Inclusive Education For Hearing-Impaired and Deaf Children in Vietnam
Pearl S. Buck International/Vietnam

Final Evaluation Report

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Evaluation Report

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Submitted to

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Executive Summary

The "Inclusive Education for Hearing-Impaired and Deaf Children in Vietnam" program was a pioneering effort to expand and improve the opportunities for schooling of children with hearing disability. There have been substantial and positive gains in the knowledge, attitudes, skills and aspirations regarding these children in Vietnam. Based on the evaluation described below, the program exceeded its quantifiable targets on the four main objectives:

- Early identification of hearing impairment through audiological screening;
- Provision of hearing aids and referral to educational services;
- Training of teachers and specialists;
- Collection of Vietnamese signs and training in how to use the sign language

Notable progress was made in raising awareness of parents and educators about the value of schooling for children with hearing disability. Significant problems that remain to be solved include earlier identification of children with hearing disability, providing early childhood and family learning activities (especially for language development during first three years of life), individualized education planning and placement that recognizes a child's right to be placed in a setting where they can most easily learn, and providing support to classroom teachers so that they can use methods of instruction that enable all children in the inclusive classroom to learn fruitfully. Practical recommendations include developing the capacity of the local deaf adults to infuse sign language into the school life and developing an organizational structure that can provide continuous, professional support to teachers of students with hearing loss in the regular schools.

The success of the program must be understood in the light of the dismal educational prospects of disabled children in Vietnam. The donor, USAID's Displaced Children and Orphan's Fund, has noted, "According to the Vietnamese government and UNICEF, more than one million Vietnamese children (3 percent of the child population) have physical or mental disabilities. Many of these children are cut off from social, recreational, educational, and other normal childhood activities … They are often stigmatized by cultural values and religious beliefs." Children with hearing loss are among the most neglected of disabled children because of their difficulty in using speech. While these children usually have normal cognitive ability, many people consider them to be uneducable.

In 1991,the Vietnamese government, in an effort to increase the number of disabled children in school, launched a campaign to promote "inclusive education" in which disabled children will

attend their local school. This is a strategy of full integration of all hearing-impaired and deaf children in the regular classroom. In 1997 USAID launched a "children with disabilities" initiative to provide non-institutional support services for children with special needs. Subsequently, USAID awarded grants to Pearl S. Buck Foundation (PSBI), and several other foreign non-governmental organizations. From 1998-2003, PSBI and its governmental partner, National Institute for Educational Sciences (NIES)[1], implemented the "Inclusive Education For Hearing-Impaired and Deaf Children in Vietnam" program in six provinces (three in the north, three in the south).

The evaluators concluded that the Inclusive Education program has helped the government make substantial progress in developing and pilot testing a model for inclusive education (full integration in regular classes) for children with hearing loss in Vietnam. The accomplishments included:

- Widespread screening of hearing ability of over 800,000 youth led to audiological testing of more than 5,000 children.
- From 1999-2003 an average of more than 550 hearing-impaired children per year were enrolled in school with support.
- The potential value of hearing aids was recognized by parents and educators through distribution of more than 1,000 hearing aids and provision of training in use of hearing aids. At the provincial resource centers regular audiological testing services were established, and a capacity to produce professional-caliber audiological records and to provide technical assistance to schools with hearing-impaired children was developed.
- Indigent families received support to school their child with hearing loss.
- A series of training courses for educators and parents introduced more visual and engaging approaches with hearing impaired children.
- Deaf people taught courses in the Vietnamese Sign Language for the first time.
- Selected "provincial resource teachers" were trained as specialists in early intervention, audiology, sign language, and pedagogical methods. This supported the evolution of special schools into provincial resource centers for deaf education.

[1] NIES has recently been re-named as "The National Institute for Educational Strategy and Curriculum Development." Dr. Nguyen Loc, Vice Director of the Institute, has expressed his hopes that, "The change in name, the expansion in function, and the enhancement in capability … will help to improve the effectiveness of educational support for disabled children in the future." (Evaluation Workshop on Inclusive Education for Hearing Impaired and Deaf Children Program, 9-10 January, 2004, Hung Vuong, Hanoi.

The ultimate goal of the Inclusive Education for Hearing-Impaired and Deaf Children program is "to provide access to inclusive education to hearing-impaired and deaf children and the opportunity to become accepted and productive members of society." Clearly, children with hearing loss are becoming more accepted as a result of their inclusion in local schools. Teachers, parents, and officials reported that they have more positive attitudes towards children with hearing loss. Many parents and communes began to see the value of sending these children to school. We encountered a number of children who were placed in school only after their parents were inspired by the positive spirit of inclusive education. Overall there was a great deal of enthusiasm for the program, and a great desire to see its benefits continue and be built upon.

Already people in Vietnam are expecting that schooling will help their hearing impaired or deaf child to become a productive member of the family and society. To find out if the Inclusive Education program had laid a foundation of solid gains in child learning, we looked closely at the situation of the children with hearing loss who are fully integrated in regular classrooms. The focus of the evaluation was a study of the nature of the educational process between hearing impaired and deaf children with their teachers and classmates. Four key aspects were looked at:

1. Communication and language use with the deaf and hearing impaired child;
2. Teachers' skills in modifying instruction and classroom activities to engage the child with a hearing loss.
3. Expectations towards hearing-impaired children by parents and educators;
4. Social relationships involving the HI-D child (with peers, between teachers and parents);

Communication and language use relates to the accessibility of language and of academic content for the child. We wanted to find out if the child is in a setting that uses a language that they can easily learn and use. The teacher's skill in modifying her practices to provide activities that engage the full participation of all of the children, with and without hearing loss, is essential in finding out if the educational process is truly inclusive. The expectations towards disabled children by parents and educators heavily influences their behavior towards the disabled child. Finally, social relationships with peers, and exhibiting cooperation and teamwork, are considered in Vietnamese society to be an essential part of successful education.[2] We define each of these concepts, explain what success looks like, and discuss findings from the field more fully in the report.

[2] Helping each other to understand and to learn is also a tradition seen in groups of deaf children who use a sign language. See Reilly (1995). A Deaf way of education: Self-education among deaf children in a

A two-person team of evaluators, one from the United States and one from Vietnam, conducted their study of the Inclusive Education program in October-November, 2003.[3] They collected information during an intensive 20-day period of field visits to four districts in three provinces. They observed in numerous classrooms and did structured interviews with 112 teachers, students (with and without hearing loss), parents, school administrators, and district and provincial officials. Direct contact was made with people from 12 schools, two resource centers (special schools for deaf and disabled children), four district educational offices and four provincial education offices.

The findings give a basis for discussing the quality of the educational process involving hearing-impaired and deaf children, which is the foundation upon which rests their gains in learning while in school. By looking at this grassroots level, we can see the program's impact on the intended beneficiaries—children, families, and teachers--and assess the effectiveness of the technical approach--full integration into regular classrooms. Our conclusions and recommendations about the program's activities, and the strategy of full integration, derive from commitment to a child-centered evaluation.

We found a very high level of motivation by parents and educators to create a new kind of educational process in classrooms, one that allows participation by the child with hearing loss. Many caregivers and teachers in Vietnam have realized that the key to effective learning by a child with hearing loss is accommodating their unique needs. Many people have worked hard to overcome the communication obstacles, by learning signs, fingerspelling, and by helping the child to use a hearing aid. After training, many teachers have modified their teaching practices to become more visual and interactive. Hearing students often help their hearing-impaired classmate understand the assigned task. The high level of enthusiasm in helping the child seems to be drawing from Vietnamese traditional values of cooperative learning in school and sympathy for less fortunate persons.

The area of language and communication with the children is fraught with serious problems. Communication with the hearing-impaired and deaf children is extremely limited. This is

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boarding school. Doctoral dissertation, University of Maryland. However, this potential source of assistance to teachers cannot be drawn upon when HI-D children are placed one or two in each classroom, surrounded by non-signing classmates.

[3] Fieldwork and logistics were ably assisted by Nguyen Thi Thu Ha, the program's manager, and Nguyen Quoc Truc, translator.

particularly serious for the severely and profoundly deaf children who comprise more than 60% of the program's participants. We only witnessed one child with hearing loss who shared an effective communication channel with another person. (This successful child had succeeded through enormous effort by her devoted teacher.) The other children we met had little to no skill in spoken language or a sign language. There was good effort to communicate with these children, but teachers and children lacked a shared and growing knowledge of a common language. Fingerspelling was the most developed communication tool as it was sometimes used in specific classrooms among the teacher, HI-D child, and hearing pupils. However, fingerspelling is no substitute for a full natural language substitute. Consequently, the deaf students are missing the content of instruction and are lagging far behind their classmates academically. More seriously, they are not acquiring a primary language—either spoken or signed Vietnamese languages. They enter the school without much language, either spoken or signed, and they acquire little language during their time in the school. Their critical years of language learning are being spent in a setting where they cannot understand.

There has been good effort to set up sign language courses, and many teachers have tried hard to learn it. Unfortunately, while signing has been embraced by the program and the authorities, it has not been provided fully and as a distinct language. There simply has not been enough opportunity provided for the teachers and the children to learn a Vietnamese Sign Language, as used fluently by deaf adults in Vietnam. It has been mistakenly believed that a few short courses can prepare a teacher to sign fluently and convey full meanings. Even when a teacher signs or fingerspells, the deaf child sometimes does not have equivalent skills because the children have not had the opportunity to learn Vietnamese Sign Language. The program model is illogically designed for hearing-speaking teachers to teach the sign language to deaf children, after they themselves have had only short courses in sign language.

Around the world many children with hearing loss arrive at school with little to no proficiency in a language. Learning a first language is their first task at school. Radical changes in school practices are needed if a deaf child is to be able to both acquire a first, primary language and academic knowledge. A definitive choice needs to be made by educators and parents as to whether spoken or sign language can be easily and fully learned by that child. Then the child needs to be placed in a setting where the chosen language is used with them for all daily activities. The learning activities need to engage the child in one-to-one and small group interaction about concrete experiences. In effect, the school must become a place in which the child can learn language in a normal manner-

through interaction with others—although at a much delayed age. The accustomed ways of teaching and the requirement to follow the curriculum are in conflict with the needs of the child to learn a first language. But the child cannot adapt to the school, as they must learn language before they can learn academically. It is teachers and families who are called upon to make great sacrifice in learning a new way of teaching and communication with the child. If the child is learning the sign language, the teachers and parents must learn it proficiently—a very difficult task, even if good instruction in the sign language is available. These problems are faced around the world, and there are never easy solutions.

As evaluators we considered if these reforms are feasible within a typical Vietnamese school. In support of the government's policy of inclusive education, many of our recommendations are aimed at improving the quality of learning received by children in a fully integrated classroom in a regular school. However, there are limits to how much individual children and teachers can do, even with the best training and support. So we also discuss alternative structural arrangements to support the goal of inclusive education. For example, deaf children living in a district might be put together in one classroom in one school (self-contained classroom). This would allow easier creation of a special environment for the children, in which everyone in the classroom is visually oriented and uses the sign language. Another example of a structural change is 'school-community partnerships' in which local deaf adults become sign language models for teachers, children, and families. These examples are both within the inclusive education model and are responsive to the local assets and conditions of districts in Vietnam.

Sustainability of progress: Building a support system for teachers and families.

With the end of the Inclusive Education program, education for hearing impaired and deaf children in Vietnam stands at the edge of a river. Over the past five years a path has been cut to the bank. But the bridge is not yet built. Now everyone is committed to the goal of giving children with hearing loss the support they need to become educated and productive citizens of Vietnam. The question becomes: "What is the most economical and productive investment the nation can now make towards the goal?" A model of deaf education that is both affordable and culturally acceptable is necessary. At the same time the policy decisions need to be made with understanding

of the very, very difficult task faced by teachers. We believe that there are ways to design support system for education of these children that is affordable, acceptable, and maximally beneficial. This requires flexible thinking that is driven by what's best for the children.

To sustain progress, the program aimed to help Vietnam begin to create a comprehensive support system for teachers and families with hearing-impaired children. In 2002, after the mid-term evaluation, a decision was made to focus upon developing a model support system for inclusive education of hearing-impaired youth in two districts. Subsequently, there has been superior progress in the two districts, Lai Vung of Dong Thap province, and Phu Binh in Thai Nguyen. "Key teachers" have been given training in early childhood intervention, audiology, sign language and communication, and teaching methods.

The teachers are at the center of the Vietnamese model, and principally responsible for carrying out inclusive education. The teachers are responsible for language and communication; instruction and assessment; and advocacy and counseling for the family. Most Vietnamese primary schools have classrooms so crowded that a child can only attend for a half-day; there is pressure on the teacher to meet the requirements of the national curriculum. On top of this the teacher is asked to serve the special needs of children with hearing loss. In the report we ask, "How much can in-service training prepare a teacher to provide fully inclusive education for both hearing and hearing-impaired and deaf students?" The training was well-received and utilized by teachers. But they felt it did not provide sufficient depth especially in teaching and communication methods.

Training alone is insufficient. Too much burden is being put on busy teachers. The teachers need active partnership with other professionals. To build upon the training, teachers need ongoing support, especially a flow of good information about special education techniques. They are to be supported by provincial resource centers (which are actually special schools for the deaf with an added duty). Today none of the provincial resource centers have personnel assigned exclusively to inclusive education duties. This is a factor that is outside of the program's control. Officials of the Ministry of Education and Training (MOET) and NIES stated that the next step is devising a national plan for inclusive education with regulations and budget, and they expressed keen interest in applying the lessons learned from the PSBI and other such programs in the improvement of inclusive education practices.

With better training and more support (and financial compensation), almost every teacher said that they are willing to carry on with inclusive education.

But there are limits to what teachers can do. Even with adequate training and support, the teachers will find it hard to give some HI-D children what they need. The severely and profoundly deaf children come to school without knowledge of a language and who are not ready for academic learning at their grade level. It will be the rare teacher who can, without an aide, provide a primary language experience (in a sign language that they have had to learn) and give special one-one attention to a single child, when 30 other pupils are sitting and waiting for lessons.[6] We feel that it is worthwhile to explore different options within the inclusive education approach, such as self-contained classroom of children with hearing disabilities that is attached to a regular school, and periods when the child is pulled out of class for special instruction.

The government has accepted that the Vietnamese Sign Languages are valuable in education of deaf children. Many teachers and parents in the Inclusive Education program stated their desire to learn more sign language. But the teacher-centered approach is not working. To promote the learning of Vietnamese Sign Language (VSL), we suggest an alternative model: partnerships between the school and the local deaf community. The local deaf people, who are masters of that sign language, would be invited in to help deaf children and their teachers and parents learn the language. Deaf adults would be recognized as a local asset.

For a child to learn a Vietnamese Sign Language (VSL) as a primary language they must have skilled signers as models from an early age. Local deaf people who sign can be engaged as mentors to help young deaf children learn VSL through play and interaction. There can be set up of regular home visits or creation of play groups for young deaf children (ideally starting when they are one year old.)[7][8] The Social Days have been very popular events where deaf adults mix with families and children. The teachers and parents also need more opportunity to learn VSL; they told us that they know they need more and longer training. As VSL instruction is not yet

[6] A small number of parents of hearing-speaking children and officials expressed concern about the disabled child taking time away from the other children.

[7] "Earlier the better" is a key principle of language learning in HI-D children. They need to be involved in communicating and using language everyday, which is why using local deaf adults as mentors is so important.

[8] Another good alternative for helping children learn VSL was raised by several teachers and POET officers. The HI-D child might be placed in the special, residential school for deaf children for a few years. After 2-3 years of study they would have good fundamental skills in the sign language. They can then transfer to the local regular school where they would be taught in VSL and written Vietnamese.

widely available or of high caliber, the easiest way for hearing-speaking people to learn the sign language is to fraternize with deaf adults who use the sign language.

