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Deaf Education: The Past, Present, and Future

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An Honors College Project Presented to  
the Faculty of the Undergraduate  
College of Health and Behavioral Studies  
James Madison University

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By Diana Nicole Burke

April 2019

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Accepted by the faculty of the Department of Communication Sciences and Disorders, James Madison University,  
in partial fulfillment of the requirements for the Honors College.

FACULTY COMMITTEE:

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Project Advisor: Dr. Melissa Garber, Au.D., CCC-A  
Clinical Educator, Dept. of Communication Sciences and Disorders

---

Reader: Dr. Yingjiu Nie, Ph.D.  
Assistant Professor, Dept. of Communication Sciences and Disorders

---

Reader: Professor Lucy Malenke, M.F.A  
Writing Center liaison to the College of Health and Behavioral Studies

HONORS COLLEGE APPROVAL:

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Bradley R. Newcomer, Ph.D.  
Dean, Honors College

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PUBLIC PRESENTATION

This work is accepted for presentation, in part or in full, at the Honors Symposium on April 5, 2019.

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### Abstract

Back in the 1800's, sign language was banned from schools because of the prevailing view that sign language inhibited children who are deaf from interacting with the hearing society. Today, due to the growth of technology, children who are deaf can communicate using sign language and spoken language. These children can attend mainstream schools or schools for the Deaf. This paper will focus on the history of schools for the Deaf and my observations as a student observer at the Virginia School for the Deaf and Blind (VSDB). VSDB is a residential school providing students who are deaf and blind throughout Virginia with academic knowledge, as well as independent living and career skills. Through self-reflection and the analysis of interview responses from professionals who work with children who are deaf, this paper will share insights into how to support children with hearing loss and the importance of American Sign Language for those who are deaf.

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## Introduction

You just gave birth to a child. The doctor comes back into the room to tell you that your perfect, beautiful baby failed his hearing screening. Do you break down into tears of frustration? Do you smile with happiness? Do you now view your child as disabled? Immersion into Deaf culture may impact your answers to these questions.

## Deafness

Someone who is deaf can fall into one of four identities: Deaf, bicultural, marginal, or hearing. Those who are Deaf ("big 'D' deaf") are not ashamed of their hearing loss. They communicate through sign language with others within their Deaf community and would feel joy if they were in the scenario above. For parents who are Deaf, having a child who is also deaf is a gift. They were given a baby they can automatically bond with. Those representing a bicultural identity are involved and comfortable in both the hearing and Deaf worlds. This group knows sign language and spoken language. Not everyone has a positive spirit about hearing loss, however. There are some people who have residual hearing and use listening technology who feel alienated from both the hearing and Deaf communities. These people associate with the marginal identity. They don't feel like they fit in. Lastly, even with a hearing loss, people may consider themselves hearing if they use listening technology and spoken language (Hardin, 2014). They do not want to be viewed as *impaired* and do not identify with Deaf culture. This range of identities demonstrates how deafness can be perceived differently.

## Overview

My interest in Deaf culture began in my junior year of high school when I took an American Sign Language (ASL) class. Since then, I have been interested in learning more about Deaf culture and the debate over the use of cochlear implants for children who are deaf. I owe

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my passion for ASL and speech-language pathology to my teacher of that class, who is deaf and fluent in both sign and spoken English.

Arriving at James Madison University four years ago, I immediately joined the Sign Language Club to maintain and improve upon my signing skills. What I had been missing, however, were the interactions with people who are Deaf. This is why I embarked on this Honors creative capstone project. Through volunteering at the Virginia School for the Deaf and Blind and conducting interviews with those experienced in working with children with hearing loss, I was given the opportunity to learn about education of the Deaf, practice signing with the Deaf community, and recognize the importance of ASL for children with hearing loss.

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## **Background**

### **History of Deafness**

The very first school for the Deaf in the United States was established in 1817 in Hartford, Connecticut. This school, currently called the American School for the Deaf, was opened under the name the Connecticut Asylum at Hartford for the Instruction of Deaf and Dumb Persons. One year after opening, this school consisted of uneducated and poor students, ages 10-51. Laurent Clerc, a French native who acquired hearing loss in childhood, became the primary teacher of the school. As a result of his teachings, American Sign Language (ASL) is a language derived from the French (Hardin, 2014). It became the accepted language of those in America who identify as Deaf and the primary communication modality used in schools for the Deaf in the United States. After spreading his knowledge, Clerc's teachings led to the establishment of more than 30 residential schools for the Deaf in the United States before he died. These residential schools helped to formulate Deaf communities. The first Deaf college called the National Deaf-Mute College, known today as Gallaudet University, also formed during this time (Canlas, 2015).

