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Rhode Island Auditory Oral Program
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Dear Finance Committee Chair, Representative Marvin Abney and members of the House Finance Committee:

My name is Brenda Storti and I am an Auditory Oral Teacher of the Deaf and Hard of Hearing. I am the Preschool Teacher at the Rhode Island Auditory Oral Program in Foster Rhode Island. I am writing this letter in support of H7011- Making an Appropriation to the RI Auditory Oral Program (RI AOP). I respectfully urge the Committee to consider that this funding be provided in a manner that allows for the RIAOP to continue receiving annual support beyond the 2026-2027 school year.

The Auditory Oral Program is a one-of-a-kind program that offers families in the state of RI a listening and spoken language option for their children who are born Deaf or Hard of Hearing. The program focuses on learning how to use cochlear implant and hearing aid technology that affords these children the ability to hear and understand spoken language and to be educated through their ability to listen (Auditory Oral). Our program's mission is to prepare children to return to their home school districts so they can continue their education in mainstream, inclusion settings. This program has proven itself to be an important educational option for deaf children who are learning spoken language for the past 20 years in RI.

This program opened in 2005 following years of research by a Deaf Task Force through the RI Department of Education. I was fortunate to be a part of the planning and development of the RI Auditory Oral Program and can attest firsthand to the immense success of the auditory oral approach to education for children who use cochlear implants and hearing aids. Of primary importance is the value and commitment of these children and their families to support use of technology and spoken language development. Listening and spoken language learning can only happen at this program if that is what a family chooses for their child.

I was involved with the Deaf Task Force because I am a parent of a profoundly deaf daughter, Angelina. She was born in 1992 and in 1993 we discovered her hearing loss. With limited knowledge, we learned about deafness and the options that are available to families in Rhode Island. In 1996, my daughter underwent surgery to receive a cochlear implant, with the intent of teaching her to use this device to hear with. It is a process that takes expertise of the technology and its capabilities. She attended the Rhode Island School for the Deaf prior to her surgery and afterwards, we began to transition her from using sign language for her education and communication, to learning to listen and use spoken language.

A group of parents who wanted an Auditory Oral option for their children's education worked with the Department of Education to request a state option in addition to Total Communication. After almost eight years, the Department of Education along with a grant, funded and established the Auditory Oral Program in Rhode Island. Unfortunately, my daughter was already too old for the program, and we had to piece

her education together. I, personally, would have given anything for a program like this to be in existence during Angelina's early education and transition to spoken language.

While searching for Auditory Oral support for Angelina, I discovered that there were very limited resources available. She did have an Auditory Oral Speech Therapist, and fortunately Warwick had a Teacher of the Deaf on staff who worked with her. At the time I was an accountant, however, I quickly realized that I could help her more if I became a Teacher of the Deaf, which I did. I also realized the successful capability of a cochlear Implant. All the while, the communication with the Department of Education about starting up an Auditory Oral program continued. In 2005, I was hired to be a part of the Rhode Island Auditory Oral Program, and have been the preschool teacher in the program for the past 19 years.

Many families pursue cochlear implantation to give their children the opportunity to hear and develop spoken language. When the children turn 3, these same families need a listening and spoken language educational option and the RI Auditory Oral Program is the only one in this state to provide that. This funding will directly support the Program's mission of supporting families who choose a spoken language modality for their children and allow it to continue delivering high-quality services that are not readily available elsewhere in the state.

I truly appreciate that the finance committee is considering appropriations in the budget to support the continued existence of this vital program. Please approve the proposed appropriation to the Rhode Island Auditory Oral Program.

Sincerley,
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