

**Division of Vocational
Rehabilitation; Florida
Department of Education**

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Guide on Serving
Individuals* Who are
Deaf, Late-Deafened,
Hard of Hearing or
Deafblind

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INTRODUCTION

This 2021 version of *Guide on Serving Individuals Who are Deaf, Late-Deafened, Hard of Hearing, or Deafblind* is an update of the previous editions of the Florida Model State Plan (MSP) for Deaf and Hard of Hearing. The Florida MSP is modeled after the national MSP (2008). A copy of the national MSP can be found on the internet at [National MSP \(2008\)](#).

The purpose of this guide is to enhance the effectiveness of the services provided to individuals with hearing loss through Florida's Division of Vocational Rehabilitation (VR). This document is designed to supplement other resources on the VR Avenues (VR Intranet) and clarify areas in the provision of rehabilitation services to individuals who are deaf, late-deafened, hard of hearing, or deafblind. It is not intended to alter Florida VR State Plan.

VR recognizes the task of meeting the vocational needs of this population. The agency will assure that every working age individual who is deaf, late-deafened, hard of hearing, or deafblind, unemployed or under-employed, will be provided the opportunity to be considered for vocational rehabilitation (VR) services.

PHILOSOPHY

Through its services to individuals who are deaf, late-deafened, hard of hearing, or deafblind, VR supports a philosophy that specific practices are necessary to fulfill the rehabilitation needs of this population. The key considerations that need to be recognized when providing services to eligible individuals with hearing loss:

- These individuals have a right to be provided services that are necessary to achieve the degree of independence that reflects their native abilities.
- If unemployed, they should be considered for VR services until evaluation and diagnosis prove otherwise.
- If significantly under-employed, they may be considered candidates for VR services unless otherwise indicated through a case study, including a review of community resources and current economic conditions.

- VR will assist and train its staff to ensure that they understand the unique problems of this population and will help them develop skills to communicate and serve effectively.
- VR will emphasize outreach efforts, utilize existing resources, develop needed programs, and provide appropriate opportunities for this population throughout the rehabilitation process.
- VR will help prepare, support, or train individuals by improving their mental, physical, social, psychological, and economic status so they can achieve their appropriate vocational objectives.

POPULATION

Approximately 20 percent (48 million) of Americans above the age of 11 years reported some degree of hearing loss in 2011.

[John Hopkins Article - One in Five Americans Has Hearing Loss](#)

If the individual disagrees with the type of accommodation being arranged, the individual may contact the Ombudsman's Office for assistance by calling toll-free 866-515-3692 through relay service, or email ombudsman@vr.fldoe.org.

INTRODUCTION TO DIVERSITY IN HEARING LOSS

Hearing loss is not "one size fits all". Here are some unique groups you may encounter within the hearing loss population:

Capital "D" Deaf: Individuals who are members of the Deaf Culture who use sign language to communicate. Their preferred peers are Deaf. They use sign language interpreters as well.

Lowercase "d" deaf: Individuals who are not members of the Deaf culture and do not use sign language to communicate. They lack the ability to hear but rely on speaking, speech-reading, and technology to communicate. Their preferred peers are hearing.

Late-Deafened: Individuals who lost their hearing later in life due to genetic conditions, illness, or accident. They are part of the lowercase "d" deaf group.

Hard of hearing: Individuals who have some hearing remaining (this is called "residual hearing"). They may use spoken language, speech-reading, and technology (hearing aids and FM systems) to communicate.

Deafblind: Individuals who have lost both hearing and vision. A person does not have to be totally deaf and totally blind to be considered “deaf-blind”. There is a spectrum of combined hearing and vision loss.

Deaf Plus: Individuals who are Deaf but have additional disabilities. These disabilities could be emotional, developmental, cognitive, orthopedic, or psychological. Communication for these individuals is unique and complex. They may need a team consisting of a Certified Deaf Interpreter (a language specialist who is Deaf) and a hearing sign language interpreter to communicate effectively.

***IMPORTANT NOTE:** For reference, “individual” is used broadly to represent anyone, including whether or not the person is a “consumer” or a “client”, throughout this manual.

LIMITATIONS AND GENERAL BARRIERS

A. INDIVIDUALS WHO ARE DEAF

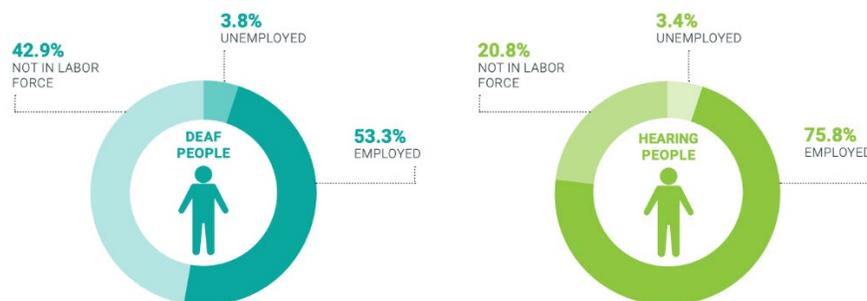
In general, individuals who are deaf face significant barriers that affect self-sufficient functioning. Many individuals who are deaf also lack extensive experience in interpersonal relations that are critical to the development of self-identity and social confidence, both at home and at work.

A review of studies conducted in the past twenty years has characterized individuals in the workforce who are deaf as follows (Boone & Long, 1988):

- Individuals who are deaf and working are generally found in unskilled, semi-skilled or other manual occupations. There is very little representation of this population in professional and administrative occupations.
- Jobs held by individuals in this population are frequently characterized by low job security and little opportunity for advancement beyond entry-level.
- Many of these jobs pay low wages. Although reliable and stable, the average individual who is deaf and working earns 72 percent (72%) as much as the average individual with normal hearing in the labor force. Salaries of non-white individuals who are deaf and working are even lower.
- Many of these occupations are declining in demand or projected to experience minimal growth. Advanced technology is rapidly replacing such occupations.
- Very few individuals who are deaf are employed in rapidly growing occupational clusters.

- Females who are deaf and non-white fare less well in obtaining employment. Generally, males who are deaf tend to be employed at a rate comparable to, or slightly above, males with normal hearing. Females who are deaf experience unemployment rates that are 50 percent (50%) higher than non-white females who are not deaf and far worse than the males who are deaf and white.
- Pre-vocational individuals who are deaf have greater difficulty in obtaining employment. The average levels of educational completion fall below that of the general population, further handicapping their ability to compete. Obstacles surrounding communication are important factors related to the earnings and occupational attainment of these workers.
- A significant proportion of individuals who are deaf and working exhibit personal and/or work adjustment deficits that jeopardize their ability to obtain or retain employment.

