

April 25, 2026

Dear Chairperson Abney and Members of the House Committee on Finance,

My name is Sarah Rosendale, and I am an Auditory Oral Teacher of the Deaf with nearly 24 years of experience, 21 of which have been spent serving children and families in Rhode Island. I currently serve as the Director of the Rhode Island Auditory Oral Program (RIAOP).

I am writing today in **strong support of Joint Resolution H7011**, which appropriates funding for the Rhode Island Auditory Oral Program. I respectfully urge the Committee to approve this appropriation in a manner that ensures the program's continued access and long-term stability.

The RIAOP provides a continuum of listening and spoken language educational programming for children who are deaf or hard of hearing, from birth through age 22. Our services include:

- Early Intervention for children from birth through age 3
- School-based programming for children from Preschool through 5th grade who require intensive daily instruction to develop the foundational skills necessary for independent learning
- Outreach programming for students enrolled in their community schools, including direct instruction, consultation, staff training and in-services, and district-wide Hearing Assistive Technology management

At its core, what the RIAOP offers students and families is a **choice**. Since the FDA's approval of cochlear implant technology for children in 1990, and with continued advances in hearing aid technology, families have increasingly had the option to pursue listening and spoken language as a communication modality for their children. The development and growth of the Cochlear Implant Program at Rhode Island Hospital and Hasbro Children's Hospital has expanded access to medical intervention locally — and with it, the need for specialized educational programming that supports the development of listening and spoken language skills.

Since opening in 2005, the RIAOP has served hundreds of children across Rhode Island, supporting nearly every district in the state, as well as charter schools, private and alternative special education programs, and some districts in Massachusetts. The Rhode Island Auditory Oral Program is a crucial statewide resource that equips children with hearing loss with the tools they need to thrive in their community schools as successful, independent learners.

I also ask the Committee to consider a significant and ongoing inequity in services for students with hearing loss in Rhode Island. Families who choose a manual communication modality — such as American Sign Language — have access to the RI School for the Deaf, which is predominantly state funded. Families who choose a listening and spoken language modality, however, rely on the RIAOP, which currently depends on tuition paid by each student's school district. H7011 would address this disparity by establishing a funding structure similar to that of the RI School for the Deaf, reducing the financial burden on districts and ensuring ***equitable access to specialized instruction for all students with hearing loss in Rhode Island***.

Attached is the legislative proposal that I submitted to the sponsors of H7011, which informed the development of this resolution and provides additional context.

I respectfully urge you to support this resolution and approve the proposed appropriation of funds to the Rhode Island Auditory Oral Program - not only as an investment in the program, but as a commitment to equity for the children and families we serve.

Respectfully submitted,

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Rhode Island Auditory Oral Program
State Funding Proposal
Fall, 2025

Summary

This proposal requests annual state funding as outlined in the attached 5-year budget projection, so as to continue to operate and provide educational programming through specialized listening and spoken language instruction, intervention and support for children who are deaf or hard of hearing, and whose families have chosen spoken language as their primary communication modality. The program serves students statewide, and ensures children who are deaf or hard of hearing have **equitable** access to high-quality education, regardless of their chosen communication modality.

The funding request outlined below allows for the RI Auditory Oral Program (RIAOP) to operate under a model similar to the RI School for the Deaf (RIAOP). While Outreach and Early Intervention Services would continue to be offered to districts in a fee-for-service model, placement of students in the School-Based Program would be at no expense to the sending Local Education Agency (LEA).¹

Program Mission

The mission of the Rhode Island Auditory Oral Program is to provide specialized auditory-oral programming for children with hearing loss who benefit from hearing technology and demonstrate a strong potential for learning to listen and speak. The commitment of the program is to prepare children for an education in their community schools by providing them with the tools they will need for successful inclusion and achievement, while also striving to empower their families with the knowledge and confidence necessary to support their children in their lifelong journeys.

Program History

Every year, 2-3 out of every 1,000 infants are born with a hearing loss of some type. 90% of these children (as well as children with hearing loss that is acquired at any time) are born to hearing parents. In 1993, the Rhode Island General Assembly became the first state in the country to mandate Universal Newborn Hearing Screenings, allowing for hearing loss, in many cases, to be identified at birth. The Centers for Disease Control and Prevention's Early Hearing Detection and Identification Program (EDHI) recommends that infants be screened for hearing loss by 1 month of age, diagnosed by 3 months of age, and begin receiving early intervention services by no later than 6 months of age.