There is need for programmatic commitment to developing Vietnam's capacity in the teaching of the Vietnamese Sign Languages. This rests upon set up of ongoing applied linguistic research run by qualified linguists. Vietnam is fortunate to have at least three healthy sign languages. Completing the sign language collections from the Hanoi, Hai Phong, and Ho Chi Minh regions was given the highest priority after the mid-term evaluation. The second round of sign language work shows more respect for deaf people's regional sign vocabulary than previously. The quality of the work has been limited because efforts to hire a sign language linguist did not succeed. Also, some program leaders (NIES) have promoted an ill-conceived aim to standardize the signs. They would like to choose one of the regional signs for each concept or written word. This pits one deaf community against another, and means that unknown signs from elsewhere in Vietnam will be brought in to be used in a school. A more productive approach is to fully document the vocabulary and grammar of each regional sign language separately. This research can be the basis for teaching materials. For example, in Hai Phong the local deaf community can help to teach its sign language. This is more sustainable than trying to import another sign language, that is used by no one locally. By adopting their own sign language, deaf people can become a local asset to families and schools with deaf children.

Deaf adults, who are the best teachers and models of Vietnamese Sign Languages, have not received sufficient training to provide high caliber courses. PSBI, with its good rapport with the leaders of the deaf community in Vietnam, can play an instrumental role in forging effective working relationships with deaf adults for improved sign language research and teaching. Any future program should build in support for deep training for selected deaf adults in language analysis, language teaching, and curriculum development.

Our major programmatic recommendation is that a model program be created in one site to discover and to document "best practices" in instruction and support for children with hearing loss. All components of support, including individualized education planning and ongoing monitoring, would be provided at the site. Two groups of children might be involved—one pre-school group who benefit from early intervention and one school-age cohort without benefit of early intervention. The program would have an applied research component (using videotape) that would allow graduate students and faculty members from psychology, child development,

linguistics, and education to assist in monitoring, documentation, development of various assessment procedures and tools, and in preparing training materials for teachers. The model program would also serve as an apprenticeship site for teachers of hearing-impaired and deaf children, which is sorely lacking in Vietnam now. Once a high quality and comprehensive approach to inclusive education for children with hearing loss is actually implemented in one site, it can be used as an exemplar or model for expansion to other areas in Vietnam. This model development will require at least three full academic years.

Our major policy recommendation is to undertake a strategic planning study to determine the necessary kind and capacity of schooling arrangements for children with hearing loss in Vietnam. The aim is to ensure that the nation's educational policymakers have the information needed to design a deaf education system that will ensure that eventually each child with hearing loss is placed in a school setting that enables them to achieve their full learning potential. The study would systematically undertake comparison of "best practices" in the deaf education systems in other nations, and consider their feasibility for Vietnam. It would involve procuring and translating into Vietnamese language a body of important research and policy papers one education of deaf children from several nations. An analysis by educational demographers of the numbers and characteristics of children with hearing loss in Vietnam would be conducted to assist educational systems planning.

Overall the evaluators have concluded that the "Inclusive Education for Hearing-Impaired and Deaf Children in Vietnam" program made a highly valuable contribution in opening new opportunities to go to school for children with hearing loss in Vietnam. The lessons learned in this program will be very useful in future efforts when attention is turned on improving the quality of education received by these children.

Recommendations for Inclusive Education for Hearing-Impaired and Deaf Children in Vietnam[9]

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In support of planning of special education for children with hearing loss-

1. Conduct a strategic planning study to determine the necessary type and capacity of schooling arrangements for children with hearing loss in Vietnam.

    1.1. The aim of the study is to ensure that the nation's educational policymakers have the information needed to design a deaf education system that will ensure that eventually each child with hearing loss is placed in a school setting that enables them to achieve their full learning potential.

    1.2. The study would systematically undertake comparison of "best practices" in the deaf education systems in other nations, and consider their feasibility for Vietnam.

    1.3. Include analysis by educational demographers of the numbers and characteristics of children with hearing loss in Vietnam.
        1.3.1. A conference in country might be useful.
        1.3.2. Expertise: Center for Demographic and Assessment Studies at Gallaudet University's Research Institute.

2. Procure and translate a body of important research and policy papers from several nations. Ask foreign advisors from child development, deaf education, and applied linguistics, to help select the topics and the most worthwhile documents for translation. (Consider Delphi technique to focus experts' input.)

In support of improved programs for children with hearing loss-

3. Create a model educational program in one site to discover and to document "best practices" in instruction and support for children with hearing loss.

    3.1. All components of a support system, including individualized education planning and ongoing monitoring, would be provided at the site.

    3.2. Two groups of children might be involved—one pre-school group who benefit from early intervention and one school-age cohort without benefit of early intervention.

    3.3. The program would have an applied research component (using videotape) that would allow graduate students and faculty members from psychology, child development,

[9] These recommendations were presented to the "Evaluation Workshop on Inclusive Education for Hearing Impaired and Deaf Children Program" held on 9-10 January 2004 in Hanoi. More than 200 policymakers , educators, parents, and non-profit agency representatives attended. The workshop was chaired by Dr. Nguyen Loc, Vice Director of the National Institute for Educational Sciences. The Minutes of the Workshop show that the recommendations were largely accepted by the participants. Some recommendations were added at the suggestion of the Workshop participants. However, the reader should refer to the Minutes of the Workshop for all of their ideas, including for future programs.

linguistics, and education to assist in monitoring, documentation, development of various assessment procedures and tools, and in preparing training materials for teachers.

3.4. The model program would also serve as an apprenticeship site for teachers of hearing-impaired and deaf children, which is sorely lacking in Vietnam.

3.5. The program serves as a production source for audio-visual training materials.

3.6. Once a high quality and comprehensive approach to inclusive education for children with hearing loss is actually implemented in one site, it can be used as an exemplar or model for expansion to other areas in Vietnam. This model development will require at least three full academic years.

Towards more attention to the needs and progress of individuals-

4. Expand the scope of screening, diagnosis, and assessment.

4.1. In addition to audiological testing, assess the child's capacity to use spoken language for ordinary conversation (not just isolated words).

4.2. Assess vision and any additional handicaps.

4.3. Computerize screening and testing data to make data collection, monitoring, and comparison easier.

5. Focus more on the needs of individual children.

5.1. Do an Individualized Education Planning (IEP) for each child with hearing loss. To include the family, also do an Individualized Family Support Plan (IFSP). The plan should have clear learning objectives.

5.2. Continually monitor the child's progress, especially in the critical areas of language development and communication skills.

5.3. Develop tools to assess child's progress in Vietnamese speech, writing, and sign language. These would be used as part of the IEP. (See 3.3 above.)

5.4. Planning and monitoring should be the principal responsibility of resource center personnel, with the assistance of the teacher.[10]

5.5. Resource centers keep individual education plan records and perform regular monitoring.

5.6. Conduct yearly reviews of the child's plan and make changes in the school placement and methods used if the child if is not attaining their learning objectives.

[10] Educators in the program told us, "Teachers should be trained in making Individual Education Plans (IEP) in order to monitor, update info in progress of HI-D children…" We agree that teachers can help update some parts of an IEP. But the assessments of communication and language skills need to be handled by specialists.

6. Conduct applied research to assist diagnosis and assessment.

   6.1. Develop tools to assess child's progress in Vietnamese speech, writing, and sign language. (See 3.3 above.)

   6.2. Develop tools to assess children and teacher's skills in a Vietnamese Sign Language (VSL). For teachers this can be administered as a proficiency exam, and a rating given, i.e., Basic, Intermediate, and Advanced. (3.3)

"Earlier the better"- providing a child with hearing loss early and ongoing stimulation of cognitive and language development.

7. As soon as a child with hearing loss is identified, involve them in early education/intervention activities to help them learn and acquire a language.

   7.1. For children who can use spoken language, parents can be given demonstrations about modifying everyday activities to engage their child.
      7.1.1. Example: Komitee Twee.

   7.2. For deaf children, deaf adults who use the sign language and live locally are best language models. In urban areas, playgroups can be formed for experiential learning of the sign language. In rural areas, deaf adults can visit the home regularly. (Also see "Utilize local assets of Vietnam" below.)
      7.2.1. Example: SkiHi program in Utah, USA.

   7.3. Provide appropriate hearing aids to children who can benefit, effective instruction to teachers in using the hearing aid, and a reliable service in maintaining and repairing the hearing aids.

7a. Promote public awareness and sense of responsibility for educating disabled children. Emphasize the normal intelligence of Hearing impaired and deaf children, and the need for stimulation of their intellect in early life at home using whatever means necessary. Emphasize the need to get the child into early childhood (intervention) programs as early as possible and into primary school at the regular age.

Enrich the quality of interaction and instruction with hearing-impaired and deaf pupils in the classroom.

8. Put every HI-D child in the educational setting where they can learn a primary language.[11]

   8.1. For each child with hearing loss, determine one primary language to be used with that child. The primary language must be that language which is easiest for the child to learn and to use. This will be the primary means of communication for that child; they can learn a second language (speech or sign) later. The choices for the child will be a spoken

[11] Here and in the report, HI-D stands for "hearing-impaired and deaf children", thus including children from milder to profound levels of hearing loss.

language used in Vietnam (Vietnamese or other) or one of the Vietnamese Sign Languages as used by deaf people).

8.1.1. If spoken Vietnamese, ensure the child receives regular lessons in auditory and speech training.[12]

8.1.2. If a Vietnamese Sign Language (VSL), give the child frequent opportunity to interact with signing deaf adults.[13]

8.1.3. If a Vietnamese Sign Language (VSL), assess the VSL skills of the teacher. If the teacher has little or no VSL skills, then choose one of these options:

8.1.3.1. Bring in a sign language interpreter.

8.1.3.2. Move the child to a classroom where the teacher has at least Intermediate or Advanced skills in VSL.

8.1.3.3. Move the child to a special school that uses VSL as medium of instruction.

8.2. Adopt teaching methods that involve interaction, action, and group work so that hearing-speaking and HI-D students can work together.

Support the teachers –as the backbone of inclusive education.

As classroom teachers are at the center of inclusive education in Vietnam, they need ongoing support, as follows:

9. Develop a corps of highly skilled teachers for inclusive education.

9.1. Choose teachers who are enthusiastic and active volunteers to teach inclusive classes.

9.2. Provide training in methodology to teach HI-D children, including cooperative learning between hearing-speaking students and HI-D students. Incorporate inclusive education into the training content of the teachers' college.

9.3. Create ways for sharing experience among teachers so as to help improve teaching quality. Make training a regular event for IE teachers, including observation of "best practices" emerging from model programs. (See 'Determine Best Practices' below.)

9.4. Give IE teachers special visual teaching aids, such as pictures and videotapes.

9.5. Determine suitable financial mechanism as incentive for teachers, i.e., allowance for teachers of inclusive classes.

9.6. Organize demonstration events in which teachers can demonstrate their lessons; provide awards for "exemplary teacher in inclusive education.

[12] All hearing-impaired and deaf children can benefit from using a sign language. It may be their first or second language. A sign language uses the visual channel which is intact in these children, and is thus a rich source of information that can assist the child's cognitive development. In addition, children who can use a sign language will have access to the local deaf community.

[13] It is unreasonable to expect teachers to teach the sign language to HI-D children, as the teachers usually have only basic skills in the sign language.

10. Ensure that HI-D children always have skilled teachers with whom they can easily communicate.

    10.1. Allow skilled IE teachers to follow HI-D children to upper grades.

    10.2. Cluster those deaf children whose primary language is Vietnamese Sign Language in one class, with a teacher who has the best skills at Vietnamese Sign Language. The deaf children can help teach each other cooperatively.

    10.3. Provide orientation to principal of schools so they understand the needs of HI-D pupils, and will understand the need to always have the most experienced IE teachers with the HI-D pupils.

Build a comprehensive support system for inclusive education.

11. Develop provincial resource centers by allocating personnel and budget.

    11.1. Clarify functions of resource center.

    11.2. Resource center keeps records on HI-D pupils in inclusive schools.

    11.3. Provide ongoing, advanced training for resource personnel.

    11.4. Portable AV equipment needed to allow dissemination of video-graphic information to schools. (Production source of Vietnamese language AV materials for deaf education should be the model program. See 3 above.)

    11.5. Assign staff to supervise the IE program.

Tap the local assets of Vietnam: the Vietnamese Sign Languages and its expert users- deaf adults.

12. Give linguists and native signers leading roles in sign language research, teaching, and interpreter training.

    12.1. Involve an experienced sign language linguist to ensure quality of the sign language analysis and compliance with the recommendations of the World Federation of the Deaf, the United Nations, and international societies of linguists regarding sign language analysis and sign language teaching.

    12.2. Create a center for ongoing analysis of vocabulary and grammar of Vietnamese Sign Languages (VSL), and production of materials for teaching the sign languages. This would best be affiliated with a university that could arrange faculty exchanges (Fulbright) to bring in sign language linguists. Deaf people should be engaged as informants and trained as researchers of their languages.

12.3. Identify skilled hearing signers need so that they can be trained as sign language interpreters. Interpreter training needs to focus not only on the training of educational interpreters, but also on the training of interpreters who can interpret fluently to and from the sign languages currently in existence in Viet Nam. Deaf people should be involved in the training of these interpreters.

12.4. Provide more sign language instruction for teachers by trained trainers who are highly fluent in a Vietnamese Sign Language. Ensure that the teachers have sufficient practice in signing complete sentences. Focus on language in its social context--do not teach isolated vocabulary items. Provide inclusive teachers with more opportunities to interact with fluent adult deaf signers outside of class. (The program at Dong Nai Teachers College is presently training deaf people to be professional teachers of Vietnamese sign languages.)

12.5. Provide special sign language classes for hearing and hearing impaired students taught by deaf adults as an optional part of the curriculum in schools, so that hearing impaired and hearing children can communicate well with each other. The instruction needs to include the signing of complete sentences, not just isolated vocabulary items. Teach the visual grammatical strategies of Vietnamese Sign Language.

12.6. Train deaf people as teaching assistants in inclusive classes and train sign language interpreters for inclusive classes. It should be noted that it is not advisable to have the same person working as a sign language interpreter as well as a teacher.

13. Continue and enhance Social Day activities.

13.1. These have been a welcome opportunity for teachers, parents, deaf adults, and HI-D children to socialize. (Caveat: deaf children are not substitutes for deaf adults as language models.) Make the Social Days more educational by offering high quality lessons in parenting issues, sign language, etc. Offer training sessions at advanced level.

