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**From Theory to Practice: Self-Advocacy Skill Development of Students who are Deaf or
Hard-of-Hearing who are Transitioning into Post-Secondary Settings**

Abstract

Students who are deaf or hard-of-hearing (DHH) represent a culturally and linguistically diverse low-incidence population, particularly in the post-secondary educational settings. Self-advocacy skills are one of many skills that are critical for success in post-secondary settings. It has been established in the literature that students with disabilities who employ self-advocacy skills, including knowledge of themselves, knowledge of their rights, communication skills and leadership skills, achieve greater academic and lifetime outcomes. IEP teams working with DHH students at the secondary level are at a unique position to promote and support their students' self-advocacy skill development through transition planning and through the Individualized Education Plan (IEP). The purpose of this review is two-fold; first, this document reviews the conceptual construct of self-advocacy. Second, this review addresses several important considerations that IEP teams can make while working with students who are DHH to promote self-advocacy skill development during the transition planning process.

Introduction

Self-advocacy skill development is situated historically in our country's educational system and theoretically in disabilities literature. Its practical implications continue to be an important component for the educational success of students with disabilities both at the secondary and post-secondary levels.

The pressure on marginalized and underserved student populations to effectively self-advocate has a long history within US education. As with many social structures, US K-12 public education was long segregated and provided limited access for individuals who were not from Caucasian families or for students with disabilities. Beginning in the 1950's with the Civil Rights and Women's movements, increases in access to community resources resulted from individual and collective efforts to act in pursuit of positive societal change (Test, Fowler, Wood, Brewer & Eddy, 2005). Since that galvanizing time, other advocacy efforts in education have taken place for individuals with disabilities, including the Self-Help and Independent Living movements that fought for rights to allow individuals to take greater agency over their own lives (Brooke, Barcus, & Inge, 1991; Wehmeyer, Agran, & Hughes, 1998).

Important societal changes in educational access for individuals with disabilities required individuals to first identify their own needs and then stand up and advocate for their right to meet them. So, what are the conceptual underpinnings of self-advocacy and what does self-advocacy skill development look like, in practice, not just in educational settings, but specifically during the transition from secondary to post-secondary settings? Even more specifically, how does self-advocacy theory and skill development apply for students who are deaf or hard-of-hearing (DHH)? The purpose of this literature review is to discuss the conceptual underpinnings of self-advocacy and offer considerations for IEP

teams who work with DHH students. We discuss the role of IEP teams and opportunities to enhance student self-advocacy in the context of the Individualized Education Program (IEP) process and planning for post- secondary transition for individuals who are DHH.

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The Transition into Post-Secondary Settings for Students who are DHH

As a highly heterogeneous cultural-linguistic minority, prevalence rates of students who are DHH are low in both secondary and post-secondary settings. Professionals in both of these settings are likely to have little experience in deafness thus highlighting the need for students who are DHH to develop strong skills in self-advocacy. Shifts in legal accountability for access to accommodations at the post-secondary level also highlights the need for self-advocacy skill development.

Students who are DHH comprise a low-incidence population, even when compared to other categories of students receiving special education services. Recent estimates find that individuals who are DHH comprise less than 1% of the school age population exiting high school in the United States (Data Accountability Center, U.S. Department of Education, Office of Special Education Programs, 2008). Individuals who are DHH represent a heterogeneous group with different cultural identities, etiologies of deafness or hearing loss, language preferences and proficiencies, experiences in educational settings and use of amplification (Spencer & Marschark, 2010). Additionally, estimates show that up to 40% of DHH students have multiple disabilities (Gallaudet Research Institute, 2006). The additional impact of a learning disability, Attention Deficit Hyperactive Disorder, Dyslexia, or even Emotional Disturbance combined with DHH characteristics has not been substantially explored in the literature and so little is known about how to support these students' learning styles. Because individuals who are DHH comprise a cultural and linguistic minority population, and many secondary professionals have little experience working with these students, particularly ones with additional disabilities. Considering the multitude of factors that make DHH populations highly unique, and the lack of experience many educational professionals have in regards to deafness, it is apparent that strong self-advocacy skills are imperative for

students to successfully navigate both secondary and post- secondary settings.