Historically, manual forms of communication - such as American Sign Language (ASL) - were widely used by individuals with hearing loss in the United States. However, advances in medical and hearing technologies—including the FDA's approval in 1990 of cochlear implants for children as young as 2 (which later expanded to infants as young as 9 months in 2020)—provided families with additional communication options, including Listening and Spoken Language (LSL).

With this, the Rhode Island Department of Education faced a significant challenge: while children across the state had increasing access to medical technologies that could support the development of spoken language, there were no educational programs designed to integrate the use of these devices into classroom instruction. Nor were the specialized therapies available to help children maximize the benefits of this technology. Despite the approval and availability of these tools, Rhode Island lacked an educational option that fully supported the effective use of the technology.

In the late 1990s and early 2000s, the RI Department of Education, in response to families who found themselves in this situation, assembled a task force to investigate the issue. The task force was composed of professionals and experts in the area of Oral Deaf Education, as well as parents of deaf children. Following the recommendations presented by the task force, RIDE secured a grant from the Oberkotter Foundation and the Alexander Graham Bell Association for the Deaf and Hard of Hearing, and in April of 2005, in conjunction with the Rhode Island School for the Deaf and public school districts from around the state, the Rhode Island Auditory Oral Program first opened its doors to support students with cochlear implants and/or hearing aids.

¹ Other than costs for transportation and some additional related services

With its inception, Rhode Island was finally able to offer an educational option for children who are deaf or hard of hearing to learn to **listen and talk** as their primary way of communicating and learning,

Originally serving a small group of preschool students, the RIAOP has since evolved into a comprehensive continuum of services for children from birth through age 22, offering both school-based programming and statewide outreach.

Continuum of Services

Early Intervention

RIAOP staff work in partnership with state-contracted Early Intervention centers to support families and young children in the early development of spoken language, providing direct guidance and training to families, helping to lay the foundation for effective communication from the start.

In addition to language development, RIAOP staff play a vital role in helping families navigate the medical and clinical aspects of their child's care. This includes supporting parents in understanding their child's audiological status, recommendations, and hearing technology management.

RIAOP also assists families during the critical transition from the Early Intervention system to the public education system, ensuring continuity of services and a smooth start to the child's formal educational experience.

School Based Program

Housed within a general education elementary school in Rhode Island - currently Captain Isaac Paine Elementary School in Foster - the RIAOP school-based program serves students preschool through grade 5 who require more intensive support to develop their listening and spoken language skills. Many of these students are in the early stages of their listening journeys.

Within the School Based Program, the RIAOP maintains the following components:

- ***Preschool Class***
Taught full-time by an Auditory Oral Teacher of the Deaf and assisted by a Teacher Assistant trained in supporting children with hearing loss using hearing technology. Instruction aligns to the RI Early Learning Standards, and is presented using the auditory oral strategies necessary to support the students' successful development of listening and spoken language skills.
- ***Elementary Class***
Led by a full-time Auditory Oral Teacher of the Deaf and assisted by a Teacher Assistant trained in supporting children with hearing loss using hearing technology. Instruction follows general education curricula approved by the RI Department of Education and is aligned with the RI Common Core State Standards. Instruction is presented using the auditory oral strategies necessary to support the students' successful acquisition of language and educational content. Students in this class join their peers in the general education classes for specials such as art, music, library, and physical education, as well as lunch and recess. As appropriate, students also participate in portions of the academic day within the general education classrooms, based on individualized educational team decisions.
- ***Mainstream Class***
Serving as the intermediate step between a self-contained classroom with a full time Teacher of the Deaf and the student's return to school in their home school district, this class supports students who no longer require the intensive services of a self-contained setting, but still need a higher level of support to fully access the curriculum. These students are placed in general education classrooms, and receive support from the Auditory Oral Teacher of the Deaf and Oral Language Facilitator. The Oral Language Facilitator, a Teacher Assistant specially trained not only in the development of language in children with hearing loss, but also in anticipating potential areas of difficulty, provides previewing of instruction and additional supports. Through this model, RIAOP collaborates closely with the student's district of residence to develop

comprehensive transition plans, ensuring a successful and positive return to their neighborhood school.