The National Deaf Center (University of Texas) reported in 2019 that according to 2017 American Community Survey (ACS), employment rates for deaf Americans have not increased since 2008 and that a whopping 42.9 percent (42.9%) have opted out of the labor force, more than double the rate of hearing people (20.8%). Bright spots: Deaf people are more likely than hearing people to be actively looking for work and – if they possess a college degree and are employed full time – report the same income as hearing people. **Note:** NDC, for data purposes, uses the term Deaf to represent all types of hearing loss, including hard of hearing and Deafblind.



B. INDIVIDUALS WHO ARE LATE-DEAFENED

Individuals who are late-deafened are those who were not born deaf, but became deaf after they developed language skills. They cannot understand speech without visual cues, and thus cannot rely on their hearing as a means of receptive communication. Individuals who are late-deafened primarily depend on some visual mode of receptive communication, such as speech reading, sign language, or reading print.

The cause of deafness may have been the result of heredity, accident, illness, drugs, surgery, or causes unknown. The hearing loss may have occurred suddenly or very slowly over a period of years. Most importantly, regardless of the cause of hearing loss, individuals who are late-deafened share the cultural experience of having been raised in the hearing community and having “become” deaf rather than having been born deaf (Miller, 1998). It is estimated that 75% of individuals who are late-deafened became deaf after the age of 19 (Schein & Delk, 1974).

The following table summarizes Goulder’s findings (1998) in a focus group study of individuals who were deafened in early adulthood and in pre-career stage. The concerns of this group are contrasted with the concerns of a mid-life group.

Concerns of Individuals Who are Late-Deafened		
Early Adulthood and Pre-Career Stage Concerns	Mid-Life Age Group	Issues of Technological Assistance
Loss of social relationships	Limited advancement opportunities	Telephone use
Attaining advanced education	Job performance and retention	Relationships with supervisors
Finding appropriate employment	Job loss	General communication with co-workers

Individuals who have higher levels of education and more work experience before becoming deafened appear to have better job security than deafened young adults who lack training and work experience. However, even the well-educated and experienced individuals who are employed expressed frustration regarding employment mobility and re-training in the work place. In this study, individuals who are late-deafened predominantly relied on speech as their primary mode of communication.

C. INDIVIDUALS WHO ARE HARD OF HEARING

Most individuals who are hard of hearing do not share the same communication, cultural, and social identities of many individuals who are deaf. The individual who is hard of hearing faces problems such as: difficulty understanding speech; denial; lack of understanding by family, friends, and peers; rejection; isolation; and withdrawal.

Individuals who are hard of hearing may suspect that others reject them because they are different or too much trouble to talk with and must contend with those who may label hearing loss as: an intellectual disability, laziness, snobbishness, mental problems, a bad attitude, and spitefulness. This lack of sensitivity by others creates a significantly negative impact on individuals who experience hearing loss. Other struggles faced by those with hearing loss include the following:

- Difficulty identifying to which community they belong - hearing or deaf.
- Lack of sign language skills that limits involvement with those who are deaf.
- Complications on the job that mirror their personal struggles.
- Difficulty maintaining employment.
- High costs of accommodations and devices for hearing loss.
- Communication frustrations that affect job performance and perceptions by employers and coworkers.

In addition to the potential need for hearing aids, telecommunication devices, captioning decoders, and visual alert systems, they may have to consider surgery, ongoing speech therapy, assistive listening devices, extensive use of transportation for face-to-face communication, and/or ongoing auditory training. Coping strategies play a major role in adjustment to hearing loss by the individual who is hard of hearing.

Socio-psychological interventions, surgical procedures, auditory and/or speech training, and assistive listening devices are a few of the services that may enable the individual who is hard of hearing to succeed in society as a productive employee.

To learn more, see this website dedicated to rehabilitation of individuals who are either late-deafened or hard of hearing: [VR4 Hearing Loss](#).

C. INDIVIDUALS WHO ARE DEAFBLIND

Individuals who are deafblind vary significantly depending on etiology, age of onset, degree of vision and hearing loss, communication preference, educational background, and life experience. Very few individuals who are deafblind have complete loss in both senses. Their communication preferences depend greatly on which sense they lose first, hearing or vision. Individuals who lose their hearing first will most likely communicate using tactile sign or close vision sign and will require the use of an interpreter. Individuals

who lose their vision first will most likely utilize assistive listening devices or devices that provide Braille assistance.

Support Service Providers (SSPs) [also known as Co-Navigators] may be used with individuals who are deafblind to assist them in providing a degree of independence, and both adjusting to and navigating in their environment. Currently, there is no program in Florida to certify and pay for an SSP. Individuals who are deaf-blind may bring their own SSP to meetings.

VR currently has a cooperative agreement with the [Division of Blind Services \(DBS\)](#) that outlines procedures for serving individuals who are deafblind. If an individual is deafblind, the supervisors of the respective divisions will jointly assign the case to the most appropriate VR Counselor and/or DBS specialist. A joint staffing of counselors of both DVR and DBS will be held for each case to determine whether it is can become a dual case involving both divisions, or whether one division should take the full responsibility of serving the individual while the other provides consultation as needed. Both agencies may receive credit for a successful closure if they dually serve the individual with a successful job outcome. For more details on these procedures, go to VR Avenues (VR Intranet) to see the latest version of the DBS/VR cooperative agreement.

VR also works closely with Helen Keller National Center (HKNC) Regional Representative for guidance and services for individuals who are deafblind.

For further information, please refer to separate best-practices guide on serving deafblind, titled "Guide to Services to Individuals who are Deafblind."

VR staff members are in a strategic position to assist clients address hearing loss issues in the workplace and, through guidance and counseling, assist clients to cope with hearing loss.

D. INDIVIDUALS WHO ARE DEAF AND LOW-FUNCTIONING (ALSO KNOWN AS DEAF-PLUS OR DEAF-DISABLED)

Within this larger population of individuals who are deaf and hard of hearing is a group whose skills and competencies may be considered to be inadequate to achieve employment or independent living goals. This term "individuals who are Deaf and low-functioning deaf" is sometimes considered to be "politically incorrect" as to how this group is to be identified. These individuals have been referred in alternate terms such as low-

functioning deaf individuals, underachieving, severely disabled, minimal language skilled, multi-handicapped, and traditionally under-served but are most recently referred to as Deaf-plus meaning deaf with disabilities or just Deaf-Disabled.