Glossary of Acronyms and Abbreviations

DOET	District Level Department of Education and Training
HCMC	Ho Chi Minh City
HI-D	Hearing impaired and deaf children
HN	The national capital city of Ha Noi
IE	Inclusive Education (placing disabled children in regular schools)
NIES	National Institute for Educational Sciences
PSBI	Pearl S. Buck International
POET	Provincial Level Department of Education and Training
USAID	United States Agency for International Development
VSL	Vietnamese Sign Language(s)

Background and Objectives of the Program

Over the past decade the government of Vietnam has begun to put in place the legal and administrative for education of disabled children. On one hand, Vietnamese society is pushing its government to provide universal primary education, including disabled children. At the same time, Vietnam is also responsive to global initiatives such as UNESCO's "Education For All" and UNICEF's "Declaration on the Rights of the Child." A 1991 Law on the Protection, Care, and Education of Children "affirms the principle of non-discrimination against disabled children"[14] In 1995 the government transferred responsibility for the education of children with disabilities to the Ministry of Education (MOET). In late 1995 the MOET issued assigned agencies within MOET to develop provisions for children with disabilities as part of the national education system.[15] In 1998 the Education Law includes regulations pertaining to the education of children with disabilities.[16]

In 1997 USAID launched a "children with disabilities" initiative to provide noninstitutional support services for children with special needs. Subsequently, USAID awarded grants to Pearl S. Buck Foundation (PSBI), and several other foreign non-governmental organizations. From 1998-2003, PSBI and its governmental partner, National Institute for Educational Sciences (NIES)[17], implemented the "Inclusive Education For Hearing-Impaired and Deaf Children in Vietnam" program in six provinces. The Ministry of Education and Training (MOET) had an oversight role. The principal source of funding was a grant by the US Agency for International Development from the Disabled Children and Orphans Fund (DCOF). While the time frame of the grant was August 1998 to December 2002, a no-cost extension extended the program funding through December 2003 for a total of 71 months. The final evaluation was conducted in October-November, 2003. The program concluded with an "Evaluation Workshop for Hearing Impaired and Deaf Children Program" during 9-10 January 2004.[18]

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[14] PSBI's program proposal to USAID, 1998, p. 1.
[15] Khuat, T.H. et al. (February 2002). People with disabilities in Vietnam: A research report on the implementation of policies in the scope of education, vocational-training/employment and social participation in Hanoi, Ho Chi Minh City, and Quang Nam. Funded by Vietnam Assistance for the Handicapped in cooperation with the National Coordinating Council on Disability, p. 16.
[16] This section also draws upon a paper attributed to staff of the European Community entitled, "Education for Children with Disabilities (2004)"
[17] NIES has recently been re-named as "The National Institute for Educational Strategy and Development."
[18] The Executive Summary and Recommendations of this final evaluation were presented by co-evaluator Dr. Khang Cong Nhuyen to more than 250 workshop participants. Their feedback has been incorporated into the recommendations section of this report. However, the reader will learn about many interesting ideas by reading the Minutes of this workshop, which are available from PSBI/Vietnam.

The Inclusive Education program's ultimate goal is "to provide access to inclusive education to hearing-impaired and deaf children and the opportunity to become accepted and productive members of society." The inclusive education philosophy was seen as a feasible and affordable approach to expanding educational opportunities for disabled children, as the primary schooling system is well-established throughout the nation. Sending disabled children to school within the commune and keeping them close to home was seen as more acceptable to parents than residential schooling. Moreover, by making children with hearing disability more visible it was hoped that the attitudes of parents and members of the community would be positively changed towards these special children.

In implementing inclusive education the strategy that was chosen was full integration of all hearing-impaired and deaf children into regular classrooms. The proposal stated, "Educational pragmatics operating in Vietnam dictate a radical approach to serving as many hearing impaired and deaf children as feasible in the ordinary classroom."[19] This fit the government's position that inclusive education meant full integration instead of other inclusive strategies, such as self-contained classrooms attached to regular schools. It was recognized that "The interventions for the hearing impaired children are different from that provided to deaf children. The educational and audiological interventions designed for hearing impaired (hard of hearing) children rely more on hearing and speech compared to the visual interventions including sign language ad Total Communication for the Deaf students. The provision of these two parallel intervention strategies more effectively meet the individual needs of children with hearing disabilities" (proposal to USAID, 4/30/98, pp.5-6).

The program had four objectives:

- Early identification of hearing impairment through audiological screening;
- Provision of hearing aids and referral to educational services;
- Training of teachers and specialists;
- Collection of Vietnamese signs and training in using sign language for parents, teachers, and students

These objectives were strategically chosen to be the foundation of an effort to create a comprehensive support system for children with hearing loss, their families, and their teachers. If successful, the program would help educators in Vietnam learn valuable lessons about how to

[19] PSBI's program proposal to USAID, April 1998, p. 6.

adequately address the special needs of children with hearing loss, and figure out a sustainable approach.

At the start of this program there were few support services beyond basic schooling available for children with hearing loss. Vietnam has a long history of basic education for children with hearing loss, but less than 10% of school age deaf children in the nation. The schools, operated by both religious groups and government, tend to operate in isolation from each other, and suffer from shortage of trained personnel and modern instructional material and equipment.. Early childhood (intervention) and family services for hearing-impaired and deaf children have been offered only in a few locales. The contribution of provincial and central government to deaf education has been limited to minimal financial support, as expertise in the support areas of audiology, educational and curriculum planning, and Vietnamese sign language practically was not available to the provinces prior to 1998. Until recently, sixth grade was the highest year of academic training offered to children with hearing loss in Vietnam.

In this light it may be said that the scope of the five-year program was overly ambitious. The high number of participants spread across six provinces and 39 districts stretched thin the limited resources of PSBI and NIES. After three years of activity this point was recognized by the program staff and the mid-term evaluation team. In April 2002 the mid-term evaluation report recommended that the quality and sustainability of the inclusive education approach in Vietnam was a paramount concern (Mid-term evaluation report, p.18). Subsequently PSBI, in requesting USAID to extend the program until June 2003, wrote that,

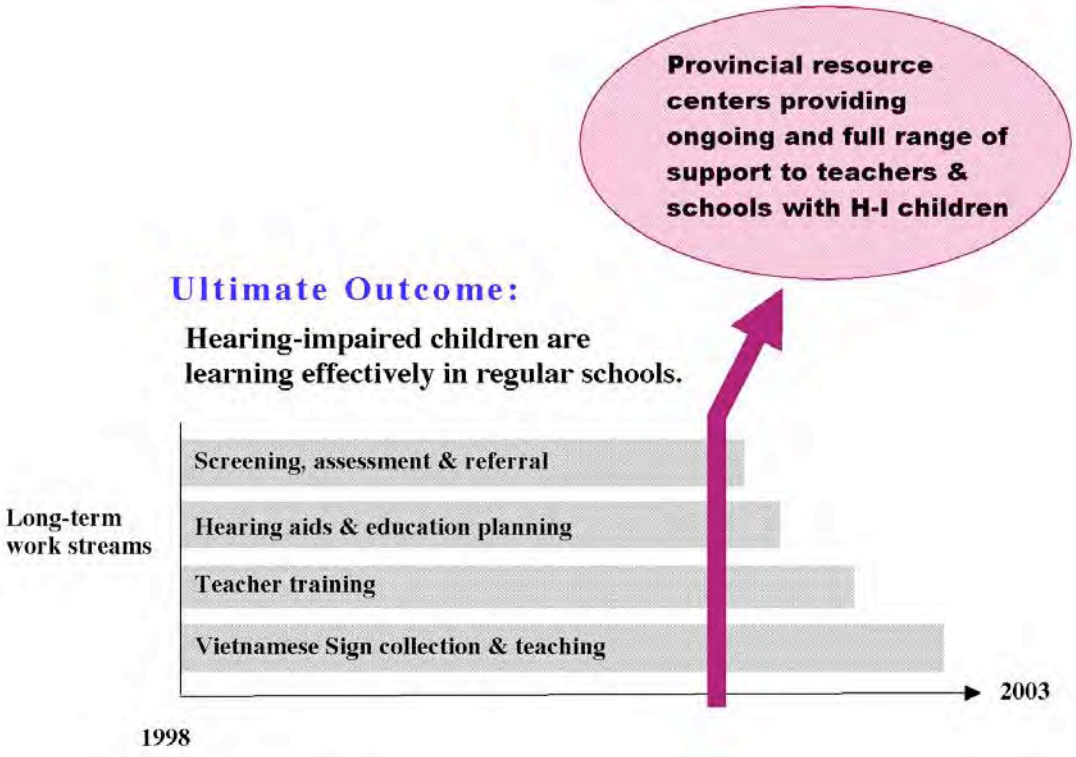
> The program realized that because of its wide area of coverage and given the remaining time and resources, it cannot address the problem cited in all areas. Thus the Steering Committee decided to build models of inclusive education in two program areas…. and collected signs (from Vietnamese sign languages used in three regions) will be documented for dissemination… These models will demonstrate implementation of quality inclusive education classes and serve as learning sites for other areas. The activity aims to develop a comprehensive model in providing appropriate and sustainable services to hearing impaired and deaf children in all aspects of teaching, learning, and social life.

The areas identified were Lai Vung district, Dong Thap province and Phu Binh district, Thai Nguyen province. These areas were selected among the 39 districts based on the following criteria: (1) good coordination and cooperation of Provincial Department of Education and Training (POET), (2) has Resource Center and good cooperation between Resource Center and POET and

District Department of Education and Training (DOET), (3) good coordination and implementation of DOET, and (4) enthusiasm of teachers. Subsequently, the focus of project efforts shifted to these two districts. We were told repeatedly that having vertical support from provincial and district educational authorities and People's Committees was the key to success in a schools becoming supportive of hearing-impaired and deaf students.

From providing direct assistance to thousands of children and their families, the program focus shifted in 2002-3 to targeted training and support of the key personnel in specific locations. During the span of the program the government had designated a number of special schools for disabled children as "provincial resource centers." The centers were intended to become the central source of ongoing support for the teachers and schools in inclusive education. The PSBI-NIES program supported the strengthening of the new provincial resource centers by providing planning assistance, training, and materials. The strategy can be represented in a diagram of the following page.

Each special school/resource center chose 3-6 teachers to receive in depth training from the PSBI-NIES program; in this way a corps of specialists in audiology, sign language, teaching methods, and early childhood intervention was created. For example, four "key teachers" at the School for The Deaf and Blind in Thai Nguyen, designated as that province's resource center, became responsible for supporting teachers in regular classrooms with hearing-impaired children. However, MOET has not yet provided budget nor assigned personnel for IE resource/support. Obviously to sustain the benefits of training and give a foundation to the nascent support system for inclusive education there is need of permanent budget from MOET, as well as clarifying the precise function of the resource center t the special schools. The issue is addressed further in the Sustainability section.



The activities shown in gray bars were supported by Pearl S. Buck International in partnership with National Institute of Educational Sciences under USAID funding, 1998-2003. There are other factors and activities being addressed by other govt. agencies and NGOs towards implementing the resource center model and ultimate outcome.

Classification of children with hearing loss

The primary beneficiaries of the program were children with all degrees of hearing loss. In this report we call them "HI-D children," which stands for hearing-impaired and deaf children. The definitions follow:

(a) Hearing-impaired children: They have mild (31-50 dB) to moderate (50-71 dB) hearing loss. Many of these children use their residual hearing to learn and to acquire spoken language. Hearing aids are often useful. However, they may also experience distortion of sounds, and so have need of visual cues and visual communication.[20][21]

[20] In the United States they would be called "hard of hearing", but in Vietnam this means a very slight hearing loss (30-40 dB). Therefore we retained the proposal's use of the term "hearing impaired" to refer to those with mild to moderate hearing loss.

[21] It should be noted that even a slight hearing loss often causes distortion in what the person hears. If one has blurry vision, wearing eyeglasses will usually make things clear. But when hearing loss is caused by nerve damage, using a hearing aid to amplify sound doesn't always overcome distortion caused by "lost" frequencies. The child learning speech may not be able to differentiate the phonetic sounds in the language adequately. Thus, even a child with mild hearing loss can benefit from information in the channel of vision,

(b) Deaf children: They have severe to profound hearing loss (greater than 70 dB). These children rely primarily on their sense of vision for learning. Most deaf people are unable to clearly perceive speech, as used in everyday settings, even when amplified by a hearing aid, due to distortion often caused by neural damage. Deaf children primarily rely upon their sense of vision to understand and to learn.[22]

In the six provinces in this program, there are an estimated 29,382 children of which "approximately 4,897 children would be considered deaf and 24,485 hearing impaired."[23] In the Inclusive Education program all hearing-impaired and deaf (HI-D) children were placed in regular classrooms where spoken Vietnamese was the medium of instruction. This is a matter of government policy being be implemented by the grantee.

Practically, the distinction between "hearing impaired" and "deaf" is about the child's capacity to use spoken language.[24] To some degree "hearing impaired" children have been naturally acquiring the spoken language throughout their lives. Thus, they may be able to succeed in a classroom using the spoken language, perhaps with a hearing aid and extra assistance.

However, with "deaf" children the capacity to hear is so diminished that they have not acquired a good knowledge of the grammar and use of the spoken language, with or without hearing aids. Typically they will not be able to hear well enough to understand spoken sentences nor hold an extended spoken conversation. Deaf children often arrive at school far behind children of their age in language skills, worldly knowledge, and social skills. The deaf child comes to school needing to acquire their first language. Obviously, the challenge for an ordinary school posed by a deaf child is much greater than by a hearing-impaired child. It is important that the reader know that in the PSBI-NIES program, more than 60% of the children were severely to profoundly dea.[25] **Thus, the PSBI-NIES program sought to do the most difficult task of all---to integrate deaf children in regular classrooms.** When evaluating the outcomes of the program we need to keep in mind how difficult it is to successfully integrate deaf children, even in mature special education systems.

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i.e., using a sign language, cued speech, etc. Thus today many educators now believe that the hearing-impaired child should be given both visual and auditory inputs to help their understanding and cognitive development.

[22] Lipreading (watching the movements of the lips to discern meaning) is a visual means of understanding, as is sign language.

[23] From the USAID grant application from Pearl S. Buck Foundation, 4-30-98.

[24] While convenient, it should be emphasized that children with hearing loss do not neatly fit into categories. The extent of hearing loss, the age of the child at onset of hearing loss, and their pre-school upbringing are influential factors in a child's responsiveness to spoken language. We recommend that individual education planning be done and monitored for each child.

[25] All of the 19 children who were available for visits during the evaluation were deaf.

Overview of the Evaluation Purpose and Methods

This section gives general information about the evaluation purpose, evaluation team, methods of data collection, focus of the evaluation, sampling of schools, and limitations of the study. Details about the methodology are given in an appendix along with the interview questionnaires.

Evaluation Purpose

Sponsors supporting the "Inclusive Education Project for Hearing Impaired and Deaf Children in Vietnam" sought to gauge the progress, successes, and lessons learned, by conducting a final program evaluation. The objectives of the evaluation were:

1. determining if the program met its stated goals and objectives,
2. evaluating the effectiveness of the technical approach,
3. identifying the development of overarching lessons learned from the project, and recommending any further interventions.

Evaluation Team

The lead evaluator was Charles Reilly, Ph.D., a research scientist at Gallaudet University in Washington, D.C. Since 1978 he has been developing educational and community development programs with deaf people in Thailand and is co-compiler of the Thai Sign Language Dictionary (1986). He is currently the project director for "Campaign to Promote The Learning of Thai Sign Language Nationally", a project of Gallaudet University and the Nippon Foundation to train sign language teachers and mobilize rural deaf communities to carry out sign language programs for young deaf children, families, and non-signing deaf adults. Reilly's research specialty is cooperative learning among deaf children and policy for residential schools. He is now conducting long-term studies of language learning by young deaf children (http://sol.gallaudet.edu).

The co-evaluator was Nguyen Cong Khanh, Ph.D., Senior Researcher, Research Centre of Child Bio-Psychological Development, National Institute for Educational Sciences, Hanoi, Vietnam. He has extensive experience in child development research and clinical work, and consulting and evaluation in projects for disabled children. He is also a senior lecturer at the University of Hanoi.

PSBI staff and contractors assisted the evaluators in logistics, data collection, and translating. [26]

[26] Logistics handled by Nguyen Thi Thu Ha, the program's manager, and translations by Nguyen Quoc Truc.

Kind of Information Acquired and Sources

A two-person team of evaluators, one from the United States and one from Vietnam, conducted their study of the Inclusive Education program in October-November, 2003. They collected information during an intensive 20-day period of field visits to four districts in three provinces, interviews with 112 participants (teachers, parents, children, and educational officials), observations in classrooms, and review of documents. Direct contact was made with people from 12 schools, two resource centers, four district educational offices and four provincial education offices. A list of schools visited and names of interviewees is given later in an appendix.

The data comprises: (a) statistics about services delivered during the program for each of the four objectives, (b) responses by participants to a questionnaire filled out during interviews, (c) notes from observations in classrooms, and (d) review of program documents. The questionnaires are reproduced in the back of the report, with summary of the answers by parents, teachers, and administrators.[27]

[27] We express our appreciation to Dr. James Woodward for his support.

