved with the State, dating back to 2002, 2003. I'm the mother, the aunt, the sister, the great aunt, of family members who are Deaf or Hard of Hearing, so a long history with the State and providers.

Our other guests today who we're happy to see, didn't expect them, are Pam Hoover and Patti Hodgdon.

>> PAM: I'm Pam Hoover, we're the consulting access for students that are Deaf and Hard of Hearing in the schools. Also I've worked in the State for about 25 years, mother of three. I have -- my daughter is Hard of Hearing and has gone through this whole system. I appreciate you are sharing about your family and your personal experience.

>> I'm Patti, a school psychologist. My background is pretty short. I worked at the Cares program.

>> SHARON HENRY: Thank you, everyone. Did I miss everybody? That's everybody. And we have our fabulous interpreters and captioners who are often with us all the time. Okay.

>> TRACY HINCK: Sharon, did you explain what the subcommittee is the subcommittee for?

>> SHARON HENRY: Yes, I was getting to that. So now this last hour of our meeting was to really focus on our discussion and collaboration around data standardization. So the Deaf/Hard of Hearing/DeafBlind Advisory Council was formed in 2016. I had sent this to Heather in an email before the holiday, I'm sure she's tried to absorb a lot of material in a very short period of time, thanks for hanging with us, Heather.

And in that email, I sent to her the legislative mandate for the

Council, which includes a mandate to assess services for children who are Deaf, Hard of Hearing, DeafBlind, in the State of Vermont. Our subcommittee, this group here, the people on the subcommittee, was charged to begin to look at ways to assess that. And in the last two years or so, we've developed an indicator tool and a checklist tool based on the NASDSE guidelines.

And we have held one -- two educational sessions so far, trying to educate providers as well as parents on how to use these tools. Last May, it was to the Vermont Superintendents Association meeting, this last November it was to providers and parents. We have another one planned for March 26th.

And as we're rolling that out, we're also sort of realizing that we can evaluate our services but we also need to know who we're serving. I mentioned this to you, Heather, in one of our email exchanges, that the data are very discrepant in the state of Vermont, 61 children who are Deaf or Hard of Hearing, and yet we know the numbers are much greater than that.

It is compounded by the fact that when children are seen at special ed meetings, sometimes the hearing impairment or the hearing disability is not recorded as a primary disability or the disability. And so therefore that child doesn't get counted.

So there are multiple things that contribute to the data discrepancies. So I was happy to hear you've done some work in data and systems changes, because we certainly need that here. So we're looking to figure out who we're serving and get good reports. From 2016, the Council would get an annual report from the AOE grant recipient so that we have a sense of the numbers.

But we all recognize and have talked on the Council for years, the need to have more data standardization so that we can know who we're serving but also to know how well we're serving them. So beginning to look

at academic outcomes as well as literacy, literacy outcomes.

So the subcommittee has developed the indicator tool and the checklist tool. We're beginning to turn our attention to the data standardization piece. And we're trying to work with the Council and with the AOE to make it seamless. And requests for data have not always been able to be responded to in a way that makes it seamless and transparent. And that obviously is difficult then for the advisory council to do its legislative mandate to assess the services.

So when our subcommittee met in I think it was October 16th, as we began to look at options and figure out logistics, we said, okay, similar to what Colorado was, where they have collaborated with all the providers across the state, and have gotten those providers to report on kids who are on IEPs as well as 504s, could we do something like that here in Vermont, could we start with the AOE grant recipient, standardize that data set, and then begin to move to other vendors across the state and get them to report to a central repository somehow.

So those are our big dreams and our big aspirations, to try and know who we're serving and to know how well we're serving them. So -- and also in the RFP that the AOE has released, at least the last three years that I'm aware of, it references the NASDSE guidelines, reporting data that is consistent with the NASDSE guidelines.

And so we would like to have a synergistic effort for all of this information to come together and have an agreement on what the data set would look like and who would report it and so forth and so on. So in looking at Washington, Colorado, also looking at what is happening in the Odyssey Initiative, which is a birth to 3 initiative, we have begun to think about the big domains of data.

So things like knowing the student's grade level, knowing the ethnicity and the race of the child and the family, looking at diagnosis,

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the type and the severity of the loss, what type of plan is the student on,

IEP, 504, EST, and then looking at communication options, what mode of

communication is that student using, what technology are they using.