The term “low-functioning deaf,” which sometimes includes individuals who are hard of hearing, has been used since the late 1970’s (Dew, 1999). A survey research study conducted by Long, Long, and Ouelette (Dew, 1999) identified a number of risk factors often associated with individuals who are deaf or hard of hearing and have been identified as Low-Functioning Deaf (LFD). These factors are listed in the following table:

Low-Functioning Deaf (LFD) Risk Factors	
Low socioeconomic status	Lack of access to appropriate education
Incorrect diagnosis	Lack of family support
Speaks English as a Second Language	Substance abuse
Member of a minority community or from an environment where the spoken language in the home is not English	Residence in a very small rural or low economic urban setting
Discrimination	Secondary disabilities

As a consequence of these risk factors and the interactive effects of these factors with each other and with hearing loss, adults who are identified as LFD are more likely to demonstrate limited communication abilities, difficulty maintaining employment, and poor social and emotional skills. Some may not be able to live independently without continued transitional assistance or support. These individuals are considered among the most significantly disabled in the rehabilitation system.

Individuals who are deaf and are eventually determined to be “low-functioning” are identified because of a diagnosed secondary disability or because of problems in behavior, academic achievement, language use, the development of independent living skills, employment, or some other major life functioning with no known etiology. For some individuals who are LFD, identification is based on standard assessment methods that will diagnose a second disability such as blindness, developmental disability, or other conditions. For others who have experienced some form of language, social, or educational deprivation, the identification may be based upon performance measures (Dew, 1999).

Rehabilitation Services Administration (RSA) research and demonstration projects over the past several decades (1963-1998) have agreed on **six characteristics that seem to describe individuals who are LFD** (Dew, 1999):

1. **Inadequate communication skills due to inadequate education and limited family support.** Demonstrating poor skills in interpersonal and social communication interactions, many of these individuals experience difficulty expressing themselves and understanding others through sign language, speech and speech reading, or reading and writing.
2. **Vocational deficiencies due to inadequate educational training experiences during the developmental years and changes in personal and work situations during adulthood.** Demonstrating an underdeveloped image of self as a worker, many exhibit a lack of basic work attitudes and work habits as well as a lack of job skills and/or work skills.
3. **Deficiencies in behavioral, emotional, and social adjustment.** Demonstrating a poorly developed sense of autonomy, many exhibit low self-esteem, have a low frustration tolerance level, and have problems of impulse control that may lead to mistrust of others and pose a danger to self and others. Many of these individuals are avoided or rejected because of socially unacceptable behaviors or because of societal attitudes and discriminatory actions toward them.
4. **Independent living skills deficiencies.** Many of these individuals experience difficulty living independently, lack basic money management skills, lack personal hygiene skills, cannot manage use of free time, do not know how to access health care or maintain proper nutrition, and have poor parenting skills.
5. **Educational and transitional deficiencies.** Most read at or below a fourth-grade level and have been poorly served by the educational system, are frequently misdiagnosed and misplaced, lack a supportive home environment, are often discouraged in school and drop out, and are not prepared for post-school life and work. Approximately 60 percent (60%) of students who are deaf and leaving high school cannot read at the fourth-grade level.
6. **Health, mental, and physical limitations.** Many have no secondary physical disabilities, but a large number have two, three, and sometimes more disabilities in addition to that of deafness. In fact, 30 percent (30%) of students who are deaf and leaving high school had an additional educationally significant disability. These secondary disabilities range from organic brain dysfunction to visual deficits. These problems are further compounded in many instances by a lack of knowledge on how to access health care and/or self-care.

THE REHABILITATION PROCESS

A. VR PROCESS

The Florida Division of Vocational Rehabilitation's (DVR) Operations Policies and Procedures for DVR Counselors (Counselor Policy Manual) covers all aspects of VR process for any eligible individual with disabilities, including those with hearing loss, who seek VR services to achieve an employment outcome.

Of notable interest, the DVR Counselor Policy Manual (CPM) provides additional guidance on serving individuals who are Deaf, late-deafened, hard of hearing, or Deafblind. This can be found in CPM Chapter 4 (4.19).

DVR shall make every effort to provide preferred accommodation as requested by the individual with hearing loss. Such accommodation refers to specialized aids and supports that enable an individual with a disability to comprehend and respond to information that is being communicated. Appropriate modes of communication include, but are not limited to, the use of interpreters, open and closed captioned videos, specialized telecommunication services and audio materials, materials in electronic formats, augmentative communication devices, graphic presentations, and simple language materials. (34 C.F.R. Ch. III Part 361.5.a.5)

Throughout the VR process, the VR staff shall continue to arrange for the individual's preferred accommodation for all appointments as originally requested on the referral/application form. If the preferred accommodation is not available for a certain appointment, the VR will notify the individual well in advance and state what alternative accommodation may be provided.

B. Ombudsman Services

VR staff shall make every effort to ensure that the individual is satisfied with any auxiliary aid or service throughout the VR process. In the event the individual becomes dissatisfied, VR staff shall do whatever seems appropriate to resolve the issue as quickly as possible. The goal is to minimize interruption of the VR services that the individual is receiving.

If the individual still disagrees with the type of accommodation being arranged, the individual may contact the Ombudsman's Office for assistance by calling toll-free 866-515-3692 through relay service, or email ombudsman@vr.fldoe.org.

C. DOCUMENTATION OF ACCOMMODATION IN VR CASE NOTES

The VR Counselor (VRC) shall document in the case notes what accommodation (auxiliary aid or service) was provided for each meeting with the VRC, including the initial interview in which the rights and responsibilities are to be reviewed with the individual, and for any appointment such as for assessment, training, or job placement. If the preferred auxiliary aid or service is not provided, the VRC shall document the reasons and state whether or not an alternative auxiliary aid or service was provided.

D. COMMUNICATING WITH INDIVIDUALS WHO ARE DEAF, LATE-DEAFENED, HARD-OF-HEARING, OR DEAFBLIND

The key to successful rehabilitation is the full participation of individuals who are deaf, late-deafened, hard of hearing or deafblind. As section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act require, full and equal participation throughout the rehabilitation process includes timely and effective communication by means of such auxiliary aids and services as may be necessary. Care should be taken in each step of the rehabilitation process so that these individuals are fully involved in the rehabilitation process and understand both their and the agency's responsibilities.

The VR staff is expected to maintain full, effective, and clear communication with all individuals who have hearing loss. The VR staff shall inquire into and honor the individual's preference for an auxiliary aid or service. Per Counselor Policy Manual (CPM) (Chapter 11), VR will provide interpreter services, note-taking services, and communication services as appropriate to individuals to enable their full participation in the assessment for, development of, and completion of the rehabilitation program. Such aids and services are to be available to facilitate all VR-arranged appointments, whether in-office or elsewhere in the community.

INDIVIDUALS WHO ARE DEAF

Individuals who are deaf are visually oriented and depend on either manual (sign-language) or oral (speech and speech reading) methods of communication. This underscores the critical need for visible expression to be congruent with what is being communicated. It is essential for the individual who is deaf to leave the service contact with a clear understanding about the next steps in the process, such as the time and place of the next appointment.