Central Tasks and Focus of the Evaluation

Four major tasks were undertaken. The questionnaires, procedures of data collection, and analysis were designed to serve these four tasks:

Task 1: Clarifying the program theory and model as to the assumed relationship between outcomes, activities, resources, and influential factors and outcomes.

See the Background and Objectives of the Program section.

The evaluators sought to understand the program theory and logic that drove the design and implementation and revision of the program over the years. The key sources were interviews with program leaders from PSBI and NIES, and policy and program documents. Through these discussions we were able to see a program logic in which the training activities were assumed to prepare the regular teachers to handle disabled children. Classroom teachers are considered the primary agents in implementing inclusive education with broad responsibility in communication training for HI-D children, hearing aid upkeep, maintaining the child's educational plans and records, and advocating for the HI-D child in the school, in addition to providing instruction for large number of students daily. The teachers were considered the source of sign language for the HI-D children. The provincial resource centers system primarily is intended to serve those classroom teachers.

Task 2: Considering the effectiveness of the technical approach by looking at the program's outputs on its four objectives and the impact on the educational process of children with hearing loss.

See "Effectiveness of the Technical Approach" in the Results and Conclusions chapter.

We reviewed the program's quantifiable output on its four objectives, namely:

- Early identification of hearing impairment through audiological screening;
- Provision of hearing aids and suitable educational planning and referral;
- Training of teachers and teacher trainers;
- Collection of Vietnamese signs and training in how to use the sign language.

Using the framework of the Mid-Term Evaluation report (April 2002) we updated the statistics on numbers of people served, hours of training, and so on, using PSBI and NIES reports. The interested reader should also turn to the Mid-Term Evaluation Report. It contains the most in-

depth information about the process and quality of the workflow on the four specific program objectives. As that study was done in mid-stream and used participants' feedback to make substantial changes in the focus of the activities, it should be read alongside this report by those involved in future program planning for inclusive education.

On the basis of literature in child development and education of hearing-impaired and deaf children, and insights on local cultural values, four important factors that shape a HI-D child's educational process were chosen for study, as follows:

1. Communication and language use with the deaf and hearing impaired child;
2. Teachers' skills in modifying instruction and classroom activities to engage the child with a hearing loss.
3. Expectations towards hearing-impaired children by parents and educators;
4. Social relationships involving the HI-D child (with peers, between teachers and parents).

These factors were used to guide our observations in classrooms and the design of questionnaires used during interviews. We consider our look at the educational process to be the "heart" of the evaluation, as it helps us understand the impact of the program on the beneficiaries. Whether observing in classrooms, interviewing, or discussing policy with policymakers, we continually tried to find out how the children, and the people around them, had been impacted by the idea or activity in question. By understanding the daily experience and situation in schools we can arrive at judgments of success in terms of how close HI-D children have been brought to gaining the opportunity at accessible education within an inclusive classroom. Also the issues that children and teachers face must be fully understood in developing improved, future programs.

Task 3: Looking at the program's specific contributions in helping the Vietnamese government to create a sustainable and high-quality support system for inclusive education.

See "Sustainability: Creating a Support System for Children with Hearing Loss" in the Results and Conclusions chapter.

We sought to determine the program's contribution in helping the Vietnamese government create a sustainable and high-quality support system for hearing-impaired and deaf children and their teachers in inclusive schools. The motivation to create a support system came up repeatedly in our interviews with teachers, principals, and officials from DOET, POET, NIES, and MOET. Many of the recommendations from the January 2004 "Evaluation Workshop" were about the organizational reforms needed to create a support system for inclusive education.

Task 4: Compiling "lessons learned" and making practical recommendations in support of continuation of the intervention by local people and in the design of a future program.

See the "Recommendations" section.

So that the evaluation was helpful to those involved with deaf education in Vietnam, the evaluators adhered to a spirit of "appreciative inquiry." During interviews the participants were encouraged to describe the activities that they felt were effective and to emphasize specific examples of success.[28] The approach helped to uncover positive examples that may be useful to people working with deaf children in elsewhere in Vietnam, and the "lessons learned" can be used in designing future programs.

When people reflected on the past program, there was an admirable to downplay the problems and instead talk how to improve efforts in the future. The evaluation was seen as program planning. While our Recommendations address both practice and policy, we must emphasize the need for an extended, participatory planning process before developing a new program proposal.

Methods Used for Sampling Schools

Schools were selected for a visit on the basis of characteristics such as the number of hearing-impaired students and the extent of support provided to the school by the resource center. Teachers, parents, and administrators traveled from nearby schools to meet us at the site for interviews. The sampling criteria are described in detail in Appendix 1.

Limitations of the Evaluation

The scope of the evaluation was limited to six provinces over 20 days. We did not observe the screening or training activities because they had already been completed. Instead we relied upon self-reports by program participants responding to our questionnaires. For example, teachers were asked about perceived value of training and to give examples of how they had changed their teaching practices as a result of the training. Children and parents were asked about the value and use of hearing aids. Deaf adults were asked to report using hindsight on the satisfactoriness of the sign language research and the usefulness of their training as sign language teachers.

The Mid-term Evaluation Report, which looked at formation and process of activities, is a valuable complement to this summative report.

[28] Coopenrider, D., Whitney, D, and Stavros, J. (2003) Appreciative Inquiry Handbook. Bedford Heights: Lakeshore Publisher.

We evaluated the outcomes on the basis of observations, interviews, and documents that were considered during a limited period and at a limited number of sites. By sampling we focused on assessing the educational process and conditions of a small number of hearing impaired and deaf children, and the sustainability of support services for them, their families, and teachers. But it is important that the reader recognize that the program played a supporting role in helping the government provide schooling to disabled children. What we observed in schools was an outcome of a blend of program inputs with education system's operations. Many factors are outside the program's control, and outside our own knowledge. There is also considerable variability among schools, districts, and provinces.

Because we lack baseline data from the beginning of the program, and have not observed the process of interventions over the course of time, we cannot verify a casual effect between the program's inputs and outcomes. In trying to determine program contributions, we relied upon reports of conditions at the starting point and feedback on the efficacy of the activities. We will appreciate the reader bringing our oversights or misunderstandings to our attention.

Results and Conclusions

"Inclusive Education for Hearing-Impaired and Deaf Children in Vietnam" was the first national-level program for developing a model for educating hearing-impaired and deaf children in regular local schools.[29] The IE program has helped the government make substantial progress in developing and pilot testing a model for inclusive education (full integration in regular classes) for children with hearing loss in Vietnam. The accomplishments included:

- Widespread screening of hearing ability of over 800,000 youth led to audiological testing of more than 5,000 children.
- From 1999-2003 an average of more than 550 hearing-impaired children per year were enrolled in school with support.
- The potential value of hearing aids was recognized by parents and educators through distribution of more than 1,000 hearing aids and provision of training in use of hearing aids. At the provincial resource centers regular audiological testing services were established, and a capacity to produce professional-caliber audiological records and to provide technical assistance to schools with hearing-impaired children was developed.
- Indigent families received support to school their child with hearing loss.
- A series of training courses for educators and parents introduced more visual and engaging approaches with hearing impaired children.
- Deaf people taught courses in the Vietnamese Sign Language for the first time.
- Selected "provincial resource teachers" were trained as specialists in early intervention, audiology, sign language, and pedagogical methods. This supported the government's goal of having special schools serve as provincial resource centers for inclusive education.

PSBI and NIES are to be commended for their capacity to develop new strategies, procedures, and training curricula/ materials, while working with the government to identify thousands of HI-D children and enroll them in school. Vietnam is on the road to a long path towards creating a special education system for hearing-impaired and deaf children. The HI-D children are now seen as individuals for whom schooling is a rightful and worthwhile endeavor. This is a profound accomplishment that is continuing to produce many visible and intangible benefits.

[29] Notable exceptions are early education efforts by Komite Twee and Catholic Relief Services.

This evaluation has some critical findings. But overall we believe that the program, against great odds, has helped significantly advance the cause of education for children with hearing loss in Vietnam. Our criticism is intended only to help point out a possible course of action for the future. We are gratified that the 200 participants in the Final Evaluation Workshop in January 2004 agreed that the evaluation was conducted objectively and produced accurate findings.

During our first day PSBI and NIES leaders told us that in assessing the program we needed to understand the realities of Vietnam today. The program needs to be viewed in light of the policy framework, the starting point, and the innumerable factors that are outside the control of the program's managers. We wholeheartedly agreed, and so begin with an overview of the prevailing policy and conditions related to HI-D children. The Vietnam government has recognized the unmet needs of disabled children, who have often been excluded from educational and social opportunities. The donor, USAID's Displaced Children and Orphan's Fund, has noted, "According to the Vietnamese government and UNICEF, more than one million Vietnamese children (3 percent of the child population) have physical or mental disabilities. Many of these children are cut off from social, recreational, educational, and other normal childhood activities … They are often stigmatized by cultural values and religious beliefs." In terms of schooling, children with hearing loss are among the most neglected of disabled children. At the beginning of the IE program in 1998, only 2-3% of deaf Vietnamese children were enrolled in school, with almost all of them at special schools. Many people considered them to be uneducable, despite having normal cognitive ability. People questioned the value of expending scarce resources on schooling of children with limited potential and career opportunity.

The IE program was designed to serve the central government's policy of promoting "inclusive education" for disabled children (meaning full integration in local schools). The rationale for inclusive education for disabled children in Vietnam is well-advanced. The reader is encouraged to read the policy documents, including those listed in the References in the back of this report. There are fiscal and philosophical rationale behind the inclusive education policy. Because primary schools are universal in Vietnam, they are seen as a practical way to rapidly expand the number of HI-D children given education. The financial burden was presumed to be lower than the cost of expanding the capacity of the 45 special schools for the deaf. These special schools are supported by provincial government and parental contributions, which is considered a burden.[30] Culturally, there is a belief that having all disabled children educated in local schools is best, as it keeps the

[30] The special schools instead were designated as resource centers for inclusive education.

children at home and connected to their commune and society. Unlike in neighboring Thailand where 95% of deaf students attend a residential school, parents in Vietnam are much less willing to send their children to residential schools.

The IE program was seen by the government as a way to develop the training, curriculum, and materials need to allow the extension of public education to HI-D children. The program helped expand the numbers of HI-D children in school rapidly. Opening the doors of the school to HI-D children for the first time has raised expectations and improved attitudes towards HI-D children. This is a very important accomplishment of the program. Many in the general populace have come to expect that schooling opportunities will be provided to children with hearing loss. This is a good basis for the development of improved programs.

One area concerns us above all else: communication and language for severely and profoundly deaf children. We cannot overlook their difficult situation. The proposal to USAID noted that:

> The strategies proposed for Vietnam are predicated on the functional differences between hearing impaired [children with mild to moderate hearing loss] and deaf students…. Hearing impaired children with the use of a hearing aid and training in speech expression and speech reading, can usually function in the hearing world including the mainstream classroom…. [For deaf children], the educational requirements are, however, far more complex…Hearing aids and speech training become less effective for children in the upper ranges of deafness.[31]

The proposal specifies how these inherent differences among children should be treated differently in classroom instruction:

> The interventions for the hearing impaired children are different from that provided to deaf children. The educational interventions designed for hearing impaired children rely more on hearing and speech compared to the more visual interventions including sign language and Total Communication for the Deaf students. The provision of these two parallel intervention strategies more effectively meets the individual needs of children with hearing disabilities.

We saw profoundly deaf children struggling in vain in regular classrooms, unable to understand or express themselves. We wondered if it was an "implementation failure." In other words, would

[31] See page 3-5, USAID grant application from Pearl S. Buck Foundation, 4-30-98.

things have turned out better if training or other activities had been better handled. Specifically, we asked, "Would these deaf children succeed if they had better trained teachers or additional support?" and "Is creating a visual, sign language environment in a local school really possible?" and "Is such training, support, and reform really feasible within Vietnam in the foreseeable future?"

We give recommendations about how full integration might be improved for severely and profoundly deaf children, such as involving local deaf adults as sign language models in the school. But these require innovative ways of thinking and working for schools and there are many attitudinal and practical obstacles. We have serious doubts as to the capacity of the local schools to create a new kind of visually accessible environment where a deaf child can learn the sign language and use it with others in a full and natural way. If this is not possible, then we must express deep concern about a policy that puts deaf children into regular classrooms. [32] We recommend that each individual child would be assessed as to their communication and language needs and then placed in an appropriate kind of school.[34] This situation should be addressed in future programs, as the attention turns to the quality of education.

[32] When one finds negative outcomes at all sites we must consider if there were policy or organizational decisions that are causing the negative outcome (a so-called "theory failure").

[34] In some nations sign language interpreters are provided full-time for a deaf child, but these are not available in Vietnam.

[36] Local deaf adults and sign language interpreters were used to communicate with HI-D children.

Effectiveness of the Technical Approach

The task in this section is to Consider the effectiveness of the technical approach by looking at the program's outputs on its four objectives and the impact on the educational process of children with hearing loss. This is Task 2 of the evaluation.

For inclusive education to have a chance of succeeding a number of special accommodations must be undertaken, including screening and diagnosis, referral for early education for them and their family, individualized planning and placement, provision of assistive devices and training in communication and pedagogy for their caregivers. In short, each individual hearing-impaired and deaf child often requires sustained attention from numerous professionals. This program aimed to provide linked inputs as:

Educational pathway for HI-D child

HI-D child's placement in a local school. ⇑ Teach sign language <=Teacher training ⇑ Individual educ. planning & referral, hearing aid ⇑ Early identification of children with hearing impairment ⇑ Audiological Screening	*[objectives #3, 4]* *[objective #2]* *[objective #1]*

The program's four objectives were designed to help create viable opportunities for HI-D children to enter local schools and to receive accessible, worthwhile instruction. It may be easier for the reader to see the objectives in a proper list:

- Early identification of hearing impairment through audiological screening;
- Provision of hearing aids and suitable educational planning and referral;
- Training of teachers and teacher trainers;
- Collection of Vietnamese signs and training in how to use the sign language.

We do provide numerical counts of outputs on each objective in the tables below. From the view of isolated statistics, it is clear that the program met or exceeded its "objectively verifiable indicators" on the four objectives. This is a great accomplishment. The reader will find more details about the work streams in the Mid-term evaluation report.

Our interest lies elsewhere: in looking at how the program intervened in key areas and processes in education of HI-D children. The key issues are how well these activities improve the educational prospects and process for HI-D children, and how much the program contributed towards a sustainable comprehensive service system for inclusive education. To their credit, this is what the program designer, managers, and participants had in mind, and it became the clear focus after the mid-term evaluation.

Early identification of hearing impairment through audiological screening (objective 1)-

As deafness is an invisible condition, many children with hearing loss are not identified until they approach their school years. They pass through their critical years of development without necessary support. The effects of communicative isolation can be profound, producing delays in cognitive, social, and linguistic areas. (Please see the section on Communication and Language below.)

Objective #1 stated, "Children in selected provinces are screened, assessed for hearing and deafness impairments and referred to the appropriate authorities for proper intervention."

The program's screening played two important roles. The emphasis on screening by itself draws attention to the issue of hearing impairment. In many developing nations it is assumed that there are few hearing impaired children because they are undiagnosed. Yet screening also leads to an increase in demand for services. In turn, it has helped motivate education officials to move quickly to expand special education services. The need for early intervention has become apparent to the parents of HI-D children, and it was mentioned repeatedly to us. Vietnam has come to recognition the prevalence of childhood hearing impairment and has entered a period of service creation.

The Objectively Verifiable Indicator was: "90% of children 15 and under in six selected provinces are screened with 90% referred to the appropriate authorities for proper interventions." Widespread screening of hearing ability of over 800,000 youth led to audiological testing of more than 5,000 children. (See table on next page.) While we do not know if this meets the 90% target, it is a tremendous accomplishment. The screening activity was highly successful.