And then having a catalogue of what student services are being

received and delivered and by whom. And then lastly, so all of that sort

of falls into the category, the big umbrella of demographics, and then the

last piece is to think about educational assessments, both the academic,

administered by the State, the standardized assessment tests that are done,

and then the language assessments.

And in my ideal world, the birth to 3 data would integrate seamlessly

with the 3 to 21 data, so we could follow kids all the way through and

ensure that services are being provided by appropriately qualified

providers all the way through. In a minute I'll let Linda speak to the

birth to 3 database that has been set up.

But what I would like to group to begin to address, with that

spreadsheet I shared with you a month ago, is of the possible categories,

the big domains of which I just listed, which ones would we want to go

forward and recommend as a minimum data set that providers would collect

and report on. So with that little bit of introduction, I just want Linda

to say a little bit, a piece about the birth to 3 database, because that is

the long term goal, is to have seamless birth to 21 data collection, which

they have in Washington, I'm pretty sure, in talking about some people

there.

But I'll have Linda speak and then open it up briefly for questions,

take any questions based on my little introduction.

>> LINDA HAZARD: Thanks, Sharon. The program is in all 50 states and

nine territories. Our funding comes through the health resources services

administration and CDC. So with CDC, we provide -- we have been providing

data for 20 years to the CDC, more aggregate data, but still a lot of

information on demographics.

But this past grant cycle four years ago, the CDC chose 38 states and one territory to provide patient de-identified level data on all births in the State, so that we could really look at the data and compare it, you know, apples to apples and not apples to oranges, because we all would have the same requirements.

So we are four years into that data collection. And so much of this comes from that. The Odyssey program has been the birth to 3 language assessments that we are currently providing as part of the CDC special project. But also looking to expand that to 4 and 5-year-olds for kindergarten readiness.

So the -- some of the data fields you see here are similar to the ones for the Eddie programs. We have 176 data fields that we are required to report on annually. So that's a lot. The Vermont Department of Health database is the collection point for the birth to 3 population. However, the database can accommodate even long term data on children up to -- students up to 21, 22 as well, because it was built with parameters that extended out.

So I think that -- I know, Sharon, you wanted me to keep it brief, so I will. If there's any questions, please feel free to ask.

>> SHARON HENRY: Let me just ask, I see that Sherry just turned her video off, I just wanted to ask her, as the other co-chair, if she had anything to add. But maybe she'll be back in a minute. Oh, there she is. I just wanted to give her a chance to speak about the overview and what our goals are and where we're going.

>> SHERRY SOUSA: No, I think as Sharon outlined, these are really lofty goals. Data collection is not a strength of this State and something that we really need to get better on in general. I've been kind of a drag on this because I know all of the challenges we face in terms of collecting

data. It's incredibly difficult. And we don't have a lot authority, nor does AOE.

So I appreciate, you know -- Sharon and I are yin to yang. I apologize, I have to keep coming and going. But thank you.

>> SHARON HENRY: I wanted to invite Michelle John as chair of the NASDSE Coalition, they have a goal of data collection. And in their work with parents and some of the info sessions that they have hosted over the last year or year and a half, some of the feedback has been around, hey, where is the data, how do we know.

So Michelle, could you speak to that briefly?

>> MICHELLE JOHN: Sure, this is Michelle speaking. As a coalition, we started the idea of creating at least an awareness that these NASDSE guidelines existed and moving from awareness to understanding, with the hopes of long term goal being implementation within the State of Vermont, never mind nationally.

We held a four-part workshop serious with Dr. Cheryl DeConde Johnson who is the coed for of the third edition of the NASDSE guidelines, often called optimizing outcomes for students who are Deaf or Hard of Hearing. So we had over 300 registrants. We started out with just people, you know, relevant stakeholders in Vermont, and we got national attention from it, and we opened it up nationally because data collection and understanding the guidelines is sorely lacking across the nation.

And we took a lot of feedback. So we did a survey after every session. And our feedback was, it was voluminous, but it also really -- they pointedly said, both in objective and subjective questions, data. How do we know, where do we know, how do we start this, for the states who are doing it well, how do they do it.