As is the case with many secondary students, DHH students transition into a variety of post-secondary settings, including 2- to 4- year programs, community colleges, small, medium, and large public universities, private universities, and universities for the deaf. Some institutions have a large DHH student population and some do not, with most postsecondary institutions serving fewer than ten deaf students (Hochgesang, Dunning, Benaissa, De-Caro, & Karchmer, 2007). When examining post-secondary outcomes, the literature reveals that college retention rates are generally low for DHH populations. The most recent estimates, taken from the National Longitudinal Transition Study (NLTS2) cited that 53% of “students with hearing impairments” completed their degrees (Newman, Wagner, Knokey, Marder , Nagle, Shaver, & Schwarting, 2011).

The low prevalence of students who are DHH at post-secondary institutions means that post-secondary professionals may have limited awareness of unique characteristics of DHH students, further heightening the need for DHH students to be strong self-advocates (Kavin & Botto, 2009). A national needs assessment conducted in 2012 by the Research and Evidence Synthesis (RES) Team from the Postsecondary Education Planning Network 2 (pepnet 2) found that professionals working in post-secondary settings tended to serve a smaller number of DHH students than those in secondary settings (Cawthon & the RES Team, 2012). Professionals in post-secondary settings also had fewer years of experience working with DHH students than those in secondary settings, and were less likely to serve students who had cochlear implants (Cawthon & RES Team, 2012).

An important legal shift occurs at the post-secondary level with further

necessitates self-advocacy skill development for students who are DHH. After high school, the onus to determine educational access needs falls on the student because he or she is no longer eligible for IEP services under the Individuals with Disabilities Education Act (2004). When students enter post-secondary settings their eligibility is governed instead by the Americans with Disabilities Act, where the individual has the primary responsibility to disclose one's disability and make the request for services (Cawthon, Nichols, Collier, 2009; Kavin & Botto, 2009). These changes in legal and institutional structures significantly impact the process of obtaining services in post-secondary settings; IEP teams in *secondary* settings thus play a critical role in identifying and supporting self-advocacy skills during transition. The next section of this review discusses self-advocacy, the IEPs and its implications for transition in further depth.

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The Importance of the Individualized Education Plan (IEP) and the Transition Planning Process in Self-Advocacy Skill Development

Legal stipulations under IDEA law mandate that the transition planning process occurs for students with an IEP as early as age 14. IEP and transition planning meetings present a unique opportunity for students who are DHH to demonstrate self-advocacy skills and for IEP teams to supplement skill-development as needed.

Under IDEA (or for some students, section 504 of the Rehabilitation Act of 1973), deafness is federally defined category of educational disability. Also under IDEA, Individualized Education Program (IEP) plans and transition planning meetings are mandated between educational staff, students, and parents. These plans and meetings clearly define the educational needs and post-secondary plans of the students. IDEA stipulates that transition planning begins as soon as age 14. Carter, Trainor, Owens, Sweden, & Su found that students who actively engage in their own IEP and transition planning process are more likely to accomplish personally meaningful goals during their time in high school and into post-secondary settings (2010). Self-advocacy training also benefits students beyond the IEP and into future domains; research has found that students who acquire and develop strong self-advocacy skills in one setting will be better equipped to translate those skills into other important settings (Algozzine, Browder, Karvonen, Test & Wood, 2001; Chambers, Wehmeyer, Sito, Lida, & Sun, 2007). Thus self-advocacy skills not only support student participation in IEP meetings and success at the secondary and post-secondary level, but also the transition into adult life (Izzo & Lamb, 2002).