We are not able to judge about the quality of the screening because it had been completed already. But we see a serious shortcoming. Screening at school age is too late! Screening needs to be done at the earliest possible age. There are field techniques that can be used with young children. We suggest that in the future: (a) training and materials be provided to enable screening of very young

children and; (b) the screening be handled by the health ministry and clinics as they see the children at a younger age than the education officials.

The audiological records for the HI-D children were kept by their teachers at the local schools. We wonder if a better site for such records, (and future records on the child's cognitive development) are better kept at the provincial resource schools. The records would be used only during periodic reviews and assessments of the child; the specialists there have training in interpreting test records. Moreover, having the records at the provincial resource center might keep them closer to the HI-D children and teachers who they are assigned to support.

These questions remain to be answered:

How was the screening promoted to the general public? Obviously there was a highly effective means given that 800,000 youth were screened. Can this same mechanism be used to promote other messages about the needs of disabled youth?

What is the cost of screening per child ? Will the screening be continued by the health authorities??

For the 5,000 children who were referred to full audiological testing, was attention given to more than their hearing condition, i.e., assessing cognitive development, language skills, and additional handicaps? This would be useful information for educational planning.

Table: Progress on objective 1 and 2 at the provincial level

Categories	By provinces						
	Bac Ninh	Thai Nguyen	Phu Tho	Long An	Dong Nai	Dong Thap	**Total**
1. Number of children screened	126,609	86,072	87,370	96,039	281,244	137,458	**814,792**
2. Number of children receiving Audiological Testing	1,810	1,124	1,369	520	739	419	**5,981**
3. Number of children receiving IE							
1999 - 2000	95	33	53	33	28	20	262
2000 - 2001	143	111	95	61	79	34	523
20001 - 2002	189	157	115	100	89	132	782
2002 - 2003	90	135	151	98	76	123	673
Currently	84	92	113	96	69	113	567
4. Number of children provided with hearing aids	157	174	153	130	123	160	897
5. Number of children not provided with hear. aids							
6. Number of children passing school year	74	79	87	67	54	85	446
7. Number of children not passing school year	6	8	16	18	5	23	76
8. Number of children dropping out school year /a	4	5	10	11	10	5	45

/a incl. pupils graduating primary school

Provision of hearing aids and suitable educational planning and referral (objective 2).

After children were identified with hearing loss, next the program sought to provide them hearing aids and suitable educational planning and referral. We wish the objective had been written as: "Provide individualized educational planning and referral to a suitable learning program, including provision of a hearing aid if useful." As is, the focus became the provision and upkeep of hearing aid devices, not the essential educational planning and referral activities. Giving out a hearing aid should be a decision made during the planning process, not an automatic thing. Only some children can benefit from a hearing aid, while they all need educational planning and suitable referral. The planning and referral guides the child, family, and teacher along the path that will help the child communicate and learn most easily—to a spoken language environment assisted by a hearing aid or to a visual, sign language environment.

This topic falls into three headings: education planning and referral, educational placement, and monitoring and assessment of the child's progress. Finally, we discuss how improvement in these areas relies upon academic-based development in Vietnamese language of a set of assessment tools for spoken language, Vietnamese sign language, and learning by the HI-D child.

Education planning and referral-- Comprehensive, individualized planning has not yet been developed. No one could show us any written education plan for any child or family. Only hearing test results were available at the child's school. Without an individualized education plan in the program, parents and teachers were left to their own devices to figure out how to communicate with the hearing-impaired child. At Thai Nguyen resource center, they told us they work collaboratively with the teachers to figure out the best communicate with an individual child.

Educational placement --Beyond simply writing out an education plan, the plan should be used to drive the educational placement of each HI-D child. There was no evidence of a formal referral process in which various school placements for the child were considered. As we have already noted in this report, the IE program followed the government's policy to fully integrate all HI-D children in local classrooms. As there was only one kind of schooling offered—local classrooms-- the idea of a ' referral to a suitable education program' was not possible. This is a mistake, as not all children can thrive in a spoken language setting. We saw profoundly deaf children sitting in classrooms without being able to communicate with those around them. This problem is discussed in depth in the following section on 'communication and language.'

By frequently monitoring the child's progress towards the set goals, it can be decided if the school placement is working out for the child or not. If it becomes apparent that the child is not learning up to their potential, the child needs to be moved into a different kind of classroom. While the difficulties faced by these children was well known by the teachers, principal, and parents, still the child was kept in the local classroom. Indeed, any school is much better than no school, and the IE program got many children into school for the first time. We were told that it is difficult to move children to different schools in Vietnam. But in fact there are special schools in many provinces. There is also the option of clustering all HI-D children in a district together in the same classroom (called a "self-contained" classroom). It is a central principle of special education that accommodation is made to the needs of the child. The school system needs to adapt to the needs of the child not vice-versa.

Once the child enters a school, some assessment and monitoring of the child's progress is being done. PSBI and NIES are to be commended for their efforts in developing professional-caliber checklists for monitoring the child's progress in key learning areas. However, these are not being fully implemented in the field. Teachers were assisted by resource staff in assessing the skills of their students with hearing loss, and in filling out a customized form. Teachers are responsible for keeping these forms up to date; these are sent periodically to the district education office (DOET). However, it appears that the teachers do not have sufficient skill or enough time to assess the HI-D child's progress in all regards. Consequently, the information kept on HI-D students is no more comprehensive than the information kept on ordinary students.

Once educators recognize the value of individualized educational planning, it might stimulate Vietnamese university scholars to develop the necessary diagnostic and assessment tools. In the Recommendations 1.0 we call for Vietnam to Create a model educational program in one site to discover and to document "best practices" in instruction and support for children with hearing loss and "The program would have an applied research component (using videotape) that would allow graduate students and faculty members from psychology, child development, linguistics, and education to assist in monitoring, documentation, development of various assessment procedures and tools, and in preparing training materials for teachers."

PSBI/NIES has made a good start towards producing assessment materials, but they need additional expertise and research on developing assessment tools for Vietnamese sign language learning and cognitive skills of HI-D children. Most importantly, there is need for training in use of assessment

tools to specialists and teachers in the field. A tradition of keeping detailed records on individual children needs to be established. The records might be kept at the provincial resource center, to help specialist there keep in touch with children in scattered local schools.

Rather than an Individualized Education Planning (IEP) created at time of school enrollment, the planning needs to be done as soon as the child is diagnosed with hearing loss. It is preferable to do an Individualized Family Support Plan (IFSP). This emphasizes that helping a HI-D child depends on the participation of the family. If developed early, the plan will clarify what a pre-school HI-D child and their family needs, especially as to stimulation of their communication, language, and cognitive development. A plan will clarify that the child needs a spoken language or signed language environment to learn effectively. The process of devising an education plan is a way for parents and teachers and specialists to share their perspectives on the child, and come to an understanding of action steps.

Provision of hearing aids-

The provision of hearing aids was handled in a professional and determined manner. Almost 900 hearing aids were handed out; please see exact numbers on the table in the previous section about Early Identification section. Please turn back to the table on the previous page. Almost every training session included information on the use and maintenance of the hearing aids. Teachers did note that sometimes aides were mis-fitted or inoperative. The Mid-term report discusses at length that most children in their sample had stopped using hearing aids because of discomfort and lack of maintenance. During our visits all of the HI-D children were wearing hearing aids, but we were unable to know if these were operative or were used regularly.

The true measure of the worth of a hearing aid device is its usefulness in assisting communication. In our limited study of nine deaf children, all wearing hearing aids, we found that none of them could communicate in spoken sentences. Two of the children could hear and speak isolated words only, while seven had practically no oral-aural response when spoken to Vietnamese (by teachers of the deaf who do speech therapy.) Theoretically, those with milder hearing impairment should do better in spoken language (with or without the hearing aid).

The hearing aid represents a decision that the child can use spoken language for daily communication. Its effective use is dependent upon a number of supports, such as regular sessions to assist the child to use their residual hearing, to practice speech, and so. Ideally parents will be involved in supporting use of the hearing aid. Unfortunately most HI-D children are not in situations where they can receive

adequate support of use of the hearing aids. So, as reported in the mid-term, most children stop using the device after some time.

To a large extent the hope for effective use of hearing aids rests with the provincial resource centers, which have trained audiologists. We sense that the staff in Thai Nguyen and Dong Thap were motivated to do what they could to keep aids in good working order. However, as the resource centers are not yet funded with full-time staff, they cannot be expected to provide services in using residual hearing and speech for children. The program model leaves this to classroom teachers, which is a burden on their time.

Finally, The IE program provided school fees, textbooks, uniforms, insurance, and other education-related assistance to a large number of targeted children, including siblings. This assistance was indispensable in allowing many HI-D children to enroll at school for the first time.

Impact of the program on the educational process with HI-D children

The Inclusive Education program created a new kind of educational process in Vietnamese classrooms, by putting children with hearing loss into classrooms with hearing-speaking teachers and hearing-speaking pupils. By "educational process" we mean the nature of the interaction among the people in the school as they relate to learning tasks and materials. As education is a face-to-face activity shaped by interactions among unique individuals, it was important for us to see first-hand a variety of school settings involving a variety of HI-D children and teachers. (The sampling criteria are discussed in depth in the appendix.) The evaluation team spent much of its time visiting schools to observe and to interview HI-D children, their peers, teachers, and involved educational authorities.[36]

To gauge the impact of the program on participants, the evaluators looked in-depth at the nature of the educational process among HI-D children, their teachers, and their families. We focused on four factors that influence the educational process with a child who has hearing loss:

1. Communication and language use with the deaf and hearing impaired child;
2. Teachers' skills in modifying instruction and classroom activities to engage the child with a hearing loss.
3. Expectations towards hearing-impaired children by parents and educators;
4. Social relationships involving the HI-D child (with peers, between teachers and parents, etc.);

These four areas guided our classroom observations and design of questionnaires that were used in

interviewing 112 teachers, hearing impaired and deaf students, hearing-speaking classmates, parents, school administrators, and district and provincial officials. During the evaluation we sought to find out to what extent the PSBI program influenced these key areas. For each of the four factors we will discuss these issues:

Define and explain the concept

Discuss observable indicators

What would success look like?

Relevant items on the questionnaire.

Describe findings (from observations, interviews, and files)

Examples, Responses

Impact of the program

Problems and issues

Recommendations for future programs are given in a later section of the report.

The questionnaires are reproduced in the back of the report, with summary of the answers by parents, teachers, and administrators. The text does not cover answers for all the questions.

Key factor 1. Communication and language use with the deaf and hearing impaired child

The most challenging problem confronting a child with hearing loss is achieving easy communication with hearing-speaking people. A child with hearing loss has the same motivation and capacity to communicate and to learn a language as any child. If they have only mild hearing loss they may be able to acquire spoken language at a relatively normal rate. But many hearing-impaired and deaf children grow up using primitive forms of communication with their families, and do not acquire functional skills in any language. Establishing meaningful and easy rapport with a child with hearing loss is a major challenge for most parents. The parents may respond with feelings of frustration, hopelessness, and come to believe that the child cannot learn language. They may lower their expectations about the child's educational and job outlook. The child becomes a partial participant in family life, watching from behind a glass wall, unable to interact in full, meaningful ways that are necessary for their full development. [37]

[37] Most deaf children and families have figured out a way to communicate with each other in at least simple ways, using speech, signs, and gestures. At the same time their language development has been impeded. For reasons noted in this paper, they have not been able to learn the vocabulary and grammar and conventions of usage of a signed or a spoken language. Again, we are referring to typical severely and profoundly deaf children in most nations.

While the evaluation looked at the situation of school-age HI-D children, we cannot overlook the influence of their early background. We believe that the benefits of schooling are being greatly limited by the poorly developed communication and language skills of HI-D children when they enter the school. We know that the academic potential of a child is heavily influenced by the quality of their home language background (Hart and Risley, 1995, 1999). Before we look at communication and language use in the IE program, let us take a brief look at the normal case of child language learning. [38]

From the day a child is born its parents use touch, eye gaze, and speech to engage their infant. The child is immersed in a sea of language during their every waking moment. The child gradually learns that an act of communicating brings response from others. The parents use various strategies to foster communication and language in their child. Parents interpret and elaborate upon a child's gestures and utterances. For example, they may speak both sides of a conversation with their pre-lingual child, in effect 'putting words in their mouths.' By the time a child utters their first meaningful word at around twelve months of age, they have already picked up a lot of knowledge about family routines, the places they go, and things around them. As parents use their language with the child it stimulates the child's brain in ways that is necessary for their full mental development. This easy, flowing interaction between a child and their parents is the foundation of the child's psychological, social, and language development. The non-stop, easy rapport during daily activity with caring adults helps them learn knowledge and the foundations of language at the same time. The language becomes a tool for the child's gradual learning about themselves, family, community, and world. The rate of communicative and language competence grows rapidly in their first three years of life:

> By 36 months of age the same children have a vocabulary of over a thousand words that they can combine in phrases and sentences up to seven or eight words long. At 36 months they can make statements and ask questions. They can request things—politely. They can talk about future events and recount experiences that they have had in the past. They can "promise." They can give orders. They can tell lies. In the space of 24 months, between their first birthday and their third, most typically developing children have masters the basic elements of human speech and their culture's spoken language. From 3 years of age on, it is but a matter if increasing their vocabulary, refining their grammar, and increasing their abilities to use heir language more effectively and efficiently" (McLean and Snyder-McLean, pp. 3-4).

[38] Deaf children with parents who are deaf learn a signed language easily and fully. The processes of childrearing and social interaction within deaf families are one of the best examples about how to help a deaf child acquire mastery in a primary (signed) language (and sometimes second, written) language.

A child's ability to learn a language rapidly is an ordinary (and remarkable!) part of childhood. It is attributable to an easy and natural flow of interaction between the child and their family members. But establishing meaningful and easy rapport with a child with hearing loss is a major challenge for most parents. More than 90% of deaf children grow up in families with hearing-speaking parents. As much of the information at home is conveyed by speech, the deaf child missed out on what other children easily learn. Even a mild sensorineural hearing loss can distort speech and make spoken communication difficult. A child with severe to profound deafness will not be able to use speech and hearing in a normal fashion, even with hearing aids. There can be very serious consequences for their development (Schlesinger and Meadow, 1972). Excluded from full social rapport, they miss critical input needed to learn the fundamentals of a language. For many, Lenneberg's (1964) statement remains true, "Congenitally deaf children have in many parts of the world virtually no language or speech before they receive instruction in school" (pp. 65-88).

A HI-D child who arrives at school with limited language skills poses a very difficult problem for educators. They are not ready to learn academically, because they have been deprived of language and its benefits. Educators are faced with difficult questions such as, "How can primary language learning experiences be provided to a HI-D child within a classroom of hearing-speaking children who await academic instruction?" and "What communication method is effective, and how can I learn it and adapt it to my teaching?" This appears to be true in Vietnam and it presents a tremendous challenge to the teachers and to the IE program designers. The teachers and principals we interviewed pointed out that many of the HI-D pupils arrived with minimal or non-functional skills in Vietnamese spoken language. So a lot of the program's resources were used in looking for solutions to questions such as, "What can be done to establish a viable means of communication with the child?" and "How can classroom activities be modified so as to engage the HI-D child?"

The teachers' work was made much more difficult by the delayed developmental status of the HI-D children. Our view is that a definitive choice must be made very early as to which language the HI-D child can learn and use easily, and that this decision should be followed by support services that enables parents and teachers to learn and effectively use the same language with the child. Ideally, the HI-D child and their family will be receiving assistance by the time the child turns one year old. It may be surprising to think that a child needs language so early, but we must remember that communication and language is the key to human learning and psychological and social development. If we are to hope for academic and career success for our children with hearing loss, we must reach

out to them soon after they are born. Future programs should devise ways to provide early and continuous exposure to a primary language from early life for these children.