Outreach

Through the Outreach program, RIAOP staff provide a range of services to school districts and special education programs throughout Rhode Island, including:

- *Direct Services* for students through their IEPs
- *Consultation* to school teams on instruction and hearing technology
- *Professional Development* for educators on hearing loss and access to instruction
- *Hearing Technology Management* including equipment tracking, troubleshooting, and repair coordination

RIAOP staff often serve as the primary Teacher of the Deaf resource for many Early Childhood teams, as well as Elementary and Secondary (i.e., K-12) teams in Rhode Island, as currently only two districts employ their own Teachers of the Deaf.

Communities Supported by the RIAOP

In its 20 year history, the Rhode Island Auditory Oral Program has provided support to students and families from 32 public school districts across Rhode Island, as well as students from private schools, charter schools, special education schools, and districts in Massachusetts. Districts include:

Barrington ^{*†}	Bristol Warren ^{*†}	Burrillville ^{*†}	Central Falls ^{*†}	Chariho ^{*†}	Coventry ^{*†}
Cranston ^{*†}	Cumberland ^{*†}	East Greenwich ^{*†}	East Providence [*]	Exeter-West Greenwich ^{*†}	Foster [*]
Glocester ^{*†}	Johnston ^{*†}	Lincoln ^{*†}	Middletown [†]	Narragansett [†]	Newport
North Kingstown ^{*†}	North Providence ^{*†}	North Smithfield	Pawtucket ^{*†}	Providence ^{*†}	Scituate
Smithfield	South Kingstown ^{*†}	Tiverton ^{*†}	Warwick ^{*†}	Westerly ^{*†}	West Warwick [*]
Woonsocket ^{*†}	Dartmouth, MA [*]	Kingston Hill Academy [†]			

*Students attended School Based Program

†Students were supported through Outreach Program

Approximately 70 students have attended the RIAOP school-based program for some portion of their educational career, and hundreds more have received support through the Outreach Program. As a point of reference, RIAOP current enrollment in the school-based program, as well as the students' districts of residence, for the 2025-2026 school year is outlined below:

<u>LEA</u>	<u># of Students</u>
Bristol-Warren	1
Burrillville	1
Chariho	1
Cranston	1
Foster	1
Glocester	2

Johnston	1
Pawtucket	1
Providence	1
Warwick	1
West Warwick	1

Districts contracting Outreach Services through the RIAOP for the 2025-2026 school year, along with the numbers of students receiving services are outlined below, and categorized by the type of service received. ²

LEA	# of Students		
	Direct Service	Consultation	Technology Support
Barrington	1	2	N/A
Bristol-Warren	1	1	N/A
Coventry	1	2	N/A
Cranston	5	34	23
Cumberland	1	1	N/A
East Greenwich	1	7	7
Johnston	2	6	10
Lincoln	0	4	5
Middletown	2	5	5
North Kingstown	2	2	N/A
Pawtucket	0	4	5
South Kingstown	1	3	N/A
Tiverton	1	2	N/A
Woonsocket	1	3	N/A

Additionally, the RIAOP maintains strong collaborative relationships with the Pediatric Cochlear Implant Program at Hasbro Children's Hospital, the Cochlear Implant Program at Boston Children's Hospital, Women and Infants Hospital, and New England Center for Hearing Rehabilitation (NECHEAR), amongst others. These partnerships help to ensure that students receive high quality, coordinated care and educational support.

Administrative and Fiscal Management History

Since its inception 20 years ago, the RIAOP has been managed by various fiscal and administrative agents. Original fiscal management was maintained by the West Bay Collaborative and administered by the RI Department of Education and RI School for the Deaf. Both fiscal and administrative management were then transitioned to the Northern RI Collaborative, where it remained until NRIC's dissolution June 30, 2023.

With the dissolution of the Northern RI Collaborative on June 30, 2023, the Foster School District assumed both roles for the Rhode Island Auditory Oral Program, and has continued to host the school-based program in its elementary school.

² Some students receive more than one type of service

Revenue Sources and Funding Inequity

In considering the operational budget of the RIAOP, it is important to recognize several key contextual distinctions.

- Tuition for students attending the RIAOP - students whose families have chosen a listening and spoken language approach to communication and education - is paid directly by the students' home school districts at a rate of \$57,000 per student (2025-2026).
- Tuition for students attending the RI School for the Deaf - students whose families have chosen a manual (ASL) approach to communication and education - is paid predominantly by the State of Rhode Island.

