

Illinois Association of the Deaf

Position Statement on American Sign Language

In 1877, the Illinois Association of the Deaf (IAD) was established by deaf leaders who believed in the right of language equality, full communication access and need for language and cultural preservation of deaf and hard of hearing people in Illinois. These beliefs remain true today, with preserving and promoting the use of American Sign Language (ASL) an essential component of IAD's advocacy efforts.

The IAD reaffirms its position that acquisition of language from birth is a human right for every person, and that deaf infants and children should be given the opportunity to acquire and develop proficiency in ASL as early as possible. This position is in line with the stance of the National Association of the Deaf (NAD), World Federation of the Deaf and the United Nations on human rights, including the recognition of sign languages.

ASL as a Language

ASL is the signed and visual language of the deaf community that remains prevalent in the United States of America. As is the case with standardized spoken, written and signed languages worldwide, ASL meets the full criteria of linguistics: phonology, morphology, syntax and semantics; out of all of the visual communication modes available to deaf and hard of hearing children, ASL is the only communication modality that meets the full criteria of linguistics. Additionally, this visual vernacular is a fully accessible, developed visual language and is distinct from English, a linear, sequential language based on auditory processes.¹

Learning of ASL as an additional language can also begin at any time and continue over the course of a lifetime; however, as with other languages, native fluency in ASL is achieved through exposure and interaction early in life.

ASL and Early Development

Research shows language, cognitive and academic outcomes are shown to be higher in early-identified deaf and hard of hearing children than in later identified children.² Babies are born with the innate ability to acquire language accessible to them and used by families and caregivers, and the period from birth to 2 years is most critical in establishing a foundation for cognitive and literacy development. Research has shown outcomes are improved when enrollment in an early intervention program is done by six months.³

While this research accentuates the need for early identification, IAD remains strongly committed to ensuring early intervention professionals guide parents to holistic information and resources from a wide range of viewpoints, including the benefits of acquiring and developing proficiency in ASL and English. Early hearing detection and intervention (EHDI) systems, practitioners and associated professionals must reflect a positive attitude toward deaf and hard of hearing individuals, the deaf community and ASL, as well as provide a continuum of language and communication opportunities to ensure families are able to make informed decisions about ASL, language acquisition and learning.

Out of all of the visual communication modes available to deaf and hard of hearing children, ASL is the only communication modality that meets the full criteria of linguistics. However, there remains the view that acquisition of ASL will impede deaf and hard of hearing children's acquisition of English proficiency, as well as deaf and hard of hearing children being severely disadvantaged due to lack of access to auditory input and, therefore, auditory language exposure, even if deficient, is the best pathway to resolve this disadvantage.

Recent studies discredit these views and confirm that in the absence of a visual language such as ASL, the risk of harm from language deprivation is heightened and cognitive capacities are reduced. Research

also indicates deaf and hard of hearing children exposed to signing at an early age perform better academically than those who do not.⁴

Early exposure to visual language changes visual processing and heightens skills in joint-attention, thus leading to early vocabulary development.⁵ It has been shown infants are able to use gesture-based language before developing the ability to talk; expressive language milestones are achieved earlier in gesture-based communication systems than in spoken language.⁶ Studies show that by the age of 4, deaf children using ASL are able to self-regulate attention to a visual language.⁷ Further research has shown that visual attention correlates with positive reading comprehension skills, a critical component in accelerating the development of acquisition of literacy skills.⁸

Preparing deaf and hard of hearing children to achieve optimal linguistic fluency in both ASL and English contribute to healthy development of identity and self-esteem, as well as enable them to later engage in meaningful adult discourse as fully participating, contributing, and productive members of American society.

Infants and toddlers are not always able to immediately obtain the benefits of assistive listening technology that is available to process auditory language; further training or therapy is often needed. Additionally, spoken language development can be enhanced if sign language is also present.⁹ However, if children are given listening technology with speech only exposure, they are at risk of linguistic deprivation.¹⁰

To ensure deaf and hard of hearing infants and toddlers are not deprived of language acquisition opportunities and have healthy development, IAD firmly stands by the NAD in its position that family members of newly identified deaf or hard of hearing infants should learn ASL and make ASL available to every deaf infant and child, in addition to any assistive technologies that may be used to take advantage of the deaf infant's access to the language(s) used by their families and care providers. Simultaneously, IAD urges parents to be highly involved in their deaf or hard of hearing children's lives, especially as research confirms children with highly involved parents perform higher in language and cognition than children with less involved parents.⁴

ASL in the Home and at School

IAD as an organization recognizes the importance of embracing and including deaf and hard of hearing children and their families in our community. We hope that the rest of the community will follow us by showing children and their families our rich heritage of the deaf community and ASL. Further, we pride ourselves on being a resource and source of support, and urge members of our community to uphold these important tenets.

As ASL is a support for the development of English and reinforcement for literacy in education of deaf and hard of hearing individuals, the IAD strongly affirms all deaf and hard of hearing children should be given the opportunity to acquire American Sign Language (ASL) in addition to the opportunity to access and acquire written and spoken language(s). Preparing deaf and hard of hearing children to achieve optimal linguistic fluency in both ASL and English contribute to healthy development of identity and self-esteem, as well as enable them to later engage in meaningful adult discourse as fully participating, contributing, and productive members of American society.

Systematic changes are critical to long-term success, and this necessitates higher education institutions providing education and training to future teachers for the deaf and hard of hearing, as well as sign language interpreters, employing instructors who possess the necessary credentials and competency to teach the linguistics of ASL and use of ASL.

Educational programs, including early intervention, pre-school, elementary and secondary, serving deaf and hard of hearing children should establish an environment that treats ASL and English equally in instruction, and respects and honors the various beliefs, behaviors and values present in both deaf and hearing communities. As teachers and interpreters are the primary language models for deaf and hard of hearing children, this reinforces the need for all programs serving deaf and hard of hearing students to have Illinois licensed teachers and interpreters for these individuals to satisfy sign proficiency requirements.

The IAD also remains committed to ensuring parents of deaf and hard of hearing children receive accurate information about the benefits of acquiring and developing proficiency in ASL and English. The IAD supports bilingualism – the use of ASL and English – with deaf and hard of hearing [1] infants, children, youth and adults in the home and educational environments [2].

Research has proven the ASL/English bilingualism is an effective instructional delivery model for deaf and hard of hearing children; the model contributes to academic growth in reading and mathematics, and success is correlated to the number of years of exposure to the delivery model.¹¹

In its entirety, successful ASL immersion requires on-going dialogue with and exposure to ASL via teachers and staff, adult and peer language models, deaf professionals and paraprofessionals. Further, educational programs should provide children and families with ASL and English workshops and equip them with appropriate materials including curriculum, books, media and software, as well as information on ensuring physical environment(s) meet the sensory needs of the students.

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[1] The term “deaf and hard of hearing” encompasses children with multiple identities, unilateral hearing levels (hearing in only one ear), DeafBlind children and DeafPlus children (deaf children with additional disabilities) including deaf children with cerebral palsy.

[2] The word “environment” includes any place an infant, child, youth or adult receives education among which are (but not limited to): early intervention programs, homes, schools for the deaf, public schools/programs, and home-schooling.

Resources/References

¹ Nakamura, Karen. "About American Sign Language." Deaf Resource Library. 28 Mar. 2002. 26 Dec. 2002.

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