

February 21, 2025

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To Chairman Marvin Abney and Members of the House Finance Committee,

I am writing to urge your support for H7011, legislation that will fund the RI Auditory Oral Program and support Rhode Island children who are deaf or hard of hearing using listening and spoken language.

My son, Elliot, was born profoundly deaf. With the guidance of early intervention providers and medical specialists, we chose cochlear implants for him when he was a baby. At thirteen months old, he began the difficult work of learning to hear. For years, he attended speech-language therapy twice a week with a speech-language pathologist who specializes in working with children with cochlear implants. Not long after his activation, he pressed a piano key and laughed at the sound, as if he had just discovered something magical. That small moment became the foundation for years of learning to listen and speak.

Elliot is now five years old. Because of intensive, specialized support, he can enjoy music, talk with his friends, and play on a soccer team alongside his hearing peers. My son's progress did not happen by accident. It happened because Rhode Island invested in the RIAOP program designed specifically for children like him.

For the past three years, Elliot has attended the Rhode Island Auditory-Oral Program (RIAOP) at Captain Isaac Paine School. His language has flourished in this program. He has teachers who understand how cochlear implants function and can troubleshoot when something is wrong. They recognize when subtle changes in his speech signal that his devices need to be remapped. His speech-language pathologist has years of experience teaching children with implants how to perceive and produce sounds that hearing children acquire naturally. His classroom is acoustically designed to minimize background noise. His peers also wear hearing technology and are learning to listen and speak at the same time, so he is not alone in navigating a different "hearing age." He receives occupational therapy to help manage listening fatigue and sensory overload. Most importantly, he is taught by professionals who understand that using cochlear implants does not make him hearing. He requires constant, specialized educational support.

Elliot has access to sound, but he does not have natural hearing. His needs are not hypothetical; they are daily, practical realities. Putting him in a mainstream classroom without specialized support would not accommodate those needs. Without the support of RIAOP, children like my son risk missing instruction, experiencing language regression, becoming socially isolated, and falling behind academically. When that happens, districts risk failing to provide the Free Appropriate Public Education required under federal law.

RIAOP has prepared Elliot for the significant challenge of mainstream kindergarten. That environment will be louder, more fast-paced, and filled with children who have been hearing since birth. I am confident he can succeed because RIAOP will provide him with continued support: a Teacher Of The Deaf who ensures proper use of microphone streaming systems, appropriate seating for auditory access, and one-on-one clarification when instruction is missed. Without the RIAOP infrastructure, the result would not simply be inconvenience; it would be measurable academic and language regression.

The State of Rhode Island fully funds a comprehensive educational model for deaf students who use American Sign Language and attend the Rhode Island School for the Deaf. While I am grateful that our state recognizes the importance of specialized services, students like Elliot who use cochlear implants and spoken language represent another category. Their communication mode is spoken language, not ASL. They have access to sound, but they still have a disability that the state must accommodate. They require their own educational infrastructure to bridge that gap. RIAOP is that bridge. Eliminating stable funding for this program does not eliminate the need; it simply removes the support system that allows these children to succeed.

Elliot and children like him are not an afterthought population. Twenty years ago RIDE determined that there was a need for this population to be served which led to the creation and funding of RIAOP. The program has operated for two decades because this population exists and requires specialized services distinct from both hearing peers and ASL-centered deaf education. That need remains today.

H7011 would support RIAOP in a way that ensures long-term stability and equal educational opportunity for all deaf children in Rhode Island. The program has been operating on supplemental allocations and tuition that fluctuate year to year, rather than on a stable operating appropriation. This instability makes planning my son's educational pathway difficult and causes stress for our family.

The State has supported my son in tremendous ways over the past three years, and I am deeply grateful. I respectfully ask that you support H7011 to give RIAOP sustainable, core funding so that my son, and the children who follow him, can continue on a trajectory of success.

Thank you for your time and consideration.

Sincerely,

Cara Burgess