For IEP teams and other educational professionals at the secondary level, IEP and transition planning meetings provide an opportunity to assess a students' capacity to self-advocate and areas for further development. This is why the IEP setting is so

powerful: it is an opportunity for students to develop and practice their self-advocacy skills in a setting that is facilitated by the IEP team. A variety of self-determination and self-advocacy training curriculums and programs currently exist for student with disabilities, such as such as *Whose Future is it Anyway?* (Wehmeyer & Kelchner, 1996) and IEP teams are in a position to recommend the use of such curricula. These programs will be discussed in depth in subsequent sections of the paper.

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Self-Advocacy: A Conceptual Discussion

As a conceptual model, self-advocacy is comprised of four essential components: knowledge of self, knowledge of rights, communication, and leadership.

After highlighting the need for self-advocacy skill development and its benefit to the lives of students who are deaf and hard of hearing, it is now important to define self-advocacy in concrete and conceptual terms. Test et al. (2005) conducted a major literature review on the various perspectives on self-advocacy in order to create a comprehensive conceptual framework that highlighted observable self-advocacy skills. Their conceptual model was a result of a review of 25 self-advocacy intervention studies. By relying on intervention articles, these authors focused on programs or instructional strategies that were designed to increase students' self-advocacy skills. First, the researchers looked at each study to analyze its purpose, participants, design, dependent variable(s), independent variable(s), and results. Then, each manuscript was reviewed in terms of the quality indicators for each study design type. Test et al. defined four conceptual components of self-advocacy: knowledge of self, knowledge of rights, communication skills, and leadership skills. The components are illustrated in Figure 1.

Knowledge of Self. Knowledge of self relates to an awareness of one's own unique interests, personal strengths and weaknesses, particular educational needs or preferences, learning style(s), and the specific qualities or attributes of one's disability (Abery, Rudrud, Arndt, Schauben & Eggebeen, 1995). Together with knowledge of rights, self-knowledge is considered a foundational piece of self-advocacy; with self-

knowledge, the individual is more equipped to identify his or her unique needs. Without it, an individual may be less able to identify educational resources that would best serve them.

Knowledge of Rights. Knowledge of rights includes an awareness of one's rights as a citizen, or knowing one's rights as an individual with a disability as identified by the Americans with Disabilities Act. More specific to students, knowledge of rights extends to those afforded by IDEA or under section 504 of the Rehabilitation Act (Rumril, 1999; Sievert, Cuvo, & Davis, 1988). This knowledge base supports the individuals' awareness of when personal rights are compromised and potential avenues for redress. Many students with disabilities who enter post-secondary settings have only a rudimentary knowledge base of their legal rights (Cawthon & Cole, 2009). Students need a targeted, practical focus on how legal rights both change and are applicable to a variety of post-secondary settings.

Communication Skills. The acquisition of effective communication skills is paramount for successful self-advocacy. Primarily, the *expression* of educational need and preference represents the juncture at which an individual's self-knowledge is clearly and effectively articulated to others. This skill becomes particularly salient in a post-secondary school or training setting where meetings with established structure and guidelines for support may no longer occur. Additional communication skills include negotiation, assertiveness, and the ability to compromise, particularly with authority figures or people in a position of power (Wehmeyer & Schwartz, 1997).

Leadership Skills. Leadership skills refer to the capacity to initiate and direct important decision-making in a group context. Leadership skills are also important in the

context of the IEP and transition planning process. In an IEP setting, it is important that the student learn the roles of the various members on the planning team, as well his or her unique role on the team. Understanding group dynamics, as well as how to lead group discussion is an important part of a successful IEP process because leadership skills are transferrable to other settings (Wehmeyer & Lawrence, 1995).

Figure 1. Visual Representation of Conceptual Components of Self-Advocacy



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Self-Advocacy Training for Students who are DHH

A variety of programs currently exist to support self-advocacy skill development; some designed specifically for students who are DHH. IEP teams are in a unique position to utilize these programs to scaffold students' learning about self-advocacy.