Here we are not advocating for the use of a spoken or a signed language; this choice is to be made for each child on the basis of individualized education planning. Rather, as scholars in child development, we point out that very young children need exposure to a primary language--one that they can easily and naturally learn. Only by acquiring a language early will they be able to develop cognitively in a normal way, and acquire a tool that is needed for them to interact and learn like other children. For each individual child, it is necessary to determine which of the available languages (a spoken language, like Vietnamese, or a signed language, like one of the Vietnamese Sign Languages) they can easily and naturally learn. Because communication and language are at the center of relationships between parents and their child almost from the day the child is born, it is an urgent matter to assist families to provide a normal, language-rich experience for their HI-D child as early as possible.[39]

This is a rationale for provision of family-centered services to help the young child and family members learn how to communicate fully in that language. We discuss it later in the report. Below we look at how the teachers and managers in the IE program coped with the communication and language issues for older HI-D children already in the school.

Findings about communication and language in the IE program:

In looking at communication and language use in the IE program, we asked, "What would success look like?" The simple answer is that **the HI-D pupil, teacher, and classmates will be able to easily converse together, and be able to effectively discuss the content across the full range of subjects. The HI-D child will be able to participate fully in both one-one and group activities**.

The findings were derived from observations in classrooms and playgrounds and interviews. The questioning was along the following lines:

- Has the communication gap with each individual child been bridged in one or more modalities (speech or sign)?[40]

[39] Years ago people believed that if a child used signs that they would never speak correctly, or would lose interest in learning to speak. This has long been disproven. The child with hearing loss, like any child, tends to learn and use all possible tools of communication to interact with people around them. When the spoken language and sign language are correctly treated as the separate languages, the child learns how to use them each thoroughly and also in what situations it is appropriate to use which language. The trend towards "bi-lingual education" of deaf children recognizes that they will live in both hearing society and among of deaf people.

[40] Fingerspelling is a letter-by-letter representation on the hands of a written alphabet. When we saw teachers and children using only fingerspelling we did not see it as full communication. Fingerspelling is not a substitute for

- Is the child able to interact in various settings without obstacle?
- The teachers, parents, and HI-D child shows what level of proficiency in each language and modality (speech/lipreading, sign language, writing)?
- Is the classroom a site of language learning by the child? Which language is targeted?
- Are the teachers and student with hearing loss actually able to communicate well enough for learning of academic at a normal rate?
- What supplemental communication aids are used (hearing aids, fingerspelling) and how effectively?

On the interview questionnaires, the items on interpersonal communication fell into three clusters: Interaction with the HI-D child, Individual communication and language skills, and Training and knowledge about communication and language issues. The table helps the reader find the germane questions in the questionnaires (given in the back of report). For example, the column, Teacher Behavior' shows T-13, 19, etc. These were questions directed to the Teachers about their communication and language. The questions directed to Parents and Administrators about the teacher's communication and language also show up in the same column. (See P-9 and A-9, A-15.)

Table: Guide to questions about interpersonal communication with the HI-D children

	Teacher behavior	**HI-D Child behavior**	**Parent behavior**	**Hearing peers**	**Deaf adults**	**Admin**
INTERACTION with the HI-D child						
Typically do?	T-13		P-13			
⇔ Effective interaction?	T-9		P-9			
Use hearing aids?	T-3		P-2			
Help-rapport?		*T-7a-d* *A-8a-d*				
Pgm improving matters?						
INDIV. SKILLS						
Rate your skill in signing?	T-8;T-19c-d	P-12	P-8			
Skill in sign- *others rate*	A-9; A-15c-d P-9	P-12 T-12		T-12		
Child's spoken comprehension?	T-10	P-11				
TRAINING/KNOWLEDGE						
"Knowledge" of HI-D	T-18;A-21c-e T-24a-d		P-18 P-23 a-d			
Training in interaction & instruction?	T-15; T-24c-h		P-12			A-12
Develop sign language?	T-29					A-25
Future ideas- communication?	T-30		P-26			A-29, A-30

A- Questions asked of school-level administrators; **T**- Questions asked of teachers; **P**- Questions asked of parents.

In classrooms we observed teachers being attentive to the HI-D children who were typically seated in the front row. 100% of teachers told us that they "sign and speak at the same time." This is called

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use of a spoken or signed language. It is used to add vocabulary from the written language when using a sign language. In the 20th century in the United States the "Rochester Method" promoted the use of fingerspelling only. However, it was dropped because of the physical impossibility of spelling all utterances. A drawback is that understanding fingerspelling depends on good knowledge of the spoken/written language, which many deaf children lack. Today fingerspelling remains a supplemental tool in education.

"sign-supported speech" (SSS), in which speech is supplemented partially with signs or fingerspelling. In general teachers appeared motivated to using sign, gesture, and visual cues to help the HI-D child, and they recognized that speech alone was insufficient. The people involved in the IE program see the signing as aiding understanding of spoken words. It is implicitly understood that Vietnamese spoken language is the target language for these children. But the matter of language choice should be made an explicit one, the result of a process of assessment and educational planning with each individual child.

However, as is, the Vietnamese language is not fully or accurately being made visible to the children. We observed many teachers signing only occasionally while speaking. Thus, the HI-D pupils who rely on the visual, signed message are receiving incomplete messages, and the teachers may not realize it. Trying to simultaneously communicate is a real burden on teachers. It is not only because of their limited proficiency. 'Simultaneous Communication' is inherently an unreliable form of communication because the signed message is often incomplete (due to cognitive and physical overload in trying to use two modalities at the same time) (Erting, Johnson, and Liddell, 1989). The big question is whether Vietnamese spoken language is an appropriate first language for all of these children. If they need a strong visual component because of the severity of their hearing loss, by what accessible means can it be provided to HI-D children in a regular classroom? There is a need for assessment instruments to gauge the quality of SSS production by teachers, and comprehension by HI-D pupils.

To fill in the gaps, teachers encouraged peer-to-peer assistance. On many occasions we saw hearing-speaking classmates try to help the HI-D child understand by using pointing, gesture, and fingerspelling. We will discuss this positive dynamic under the "social relationships' section.

Individual communication skills:

We begin with the most positive case of teacher-child interaction as seen at Hung Vuoung School, Xuan Loc District, Dong Nai Province. We met a deaf girl with severe deafness who was using speech to communicate very well with her teacher and peers. She also knew some signs. She was achieving satisfactorily at her grade level—fourth grade—and liked Vietnamese language studies. Most HI-D children we met disliked subjects involving a lot of written and spoken language. The reason for this girls' success in school is her useful set of communication skills. She had learned to communicate thanks to the committed support of one teacher, who had taught her for three years. This teacher lives near the girl, and discovered that the girl was living with her indigent grandparents. One

of her grandparents had severe hearing loss. The teacher took the little girl under her wing—visiting her at home, inviting her to her own home, and giving frequent lessons in speech and sign. Many severely deaf children will not learn to speak as well as this girl. But the lesson here is the positive influence that a single individual can have on a child's readiness and motivation to learn in school.

Unfortunately, of the nine children we interviewed we never saw any other HI-D child who came near to this girl's level of communication and language skill. The other eight children exhibited very limited communication ability. All of these children were severely to profoundly deaf; most wore hearing aids on the day we visited. We did simple tests of signing skill, comprehension and production of spoken language, and Vietnamese writing. The testing was assisted by sign interpreters, signing deaf adults, and digital pictures (of teacher and classmates taken that day). Please see the Appendix for the interview sheet. This was not a full assessment, and the findings don't tell us much about the quality of the instruction or the program. But it is illuminating to see how well the children are communicating with their teachers, and how well they are acquiring the spoken language and a sign language.

Most of these children had extremely limited communication skills—and this greatly limited the extent of their participation in conversation and group work in the classroom. A few could speak and understand a few isolated words in a one-one setting, but none of the children could use speech in conversation. The reading/writing test was seven written questions at the second grade level. While the tested children were in 3-5th grade, most were unable to write any answers at all.

Surprisingly, only three of the HI-D children we met had basic skills in Vietnamese Sign Language (VSL); six of them had no functional knowledge of signs. It was intended that teachers would have the skill and the time to teach the sign language to HI-D children. But it has not happened. The HI-D children have no formal courses in sign language, nor do they meet signing, deaf adults in school.

How did the three children manage to learn VSL sign? They learned from local deaf people. One child learned VSL because her deaf friends visited her at home sometimes. Her friends had themselves learned to sign while attending the special school. Another child had learned signs because she met deaf people in town. The third child had learned it because her mother put her in the special schools for one year for the purpose of learning VSL. All of these children had achieved some fluency in a communication channel—a feat accomplished by few of their HI-D peers. The story gives us an important lesson of the potential of the deaf community as language sources. We believe

strongly that the education system needs to figure out how to create partnerships with local deaf adults to foster sign language learning by HI-D pupils and their parents and teachers.

As these people use a specific sign language, like HCM Sign Language, it is that sign language which the school must use. When the local sign language is used the local deaf people can contribute as language models. This will be less likely if a sign language is 'imported' from elsewhere in Vietnam.

Fingerspelling was a positive area, as most of the nine children could produce and read fingerspelling at a simple level. Many of the teachers also used fingerspelling proficiently. However, fingerspelling is a limited, supplemental technique. It is typically used as a supplement with signing, to express a concept for which the sign may be unknown. It cannot be reproduced or read fast enough to take the place of a language in classroom discourse. Moreover, if the children are not proficient readers then they will fail to recognize the meaning of the word being fingerspelling. We think that there is too much reliance on fingerspelling by teachers, and that they need assistance to learn how to use elaborative language with the children—either spoken or signed as appropriate for the individual child.

Teachers' skills-The teachers were asked to rate their own skills in signing and fingerspelling, and 81% said that they were 'able but not skillful." Deaf sign language teachers in Hanoi and Ho Chi Minh City generally felt that most teachers had minimal to barely functional skills in a Vietnamese Sign Language. Their assessment should carry the most weight. It appears that while many teachers are motivated to learn a Vietnamese Sign Language, they have not had enough training or opportunity to learn it proficiently.

Parents' skills- 85% parents felt they were 'able to use sign language but not skillfully' and only 15% felt that they were 'very bad/limited in using sign language.' Deaf adults reported that no parents to their knowledge had functional signing skills. Probably parents are developing gestures home signs with their children, to carry out basic communication around the home. It is incorrect to call this 'sign language', which is a term reserved for an indigenous sign language used by deaf people in their everyday lives, such as the Hanoi Sign Language or Ho Chi Minh Sign Language.

Child's comprehension- How well do HI-D children understand their teachers in the classroom? We asked the HI-D children if they understood their teachers but because of the limited communication ability of most of these children (in speech, signing, and writing), this line of questioning did not go well. We did find that most of the HI-D children liked mathematics, which is the most 'visual' of all

the subjects. They did not like Vietnamese language lessons, which makes sense given that writing is a higher skill in a language that they know little. 65% of the teachers reported that their communications with children were either 'very difficult' or 'difficult.' They stated the main difficulties of the children as "Listening comprehension ability" and "Lessons in Vietnamese language- words and phrases, composition, and socio-natural subjects."

The children's understanding was greater when sign was used by teachers. 50% of teachers reported that HI-D children 'understand partially' when they used only speech with them, the teachers said that 67% understood partially when sign was used. Surprisingly, 38% of teachers said that when they used speech only HI-D children 'understood most' of what was said, while when sign was used only 22% understood most. As these teachers came from a number of different schools to be interviewed, they may be referring to mildly hearing-impaired pupils that we did not meet. But it may also reinforce our finding that it has been difficult in these regular schools to provide the exposure to sign language needed for teachers and children to establish a highly effective channel of communication. This reflects our finding that many HI-D pupils show little knowledge of a sign language, and are oriented to speech, even when they don't use it well.

We conclude that communication is extremely limited between the teachers and many HI-D pupils. The main obstacle to mutual understanding is that the teachers and HI-D children do not share a common mode of communication or language. Fingerspelling, a supplemental technique at best, is being relied on too heavily because it is easily learned. Yet the motivation of teachers to improve their communication with HI-D children is praiseworthy, and needs to be supported by providing ongoing opportunities to learn a sign language. In addition to training, the school should try to involve the signing, deaf adults who live in the commune and district. They can be good sign language models for both teachers and children.

As communication and language is the single most important issue, we will take time below to look at the steps taken by the IE program. Then we will resume our discussion of the three other key factors in educational process.

Impact of training activities in communication and language- To improve communication with HI-D children, the IE program provided training for teachers and teacher trainers in hearing and speech therapy. This is discussed later in the "Training of teachers and teacher trainers" section.

Here we focus on the training in the use of Vietnamese Sign Languages. Objective #4 was stated as: "Collection of Vietnamese signs and training in how to use the sign language." The Objectively Verifiable Indicator was set as, "A comprehensive sign language manual and a training video are being used and sign language teachers and interpreters are active in the educational system."

All of the teachers we met had attended sign language courses. The IE program deserves a lot of credit in developing these courses for the first time, and using deaf signers as teachers. The training courses were felt to be effective. When we asked "how do you compare your skill before and after attending the training courses (in sign language)?" over 65% reported 'better able to use sign language', while 35% said 'much better.' Administrators also felt that teachers' skills in signed became better (50%) or much better (50%). 70% of parents had attended a sign course, but the training for teachers was apparently more limited in duration and quality than that provided teachers.

Deaf people taught courses in the Vietnamese Sign Language for the first time. This is a great step forward, as deaf people have the fundamental skills, as well as the right, to become teachers of their own language. However, they did not receive enough training to become proficient teachers, and this may have weakened their new position as teachers. Between 4-12 weeks of training was provided to the deaf volunteers. Four were chosen from Hanoi and one from the south to attend a sign analysis and sign teaching course taught by linguist James Woodward. In Hanoi they told us, "We need more training in methodology and theory of teaching the sign language." We can contrast the situation in Thailand where 16 months of full-time training was provided to certify deaf people as sign language teachers. And in Thailand the sign language teachers have been receiving ongoing training in teaching advanced courses.[41] Furthermore, Thailand has had the advantage of a long tradition of sign language research, which has helped the deaf community understand that Thai Sign Language is a distinct and complex language. Because deaf people in Vietnam have not yet had such mind-broadening opportunities to study their own language, they clearly need additional training. For example, in addition to more skills in teaching the sign language, they need to be able to explain the characteristics and structure of their own language. They must explain the grammatical differences between Vietnamese spoken and signed languages. This are necessary skills because to most of the parents, teachers, and administrators in our survey the term "signing" or "sign language" means a loose collection of signs or gestures. These hearing-speaking people need aware deaf people to explain that

[41] Nippon-Gallaudet World Deaf Leadership program/ Thailand, with collaboration of Gallaudet University, Ratchasuda College, and National Association of the Deaf in Thailand. Charles Reilly, the leader of this evaluation, is director of the program from Gallaudet.

Vietnamese Sign Languages are complete languages with distinct grammar. Thus, the deaf sign language teachers need more training in linguistics and in teaching their sign language.

The sign language training was a highly desired skill, and more training was requested. When we asked teachers how they would improve the IE program (ques. #30), they mentioned a need for "frequent training for teacher, parents of HI-D children, and their close friends in sign language and teaching methods." Providing frequent training means that there are local trainers, and at this point there are only a handful of novice sign language teachers for the entire nation. Therefore, we suggest an approach of hiring deaf aides who live near the local inclusive schools. Of course, they must have been to school and use a sign language fluently. In a one-to-one way the deaf aide can help the teacher, parents, and HI-D and hearing-speaking students learn the sign language. For example, deaf people living locally can serve as language models. Deaf adults can be helpful in assisting deaf children to acquire language and become ready to learn at school. Their skill with the sign language and their natural empathy for being deaf gives deaf adults the basic skills they need to work with young deaf children. With training in early childhood education techniques for deaf children they can become tutors in homes or in schools.[42] However, we were told by the Hanoi deaf teachers that teaching signs to children is the classroom teachers' job, not theirs. This is a short-sighted view that is pretty typical, but that must be overcome. See efforts underway in Thailand to involve deaf communities in teaching sign language to young deaf children and their families.