And that was really -- the push was, what data do we collect, what is, you know, best practice in terms of both, you know, keeping the data but

how do we make it uniform. Much like Linda said, it can vary region to

region, county to county, state to state, which is hugely problematic,

because then there is no way to say, here's how Vermont is doing and here

is how New Hampshire is doing, if we're not necessarily collecting the same

information.

   99% of respondents in every survey said, I want more information about

data, how do we do it just within our own district, our own building, all

the way on up through to how do we make it uniform within our State. So

that's been a big push. And I really just want to reiterate that while we

represent Vermont, it is a national problem, and it was clear that

nationally, people are saying they want this, they need this, that we all

want to get on the same bandwagon.

   It was really impassioned. And I think we all felt that it was clear

that we could all somehow come together and form something. It appears

that many states are looking to Vermont for this due to our work as the

Coalition. So that's a pretty exciting position for our State to be in, if

we all want to jump on board that bandwagon.

   >> SHARON HENRY: Thank you, Michelle. So I think the other thing here

too is that, in fairness to the providers, it would be helpful for them to

know in advance what data is desirable. So if our group, as a starting

point, can come up with a minimum data set, and get that endorsed, get that

accepted, get that supported by the AOE, then three years from now we won't

be sitting around the table saying, we need the data in order to make

decisions and to inform what we're doing.

   In talking to Cheryl DeConde Johnson and reading some of the

literature, there are some other things that are important. And one of the

reasons, what drives my interest in linking the birth to 3 and 3 to 21,

Colorado has shared with us that identification of age of hearing loss is a

strong predictor of future success.

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So right now, so another lofty goal would be to have these two systems talk to one another. And I'm interested in getting the data sets synchronized, full disclosure, my Ph.D. is in neuroscience, I was an NIH researcher for 20 years and I also have a background as a physical therapist so I'm relatively familiar with the ADA from the point of view of advocating for a physical barrier and also my family history. I am the one, who is, with Michelle's help, pushing this data and trying to get some uniform data collection from a parent perspective, and spending taxpayer monies to pay for these services, we need to have something to show for it and have some accountability on what the money is going for and is it producing the outcomes that we want it to have.

So I will open it up now, I see Tracy has her hand up, so I will mute myself and invite Tracy.

>> TRACY HINCK: Sharon, I'm curious, if you have some perspective, as a physical therapist and researcher working in the clinical setting, if I say therapy is also a related service on an IEP, how do you see those differences?

>> SHARON HENRY: I never worked as a physical therapist in a school setting, Tracy, I was always on the outpatient adults. That's why I'm petrified to be the kindergarten teacher, give me an audience of college students but not kindergarteners. So I can't answer that question.

Other comments or questions from the School Age Subcommittee? Have I left anything out? Because we're very deep into this work, and I just want to make sure that I'm not overlooking anything. I'm trying to facilitate, take notes, and think all at once, and that's hard. Linda?

>> LINDA HAZARD: So this is Linda, I just wanted to make one more comment. We just submitted to the CDC our 2022 birth data. And I've been looking very closely at it, because one of the advantages of having that data available is it can drive change, it can drive, you know, small tests

of change.

It was interesting for me, because since Covid, we've had a decrease in families, enrolling in early intervention, even though they've been referred, even though there have been discussions. It was really interesting for me to look at the demographics this year and identify the families, you know, the maternal age, education, and think about looking at how we could perhaps reach out to these families that might be different.

So I think it's just one example of data driving change. And I think that it's such an important piece of really understanding our population. And having that, I'll say, long term view of before the Vermont center, during the Vermont center, the network, and then today, of school age services, and just knowing who is in our State, what do we need, do we need some regional base programs, does that make sense, what other services are needed?

And I think collecting that data could really drive us, better understanding of needs of our students and being able to, you know, provide the services that they should be receiving.

>> SHARON HENRY: Other comments from the committee, or questions from Heather?

>> HEATHER WILLIS-DOXSEE: I was just going to say, Sharon, if you can put that spreadsheet back at the top of my inbox, so it's easily accessible.

>> SHARON HENRY: I was trying to not attach so many things to that email.