IEP teams and other professionals working closely with students who are DHH can play an important role in providing instruction and scaffolding self-advocacy skill development. Izzo & Lamb (2002) found that students often need direct instruction when building foundational self-advocacy skills. A variety of curricula examined in the Test et al. (2005) review currently exist to teach students such skills, including *Whose Future is it Anyway?* (Wehmeyer & Kelchner, 1996). Typically, such curricula include sessions or modules that provide instruction in areas related to the core self-advocacy components defined earlier and even include lessons on disability awareness, effective decision-making, the process of identifying and securing additional resources, writing transition goals, communicating effectively in small groups, and developing strong leadership skills (Wehmeyer, Palmer, Lee, Williams, Diehm, & Shogren, 2011). Other programs in self-advocacy skill development are experientially based, such as the National Youth Leadership Forums and IEP teams and other professionals working closely with students who are DHH can facilitate opportunities for students who attend such forums. For modules that include aspects of self-advocacy skill development for students who are DHH, specifically, see pepnet's website for *iTransition* and *MAPIT: What Comes Next* at www.pepnet.org.

As part of our review of the literature, we also searched for studies on the

individual components of self-advocacy from Test et. al's model (self-knowledge, knowledge of rights, communication, and leadership) to examine the impact of these individual components on post-secondary outcomes for students who are DHH. We then translated these findings into instructional objectives, emphasizing the importance of the particular skill (See Table 1). It is our hope that IEP teams can use this information to (a) identify the degree to which their DHH students demonstrate self-advocacy skills and (b) devise instructional strategies or use the instructional programs discussed earlier to enhance self-advocacy skill development to support transition outcomes for their DHH students.

Table 1. Self-Advocacy Skills for Students who are DHH, Organized by Component

Knowledge of Self	Knowledge of Rights
<ol style="list-style-type: none"> 1. Understands degree of hearing loss and its effect on learning (Luckner, 2013). 2. Actively identifies preferred mode of communication, personal learning styles, academic strengths and weaknesses, and long-term interests (Aune, 1991; Phillips, 1990). 3. Explores a variety of service needs to determine the most appropriate accommodations (Durlak, Rose, & Bursuck, 1994). 4. Understands own self-perceptions, and societal perceptions of deafness (Phillips, 1990); engages in social situations to increase awareness of social strengths and weaknesses 	<ol style="list-style-type: none"> 1. Possess knowledge of ADA and how it differs from IDEA law (Cawthon & Cole, 2009). 2. Possesses ability to discern if a violation to legal rights occurs (Sievert, et al., 1988). 3. Informed about disclosure choices (Sievert et al., 1988). 4. Actively explores services available in post-secondary settings, knows how to request accommodations (Cawthon, et al., 2009; Durlak, et al., 1994; Phillips, 1990). 5. The student has fully reviewed and knows the goals and specific accommodations identified in IEP (Van Resuen & Bos, 1994).

Communication	Leadership
<ol style="list-style-type: none"> 1. Has opportunity to utilize develop preferred communication modality. 2. Can “explain” what it means for them to be deaf (Roffman, et al., 1994). 3. Actively and meaningfully engaged during IEP meetings (Van Reusen, Deshler, & Schumaker1989). 4. Communicates academic preferences, learning styles, strengths, and weaknesses (Phillips, 1990). 5. Identifies and communicates to others learning environment is not conducive to learning (Balcazar, Fawcett, & Seekings, 1991). 	<ol style="list-style-type: none"> 1. Actively pursues educational and career opportunities and has access to deaf mentors (Phillips, 1990). 2. Increases awareness of postsecondary options and their specific requirements (Aune, 1991). 3. Can discern appropriate opportunities to exercise decision-making in work and school environments (Abery, et al., 1995). 4. Has a high level of involvement and initiation in transition planning (Powers, Turner, Westwood, Matuszewski, Wilson, & Phillips 2001).