As indicated by the founding names of these schools, those who were deaf were poorly perceived. Frequently used labels back then for those with hearing loss included "deaf and dumb" and "deaf-mute." The term deaf and dumb was coined because people saw those with hearing loss as having inhibited cognitive abilities. They were also thought to be silent, stupid, and unable to learn. The term deaf-mute also emerged to classify those who used sign language instead of spoken language. Although these people were considered "without a voice," they were not without a voice at schools for the Deaf ("Community," 2019).



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Although hearing people wanted the Deaf population to use spoken language, it was unnecessary because all instruction at schools for the Deaf was signed, finger spelled, or written. Education emphasized reading and writing skills until the 1860s when reformers advocated that Deaf children remain integrated into the hearing world. Their concerns included an increase in discrimination as a result of separate schools and languages and an increase in deafness because of the rise in number of marriages between two deaf people ("Oral Education," 2007). The Milan Conference in 1880 marked a turning point for schools for the Deaf. Signing was banned, and oralist methods took over (Hill, 2012). Oralism became the "proper" way to educate a child with hearing loss out of fear that ASL would impede the development of spoken language and restrain one's cognitive abilities (Drasgow, 2019). Deaf teachers who only knew sign language lost their jobs, and consequently, students were forced to lip read and speak (Hill, 2012).

Several decades later, attention turned to the Deaf children who were falling behind academically. Their spoken language skills, as well as their reading skills, were not equivalent to their hearing peers (Hill, 2012). With strictly oral communication, the average reading abilities of adults who were deaf did not surpass the fourth grade level, while just under one third of deaf students were illiterate (Drasgow, 2019). As a result, the 1960s opened its doors to ASL becoming recognized as a powerful tool for those with hearing loss, and the language was integrated back into the schools for the Deaf.

### **Deafness Today**

Research has shown that children have a critical period for learning language. Between the ages of three and seven, they must receive language stimulation. During this time, their brains are still growing and can more easily acquire a language (Purves, Augustine, & Fitzpatrick, 2001). This need for language stimulation was illustrated by a case of child neglect

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in 1970. The child, Genie Wiley, received little to no language input until the age of 13. Once found by police, Genie began imitating one word utterances; however even after being taught, her skills remained below typical linguistic, comprehensive, and cognitive levels ((Fromkin, Krasheen, Curtiss, Rigler, & Rigler, 1974). During an interview I conducted, I learned that signs can be used as a foundation for language skills. The interviewee stated, "Getting them (baby who is deaf) to realize that a sign means something, that a word means something, is so important... even if it's just a few signs, like *milk* or *want* or *mom* and *dad*. That leads to the development of higher level language skills, which is really difficult for them to catch up on later" (Interview 1, February 1, 2019). As this quote exhibits, communication is an exchange of ideas. Without the knowledge, early in life, that words or signs have meaning, communication will be hindered.

Sacks claimed that this concept of language deprivation can be a similar reality for deaf babies born to hearing parents. He said that there is an innate ability to learn language, but the ability to communicate requires an interaction with a person "who already possess linguistic power and competence" (1989, p.49-50). Without appropriate hearing technology or the use of ASL, the transaction between a hearing, speaking person and a deaf child would be unsuccessful. The modality in which a person communicates is a decision that must be made early on by the parents. Through the use of sign language, language stimulation can be achieved early, and the delay in language development can be prevented.

Besides sign language, spoken language is a communication option for children with hearing loss. Facilitated by listening technology, such as hearing aids and cochlear implants, auditory-oral communication for children who are deaf can be achieved. While a hearing aid can simply be placed into the ear to amplify sounds, a cochlear implant requires surgery. During the surgery, an electrode is inserted through the cochlea in the inner ear and a receiver is inserted

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under the skin. Sounds stimulate the auditory nerve, bypassing the parts of the inner ear that are not functioning. ("Cochlear Implants," 2017). If one chooses to simultaneously sign and speak, they would be among those identifying as bicultural. With the ability to sign with those who are Deaf and speak to those who are hearing, comfort with communicating in both the hearing and Deaf worlds may be achieved. Video calls, texts, and e-mails are also valuable methods of communication for this population.