>> HEATHER WILLIS-DOXSEE: While you were sending me that, I was in the hospital, my 4-year-old had attracted a rare bacterial infection. I was doing spot checking as many things as I could, and not having the time to really do deep dives into everything that was coming in during that time.

So if you can put that back at the top of my list, I would like to --

Kathy, if you can follow up with me tomorrow on Teams or something and let me know if we've already taken the dream list of data requests to our data team, and gotten like a comparison of what do we have available to us. You might have already done that, I don't know. I just want to check in, we don't have to do it here but we can check in tomorrow.

Because a lot of the things that you're talking about, some of it we do have. But some of it we don't. And I don't know of very many people who do, like statewide. As far as being able to track and report from the agency the types of services that students are getting, the type of technology that they're getting, there's not a data collection field for that. So we're not going to be able to provide that information from the -- at the State level.

So then working with providers, like you said, to try and gather additional information will be very important. You know, without having access to a mandate for a statewide IEP system where you could potentially get more data, I don't see that happening, were we mandate -- I know the agency is not going to be able to do it. I haven't heard any buzz of legislators saying we want a statewide IEP system, and then even so, what data privacy issues come with being able to pull some more finite information for that.

But I don't know of any state -- I would maybe, like you said, I know you've mentioned Washington and you mentioned Colorado. I don't know if they have the ability in their state agency to pull that finite information. If they do, I would love to know that, Sharon, so I can personally reach out to their state directors and find out what are their data teams at the state level doing to get more detailed information like you're talking about.

>> SHARON HENRY: Sure. So I'll be happy to send this sheet back over to you and go through, you know, the rationale for why and so forth and so

on. In Colorado, at the time Cheryl DeConde Johnson was able to get providers to report data on kids who are on 504s and kids on IEPs. I can send you that aggregate data.

The other thing that she was somehow magically able to do, and I've been trying to borrow her magic wand, is to get the state assessment data disaggregated by disability. I have the -- either '21 or '22 data for all kids, but it's completely useless to look at. So, yeah. And I would like to believe, both as a professional and as a parent, that when a vendor is asked to provide the data, in the best interests of serving our kids, the data would be delivered.

And we're a small enough state that pretty much we learn to get along, and we pull together when we really need to. I think this is a time when we really need to pull together and start with the AOE grant recipient saying, here is the data standardization.

Because one thing that the Deaf, Hard of Hearing, DeafBlind Advisory Council does not have is a home of any sort other than -- it doesn't have its own budget, it doesn't have its own server. You know, there's no place to -- for the data to live. So if we're going to have statewide reporting, then it would logically live at the AOE in some capacity, or in the State health department, if the database that Linda is talking about is truly expandible.

So there are infrastructure issues that also are looming. But I think those can be solved, you know, once we get the more important pieces in place.

>> HEATHER WILLIS-DOXSEE: The other point of clarification I wanted to ask was, when you talk about tapping on the shoulders of the providers in Vermont, can you tell me specifically who is included in that group, when you say asking for the providers for additional information?

>> SHARON HENRY: So there's the AOE grant recipient, which was since

2006 -- well, I'll let other people fill in the history, but the grant

recipient closed in 2019, 2020, somewhere around in there. And then it

went to the UVM Cares team, then it went to the UVM Medical Center team,

the subcontractor to UVM Cares, now eight back to the UVM Cares team.

So as those reports have come into the council, very fragmented over

the last three or four years, whatever it's been, and additional data

requests have not been fulfilled. Like the data -- this isn't clear, can

you provide X, Y, Z, and the data is not forthcoming.

And as someone who has collected a lot of data, in fairness, it's nice

to know what data is going to be asked for prior to the start of the grant.

That's what I think this initiative is trying to move things forward so we

can be proactive and be uniform. So, yeah, I think Linda has her hand

raised.

>> LINDA HAZARD: I do, and Heather, I was just going to add, in

addition to both UVM Cares and UVMMC, Deaf, Hard of Hearing, DeafBlind

educational services program, Bennington has a separate program, Champlain

valley union school district does, so there are also other providers out

there.

So I think the intent here is for all providers, hopefully to be able

to provide the same standardized information. Because we really don't even

know how many student in Vermont are Deaf, Hard of Hearing, and DeafBlind

right now. And I think, you know, for a long time it was a single point of

entry with the Vermont center, then 9 east, and I think that there needs to

be work done now that there are other provider out there as well as, you

know, the two outside major vendors.