Personnel who regularly meet individuals who are deaf should develop effective manual skills, primarily the use of American Sign Language (ASL). VR Counselors (VRCs) who function as Rehabilitation Counselors for the Deaf (RCDs), technicians, support staff, and others coming in contact with these individuals should become familiar with communication methods used by this population. When an individual requests a sign-language interpreter, the VR staff will arrange to engage a VR staff interpreter or qualified vendor sign-language interpreter to ensure timely and effective communication. According to the Americans with Disabilities Act (ADA), the qualified interpreter will convey communication effectively, accurately, and impartially, both receptively and expressively, including the ability to convey any specialized vocabulary (28 CFR Part 35). Rehabilitation staff should take care to use qualified and effective interpreters. Evidence of interpreter credentials should be verified through the VR Vendor Certification Unit.

Interpreters should be used whenever rehabilitation staff cannot adequately communicate with individuals who are deaf. The VRC who functions as an RCD and the individual who is deaf have the right to request or reject an interpreter. For individuals who rely on oral communication, the potential for misunderstanding increases. Therefore, the use of oral interpreters or text forms of communication may help.

In consideration of federal laws and regulations, the VR staff cannot, under any circumstances, ask individuals to bring a family member, friend, or advocate as an interpreter. The VRC should explain that individuals are welcome to bring along a family member, friend, or advocate for support, but, for the sake of maintaining unbiased, accurate communication for all participants, a VR approved interpreter must be used. If an individual insists on bringing his or her own interpreter, the VRC must inform the individual that VR is not responsible for misinterpretation or biased interpretation. Counselors should document such in the case notes. More information on the use of interpreters can be found beginning on page 25 of this guide and in a separate *Guide for the Provision of Interpreting Services for Individuals with Hearing Loss*.

INDIVIDUALS WHO ARE LATE-DEAFENED OR HARD OF HEARING

The communication needs of individuals who are late-deafened or hard of hearing and those who are deaf may differ. While individuals who are late-deafened or hard of hearing face difficulty understanding speech, few use sign language.

These individuals may require face-to-face communication involving speech-reading, text-to-text devices such as the Ubi Duo, and/or intensive listening with use of hearing aids or assistive listening devices (for example, personal FM system). There may be a

need to repeat messages to assure that everything is being understood. Written notes can be helpful as well.

INDIVIDUALS WHO ARE DEAFBLIND OR DEAF PLUS

The communication needs of individuals who are Deafblind or Deaf Plus are very individualized. During setting up communication, pay close attention to what the family and the individual describes as successful communication. VR needs to provide effective communication to the ability of the individual to understand..

E. CASE FINDING AND REFERRAL

Case finding and referral require special efforts on the part of the VRC to bring individuals who are deaf, late-deafened, hard of hearing, or deafblind into the rehabilitation process.

Referral sources may need to be cautioned not to pre-determine whether or not an individual is eligible for VR services. They should be encouraged to refer individuals who are deaf, late-deafened, hard of hearing, or deafblind to VR and leave eligibility determination to the VRC. Qualified staff and good services help build referrals.

Information about Vocational Rehabilitation (VR) services circulates quickly through the deaf community and among those who are late-deafened, hard of hearing, or deafblind. When individuals who experience hearing loss are served well by VR, referrals tend to increase. Principal referral sources of individuals who are deaf, late-deafened, hard of hearing, or deafblind are summarized in the following table:

Referral Sources	
Public or residential schools	State Hospitals
State associations	Audiologists
Self-help groups	Hearing-aid dealers
Local clubs	Speech and hearing centers
Parent and teacher groups	Deaf service centers
Organizations and facilities serving individuals with hearing loss	Rehabilitation centers
	One-Stop centers
Special education programs	Otologists and speech pathologists
Centers for independent living	Representatives of employment, welfare, and social security offices

To reach out to students with hearing loss, it is ideal to initiate contacts with the school to determine how and when to best connect with them (e.g., ages 14-21). Typically students who are deaf or hard of hearing are served by a Youth Technician, School-to-Work (STW) counselor, or VRC carrying a caseload of adults with hearing loss. VR may work with secondary and post-secondary schools, parents, sheltered workshops,

rehabilitation facilities, independent living centers, and/or service providers to adequately prepare individuals who are deaf, late-deafened, hard of hearing, or deafblind for employment and independent living services. Students with hearing loss may enroll in Pre-ETS courses (Employment and Training Services) either as presumed eligible or as a traditional VR customer. They may also take up Pre-ETS courses through VR Career Camp and/or participate in Work-Based Learning Experience (WBLE) programs. The Pre-ETS courses may be conducted by private providers or schools.

For youth and adults with hearing loss, the challenge for VR is to prepare them for new occupations due to their difficulties in getting job promotions, the loss of jobs, and unemployment or underemployment. Important considerations in establishing effective outreach services are as follows:

1. Individuals who are deaf frequently attend established events where there is a greater concentration of other individuals who are deaf. Unlike individuals who are deaf, those who are late-deafened and hard of hearing may get together in announced local group meetings and state conferences such as the Hearing Loss Association of America (HLAA) or gather information from audiological professionals directly or at seminars put on by the professionals.
2. Understanding the unique needs and problems of individuals who are deaf, late-deafened, hard of hearing, or deafblind requires extra time, willingness, and committed personnel.
3. The ability of rehabilitation personnel to effectively communicate with individuals who are deaf, late-deafened, hard of hearing, or deafblind is critical.
4. Writing emails and sending letters to individuals who are deaf is generally ineffective as an outreach method. Every effort should be made to communicate directly with the individual who is deaf throughout the rehabilitation process. It is preferable to use video phones and video relay services instead of using written communication or Teletypewriters for the Deaf (TTY).

F. Intake

Before going through intake, the individual may participate in VR Orientation, either viewed online or during a face-to-face session with a VRC with or without an interpreter. The intake process is a crucial stage in which many individuals who are deaf, late-deafened, hard of hearing, or deafblind are lost because of the lack of meaningful

communication. The individual with hearing loss can get overwhelmed and discouraged when the individual's role in the VR process, planning for services, and the individual's rights (Agreement of Understanding) are overly explained. Establishing good rapport with the individual is crucial for continued progress. Complex explanations about policy and responsibilities can be shared in simplified terms that the individual can digest; otherwise, the applicant may become discouraged by the discussion and fail to return. Meaningful communication and rapport building require high level skills in listening, attending, and responding as well as demonstrating empathy, understanding, congruency, and respect.

Provide clear, simple, written instructions regarding the next scheduled appointment and customer tasks may be helpful. Interpreters or assistive devices should be available upon request from the individual. Such considerations are especially important in the development of the Individualized Plan for Employment (IPE).