Besides communication, another essential consideration for a child who is deaf is how they will be educated. Students who are deaf can attend a mainstream school or a school for the Deaf. Although technology has advanced, there are still several challenges a deaf child may face in a mainstream school. They may require a slow pace of discussion to keep up with those speaking, people to face them while speaking, visual cues to aid in understanding, and frequent repetition of what was spoken (Dostal, 2017). Children who are deaf and use sign language to communicate have a chance of being bullied and feeling isolated in a traditional, public school. They will need and may become dependent on an interpreter, which, additionally, can hinder their learning. Coming from the experience of an interviewee, transferring to a school for the Deaf can have a significant positive impact on self-esteem and achievement (Interview 2, February 1, 2019). When a child with hearing loss enters a specialized school, such as the Virginia School for the Deaf and Blind, they will no longer be outsiders and may begin to feel like they belong.

### **The Virginia School for the Deaf and Blind**

Schools for the Deaf can provide individualized education to children with hearing loss. Throughout the United States, there are over 100 schools for the Deaf ("Schools," 2015). Just 30 minutes south of James Madison University lies the Virginia School for the Deaf and Blind

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(VSDB) in Staunton, Virginia. Its mission includes valuing an individual's abilities, helping students meet their goals, and teaching with diverse instruction. The administrators hope their education system will result in self-confident, lifelong learners ("About," 2017). In order for children to attend this school, they must be referred by their local school district and complete an application for admission. Hearing children are unable to attend, unless they have a visual impairment (Interview 1, February 1, 2019). Once the students are accepted, they either live in the dorm on campus, just like a college student, or commute daily. As a part of the residential program, students arrive at the school on Sundays and take the bus home every Friday at noon.

This year, VSDB has an enrollment total of 83 students, 46 of whom are deaf. Six students use cochlear implants and 11 wear hearing aids. Most of the students travel from northern Virginia and Virginia Beach each week to receive this specialized education. Some, however, travel greater distances, such as from southwest Virginia (Interview 2, February 1, 2019). Although some students communicate using spoken language, American Sign Language is the primary communication modality throughout the Deaf Department. Those with hearing loss are either fluent in ASL or learning the language. Since more than 90% of those born deaf are raised by hearing parents and guardians, VSDB provides an environment in which those with hearing loss can meet and socialize with others who are more like them ("Quick Facts").

### **Personal Reflection**

#### **The First Day**

Once the clock struck 12:15 and class concluded, I hurried home to eat lunch before embarking on my new adventure. It was a Thursday afternoon, and I was scheduled to arrive at the Virginia School for the Deaf and Blind for orientation by 1:00. Along my drive down I-81, anxiety and nerves took over. I feared not being able to understand the person I had been

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emailing and feeling lost amongst a group of signers. Since it was the end of August, it had been a couple of months since I had practiced my signing skills. While I'm at school, I practice and learn new signs by attending the Sign Language Club, but the last club meeting was in April.

As I pulled into a visitor's parking spot, I admired the campus' aesthetic. Prior to this day, I had only seen the campus at night, when school was not in session. The red brick buildings with huge, white columns surrounded the perimeter. Basketball courts and a playground were located in the middle. Following the signs for visitor check-in past the playground, I received my ID sticker and was brought to meet the volunteer coordinator. My first interaction with her proved I was nervous. I made a mistake signing a phrase I had signed numerous times before.

I followed the coordinator up the stairs to the computer lab to begin orientation. Orientation consisted of watching a video on regulations and safety. Fire alarms and lock down drills are alerted differently in this school compared to public schools. Even though the alerts are presented over the loudspeaker, VSDB also has a color coded, visual system to meet the needs of all of their students. In each classroom, a system that looks like a traffic light hangs on the wall. Each color represents a different action that should be taken, whether the students should evacuate, lock the doors, etc. I was glad orientation covered this because on that very first day there was a lockdown drill.

From the computer room where I watched the video, I walked with the volunteer coordinator to the speech therapy room. My reaction walking into the room was one of surprise. I expected the therapists to be working on speech production with children utilizing cochlear implants. What I saw was a conversation between a child and a therapist completely in sign language. The entire session utilized sign language only! At first I was shocked, but I then recognized the reason their full professional title is a speech-language pathologist and not just a

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speech therapist. This session in ASL focused on improving the student's language skills, such as topic maintenance and sentence order.

For the remainder of the day, I followed two speech-language pathologists around. Switching between buildings, I met new people and often communicated with the students in the classrooms and the hallways. As the unfamiliar face in the school, students would come over to me and ask my name, where I'm from, and what I am doing at their school. This gave me a chance to practice my sign language comprehension, as well as my expressive skills.