But I think we just need to better understand what our population

looks like. And collect it from everyone so it's standardized.

>> SHARON HENRY: So my hope, Heather, would be to start small with the

AOE grant recipient and balloon out from there across the whole state. You

know, I think peer to peer influence is very valuable in the professional world, like, hey, we're doing it in my school district, that sort of thing, and eventually get everyone in the State to participate. Tracy had her hand up.

>> TRACY HINCK: Yeah, I had a quick comment. One of the dilemmas too, Heather, is the eligibility criteria on IEPs doesn't always represent hearing loss because if it's not a primary disability category, so it's really hard to collect data even at a basic level through IEP, is that it's not always represented, 40% of kids with hearing loss have co-existing learning parameters, so sometimes that gets represented on the IEP and the hearing loss is sort of left off.

>> SHARON HENRY: And that certainly is reported, Heather, in the data that AOE reports to OSEP. We know there's over at least 200, 250 kids on IEPs in the State of Vermont who have hearing loss, the providers on this call can tell you they're servicing them and yet the State of Vermont reports 61 kids. I pulled that data from OCE36789.

>> CASSANDRA SANTO: That number is the combination of IEPs and 504s. So those two numbers separately, last year 146 students were reported in our State on IEPs and 147 on 504s.

>> SHARON HENRY: Yeah, the point remains the same, that's 300 kids, and the State of Vermont is reporting 61 to OSEP.

>> CASSANDRA SANTO: That 61 is only reflective of IEPs.

>> SHARON HENRY: Right.

>> CASSANDRA SANTO: So we're comparing apples to oranges.

>> SHARON HENRY: We're comparing 61 to 145 or whatever you said.

>> CASSANDRA SANTO: Right, but your prior comparison was the conglomerate of 504s and IEPs, I wanted to emphasize that number was only related to IEPs.

>> SHARON HENRY: Absolutely. I think Sherry has her hand up. You're

muted.

>> SHERRY SOUSA: Sorry. Couldn't get off mute. It was purgatory. I
wonder too, Heather, if this is an opportunity to combine what we call low
incidence disabilities. I think there are other groups also looking for
similar data points, visually impaired, I mean, there are other
presentations. I think we're really good at collecting kids with learning
disabilities, attention deficit disorder, there are some categories we have
lots of information on and are well-represented, but I think there is an
element of our students who receive special education services that are not
well-accounted-for, and is this an opportunity to kind of look at it as,
low incidence disabilities and recording.

So that might be a really -- a way of bringing some voices together
for a similar purpose.

>> SHARON HENRY: And you might be aware, Heather, I think today in the
House or the Senate, the bill on cooperative educational -- I don't know
the full name, but it's a mechanism that would allow different school
districts to work together to serve low incidence population, and tomorrow
I think at 2:00 p.m., either the House or the Senate is hearing the bill on
the Deaf/Hard of Hearing Bill of Rights.

Jen, please.

>> JEN BOSTWICK: I was just going to say, Heather, you were saying
that it seems like nowhere do they have all of this information, no state
that you know of. In my experience, in talking to people from other
states, I would agree. One state that stands out that has collected some
really good data is Kansas. They had something called the language access
program, LAP is what it was called.

It was a grant that was awarded for them to assess language skills
from age -- I don't remember, I think it's 3 through 8. Twice a year they
had a team of people that did these assessments statewide. And, you know,

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they've collected data on it. That is one area, that's one state that has done -- unfortunately I don't think the grant is still a viable grant, so I don't know if it's still happening.

But I know they had done some really strong work about -- because, as we know, students who are Deaf and Hard of Hearing, you know, their language and communication skills can be impacted pretty significantly, that goes across all other areas of their development.

>> HEATHER WILLIS-DOXSEE: Was it specifically on students who were Deaf/Hard of Hearing?

>> JEN BOSTWICK: Yes, it was any student who had a hearing loss, they were given these series of assessments. I think it was twice a year for a number of years.

>> SHARON HENRY: Heather, I can send you the aggregate data from Colorado, so you have a sense what have the data fields are. And you can compare them to what we have in our spreadsheet that we've developed, some of which came from that as well, and some of it came from the Odyssey.