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Knowledge of Self for Students who are DHH

IEP teams must foster and promote a positive school climate for all students in their identity development, paying particular attention to the unique cultural and linguistic components that may be salient to the developing deaf identity.

A significant challenge faced by DHH students are others' potentially misinformed perceptions of deafness, especially in a mainstream setting where he or she is educated primarily with hearing peers (Kluwin & Stinson, 1993). The majority of DHH students are educated in mainstream settings, with the latest data showing that more than 57% of students who are DHH are in regular classrooms (Gallaudet Research Institute, 2010). Phillips (1990) found that students who could confidently explain the nature of their disability (e.g., what it means to be deaf) were more likely to approach teachers when they needed accommodations. In many situations, responsibility falls on the student's shoulders to understand hearing loss and further "explain" what it means to be deaf to educational professionals. Initiating a conversation by providing an "explanation of deafness" is a tremendous advocacy challenge for any young person trying to navigate a mainstreamed school system. IEP teams can help students understand and practice "explaining" to others their type and degree of hearing loss, as well as the unique implications of that hearing loss on communication and learning in their specific contexts.

Being a DHH student is much more than simply a description of one's level of hearing; there are significant cultural and linguistic components that form part of a young person's identity as a student within a school setting. As outlined in the National Association for School Psychologists (NASP) position statement *Serving Students Who are Deaf or Hard of Hearing (2012)*, IEP teams are ethically responsible for ensuring that DHH students have equal opportunity to "develop their personal identity in an

environment free from discrimination, harassment, violence, and abuse” (p. 2). An important part of personal identity development for DHH students is their identification with Deaf culture, particularly through the use of American Sign Language (ASL). IEP teams are in a unique position to support and promote opportunities for DHH students to develop healthy personal identities. To do so effectively, IEP teams should be educated on research as it pertains to the field of deafness and educational implications (NASP, 2012). In addition, the student’s IEP team should include professionals who are knowledgeable about educational aspects of students who are DHH. IEP teams can facilitate and ensure that the required professional collaborations are available during the transition planning process. For example, it is encouraged that a certified teacher of the deaf always be a part of the IEP team (NASP, 2012). For those students who have a cochlear implant or use a hearing aid, IEP teams must work with other professionals, such as audiologists, to determine the extent to which such assistive technology is supporting the student’s learning and comprehension (NASP, 2012).

To further support a student’s self-knowledge about the nature of their hearing loss and/or cultural identification with the Deaf community, it is important that the student has opportunities to explore a variety of accommodations and educational supports (Durlak, Rose, & Bursuck, 1994). This is often a reiterative process; students may need to modify their accommodations use for different settings and content areas, perhaps exploring beyond the accommodations that have been traditionally used at the school site. Specifically, IEP teams must be familiar with the range of amplification technologies and assistive listening devices, captioning, as well as remote technologies

for sign language interpreters, that are available for students who are DHH. Practice with a range of accommodations will make it easier for a student to know exactly what his or her needs are during the provision of services both in secondary and in future post-secondary settings.

IEP teams can use the IEP as an opportunity to provide ongoing progress monitoring as it relates to future work and educational goals. Appropriate feedback about their academic performance is imperative to support DHH students identify their personal strengths, weaknesses, learning styles and academic goals, (Durlak, et al., 1994). Recent qualitative research has found that many DHH students arrive at a post-secondary setting with an unrealistic sense about their academic abilities (Cawthon & the RES team, 2012). Studies conducted in large postsecondary educational settings also show that students who are DHH may overestimate their comprehension of class material (Marschark, Sapere, Convertino, Seewagen, & Maltzen, 2004). Ultimately, DHH students must be given appropriate feedback about their academic progress so they know how to employ effective study strategies and feel challenged in their coursework (Aune, 1991). If the student's academic performance is not progressing adequately, or if the teacher(s) do not have the background to assess a DHH student's progress, the IEP team can provide additional information and feedback.