G. DETERMINATION OF ELIGIBILITY

Establishing eligibility for services is a critical legal step in the VR process. Individuals who are diagnosed as deaf, late-deafened, hard of hearing, or deafblind are likely to be eligible for services if their evaluation shows potential for employment. Also, a full assessment of functional limitations associated with hearing loss will need to be addressed during the individual's rehabilitation plan.

H. REPORTS REQUIRED FOR ELIGIBILITY OR SERVICES

All current records need to be obtained. If no recent records are available, an audiological evaluation may need to be arranged, especially for those seeking new hearing aid(s). An otolaryngological report may be required when ear diseases may be present. The audiogram and report must be less than six months old in order to be used for purchasing hearing aids.

Eligibility for VR services is based on three criteria.

*1. The individual has a physical or mental impairment.**

2. The impairment constitutes or results in a substantial impediment to employment, and the individual can benefit in terms of an employment outcome from vocational rehabilitation.

3. The individual requires vocational rehabilitation services to prepare for, secure, retain, or regain employment.

** Physical or mental impairment means a condition that limits, contributes to, and/or, if not corrected, will probably result in limiting a person's activities or functioning.*

The audiological and/or otolaryngological reports must be the primary source of evidence to substantiate a hearing loss. The audiological evaluation should be performed and/or signed by a certified or licensed audiologist. The audiological report will indicate the type and extent of hearing loss and the potential value a hearing aid could provide. When amplification is recommended, the report generally indicates the following: the ear to be fitted, the type of hearing aid recommended, the specific characteristics of the aid related to the individual's needs, the individual's attitude toward amplification, an indication of a trial period, and evidence of the hearing aid orientation given to the individual. (**See *Guidelines on Hearing Loss, the Purchase of Hearing Aids, and Cochlear Implants***)

The otolaryngological report will indicate the condition of the ear, a quantitative estimate of the degree of hearing loss, the presence or absence of ear disease, the etiology of the condition, a prognosis, and recommendations for medical treatment, surgery, or amplification.

There are three basic types of hearing losses: conductive, sensorineural, and mixed. Conductive losses involve correction of the hearing disorder through surgical procedures, medical treatment, or amplification. Mixed hearing loss includes both conductive and sensorineural causes and should be evaluated for rehabilitation services.

The visual examination (ophthalmological evaluation) is an important aspect of diagnosis, especially in cases of hearing loss involving those with congenital deafness. A visual exam is required for individuals who are Deaf and use sign-language to rule out the possibility of retinitis pigmentosa (RP), a disease that

generally results in deaf-blindness. This exam is optional for others such as late-

deafened or hard of hearing, and is only recommended when the individual indicates vision concerns or problems.

In some cases, particularly with those who are late-deafened or hard of hearing, consideration should be given to the need for speech evaluation by a certified speech pathologist. Speech reception and speech discrimination scores are important in predicting rehabilitation outcome when an individual envisions speech and speech reception as a large part of their communication plan. Speech audiometry information should be an integral part of determining the appropriateness of auditory training, lip-reading instruction, and hearing aid selection and use.

It is important for the VRC to be sensitive to how individuals with congenital deafness feel about audiological evaluations. Some individuals who are deaf may resent and/or resist the requirements for evaluations of their ears since their hearing loss is chronic and further decline in hearing levels is seen as having no practical consequence. Available information from other agencies and school records may be utilized to save time and to avoid unnecessary testing.

I. ASSESSMENT

A number of individuals who are deaf, late-deafened, hard of hearing, or deafblind may, in addition to their hearing loss, have other physical and mental disabilities. Appropriate assessment should be utilized for those individuals who are suspected of having other limitations or disabilities. A complete educational, social, psychological, and vocational assessment is often necessary in determining their eligibility as well as rehabilitation potential.

The following factors are important in considering assessment procedures:

1. Functional illiteracy is evident among many individuals who are either pre-lingually or pre-vocationally deaf. It is important to understand, however, that language ability is not an indicator of innate intelligence. Since acquiring English is not achieved through listening, these individuals learn English as a second language. Educational achievement among individuals who are deaf is usually not commensurate with their schooling.

Another significant factor to consider is whether an individual was educated in a public school class (mainstreaming), a special education class for students who experience hearing loss, or in a residential school for the deaf. Each of these settings provide very different learning experiences to the students and can impact their

functional capacities as adults in areas including: real world knowledge, understanding of the hearing world, and ability to function independently.

English language deficiencies in an individual who is deaf are usually reflected in his or her speech, writing style, reading comprehension, vocabulary, and syntax. Such deficiencies should not be confused with potential in other areas (psychological, social, or vocational). Standardized achievement test results should be used only as general indicators of the individual's overall educational performance, and not as a strict measure of achievement.

2. Psychological assessments may be considered for some individuals who are deaf, late-deafened, hard of hearing, or deafblind. Important factors which need to be taken into account include the following:
 - a. The psychological test/instrument must be appropriate for individuals who are pre-lingually or pre-vocationally deaf. Whenever possible, these performance batteries should use norms developed for this population.
 - b. Group testing of individuals who are deaf and severely hard of hearing should be utilized only as a last resort and as a screening technique.
 - c. Some tests administered by professionals with limited understanding in sociopsychological dynamics of hearing loss have resulted in a misdiagnosis of mental illness, intellectual disability, or behavioral disorders.
3. Most commonly used vocational assessment procedures have not been validated, standardized, and normed with individuals who are deaf. The work sample approach, however, is probably one of the best evaluation tools for assessing vocational potential and may, in some programs, appropriately be used with these individuals.

In general, psychological and vocational scores for individuals with hearing loss are not precise measurements, but can be helpful if used with behavioral observations, experience, situational assessments, and on the job training to provide a more accurate appraisal of vocational potential. A team approach involving the VRC, individuals with hearing loss, and vocational evaluation staff, is encouraged when developing possible vocational objectives.

J. INDIVIDUALIZED PLAN FOR EMPLOYMENT (IPE)

Initiation and participation in the development of an IPE requires mutual involvement of both the individual who is deaf, late-deafened, hard of hearing, or deafblind and the VRC.

A clear understanding of objectives that lead to the vocational goal is paramount to success of the program. Clear indication of services and vendors for communication and adaptive equipment should be indicated on the IPE. When listing interpreters, remember to include Staff Interpreter (if relevant to your unit).

K. COUNSELING AND GUIDANCE

Counseling and guidance is the core component of the rehabilitation process provided by the VRC to the individual with hearing loss. Successful counseling involves understanding, trust, and clear communication between the individual and the VRC. Specific counseling issues that may need to be addressed with individuals who have hearing loss may include topics such as: coping with hearing loss, communicating at work, using communication technology, and how to request and advocate for accommodations.

It is important for the VRC to acknowledge that many individuals who are deaf frequently identify themselves with American Sign Language and its deaf culture. Other individuals who are late-deafened or hard of hearing may rely on use of speech along with necessary modifications such as changes in lighting, assistive listening devices, and direct (face-to-face) communication. In respect to the unique needs of these individuals, successful counseling is dependent on effective communication and mutual understanding of one another.