Completing the sign language collections from the Hanoi, Hai Phong, and Ho Chi Minh regions was given the highest priority after the mid-term evaluation, which stated,

> Sign collection has been completed with the common signs and indigenous signs of three regions (Hanoi, Hai Phong and Ho Chi Minh) considered. The collected signs will be documented for dissemination to Deaf Clubs, inclusive teachers, deaf and hearing-impaired students, parents of deaf and hearing-impaired children... Sign users can use any sign that can enable them to communicate with Deaf people. These books may be considered as references for using signs and further development of signs. The program will gather comments from sign users and deaf communities to improve the books, as well as develop recommendations on how to proceed with Vietnamese Sign Language development in the future.

[42] A pilot program is being developed in Southern Thailand that will train local deaf people as language enrichment mentors for young deaf children aged 0-3 years old. For more info., contact <Charles Reilly@gallaudet.edu>

A table below shows the progress before and after the mid-term (stage 1, 2).

Table: Progress on collection of signs from deaf people in Vietnam

Stage 1

Workshops on sign language and Sign collection from the Deaf in Vietnam

Year	Number of signs collected
1999	300
2000	226
2001	939
2002	231
	1696

Signs being used and unified again: **440**
Sign book for the Deaf in Vietnam, Part 2: 341 signs relate to Vietnamese of grade 2 and 3.
Sign book for the Deaf in Vietnam, Part 3: 480 signs relate to Vietnamese of grade 3 and 4.

Stage 2

Collection of indigenous signs from Hanoi, Hai Phong and Ho Chi Minh city
Hanoi- 502; Hai Phong- 606; HCMC-647
The concepts of these signs are selected 4 books above with the same concepts.

The follow-up work has stalled because efforts to hire a sign language linguist did not succeed. The work in the second round shows more respect for deaf people's regional sign vocabulary. However, there is a persistent desire to standardize the signs by choosing one of the variants to use for each concept. The Hanoi sign teachers told us that the sign collection meetings were handled pretty well. One problem was that the signs were elicited by written words, and this created difficulty for the deaf people with low literacy skills. If one tries to do word-to-sign translation the result is limited to concrete terms with meaning correspondence, and words that deaf people can read. It is better to have deaf people produce their signs by topics or root groups, then translate into a written language. This process was used effectively in the making of the Thai Sign Language dictionaries to enable deaf people to show many signs that convey subtle distinctions of meaning.

It needs to be understood that collections of single signs are not effective teaching materials. For example, Thailand spent considerable resources in developing extensive, high quality Thai Sign Language dictionaries over ten years (Suwanarat, Reilly et al, 1986; Suwanarat, Wrigley et al 1990). Yet the dictionaries never led to or supported the teaching of the sign language. Collecting single signs in books is a common but very limited strategy, and it reinforces incorrect notions that sign languages have no grammar. Rather, sign teaching curriculum and materials in writing and on videotape need to be developed as part of the training of Vietnamese sign language teachers. There is a need for an ongoing center of training VSL teachers, including applied research and curriculum development.

There is acknowledgement from PSBI, NIES, and MOET that the Vietnamese Sign Languages are useful and indeed necessary to be learned by teachers, parents, and deaf children. This is a wise point of view, as it means using a valuable local asset: deaf people living in towns and cities around the nation. But this potential can only be effectively tapped with the full participation of deaf adults. A handful of deaf adults were chosen as sign language teachers and in effect became the core lecturers in the sign language area. Yet the sign language teachers from Hanoi and HoChiMinh City told us that they were not consulted during the design of the program, and were not invited to discuss the program until 2000. They received incomplete information because the interpreters were not skilled. Lack of good sign language interpreters is a typical problem in many nations, so it is hard to blame the program managers. However, the written communication was lacking. The Hanoi deaf leaders told us that they received some support to their deaf club for 2001-2 but it stopped in 2003 without explanation. The support of the deaf clubs is an admirable work by the program manager.

PSBI, with its good rapport with the leaders of the deaf community in Vietnam, can play an instrumental role in forging effective working relationships with deaf community leaders. Any future program should build in support for deep training for selected deaf adults in language analysis, language teaching, and curriculum development.

Key factor 2. Teachers' skills in modifying instruction and classroom activities to engage the HI-D child

> "They need to be selected from the enthusiastic, active, and voluntary teachers to teach in the inclusive classes."

This is a quotation from one of our interviews that well captures the sentiment of teachers and administrators we met. In the Vietnamese model the classroom teacher is at the center of the model, acting as principal source of new knowledge, attitude, skills, and aspirations for hearing-impaired and deaf pupils. She is expected to help assess the child, figure out how to modify the instruction, and educate the child and parent in techniques of communication, like use of hearing aids and sign language. The teachers are expected to act as advocate for the disabled pupil in obtaining what is needed from the school administration and resource center. Moreover, the teachers are called upon to forge good relationships with parents. Teachers are expected to learn the sign language and teach it to the HI-D students.

Above all, the teachers are expected to create learning activities that are accessible and useful for a

child with hearing loss while meeting curricular goals for 30-35 pupils.[43] We can see the teacher's duties in an inclusive classroom as needing to meet two goals: first, to provide clear and interesting activities that involve all of the students in the subject matter and, second, find ways to help the HI-D child learn their primary language, whether sign or spoken language. The limited communication skills and developmental delays of many HI-D pupils make it even a more daunting challenge.

What would success look like? To make subject matter clear and interesting, the activities in the classroom will be all-inclusive. There will be visual aids, such as pictures and charts, used integrally in the lessons. The structure of specific activities will be consistent day-by-day so the HI-D child knows what to expect. The kind of responses required by the children will also be feasible for the HI-D child.

Virtually all of the instruction that we observed used the teacher-controlled, rote method of teaching.[44] The teacher first read or spoke a phrase and asked for the children to respond orally or in writing. Some teachers followed their oral recitation by fingerspelling the words to the child. On cue from the teacher the students wrote on slate or paper, stood to speak, or chalked their answer on the blackboard. For the hearing-speaking child it was an exercise of literacy in which they were asked to read or write and then recite. But for the HI-D child it was little more than a task of copying text. When the HI-D student was unable to understand the teacher's speech or fingerspelling, the child looked to his classmates for clues about the assignment. We observed many instances of the HI-D child simply copying what the child next to him was doing. The child is practicing penmanship, not literacy. Given that the rote method is still dominant at the elementary level, the HI-D child is repeatedly missing opportunities to work on meaningful tasks. Short of changing the teaching method to a more interactive approach, it would be worthwhile for the deaf child to spend the time engaged in reading.[45]

A number of teachers were innovative in their teaching style. One teacher in Dong Thap used competitive team games to involve all the children in doing math. Several teachers used graphics well. The new curriculum encourages interactive methods and use of visual materials. Many IE teachers were trained in these methods. So in an interesting way the IE program is helping the shift to a new curriculum.

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[43] Parents, too, need these skills, but our concern here is narrowly focused on schooling.

[44] The teacher at Tan Huoung mostly adhered to this stimulus-response mode; that teacher and school is new to the program and has not received training.

[45] We observed that in Tan Huoung 3 School the two HI-D students did not have the textbook, which apparently needs to be purchased by parents. The program could help here.

Some teachers made visual accommodation to the HI-DD pupil by using visual cues, graphics, and natural gesture. For example we saw one teacher making frequent eye contact with the HI-DD child; she frequently gave quick expressions of encouragement to the HI-D student with 'thumbs up.' In another school, when the other students were writing by themselves, the teacher stopped at the HI-DD child's desk. On one occasion a teacher interpreted what another student had recited. Teachers made good effort in trying to figure out what the HI-D child expressed through gestures, signs, and spoken utterances.

These are admirable efforts at opening up communication with the child. The question is if the teachers realize the distinction between communication and the necessity of the child to learn a signed or spoken language. Unfortunately the regular classroom and teacher is not really prepared to provide the special kinds of activities, including one-to-one and experiential-based or theme-based lessons, that would help the child to learn a primary language.

Issues:
Too many of the necessary tasks to support the HI-D child and family are being put on busy teachers. They need division of responsibility with resource center specialists and ongoing support, especially a flow of good information about special education techniques.

Some school principals need to better understand the value of keeping the most experienced teachers assigned to the classrooms with disabled children, as continuity provides deeper expertise for the teacher and a stable, reassuring relationship for the special child. Some teachers who have received training have been moved to other classrooms by the school's principal. Shuffling of teachers around meant that some trained teachers were no longer teaching HI-D children. Worse, untrained teachers ended up teaching HI-D students. For example, at Tan Houong the principal told us that the cleverest teachers had volunteered for training in inclusive education. Now he needed to apply their skills to learn a new national curriculum. It is good to know that the teachers who were trained are those with flexibility and skills. But it is important that these teachers have continuous opportunity to work in inclusive classrooms.

<u>Impact of training of teachers and teacher trainers</u>-
Objective 3 was stated as, "Trainers in deaf education are trained and pre-school and regular elementary school teachers are skilled-trained to assist hearing impaired and deaf children and their families." According to the program model, first a group of core lecturers was trained, they developed training

materials, and then trained the resource center specialists, teachers, and parents. The flow of training and expertise is shown in the following table. The flow of training and expertise under Objective 3:

Teacher trainers	**Specialists**			
Experts ⇒ NIES ⇒ PSBI ⇒ Sign lang. Trainers ⇒	• Resource Centers-prov. • Key teachers- districts	⇔	**Teachers in local schools**	⇒Parents ⇒HI-D children
1999	**2000**		**2001-2**	

A series of training courses for educators and parents about practical techniques have led to more visual and engaging approaches with the children. Selected personnel at special schools in the target provinces have received specialized training that has assisted the government's goal of making special schools into provincial resource centers for inclusive education. They have received training in audiology and hearing aid maintenance, use of sign language and fingerspelling, and teaching techniques.

The Objectively Verifiable Indicator as set as: 40 teacher trainers are prepared to train the following cadre: 160 teachers trained in deaf education techniques and placed in mainstream schools; 50 kindergarten teachers are trained in early intervention techniques and the development of young children who are hearing impaired and deaf; 30 teachers are trained in educational audiology and speech therapy and are providing audiological services and speech and language therapy in educational facilities for deaf and hearing impaired children by the end of three years.

The program exceeded its objective. Twelve core lecturers were trained in inclusive education, early intervention, audiology, spoken communication, and sign language. Each lecturer then trained 40 more teachers, expanding the knowledge group to a total of 268 teachers. Thirty people were trained in audiology including some in intensive clinical practices. These workers assumed responsibility for testing and assessment in the provinces. Deaf adults were trained to assemble hearing aids that were then distributed to children. Sign language training- a team of eight deaf adults imparted the use of sign language among teachers in ten-day training courses. For a list of training courses, trainers, and schedules, please see the table below.

Table: Progress on objective 3

POET = Provincial Department of Education & Training TDCSE = Training & Development Center for Special Education
DOET = District Department of Education & Training (Hanoi Pedagogic University)
RC = Resource Center HI-D = Hearing Impaired and Deaf Children

No.	Type of training course	Trainees	Contact hours	Training materials	Lecturer
1	Training core lecturers	Teachers of Resource Centers & POET officials	336	Total communication, Audiology Sign Lang.,VietnamesePhonetics, Early Intervention.	Ron, Clare, Woodward NIES, TDCSE
2	Basic training course on Inclusive Education for HI-D	Regular teachers & POET & DOET officials	112	VSL books, Hearing aid instruction Inclusive Education for HI-D Primary & Pre-school level	NIES staff RC
3	Upgrading training course on Inclusive Education for HI-D	Regular teachers and POET & DOET officials	48	VSL books, Inclusive Education for HI-D, Primary level	NIES staff RC
4	Training district key persons on monitoring and professional meeting	DOET staff and key teachers	48	VSL books, Effective teaching in inclusive classes for HI-D	NIES staff RC PSBI staff
	Training on screening and social day	RC, DOET staff and key teachers	48	Manual-screening children w/disability & Organizing Social Days.	Ron PSBI staff
5	Workshop on Inclusive Education for HI-D	RC, Regular teachers & POET & DOET officials, parents & HI-D	16	Reports of POET and DOET	POET & RC
6	Training on making and using teaching aids by local materials	Regular teachers and DOET staff	48	Making and using teaching aids in inclusive classes for HI-D	NIES staff

Without the funding from the program the teacher training could never have occurred. The typical school has no funds for professional development of teachers. Training must be done during holidays, as there are no substitute teachers. The schools badly need professional development funds at least to pay substitute instructors so that teachers can take training during working days.

We asked the teachers and administrators if the training had adequately prepared them for the task of educating HI-DD children. In general, they appreciated the training. We asked, "How do you compare your skill before and after attending the training courses?" and more than 65% of the teachers said that their "knowledge about HI-D children and inclusive education" was "much better." However, only 31% said that the training had made their skill in methodology in teaching HI-D children "much better." Administrators echoed this opinion, with only 25% stating that training had made the teachers' methodology "much better." Again and again teachers and administrators told us two things: they wanted more training in methodology and they wanted visual teaching materials.

Issues:
Much of the instruction that we observed used a traditional, rote method of teaching (teacher-dominated activities with one-way lecture, pupil recitation, and copying of text). These methods

assume the children have full facility with the spoken language, which is not correct. For example, for a deaf child it does no good to participate by mouthing words they can neither hear nor pronounce. When other pupils are reciting orally it would be more rewarding for them to be reading a text and trying to figure out the meanings of written words. Teachers have asked for much more assistance in learning how to develop methods and activities that are full inclusive of all their pupils. But they need to understand that the design of their learning activities must assist the child's language learning as well as their learning of academic tasks.

Teachers told us repeatedly that training is necessary but insufficient to support their effective work. They needed frequent and close support from the provincial resource centers. This would entail a sharing of responsibility (like hearing aid fitting and repair), and joint problem-solving and consultation about individual HI-D children. They wanted examples of best practices and lessons developed by other IE teachers. Clearly the provision of special training for the teacher needs to be complemented with ongoing support from resource people, such as peripatetic teachers, aides, audiologists, and other specialists.

The core lecturers (including staff from NIES and several universities) trained some teachers at provincial special schools as 'resource specialists' in audiology, sign language, teaching methods, and early intervention. These teacher/specialists became teacher trainers for the classroom teachers in the local schools. However, the training these teacher/specialists is insufficient to develop them as competent specialists. They have neither time nor budget to study in-depth, as the resource centers have not yet been assigned dedicated staff or budget from the government. Specialists need to be assigned for a percentage of time (ideally full-time) so that they can practice their new skills and become more proficient.

Key factor 3. Expectations towards hearing-impaired children by parents and educators

The IE program has helped to positively change expectations and attitudes towards HI-D children. Here's one of many success stories we heard:

> A mother kept her deaf daughter at home because no school would accept this profoundly deaf child to enter the normal class. When the IE program started the mother brought her child to the regular school. At that time the little girl didn't use spoken language at all, and had very limited communication skills. After a few years she is able to speak a bit. The mother became more convinced of her daughter's ability. In order to help her learn the sign language she placed the girl

> in the resource center for one year. Then she re-enrolled the child in the regular school and she is now in sixth grade. She is excellent in math and is achieving well in other subjects. The success of her daughter has led the mother to try and convince other parents of deaf children to take their children to school.