This funding structure creates an inequity of access to education among children who are deaf or hard of hearing, based solely on the communication modality their families have chosen, contrary to IDEA Section 300.324(a)(2)(iv), which requires that a child's preferred communication mode be considered in educational planning. Federal guidelines (USDOE, 1992³) reinforces that states must honor families' communication preferences when designing educational programs.

Stakeholder Commitment

Stakeholders, including school districts around the state, are committed to ensuring the continued operation of the Rhode Island Auditory Oral Program - the **only** program of its kind in Rhode Island - allowing for children to be educated in a manner consistent with the child and family's preferred mode of communication.

Budget and Funding Request

To eliminate the inequitable access to education for deaf or hard of hearing students in Rhode Island, we request that the Rhode Island Auditory Oral Program be funded as outlined in the attached 5-year budget projection, paralleling the fee structure of the Rhode Island School for the Deaf.

- School-Based Program - Funded through state allocation, removing cost to LEAs.
- Early Intervention Services - Continue as a reimbursable through State Early Intervention Centers (Medicaid rate)
- Outreach Services and Technology Services: Continue as fee-for-service contracts with LEAs

³ "Deaf Students Education Services." *U.S. Department of Education*, 26 Oct. 1992, www.ed.gov/about/offices/list/ocr/docs/hq9806.html.