L. PHYSICAL RESTORATION

Hearing Aids will be considered when there is evidence that the amplification provided by the aid will contribute to the individual's vocational adjustment (e.g., effective communication) and/or safety on the job (environmental sound awareness). The hearing aid does not restore normal hearing function in the same way eyeglasses do for vision.

It is important for the individual to know that the hearing aid will not restore normal hearing, but will only amplify sounds. Examination by an audiologist prior to purchasing a hearing aid is necessary to obtain maximum benefits. If there is a suspected medical condition that impacts hearing, the individual should be referred to an ENT (otolaryngologist, otologist) for additional diagnostics and potential treatment. **(See *Guidelines on Hearing Loss, the Purchase of Hearing Aids, and Cochlear Implants*)**

Hearing aids cannot be provided as a stand-alone service. It is important that the individual also receive guidance and counseling in regard to adjusting to living with hearing loss and being successful in utilizing hearing aids. Bone-Anchored Hearing Aids

may also be considered, depending on whether or not the individual has allergies or medical issues that prevent use of ear-molds.

Cochlear Implants may be appropriate for individuals who have acquired good speech, lost all of their available residual hearing in later years, and can no longer benefit from hearing aids. Candidates for cochlear implant must first undergo extensive evaluations by specialists in order to determine whether or not they are qualified to receive cochlear implants.

First, efforts must be made to secure funding from private insurers. If none is available, VR may cover most, if not all, of the costs. Financial participation for some customers will share the costs. A prior approval from the state office is required. There are separate guidelines on securing prior approval for cochlear implants. **[See *Guidelines on Hearing Loss, the Purchase of Hearing Aids, and Cochlear Implants*]**

Assistive Listening Devices (ALDs) should also be considered and purchased if they can assist individuals to become successfully placed and employed. The Rehabilitation Act Amendments of 1986 emphasize the importance of rehabilitation engineering and adaptive technology; this legislation increased the number of assistive devices that are available to accommodate the needs of individuals who are deaf, late-deafened, hard of hearing, or deaf-blind.

The ALDs include, but are not limited to, FM, infra-red, audio loop, amplifiers, alerting devices, and text/tablet devices.

M. VOCATIONAL TRAINING

Training services for individuals who are deaf, late-deafened, hard of hearing, or deafblind cover a broad spectrum of possibilities, which may include unskilled, technical, and professional areas. A thorough evaluation of specific needs and/or training potential should be developed for each individual. Some individuals who have hearing loss may require basic education including independent living skills prior to entering training. In some programs, basic education can be accomplished concurrently with training.

Training individuals who are deaf and deafblind may require a longer period of time compared with other individuals with disabilities including those who are late-deafened or hard of hearing. The unique needs, primarily related to communication, require more individual attention during the training period.

Postsecondary educational institutions can be considered for those who have demonstrated the potential for success in pursuing higher degrees. Many individuals who

are deaf attend either Gallaudet University or National Technical Institute for the Deaf (NTID), both out of state institutions, because of their excellent 24/7 accommodations for students who are deaf, late-deafened, hard of hearing, or deafblind that exceed whatever accommodations are offered by in-state or private schools. However, it is highly recommended that individuals with unconfirmed maturity and academic readiness first attend local 2-year colleges to determine whether or not they have the potential to attend an out-of-state college or university, like Gallaudet or NTID.

Gallaudet University and NTID (usually identified as out-of-state institutions in the counselor policy manual) require prior approval from the Area office. Justification to attend either school is often based on limited or lack of availability and provision of auxiliary aids such as interpreting services, assistive listening devices, and CART (communication access real-time captioning) in local colleges or universities. The Cooperative Agreements between VR, the Department of Education (DOE), Division of Blind Services (DBS), and both State University and College Systems provide guidelines on the responsibility of providing and paying for auxiliary aids for in-state schools.

If an individual who is deaf, late-deafened, hard of hearing or deafblind is already employed, it does not mean that training services should be denied. The individual's vocational potential, motivation, and maturity should be considered along with other factors that may indicate that an under-employed individual with hearing loss would benefit from training commensurate with vocational potential. This became more prevalent under the new WIOA legislation.

Maintaining effective communication between the VRC and the training institution/representative is of major importance. Other support services such as remedial classroom instruction, tactile interpreting, oral interpreting, sign-language interpreting, tutoring, assistive listening devices, CART/captioning, and/or note-taking services may be necessary to enable individuals who are deaf, late-deafened, hard of hearing, or deafblind to successfully complete post-secondary training.

N. PLACEMENT AND FOLLOW UP

The following factors are important and relevant when placing individuals who are deaf, late-deafened, hard of hearing, or deafblind into employment. The VRC and/or local employment service provider will:

1. Develop and maintain regular contacts with employers that express an interest in hiring individuals with hearing loss. Job opportunities for these individuals will

improve when employers are invited to participate in workshops, seminars and conferences on working with individuals who experience hearing loss.

2. Consider accompanying the individual to job sites to familiarize employers with unique talents as well as possible accommodations. This smoothes the way for the individual and opens possibilities for others to follow.
3. Assist the customer to form new work relationships with coworkers and supervisors and develop new work skills such as communication patterns and transportation routes. Communication post-closure causes difficulty with many of our individuals. Consider having training for relevant staff on signs in emergencies, general greetings, use of texting or other standard communication tools, etc., so that the employer and employees feel comfortable with new communication dynamic.
4. Be aware that job applications may reveal language difficulties of individuals who are deaf. Many individuals who are deaf are reluctant to expose their weaknesses in reading and writing. Encourage these individuals to consider job-seeking skills training in order to boost their confidence.
5. Be aware that the job interview can be a very traumatic experience for an individual who is deaf. Arrange to use a Staff Interpreter or hire a qualified vendor interpreter for job interviews. Interpreter assistance may also be helpful during the initial phases of employment.
6. Be aware that many job responsibilities are learned through casual conversations with coworkers so the individuals who are deaf, late-deafened, hard of hearing, or deafblind may be at a disadvantage. For these individuals, effective and thorough job orientation is a necessity. The rules, responsibilities, work hours, pay, job benefits, and supervisor's expectations must be clearly explained to individuals who have hearing loss.
7. Consider on-the-job training as an alternative to permanent placement. This option may be helpful in overcoming resistance by the employer in hiring individuals who are deaf, late-deafened, hard of hearing, or deafblind. Additionally, if job coaches are involved, they can be on the lookout for gaps in work readiness knowledge and provide impromptu training on soft and hard work skills needed for success.
8. Provide close follow-up services to ensure a successful placement outcome.