Many deaf students are placed on vocational tracks that do not require intensive reading or math skills, thus creating barriers when the student wants or needs to advance in their field (Stewart & Kluwin, 2001). For DHH students not pursuing higher education, they need to have opportunities to actively explore diverse personal, vocational, and occupational interests (Aune, 1991). IEP teams can emphasize interest inventories and

career exploration activities to enhance the IEP and transition planning process. The more a student becomes aware of what she or she wants to pursue, academically or otherwise, the better prepared he or she will be to advocate for strategies to meet their future goals.

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Knowledge of Rights for Students who are DHH

Knowledge of important legislation related to disclosure decisions, particularly at the post-secondary level is crucial for the academic success of students who are dhh. IEP teams must provide access to and help explain the implications of important litigation surrounding IDEA and ADA as it relates to post-secondary planning.

The transition from secondary school into post-secondary settings is a poignant developmental milestone for DHH and hearing students alike. However, for students who are DHH, and for all students with a disability, their personal responsibilities increase in ways that do not for hearing and typically developing peers. Namely, IDEA law and the structured IEP process no longer exist to facilitate access to accommodations and services. Now, in a post-secondary setting, students must request services under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA). Thus, it is the individual student's unique responsibility to disclose and seek out the accommodations and services from the office of human resources (at a workplace) or the Office of Disabilities or other similar campus center in a post-secondary training setting (Kavin & Botto, 2009). IEP teams can engage in critical conversation with their DHH students as to their personal choices about disclosure and need for services in post-secondary settings.

In order to access services, a DHH student must disclose their status to the post-secondary institution. This disclosure does not come without ramifications. National statistics show that 59% of DHH students report their disability in a post-secondary educational setting with 53% receive accommodation services in the same settings, yet a 12.3% of those students report that the help received was "not at all or not very useful" (Newman et al., 2011). These finding suggests that although DHH students request

services, available accommodations and services may not always be the best fit for DHH students' needs. Furthermore, recent qualitative work suggests that not all students in post-secondary settings know where to access appropriate accommodations and services (Cawthon & the RES team, 2012).

The timing of when students disclose their DHH status and request accommodations can be a significant aspect of accessing accommodations in post-secondary settings. Some students may only attempt to access services and supports *after* a series of failing grades and stifled academic attempts (Cawthon & the RES team, 2012). At this point, it may be too late in the semester to recover academically. Faculty and staff who have close proximity to DHH students may be in the best position to recognize that a student needs specific academic supports or accommodations; however it is the students' ultimate responsibility to make these requests (Kavin & Botto, 2009). This is when the student most needs to employ self-advocacy skills to meet their academic needs.

IEP teams working in secondary settings must help prepare their students by ensuring that students understand fully what accommodations are on their IEP and how to access such accommodations at the post-secondary level. During the transition planning process, it is important for IEP team and other professionals working with DHH students at the secondary level to have a conversation about the choice to disclose and implications of waiting to access resources later in the students' time at the new institution. Students should be fully aware of potential consequences resulting from their choice to disclose or not *before* they transition to a post-secondary setting and before challenges arise. Should students plan to disclose, the conversation within the IEP

team must include the topic of accommodation quality, including all of the responsibilities of the interpreter and interpreter quality. To ensure full access in an educational setting, all accommodations must be of highest possible quality. Students need to be able to discern between high and low-quality accommodations and advocate for higher-quality accommodations if they are needed.

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Communication Skills and Students who are DHH

Communication skills are self-advocacy skills for students who are dhh are uniquely interactive; advocating for the dhh students' full and direct access in a classroom setting is imperative, particularly as a school-psychologist.

Communication skills are a critical part of self-advocacy skill development.