So Heather, what is your sense of being able to work with the School Age Subcommittee and the Council on some sort of data standardization going forward? Perhaps for the next grant cycle.

>> HEATHER WILLIS-DOXSEE: I think the first step, Sharon, would be to take the wish list that you're going to resend me, and compare it with our data team at the AOE, almost like a side by side checklist of what do we currently have the availability to report, or the capability to report on. And then seeing, are there any areas for improvement for things that we could collect data on, because I know there are certain things that you're not going to get collected just because there's not a way to collect them without -- I don't even know, like it would be a huge -- and I'm not saying systems overhaul is not needed, but I would be more interested in prioritizing what are the things that are on the wish list that are easy

workarounds.

What are things we can then look at in the near future of building in ways to collect that data. And then for the things that don't make it onto that list, how do we continue to enhance the way we work with partners and providers to get the additional data that we need. And then also hearing from the group of, okay, now we've got this data, what are we going to do with it, what's the purpose for collecting the data and what do you hope to achieve by having that data, because sometimes we're very data-rich, in some places, maybe not in this case [laughs], but in some ways we're data-rich and we have all kinds of data but then what too we do with it, right?

So I would say for me the priority would be trying to use the spreadsheet that you're going to resend to me and schedule a time to meet with people on our data department and do a side by side comparison to bring back either -- either if it's me or Cassie who brings it back to the group and saying this is what we found, I'll be happy to add in my thoughts of things maybe I've seen in other state that are collectible, and maybe make some suggestions to the data team, and then again work with the team to be able to come up with a better -- maybe a better way or enhance the way we're working with providers to get additional information.

Because I feel like that's where you're going to get a lot of the nitty-gritty information you want about the types of services that are being provided and the types of technology they have access to and the types of communication modalities that they're relying on. I don't see that coming from the State level, I'm just being really honest with you. But I do feel like there is a way to get the data, but maybe it's not the State that's giving you that data.

>> SHARON HENRY: Right, and this group knows that one of our other discussions going forward is going to be about the educational -- the

language skills, literacy assessments, which one do you use that's

language-specific, age-appropriate, et cetera, et cetera, what's being used

in Vermont, and I'm sure that doesn't exist in the AOE data set right now.

When I send you this spreadsheet, I'll also send you some data that

Cheryl DeConde Johnson shared in the November 6th educational session about

some of the outcomes of our -- I don't know how complete the data set is,

but it's -- it was what the Council was given, so I'll just share that.

And I can't speak to -- I don't even know what the end is, I don't think.

But I'll double-check.

But so that you can see approximately where we are at the moment. I

think I saw another hand up. Did I? Maybe not. Oh, Jen.

>> JEN BOSTWICK: It was just me [laughs]. As I was link to Heather

talk and thinking, to me, I don't know, one idea that was sort of coming,

do we come up with a list of questions that we want slash need to be

answered, that we want to be answered, you know, whether it's -- are we

serving the kids appropriately, you know, are they getting all the services

they need, whatever, and from that we sort of say, okay, in order to answer

these questions, what data do we absolutely need, because I agree with you,

Heather, we don't want to collect all this data and then we're like, well,

now what.

So I don't know, I just -- I feel like we need to -- getting the what

we need might help drive us in terms of what do we need to get, what data

do we absolutely have to get.

>> SHARON HENRY: My quick response to that is, you need the

educational outcome data to know if the services you're providing are

actually working and keeping the kids where they ought to be. So maybe we

could start with some of those questions, Jen, by looking at the assessment

tools that could or should be used that are age and language appropriate.

I think Cassie has a question, or a comment.

>> CASSANDRA SANTO: I just wanted to name one other, you know, thing to be considering here, is that while that information, you know, will help us, we don't necessarily get to do -- the IEP team makes decisions about services on an individual basis, based on their expertise.

So I just want to name that it wouldn't be necessarily our job to vet those services and determine if they were appropriate when we have no contact within that team, right? So just something I wanted to name as we're having the conversation.

>> SHARON HENRY: Other -- Tracy? I think Tracy, you might have the last comment because we're almost at time. Go ahead.