O. Supported Employment

Consider Supported Employment for individuals with the most significant disabilities who require ongoing support services to succeed in competitive employment. For cases involving persons with hearing loss, be particularly attentive to teaching successful communication strategies in these work sites.

P. POST-EMPLOYMENT SERVICES

Post-employment services for individuals who are deaf, late-deafened, hard of hearing, or deafblind may be considered. Additional services that preserve a job and independent living after case closure should be provided as authorized by law and regulation. Post-employment services may include the following: interpreters, job coaches, assistive technologies, and consultation with a rehabilitation engineer. The interpreters identified in the IPE used when the case was open can be transferred to the Post-Employment IPE. These and other services may be available on a case by case basis.

STANDARDS FOR VR DEAF AND HARD OF HEARING SERVICES

A. INTERPRETER SERVICES FOR INDIVIDUALS WITH HEARING LOSS

Every state's VR program is expected to have a program policy on interpreter services. This policy complies with Title V, Section 504 of the Rehabilitation Act of 1973, as amended by Public Law 99-506 and 100-630, 29 CFR, Sections 32-33, and Title II of the Americans with Disabilities Act of 1990 (42 U.S.C.). Interpreter Services are covered in the Operational Policies and Procedures for Counselors (Counselor Policy Manual) or the Policy Manual for Vocational Rehabilitation Privatization Initiatives, as appropriate.

The latest VR *Guide for Provision of Interpreting Services for Individuals with Hearing Loss* includes legal and background information, purpose, procedures and expectations. This manual also discusses the use of interpreter services throughout the VR process, best practices, working with interpreters, and hiring interpreter vendors.

Interpreter credentials must be verified before authorizing interpreter services. The VR Deaf, Hard of Hearing, and Deafblind Services Unit works closely with the VR Vendor Registration Unit to maintain a list of qualified interpreters statewide for use by VR field staff serving individuals with hearing loss. When a local VR office is unable to secure a qualified interpreter who is an approved VR vendor, a qualified interpreter with Temporary Vendor Status may be requested in order to meet the interpreting need. (For

further information, see the *Guide for Provision of Interpreting Services for Individuals with Hearing Loss*.)

There are a number of interpreter service providers that offer online Video Remote Interpreter (VRI) service which involves a remote and live interpreter on the computer screen to make it possible for one hearing individual and a Deaf individual in the office to communicate with one other. This involves a fee for service. This is not the same as Video Relay Service (VRS) which is discussed in the next section.

B. Communication Access to VR Offices

State and local VR offices serving individuals with hearing loss are advised to use Video Relay Services (VRS) and/or Telecommunication Relay Services (TRS) to facilitate effective communication. Assistive listening devices (ALDs) such as an FM system are also recommended. Also, the VR state and area offices (in select unit offices) maintain a number of text-to-text devices, such as the UbiDuo, and Personal FM Systems for in-house purposes (meeting or emergency use).

Videophones (VP) have emerged in the world of telecommunications, and many individuals with hearing loss have chosen to use a VP instead of a Teletypewriter (TTY). With videophones, those with hearing loss are now able to talk in sign language directly with the counselors (visually) or through a relay interpreter via the Video Relay Service (VRS). The VRS is acknowledged to be a “functionally equivalent communication” tool. The counselors can also directly reach their individuals via the VP through VRS. Many believe the VRS relay interpreter is a much smoother and quicker communication method than either talking directly with a TTY or through a traditional relay service (TRS) operator. It is important to note that VR Counselors cannot conduct counseling and guidance through VRS, but can use VRS to check on appointments or service updates.

All individuals with hearing loss are also encouraged to apply for free-loan devices such as TTY, a home ring signaler, a specialized phone, and amplifiers through the Florida Telecommunications Relay, Inc. (FTRI) or one of local distribution centers authorized by FTRI to provide this equipment to qualified residents for use at home. For more information or application forms, refer to [Florida Telecommunications Relay, Inc. \(FTRI\)](#).

The Individuals who are Deafblind can also contact [Helen Keller National Center](#) to apply for special communication devices through the I-Can-Connect (ICC) program. This program is income-based to determine individual’s eligibility and provides a wide range of equipment and recommendations.

VR STAFF

Historically, the VR has recognized the unique challenges faced by individuals who are deaf or have hearing loss. First, there is a pervasive communication barrier that separates individuals from having access to needed services. Second, there is a lack of understanding about the unique problems experienced by individuals with hearing loss that may negate successful rehabilitation outcomes. In recognition of these obstacles, the VR Administrator (Deaf, Hard of Hearing, and Deafblind Services Unit) and its team are assigned the responsibility of consulting with and providing training or technical assistance to local VR offices to ensure that an effective delivery of VR services is provided to individuals who have hearing loss.

A. PROFESSIONAL STAFF AT VR HEADQUARTERS

The Deaf/Hard of Hearing/Deafblind (DHHDB) Services team within Bureau of Field Services at the VR Headquarters consists of a VR Administrator, a VR Senior Program Consultant/Staff Interpreter, and an OPS support position (i.e. staff interpreter). Other staff may assist the program as needed. The VR Administrator also functions as a State Coordinator for Deaf and Hard of Hearing Services (SCD) within VR. These three positions assist the VR field staff, state agencies such as Division of Blind Services (DBS), and individuals who are deaf, late-deafened, hard of hearing, and deafblind. Further, this administrator supervises a statewide team of staff interpreters who are housed in field offices throughout the state. The administrator also works with Service Source in overseeing its contracted staff interpreters in the field (as of January 1, 2020). The DHHDB team assists and consults both staff interpreters and field staff statewide.

B. LOCAL VR STAFF SERVING INDIVIDUALS WHO ARE DEAF, LATE-DEAFENED, HARD OF HEARING, OR DEAFBLIND

VR COUNSELOR/VR SENIOR COUNSELOR/VR CONSULTANT

In Florida, a number of VRC positions carry a sizeable caseload of individuals with hearing loss and are unofficially designated as a Rehabilitation Counselor for the Deaf (RCD). However, most VRCs carry a mixed caseload of individuals with hearing loss and individuals with other disabilities. Optimal service for individuals who are deaf, late-deafened, hard of hearing, or deafblind is provided by VR staff who not only have the ability to converse in American Sign Language (ASL) and have both the knowledge and understanding of deafness or hearing loss.