Communication modality is also a central part of identity development for individuals who are DHH. As was mentioned previously, individuals who are DHH represent a heterogeneous group, due to a wide variety of linguistic preferences and abilities within the population (Gaustad & Kluwin, 1992). Some students prefer to communicate primarily with American Sign Language (ASL) while others prefer to use speech through an oral/aural modality (Kushalanger, Topolski, Schick, Edwards, Skalicky, & Patrick, 2011). Other students prefer to communicate using total communication or simultaneous speech and sign in an instructional context (also known as 'simcom') (Akamatsu & Stewart, 1998; Musselman & Akamatsu, 1999, Schiavetti, Whitehead, & Metz, 2004). Secondary educational settings also vary widely in the language or communication modality that is made available for DHH students.

An important advocacy skill for DHH students is the ability to identify and effectively navigate communication barriers. For example, DHH students must constantly evaluate new classroom environments for seating options with the most visual access to the teacher. The impact of language modality in learning environments cannot be understated. A study by Long & Beil (2005) found that in settings where direct communication between the teacher and the student was not available, despite the appropriate accommodations that were provided, DHH students asked fewer

questions, felt less confident about their understanding of the material, and did not feel engaged in class. Long, Stinson, & Braeges (1991) devised a Classroom Communication Ease Scale to measure the ease with which DHH students communicated while in the classroom setting. Ultimately, Long et. al (1991) found that deaf students' perceptions of their ease of communication significantly predicted of both academic achievement on both test scores and classroom grades. IEP teams can also work to identify and remove linguistic barriers for their students by advocating for direct communication in the student's preferred modality whenever possible. NASP (2012) advises that if a IEP team is not proficient in the student's preferred mode of communication, a certified interpreter may be enlisted; however, the IEP team is then responsible for educating and training the interpreter to serve as secondary examiner in the case of an assessment, or as a support personnel in the case on an IEP planning meeting.

Language modality has a potential impact on secondary professionals capacity to support DHH students in their development of self-advocacy skills. Cawthon & the RES team (2012) found that secondary professionals who had greater levels of ASL proficiency reported feeling more prepared to support self-advocacy skill development with their students than those professionals who had lower levels of ASL proficiency. In addition, the number of years of experience working with DHH students significantly predicted professionals' ratings of their own preparedness to support advocacy skill development. This finding illustrates the importance of direct communication, particularly in the transition planning process. The use of ASL as a means of direct

communication coupled with a familiarity of DHH-related issues is associated with a stronger sense of capacity to effectively support students who are DHH self-advocate. In a consultation role, IEP teams can raise awareness about the potential for negative academic consequences for a DHH student who does not have access to direct communication. For these students, the learning environment may not be conducive to optimal academic outcomes. Processing both the large quantity and quality of information in the classroom setting is a challenge for students who must rely on interpreters or other assistive technologies. The quick pace at which lectures can move may pose a challenge to DHH students. Even with the most highly skilled interpreters, there is typically a slight lag behind the spoken message of a faculty member and the signed interpretation (Brown & Foster, 1989). CART and other live-transcription services move quickly to capture instruction, but the student's full comprehension is still not guaranteed (Marschark, Leigh, Sapere, Burnham, Convertino, Stinson, et al., 2006). In either case, the challenge for mainstreamed DHH students is to advocate for their educational needs in the classroom setting, particularly when they may be the only student with accommodations of that particular nature and may be wary of speaking up. IEP teams need to assess the extent to which their DHH students are fully accessing classroom content and support the student advocate for their needs in the classroom.

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Leadership Skills and Students who are DHH

Developing effective leadership skills is an important part of the IEP process for any student with a disability. However, for students who are dhh and who may be one of only a few deaf students in their educational setting, opportunities to lead are especially important because they help to encourage personal growth for the student and important change in the face of larger societal barriers between deaf and hearing worlds.