>> TRACY HINCK: I don't know if it's that important. But I wondered if we are looking at the progress monitoring, and that would help us with provision of service. So if we're looking at data from one year to the next, and looking at if there's, you know, month to month or year to year progress, what we're looking at the majority of kids aren't making that kind of growth, we want to look at provision of services overall.

>> SHARON HENRY: Mm-hmm. Yeah. I completely hear Heather and Jen's point about collecting too much, I've made that mistake in my career. The data fields I have, and I still have students sitting on data that they haven't analyzed, and I'm completely retired. But if you look at the data fields that we're proposing, Heather, I don't think any of them are excessive. But I would love to hear your input once I shoot this over to you.

So you've got a million things coming at you, Heather. What's your approximate timeline for doing the match with the IT team, with this spreadsheet? Are you looking at four months, one week, one day? I have no idea how -- I can't imagine how much stuff is coming at you.

>> HEATHER WILLIS-DOXSEE: Yeah, it's a lot. So for me, I will send an email once I get -- you might have already sent it to me, once I get the

email with the wish list, I will set a meeting invitation for as soon as possible, in the next I would say hopefully two, no later than three weeks, to meet with the data team.

Right now, the biggest thing that's going on in data world is my team is working to finish the SPPAPR, which is the report on everything we do in special education. And we are under, you know, the timeline to get that done in the next -- well, get everything completely finalized, I think it's almost done, to get that finalized in the next few weeks for submission to the Federal level, and our data team is heavily involved in that.

So I just want to be mindful of they're under that tight deadline right now. So being able to just get a handle and maybe even if needed, maybe someone from our data team could come and speak to what we found and maybe that would be helpful, just to provide some context from the State level. And again, I want to have some time to talk to Cassie, because I know she's been doing a lot of behind the scenes work on this, and so I want to -- I know one of the issues that came up is when you have a population size that's smaller than ten and how that gets reported in each district.

So again, if the AOE doesn't have the capability of getting everything that we're asking for, how will we get it? And so that will be how I try and help the team, I think, is if the AOE is not the answer, who is the answer, and what processes can we design to get the information to do problem-solving.

But I will also say, Cassie brought up a really great point, we don't advise the IEP team or sway them one way or the other. But I think maybe work that this group could do is work on putting together some training resources for IEP teams to use when you have a student who has a hearing impairment, and, you know, what are some considerations and questions and best practices to refer to, almost like a how-to guide for them.

And maybe that's the work that we move forward with, is when we analyze the data, it will hopefully tell us what are the biggest needs that we see, why aren't -- we don't know for sure, we can engage in a problem-solving cycle of why are the students not making the achievement we would like to see, but then what do we do about it and what is the scope within the realm of this team to help put some resources together to drive that change.

I think that will be important work for the team to discuss moving forward.

>> SHARON HENRY: So, School Age Subcommittee, we will -- I'll send out an email to meet again to continue the discussion about the data, particularly around the assessment piece, to continue our conversation for Cassie around that document for the roles of providers. And anything, Michelle, with regard to the March 26, we can be in touch by email but maybe at our next meeting we can set aside some time to brush up any other details that are emerging that you feel like we need input on.

So maybe early February, something, we'll shoot for a block of time. And Pam and Patti, it was great to have you here today. You have always been invited to be on the subcommittee, so it's great to see you here. Do you want to be included in future emails? You indicated before that you didn't want to participate but I just wanted to have you know the door has always been open and will always continue to be open.

So you just can send me an email and let me know what your preference is.

>> PAM: Thank you, Sharon. I think UVM has worked out everything so you can go ahead and send emails, I think that's where there was a little bit of a hangup, but we're good to go now.

>> SHARON HENRY: Super. Thank you, everyone, for staying seven minutes late, I apologize, especially for those of you who have young

children. I will be in touch by email to plan our next meeting, thank you

again, Tracy, for working on the recording piece of things and Michelle for

the logistics of the registration and all that business, I appreciate that.

Okay. Have a great night, everyone. Stay safe.

   Linda, could you stay on for a second? I have to catch up with you on

something else.

   >> LINDA HAZARD: I can do that.

   >> SHARON HENRY: Thank you. Thank you, interpreters, thank you,

captioner.