### **Therapy Sessions**

Over the course of three months, I observed therapy for speech, language, and sound identification and observed ASL classes and a life skills class. I saw first-hand the strategies used in the classroom and in therapy in addition to the challenges the students faced. The students represented a wide span of ASL and English skills. Some students were fluent in ASL, but since the majority of children who are deaf have hearing families, ASL exposure for some was minimal before entering the specialized school.

In order to stimulate and facilitate language development, several therapy sessions focused on building language skills. One of the reasons language skills can pose a challenge to children with hearing loss is because of the differing syntax between American Sign Language and the English language. Also, some words, such as articles, used in spoken English are not utilized in sign language. "The" is a very common word when speaking but is never signed. When a child with hearing loss begins to write, they need to learn that these articles are essential to written language. They need to not only remember to include them in sentences but also learn where they belong. Language skills also include the ability to sequence. I became a part of a therapy session working on this skill. For the activity, the student began by drawing a picture. I

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was then faced with the task of trying to create a replica of the drawing based on the student's description. I felt excited to be a little more involved but also worried. What if I couldn't understand the child's signs? How would they feel if my drawing didn't match theirs? With careful attention on the student's hands and interpretations from the therapist, I recreated a drawing very similar to the student's.

Along with language skills, some therapy sessions focused on social skills and vocabulary development. Guess Who was a popular game used during therapy and a game that allowed me to be more hands on. From a typically developing, hearing child's perspective, Guess Who appears to just be entertainment. Upon considering the aspects of the game, however, Guess Who works to facilitate several skills. A single game, when played in sign language, seeks to improve the ability to question, comprehend, describe, and use facial expressions. Since ASL is a visual language, facial expressions are key. They must correspond with one's feelings and the words being signed. When asking yes or no questions, which is essential when playing Guess Who, it is important to have eyebrows raised. This allows the communication partner to know their response should be yes or no.

### **ASL Classes**

On some days after therapy sessions, I was fortunate to have the opportunity to sit in on ASL classes for those still learning the language. According to one professional I interviewed, "In kindergarten (at a hearing school), you're looking at six year olds, and they're speaking in full sentences. Their grammar may not be correct, but they can give you enough information for you to know what they're talking about....we've seen a lot of students coming in with five signs" (Interview 1, February 1, 2019). ASL classes are necessary for these children in order to assist them in developing language.

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As I walked into the small ASL class of about five students one afternoon, I felt ready to interact with other people who, like me, were still learning the language. The desks, arranged in a U-shape, enabled everyone to see each other. This is necessary in sign language classrooms. If desks were placed in rows, like in a hearing school, the kids in the front of the room would not be able to “listen” to those who are participating in the back of the room. I had known about the importance of this formation before volunteering at VSDB, but I had never thought about it from the perspective of a student observer.

Generally when someone goes into a classroom to observe, they pull a chair to the back of the room, where they can sit without being a distraction. This is exactly what I did in the ASL room. I sat in a chair against the back wall of the classroom behind all of the students. As soon as the class commenced, I realized I had chosen the worst seat possible. The only person I could clearly see signing was the teacher. Unlike in a hearing classroom where observers just need to sit within a listening distance to the speakers, in an ASL or Deaf classroom, observers need to be positioned in a place where everyone's hands are visible. I was facing the backs of the students and at best could see them signing from a side angle. As I leaned back and forth to try to see the hands of the students participating, one of the students realized my issue. This student shifted their chair back slightly to try to improve my line of sight. The next time I went into that room, I knew I wasn't going to be able to observe from the back of the room. I had to join the students at one of the desks in the U-formation.

The strategies I saw being used in the ASL classroom became strategies I incorporated into Sign Language Club meetings at James Madison University. As the teacher at the club meetings, the ASL class was a great opportunity to see how others teach the language. For any language, practicing is required. By improving the ability to recall vocabulary words and



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phrases, language will begin to flow more easily. This was the primary focus of one of my favorite activities played in the ASL classroom. In the activity, the teacher selected a handshape, one of the parameters of ASL, and had the students brainstorm as many signs as they could utilizing that specific handshape. The difficulty level is dependent on the handshape selected. After a couple of seconds, the students took turns sharing their signs. As the activity progressed, the students were able to refresh their memories about the signs for various words, and I learned new signs as well.