A critical learning task for students within the IEP process is how to lead and make effective, action-oriented decisions that meet the identified transition goals. The opportunity to lead the direction and content of an IEP meeting, as well as to facilitate decisions about a strategic plan, is a mandated “student-centered” component of the IEP process at the secondary level (Abery, et al., 1995). Specific curricula in leadership skill development, such as the *Self-Directed IEP Skills Program* (Snyder & Shapiro, 1997), can be used to boost the leadership skills of students. This curriculum program instructs students strategies such as how to (a) introduce themselves formally to the people in their IEP meeting, (b) explain the purpose of meeting, review their past goals, discuss their future goals, and (c) officially close the meeting by summarizing what was accomplished and identifying future steps. A curriculum such as this one has been found to boost the student’s leadership skills, overall involvement in transition planning, and supports IEP outcomes (Powers et. al, 2001).

The above training is insufficient when individuals perceive larger systemic barriers to developing leadership skills. Lent, Brown, & Hackett (2000) found that individuals are “less likely to translate their career interests into goals, and their goals

into actions, when they perceive their efforts to be impeded by adverse environmental factors (e.g., insurmountable barriers or inadequate support systems)” (pg 38). Negative societal perceptions of deafness have been found to create barriers for those who are DHH (Punch, Creed, & Hyde, 2006). Individuals who perceive barriers en route to a future career are more likely to experience anxiety and feel a lack of confidence in leading during the transition process (Luzzo & Hutcheson, 1996). For many individuals who are DHH, the perception of career barriers in society is particularly salient, potentially undermining an individual’s sense of agency and leadership capacity (Punch, et al., 2006). Punch et al., (2006) also found that students who reported higher perceptions of barriers related to their hearing status also reported higher perceptions of barriers related to their career outcomes. These perceptions of future barriers in achieving postsecondary goals, and their potential impact on an individual who is DHH develops a full range of leadership skills, needs to be specifically addressed by the IEP team during the transition process.

Individuals can both develop leadership skills and address larger societal issues through a variety of strategies often including their peers and seeking adult mentors. Kavin & Botto (2009) suggests opportunities to educate other students about deafness, participation in clubs and organizations, and mentoring programs specific to DHH students are most beneficial for leadership development amongst DHH adolescents. The role of the IEP team is critical in this process and includes the facilitation of leadership and mentoring opportunities for students who are DHH, both in secondary and post-secondary settings. For example, strategies outlined in an

IEP or transition plan can include accessing community resources, internship at sites with experience working with DHH individuals, and opportunities for the adolescent to mentor younger DHH students. By connecting the DHH individual with resources both within and outside of the school setting, the IEP team can help provide a bridge towards positive postsecondary experiences.

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Conclusion

Conceptually, self-advocacy is comprised of four key components: knowledge of self, knowledge of rights, communication skills, and leadership skills. In education and disability studies, it is apparent that students who demonstrate strong self-advocacy skills have enhanced educational and personal outcomes. DHH students transitioning into post-secondary settings can benefit from self-advocacy skill development. It is encouraging that Test and colleagues' findings provide support that individuals of varying ages and disabilities can learn self-advocacy skills using both researcher-developed interventions and published curricula. IEP teams at the secondary level are in a unique position to provide targeted resources and to facilitate the development of self-advocacy in DHH students. The IEP and transition planning process represent a structured opportunity for IEP team to support self-advocacy skill development; effective utilization of IEP process may increase the chances that the DHH students will implement self-advocacy skills in other settings. IEP teams can support the transfer of skills developed during the IEP process, such as the development of a disclosure plan to obtain necessary accommodations for students to use as they negotiate postsecondary education and work settings. Self-advocacy goes beyond specific behaviors; it shapes one's outlook on what is possible in life. DHH individuals who are strong self-advocates challenge negative societal perceptions that act as barriers for others (Wehmeyer, 2002). In this way, strong self-advocates support broader societal progress for other individuals who are DHH by standing as strong models of resilience and success.