**RHODE ISLAND AUDITORY/ORAL EDUCATION PROGRAM
FIVE YEAR PROJECTION
BUDGET SUMMARY**

			FY 26	FY 27	FY 28	FY 29	FY 30
			BUDGET	PROPOSED	FORECAST	FORECAST	FORECAST
41250	9800	RE-APPROPRIATED FUND BALANCE	\$ -	\$ -	\$ -	\$ -	\$ -
41321	9800	TUITIONS FROM OTHER SCHOOL DISTRICTS - FOSTER PROGRAM	\$ -	\$ -	\$ -	\$ -	\$ -
41321	9800	TUITIONS FROM OTHER SCHOOL DISTRICTS - OUTREACH PROGRAM	\$ 190,000	\$ 190,000	\$ 190,000	\$ 190,000	\$ 190,000
41321	9800	SUMMER SCHOOL TUITIONS	\$ 25,000	\$ 25,000	\$ 25,000	\$ 25,000	\$ 25,000
43101	9800	STATE AID	\$ 1,107,800	\$ 1,167,100	\$ 1,219,500	\$ 1,266,400	\$ 1,308,400
TOTAL REVENUE			\$ 1,322,800	\$ 1,382,100	\$ 1,434,500	\$ 1,481,400	\$ 1,523,400
51110	1100	TEACHER SALARIES	\$ 415,800	\$ 437,900	\$ 462,400	\$ 475,700	\$ 487,200
51110	2300	DIRECTOR	\$ 114,200	\$ 116,500	\$ 118,800	\$ 121,200	\$ 123,600
51110	4600	TEACHER ASSISTANTS	\$ 98,400	\$ 102,700	\$ 107,200	\$ 110,900	\$ 113,100
51110	1700	SPEECH PATHOLOGIST	\$ 97,200	\$ 99,100	\$ 101,000	\$ 103,400	\$ 105,900
51110	1700	OCCUPATIONAL THERAPIST	\$ 38,900	\$ 39,600	\$ 40,400	\$ 41,400	\$ 42,400
51115	1295	SUBSTITUTE TEACHERS	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000	\$ 5,000
51115	4604	SUBSTITUTE TEACHER ASSISTANTS	\$ 6,000	\$ 6,000	\$ 6,000	\$ 6,000	\$ 6,000
51338	1100	SUMMER SCHOOL TEACHERS	\$ 14,000	\$ 14,000	\$ 15,000	\$ 15,000	\$ 15,000
51338	4600	SUMMER SCHOOL TEACHER ASSISTANTS	\$ 2,000	\$ 2,500	\$ 2,500	\$ 2,600	\$ 2,600
51401	1100	TEACHER STIPENDS	\$ 7,000	\$ 7,000	\$ 7,500	\$ 8,000	\$ 8,500
52102	9999	LIFE INSURANCE	\$ 1,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000
52103	9999	DENTAL INSURANCE	\$ 7,800	\$ 8,400	\$ 8,700	\$ 8,900	\$ 9,200
52109	9999	MEDICAL BUYBACK	\$ 3,900	\$ 3,900	\$ 3,900	\$ 3,900	\$ 3,900
52121	9999	HEALTH INSURANCE	\$ 170,400	\$ 182,400	\$ 195,200	\$ 208,800	\$ 223,500
52203	9999	CERTIFIED PENSION - DEFINED BENEFIT	\$ 94,800	\$ 98,000	\$ 102,400	\$ 105,100	\$ 107,500
52207	9999	SURVIVOR'S BENEFITS	\$ 800	\$ 800	\$ 800	\$ 800	\$ 800
52208	9999	NON-CERTIFIED PENSION - DEFINED BENEFIT	\$ 8,600	\$ 9,500	\$ 9,900	\$ 10,300	\$ 10,500
52213	9999	CERTIFIED PENSION - DEFINED CONTRIBUTION	\$ 18,900	\$ 19,600	\$ 20,500	\$ 21,000	\$ 21,500
52218	9999	NON-CERTIFIED PENSION - DEFINED CONTRIBUTION	\$ 1,100	\$ 1,100	\$ 1,100	\$ 1,100	\$ 1,100
52301	9999	FICA	\$ 7,000	\$ 7,300	\$ 7,500	\$ 7,800	\$ 7,900
52302	9999	MEDICARE	\$ 11,700	\$ 12,200	\$ 12,700	\$ 13,000	\$ 13,200
52501	9999	UNEMPLOYMENT	\$ -	\$ -	\$ -	\$ -	\$ -
52710	9999	WORKER'S COMPENSATION	\$ 9,200	\$ 9,200	\$ 9,200	\$ 9,200	\$ 9,200
53205		SCHOOL PSYCHOLOGIST	\$ 7,000	\$ 7,200	\$ 7,600	\$ 8,000	\$ 8,300
53206		AUDIOLOGIST	\$ 7,000	\$ 7,200	\$ 7,600	\$ 8,000	\$ 8,300
53211		PHYSICAL THERAPIST	\$ 5,500	\$ 5,700	\$ 5,900	\$ 6,100	\$ 6,300
53220		OTHER EDUCATIONAL PURCHASED SERVICES	\$ 10,000	\$ 10,000	\$ 10,000	\$ 10,000	\$ 10,000
53222		WEB BASED SOFTWARE	\$ 1,600	\$ 1,700	\$ 1,800	\$ 1,900	\$ 1,900
53303		CONFERENCES	\$ 9,000	\$ 9,000	\$ 9,000	\$ 9,000	\$ 9,000
53402		LEGAL SERVICES	\$ 7,500	\$ 7,500	\$ 7,500	\$ 7,500	\$ 7,500
53502		OTHER TECHNICAL SERVICES	\$ 1,000	\$ 1,000	\$ 1,000	\$ 1,000	\$ 1,000
54311		SERVICE CONTRACT	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500
54403		TELEPHONE EXPENSE	\$ 800	\$ 800	\$ 800	\$ 800	\$ 800
55111		FIELD TRIPS	\$ -	\$ -	\$ -	\$ -	\$ -
55501		PRINTING	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500
55809		EMPLOYEE TRAVEL	\$ 7,000	\$ 7,000	\$ 7,000	\$ 7,000	\$ 7,000
56101		SUPPLIES AND MATERIALS	\$ 6,000	\$ 6,300	\$ 6,600	\$ 7,000	\$ 7,300
56401		TEXTBOOKS	\$ 3,000	\$ 3,000	\$ 3,000	\$ 3,000	\$ 3,000
57305		EQUIPMENT	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000	\$ 2,000
57306		FURNITURE	\$ -	\$ 5,000	\$ -	\$ -	\$ -
57309		TECHNOLOGY	\$ 3,500	\$ 3,500	\$ 3,500	\$ 3,500	\$ 3,500
58101		DUES AND FEES	\$ 500	\$ 500	\$ 500	\$ 500	\$ 500
60000		INDIRECT COSTS	\$ 116,700	\$ 119,000	\$ 124,000	\$ 128,000	\$ 132,000
TOTAL EXPENDITURES			\$ 1,322,800	\$ 1,382,100	\$ 1,434,500	\$ 1,481,400	\$ 1,523,400

Tuitions for twelve (12) students are budgeted for FY 2026

Tuition fees for the 2025-26 school year are \$57,000 for students attending the Foster program