### **Lessons Learned**

One of the most important lessons I learned while observing education of the Deaf and interacting with those who have expertise in working with children who are deaf is the need to honor others' opinions. The use of ASL or cochlear implants and spoken language for children with hearing loss is controversial. Some believe those born deaf should be happy the way they are, while others see cochlear implants as a "fix." These opposing views are one of the reasons why I wanted to volunteer at VSDB. As someone who is a part of the hearing world, immersion into a minority culture is essential to understand the minority view.

As I sat in VSDB's audiology office observing an implant user practicing sound identification, I was truly able to understand why everyone is not enthusiastic about this hearing technology. Children who receive implants cannot automatically hear like hearing people. An implant doesn't make them able to talk. They have to work hard to train their brains to differentiate sounds. As I sat alongside the student matching pictures of items to the sounds of a garage door closing, water running, a hair dryer being used, and a chair being pushed in, I began to think about how miraculous it is that hearing brains can learn to automatically recognize these sounds.

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Babies born deaf begin their lives in the world able to hear very minimally, if at all. With an implant, suddenly there is noise, but it's all a mystery. They then need to learn to discriminate sounds, recognize what words mean, and finally, learn how to produce the speech sounds they are hearing. Sacks portrayed the challenges faced by children with implants when he claimed, "If the teaching of speech is arduous and occupies dozens of hours a week, might not its advantages be offset by these thousands of hours taken away from general education? Might one not end up with a functional illiterate who has, at best, a poor imitation of speech? What is "better" integration or education? Might one have both, by combining both speech and sign? Or will any such attempted combination bring about, not the best, but the worst, of both worlds?" (1989, p. 23). For Deaf children and adults, learning spoken language can seem like a difficult, unnecessary task.

Interviewing professionals about their opinions of cochlear implants provided evidence about the controversy of them. I received the whole spectrum of views, from the praising of technology to the identification of potential negative effects. While one person considers them to be fantastic (Interview 3, February 28, 2019), another believes the parents should not be making the decision for their child to receive an implant. This person claimed that parents should wait until their children can make their own decisions because the surgery could be risky, would damage any residual hearing, and could result in facial tics or a drooped facial appearance (Interview 2, February 1, 2019). A third person stated that they believe the implant could be helpful but would not tell someone to go and get one (Interview 1, February 1, 2019). Cochlear implants are extraordinary pieces of technology, but because the results are different from one person to the next, various perspectives of them exist.

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The interviews and observations emphasized the important qualities a speech-language pathologist must possess. First of all, awareness of cultural perspectives is crucial. Without this awareness and respect for cultural differences, forming connections with clients and their families will pose a challenge. The ability to understand beliefs is necessary to plan treatment and formulate therapy goals with a client-centered approach. Secondly, motivational support is critical to help children with hearing loss overcome their challenges, especially the challenge of training the brain to listen and speak. Encouraging remarks and showing support can help these students achieve their goals. Through the combination of these qualities, a speech-language pathologist can have a life-changing impact on a person.

### **A Glimpse into the Future**

#### **Future of Education of the Deaf**

Despite all that I have learned at VSDB, the field of speech-language pathology and audiology is ever growing, and the technology and services available can change significantly over the years. The use of technology is a major contributing factor to the number of students enrolling in schools for the Deaf. As discovered by the Gallaudet Research Institute, the percentage of children enrolled in mainstream schools, as opposed to schools for the Deaf, has increased by 55% since the 1950s (Dostal, 2017). Due to this rise in mainstream education, interviewees were asked about their thoughts on the future of schools for the Deaf. Based on their responses, it seems as though there is a slight concern for the future of schools for the Deaf; however, the individualized education provided by these schools will always be necessary for someone. One interviewee stated, "I think technology may decrease the amount of students that come, but technology can only go so far sometimes" (Interview 1, February 1, 2019). Although mainstreaming children who are deaf has become common, sign language, as proven by the ban in the 1800s and the schools for the Deaf that exist today, is an important communication modality and strategy to ensure the progression of a child's language development. Students at VSDB and people around the world with hearing loss have access to communication and education because of sign language.

#### **Graduate School and My Future Career**

Onto my next chapter to obtain my Master's degree, I will be continuing to learn about the use of cochlear implants and sign language to aid in communication. I have hopes of working in a setting in which I will see a diverse clientele, some with hearing loss and some without. Whether hearing or not, sign language can grant a child language stimulation and a means of

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expressing ideas. With the ASL skills I have acquired over the years, I hope to help somebody find their "voice."

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