Important factors that should be taken into account when serving individuals who are deaf, late-deafened, hard of hearing, or deafblind include the following:

1. The communication factor. Interviews may take longer, and allowances should be made for adequate time to establish effective communication.
2. Limited resources. The VRC may need to spend more time identifying and developing community resources.
3. Limited use of the telephone. Individuals who are deaf, hard of hearing, or deafblind may be difficult to contact and follow-up. Counselors may need to increase communication efforts to reach these individuals through repeated calls, emails, or text messages. A growing number of individuals who are deaf have direct access to smart phones with video phones (VP).
4. Isolation of the deaf, hard of hearing, and deafblind population. Individuals who are deaf, late-deafened, hard of hearing, or deafblind may be unaware of available services. Thus, more time is necessary for outreach efforts. (VR support staff may need to assist VRCs with large caseloads.)
5. Complexity of placement for individuals with hearing loss. The placement of individuals who are deaf, hard of hearing, or Deafblind is a difficult process requiring more than just the referral of the individual. Often it involves on-the-spot assistance to individuals with hearing loss in job seeking, filling out application forms, etc. Employment Service vendors will need to understand the dynamics of working with someone with hearing loss in order to provide information about hearing loss and effective communication strategies to prospective employers. This orientation is essential for successful placement.

According to the Rehabilitation Act of 1973, individuals who are deaf are considered to be significantly disabled. The VRC is encouraged to become aware of community activities or events sponsored by individuals who are deaf, late-deafened, hard of hearing, or deafblind in order to provide VR outreach services and to become more aware of unique challenges experienced by these populations.

If the VRC has concerns regarding services or resources, he/she should first consult the unit supervisor. If given permission or copied to unit supervisor, the VRC may contact the Deaf, Hard of Hearing, and Deafblind Services Unit for assistance. It is of primary importance for the VRC to work closely with local programs to assure that individuals with hearing loss receive coordinated and integrated services.

STAFF INTERPRETER

While the VR staff interpreter (career service or contracted) is under the supervision/oversight of Deaf/Hard of Hearing/Deafblind Services Unit at VR Headquarters, the staff interpreter is both housed and part of the local field office rehabilitation team providing critical services to VR staff and individuals who have hearing loss. The staff interpreter facilitates communication in any VR related appointments or activities. The staff interpreter provides guidance as needed on matching language needs with available interpreting resources

Other duties of staff interpreters include

- Coordinating interpreting services either independently or in tandem with designated unit staff when unable to fill a particular customer's need.
- Providing information and referral resources to the VRC and other unit staff to ensure that individuals with hearing loss receive necessary referrals, accommodations, and services.
- Training to new staff, employment providers, or on work sites as requested.

SUPERVISION OF RCDs, COUNSELORS, AND VR UNIT STAFF

Local VR supervisors and Area Directors are responsible for supervision of VRCs and VR Technicians. Unit supervisors of VR staff serving individuals with hearing loss may wish to consider the following factors to ensure successful outcomes in their units:

- Interviews usually take longer with an individual who has hearing loss. Allowances should be made to allow adequate time for individuals to achieve a full understanding of the VR process.
- VR support staff should be encouraged to understand how individuals with hearing loss can be served effectively. They should also be encouraged to establish relationships with the staff interpreter.
- VRCs may require more time (phone calls, letter writing, etc.) to contact individuals who have hearing loss.

- VRCs and other involved staff are encouraged to participate in community activities or events to promote a better understanding of VR services for the deaf and hard of hearing.
- VRCs will spend extra time with outreach referral activities. This is important due to the often isolated nature of the deaf and hard of hearing populations.
- A VRC caseload size needs to be properly managed so that quality rehabilitation services, such as additional time for discussion and review of services, can be provided.
- Supervisors of VRCs and other involved staff are encouraged to take advantage of training activities relating to deafness and hearing loss.
- Supervisors are encouraged to inform the VR Administrator of Deaf, Hard of Hearing and Deafblind Services of any needs or concerns that should be addressed locally or statewide.

Upon request, the Deaf, Hard of Hearing, and Deafblind Services Unit may conduct virtual or on-site visits to review, assess, and recommend best practices regarding VR services to individuals who are deaf, late-deafened, hard of hearing or deafblind.

DEAF AND HARD OF HEARING RESOURCES

INTERAGENCY COOPERATION

VR is the only public service agency in the State of Florida with a legal basis to provide vocational rehabilitation services to individuals with hearing loss as they seek to obtain, regain, or retain employment. VR has an obligation to strengthen its services to those who are deaf, late-deafened, hard of hearing, or deafblind through cooperative efforts with other public and private resources. The resources of other agencies will be explored and developed as appropriate. The following table displays a partial listing of resources that may meet certain needs of individuals with hearing loss.

Agency Resources for Individuals with Hearing Loss	
Deaf Service Centers	Hearing and Speech Centers
Adult Education/Special Ed. Programs	Post-secondary Educational Institutions
Rehabilitation Facilities	Religious Affiliated Organizations
Sheltered Workshops	United Way Affiliates
Florida Association of the Deaf (FAD)	State Residential School
Health Department	Workers' Compensation

Agency Resources for Individuals with Hearing Loss	
Mental Health Programs	Public Schools
District Employment/Security Offices	Legal Aid
Centers for Independent Living	Local Social and Economic Programs
Hearing Loss Association of America (HLAA)	Social Security Administration
Association of Late-Deafened Adults (ALDA)	Florida Educators of the Hearing Impaired
Florida Coordinating Council for the Deaf and Hard of Hearing (FCCDHH)	Florida Registry of Interpreters for the Deaf (FRID)

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The Florida Department of Education, Division of Vocational Rehabilitation (VR) is an equal opportunity employer. It is against the law for VR as a recipient of Federal financial assistance to discriminate against any individual in the United States on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief. The application process used by VR to determine eligibility for services, any subsequent services and the entire VR process are subject to these non-discrimination requirements. Auxiliary aids and services are available upon request to individuals with disabilities. VR program receives 78.7 percent of its funding through a grant from the U.S. Department of Education. For the 2020 Federal fiscal year, the total amount of grant funds awarded were \$153,000,001. The remaining 21.3 percent of the costs (\$41,409,148) were funded by Florida State Appropriations. Revised October 2020.

La División de Rehabilitación Vocacional (RV) del Departamento de Educación de Florida es un empleador que ofrece igualdad de oportunidades. Es contra la ley que RV como beneficiario de asistencia federal discrimine contra cualquier persona en los Estados Unidos por motivos de raza, color, religión, sexo, origen nacional, edad, discapacidad, afiliación política o creencia. El proceso de solicitud utilizado por RV para determinar la elegibilidad para servicios, los servicios posteriores y el proceso entero de RV son sujeto a estos requisitos de no discriminación. Las ayudas y servicios auxiliares están disponibles a pedido a las personas con discapacidades. El programa RV recibe 78.7 por ciento de su financiamiento a través de una subvención del Departamento de Educación de los EE. UU. Para el año fiscal federal 2020 el monto total de los fondos de la subvención otorgados fue de \$153,000,001. El restante 21.3 por ciento de los costos (\$41,409,148) fueron financiados por las Apropiedades del estado de Florida. Revisado en octubre de 2020.