Expectations are the underlying intention towards the child. Our attitudes and expectations play a powerful heavily influence how we act towards a child. As parents and teachers we naturally have high hopes for our children, and seek to teach them the value system, norms, and knowledge precious to us and our community. But our familiar habits in childrearing are often stymied when the child has a hearing loss. Establishing meaningful and easy rapport with a child with hearing loss is a major challenge for most parents. The parent's intuition about how to communicate with a child is ineffective, as the child with hearing loss does not understand speech. Depending on their culture, the parents may respond with feelings of shame, frustration, or determination to seek a cure. In the end, many parents around the world finally come to the belief that the child is inherently limited in their language, learning ability, and life prospects.[46] The parents may lower their expectations for child, and change their behavior towards the child. The child becomes a partial participant in family life, watching from behind a glass wall, and unable to interact in full, meaningful ways that are necessary for their full development. At school, their teachers may respond to the child's delayed development and also lower their expectations and modify behavior. The child will gain a sense of self-identity depending upon the attitudes and behavior in the social environment, including daily interaction during academic and life tasks.

In Vietnam children with hearing loss are often left out of social benefits and educational opportunity. The proposal to USAID noted, "the cultural fact that the rural and poor Vietnamese traditionally feel a great shame and denial when their child has a disability such as hearing disability and often fail to seek help even after the program is recognized (p.1). Parents have been given little assistance with their child, and it is a general belief that educating such a child is not a worthy investment. There are few opportunities for a hearing-impaired or deaf person in the society, even if they get an education.

What would success look like? One person said it will be when "They are no longer considered as different people any more. They are thought of as normal children." This means that the learning goals for Vietnamese children would be equally applied to children with hearing loss.
And the HI-D child would have equal access to all activities like other children. Success would mean

[46] Parents who are deaf and use a sign language are usually less disturbed, as they can proceed with normal childrearing by establishing communication with their child in a visual channel with the child.

that teachers and administrators and parents begin to recognize the capacity and the rights of disabled children to receive an adequate education.

This shift in view is considered essential foundation for progress of HI-D children in Vietnam. If learning goals are lowered drastically, the parents and teachers will accept that "anything is good enough" and there will be little impetus for improving services for the HI-D child. When a child is denied access to life activities, they are reduced in their learning and this isolation from engagement with other people, more than any inherent incapacity on their part, accounts for their failure. From the perspective of the child and the teacher they have an obstacle in their minds about the ability of the child to learn. So changing this perception of the child and inducing a positive self-image (identity) is essential. In societies where expectations are high, the focus is on the obstacles in the child's environment to full learning. The tendency to "blame the victim" diminishes.

Impact of the program on expectations-

The IE program has helped create a new vision of achievement and success by HI-D children in the minds of parents and educators. While it will take time, the examples of success in the IE program are helping to change views of the general public. Most participants felt that the raising of expectations was the greatest success of the PSBI/NIES program. Between 90-100% of parents, teachers, and administrators stated that they expect that the (not severely) hearing-impaired children will achieve the same learning result as other children in the same class.[47] (The same question was not asked about expectations for deaf children.) All of the parents wanted their child to continue in the inclusive classroom; we suspect they were actually responding to the question, "do you want your child to continue in school." When asked to compare the academic ability of their HI-D child to other children, 54% of parents said their child is "able to achieve the same learning result as other children if help is provided". 47% said that their child is "not able as other children but they can still achieve result at some degree if help is provided."[48] In any case, this is a tremendous change towards desire for schooling from the previous view that schooling was not possible or worthwhile for their disabled child.

Issues:

To sustain their raised expectations for their disabled child, the parents need feedback to show them how well the child is learning. This means periodic assessments of language and cognitive and

[47] See ques, Admin-5, Parent-4, Teacher-6.

[48] See question, Parent-10.

discussions of the education plan with the teacher. Moreover, parents need to learn to communicate with the child. As the child progresses in learning a sign language, the parents are left behind unable to communicate in signs with their child. (This is a frequent lament of parents who send their children to residential schools, where children rapidly learn to use a sign language.) The parents need ongoing lessons in using the sign language or spoken language with the child (same mode the child is using). We have suggested innovative ways where signing deaf adults can become sign language models and mentors for the child and their parents in the home or in pre-school groups.

As HI-D children are going to school for the first time, parents and educators are quite pleased with the improvement compared to the past situation of neglect. However, at some point the low quality of education needs to be addressed. While this is generally a problem in rural schools in Vietnam, the HI-D children with limited spoken language are learning even much less than hearing-speaking students. For now it may be acceptable to say, "Anything is better than nothing." But the standards need to be raised. The bottom line indicator of efficacy would be the extent to which students master the curriculum before promotion to the next class. It is not known much of the previous grade curriculum have their really mastered before their automatic promotion. It appears they are very interested and clued into their children's progress in school.

To produce higher outcomes will mean facing the need for early intervention services to prepare the child, individualized education planning and referral to suitable programs even if a residential school or special class. These obstacles to improving quality of education are described elsewhere in the report.

As parent's attitudes about the child's ability and potential for development have improved, they have simultaneously developed higher expectations for more education for their child. Parents become anxious as children approach transition to leaving school at grade five. HI-D children have very few options to continue beyond fifth grade, even fewer than the general population. It is imperative to provide secondary schooling opportunities. The Project of Opening High School and University Educational Programs for Deaf People in Vietnam at Dong Nai Teachers' College, where Vietnamese Sign Languages are used as a medium of instruction, has attracted a lot of attention among educators and some parents.[49] It is showing that HI-D people can succeed in higher education.

[49] James Woodward, Nguyen Thi Hoa, and Nguyen Tran Thuy Tien, Dong Nai Dept. of Education and Training, Bien Hoa, Dong Nai, Viet Nam.

Key factor 4. Social relationships involving the disabled child (with peers, teachers and parents)

> My father said to me, "Just help the deaf girl as much as possible whenever you can."
>
> -a girl in third grade at a school in Xian Loc District

Showing kindness and giving assistance to others is a value that Vietnamese parents and teachers try to instill in children. Assistance to disabled people is especially valued. Children are encouraged to assist each other in the classroom, and learning is more cooperative than competitive. The idea of "helping" is both a charitable gesture towards one less fortunate, and also a social expectation of communal spirit and teamwork in approaching tasks. We added this concept to the scheme because it was pointed out to us as an important aspect of the educational process in Vietnam. It is believed that a key to success in inclusive education is the people in the school, including parents, teachers, and children, collaborating together to assist the child with hearing loss.

We used interviews and observations to look at how well the hearing-impaired and deaf children are relating to each other. First, we observed peer rapport and interaction during lessons. On many occasions we witnessed classmates seated next to the HI-D student helping them. They assisted by signaling which book he teacher wanted opened and to which page, where to attend on the page, and so on. A few students tried interpreting what the teacher was saying when the teacher turned to the blackboard or after the teacher had given the instructions. The teachers always allowed this kind of rapport.

The teachers consciously arranged the seating so that the HI-D child was typically in front row and flanked by two carefully selected students. The teachers told us that they chose students who were naturally friendly to the HI-D student and who demonstrated a willingness to try and communicate with them.

The hearing-speaking students were chosen for interviews because they were either seated next to the HI-D student in the classroom or because the HI-D child identified them as a friend. Seatmates were not always friends, as some had been assigned to help the HI-D student. To find the HI-D student's friends, we observed in classrooms with HI-D children and then took digital photos of the seated students. We used a portable, battery-powered printer to print out the photographs on paper. When

we interviewed the HI-D student we asked them to point to their friends on the digital photo. We then interviewed these hearing-speaking friends/classmates.

In the interviews we talked to the hearing-speaking friends about their feelings toward HI-D classmates. Here is a sample of the conversation with two girl classmates of a deaf girl in Thai Nguyen province:

Evaluator: How do you help the deaf girl?
Girls: With her books. We help in different ways... we remind her to open her book to write the lesson…use sign to help her understand the lessons...

Eval: Where did you learn to sign?
Girls: From the teacher.

Eval: Why do you help her?
Girls: We love her because she is older but she's less fortunate. We volunteered to help.

Eval: Do any classmates tease the deaf pupils?
Girls: No.

Eval: How well can deaf girl study in comparison to other students?
Girls: She is less excellent then us.

Eval: Does your teacher often pay special attention to them?
Girls: Yes, and some other teachers come.

It should be noted that these were 10 year old girls talking about a **1**6 year old deaf classmate. Also, when we assessed their sign language they did not know any Vietnamese signs, and just a bit of fingerspelling. What they were calling "sign" was invented and natural gestures. We do not know if they had developed their own gestural code with the girl.

Because the communication ability of the HI-D children was so very limited, we had to rely on their classmates to tell us about the HI-D child's preferences, behaviors, and so on. In an interview with two nine year old girls at Lai Vung District we learned this about their fourteen year old deaf classmate: "She wears hearing aids regularly at school…. We sometimes play with her and other girls in jumping rope and rescuing games …[The HI-D girl] is a good student and she likes math, Vietnamese language, and drawing… " When asked about helping the HI-D girl, they said: "We love her very much because she's not like a normal person (less fortunate). We feel pity for her. We often help her in class …but we do not let her just copy the results of the exercise and quiz. …We like to help her learn further, and we like to learn signs to help her."

These girls were living up to their parents' expectations that they help those less fortunate than

themselves. It is not always a one-way relationship. In observing some play interaction among the HI-D and hearing classmates we observed the HI-D child taking leading roles on some occasions. This makes sense because many of the HI-D children were many years older than their classmates. But we also witnessed one HI-D boy at Pho Yen District taking the lead with his seatmates by teasing them, showing them things, and making faces to get them to laugh. Sometimes personality and desire for friendship overcame communication obstacles.

We assessed the ability of the hearing-speaking pupils to use fingerspelling and sign language. They knew very few signs. This surprised us a bit because we observed a lot of gestural communication being initiated by the hearing-speaking seatmates. But it turned out that these were gestures, not VSL signs. Many knew some fingerspelling, although incompletely or produced handshapes with errors. The fingerspelling chart from PSBI was widely available, even printed on schoolbags—a clever idea. Unfortunately, as neither the teacher nor the HI-D child were proficient in fingerspelling or signing, the motivated pupil had no good role models or learning fingerspelling and signing.

We asked teachers, parents, and administrators about the social relations among the children. 92% of teachers and 80% of administrators said that relations between hearing and HI-D children were "good(sympathetic, friendly, helpful)." But only 61% of parents agreed, while 38% of parents said that relations were "normal (helpful, but not very friendly)."

Issues

Some parents of hearing children are concerned that the HI-D child consumes too much time, and that the standards in the class will slip. They fear that their hearing-speaking child will be bored.

Many of the HI-D students are a lot older than other students (like 16 years old with
10 year olds as seen in the photo at right). The girl's mother told us that her HI-D daughter was sorry that her classmates were much younger, and did not use any sign language. Yet the younger girls were devoted to the well-being of their older classmate.

The teacher will need to consider the age dynamic in devising activities that challenge but do not overwhelm either HI-D or hearing pupils. We saw a good example at one school in Dong Thap where the teacher was using team-based

competitive games to do math. All of the children were equally engaged.

More reliable means need to be found to help the hearing speaking students learn Vietnamese Sign Language. Hiring deaf aides in the district who can do sign activities in the schools is one way to give the hearing and deaf students access to a skilled sign user. These aides could move daily between different schools that have HI-D pupils.

The necessity of early language enrichment programs-

This evaluation shows that it is an urgent matter that educators reach out to the families when their HI-D children are very young, and help them to help their child acquire a primary language.[50] Thus, Vietnam would develop early intervention services that are able to provide both signed language and spoken language, depending on the individual child's needs.

While Vietnam is making great strides in developing educational opportunity for hearing-impaired and deaf children, the quality of the education is limited by the lack of solid language development by those children. Policymakers, teachers, and parents have recognized that early education (early intervention) programs are essential for hearing-impaired and deaf age children. We strongly recommend that substantial resources be immediately turned to the development of early education services for these children. This will require taking aggressive measures to identify these children soon after birth, training a corps of early educators, and figuring out service delivery mechanisms (home visits or pre-school groups).

The emphasis of early education programs should be on language development by these young children. It is essential to find ways to stimulate the language learning capacity of young children as soon as possible after birth. Earlier in the "communication and language" section of the report we described the difficulties experienced by HI-D children who are born into hearing-speaking families. If ways are not found to help these children to fully learn a natural language—spoken or signed—then the developmental delays will have serious consequences for the child and the family. The child will not be ready to learn academically when they reach school age.[51]

A definitive choice must be made for each individual child about which language they will most easily be able to use and to learn--a spoken or a signed language. Each HI-D child would be placed according to the results of an "individualized education planning" process. The child would be assessed as to which language, spoken or signed, they can easily learn.[52] The language that is most

[50] Deaf children with parents who are deaf learn a signed language easily and fully. The processes of childrearing and social interaction within deaf families are one of the best examples about how to help a deaf child acquire mastery in a primary (signed) language (and sometimes second, written) language.
[51] Most deaf children and families have figured out a way to communicate with each other in at least simple ways, using speech, signs, and gestures. At the same time their language development has been impeded. For reasons noted in this paper, they have not been able to learn the vocabulary and grammar and conventions of usage of a signed or a spoken language. Again, we are referring to typical severely and profoundly deaf children in most nations.
[52] See Recommendation #5 about the necessity of developing assessment tools.

easily learned by the child should be chosen. If the child cannot easily use spoken language, in a way that allows for natural rapport between parent and child, then a signed language is chosen as the primary language.

In Vietnam, The choice must be made from either a spoken language, like Vietnamese, or a signed language, such as Hanoi Sign Language or HoChiMinh Sign Language. Whatever is chosen it must be justified on the grounds that its use allows the child to tap natural capacity to learn a language in an easy way.

For most severely and profoundly deaf children the sign language used by local deaf people will be the most accessible language available. Vietnam is fortunate to have several sign languages, referred to collectively as Vietnamese Sign Language.[53] If the child has sufficient hearing ability (both in terms of volume and clarity of speech reception), then the spoken language may be viable as the primary language for that hearing-impaired child.[54] [55]

The aim is to help the parents create a home environment within which the child can learn and use a language easily. It is not important which language the child learns. The important issue is that the child is raised in a home environment with a language that is easily learned and used with the parents and siblings. Their parents need help acquiring the skills needed to communicate fully with their child, and to raise them in the same way as their other children.

Next we face the challenge of designing and bringing appropriate and ongoing family-centered education to the child and their parents. While many principles of early education apply to all children with hearing loss, the activities that stimulate spoken language development or signed language development will differ in modality, if not manner (play-based, experiential, and language-rich). This will help the child with hearing loss easily and quickly develop a primary language, within a family that has learned how to interact with them fully.

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[53] Sometimes a deaf child can also learn to use their hearing and to speak in a limited way. But it requires a tremendous effort in training and technology assistance. This is a separate matter from easy and natural learning of a primary language learning that is possible through the child's eyes.

[54] However, it needs to be recognized that the sign language is fully accessible to all children with hearing loss, so if there is any doubt about the child's capacity to learn spoken language easily, a sign language is best as the primary language. The spoken language will be learned as a second language, using formal means.

[55] Both languages can be used with the child and this is helpful to their cognitive development. The caveat is that they need to be used and shown as two separate and distinct languages (rather than the odd and confusing practice of simultaneously using a blend of spoken and sign language as a pidgin code/sign system).

Deaf children need frequent and ongoing interaction with adults who use the local sign language. Deaf adults who are users of Vietnamese Sign Language live in villages and cities throughout the nation. They have mastery in use of the Vietnamese Sign Language for communicating a full range of meanings and ideas. They understand what it means to grow up as a deaf child. Given specific training in promoting language among young children through play activities, deaf adults can be valuable resources for families with deaf children. They can demonstrate how to open communication with the deaf child and how to use the sign language during the daily activities in the home. The deaf people who have been certified to teach Vietnamese Sign Language will also be able to teach signs to the parents.

Hearing-impaired children and their families will be shown how to increase the quality of spoken language rapport. Our goal as educators is to find least intrusive ways to assist the child and their caregivers to interact fully, as with any other child. Komitee Twee's programs are based on accepted practices for hearing-impaired children who have enough hearing ability to understand spoken conversation.

Work to Date in early intervention:
Under instruction from the program manager, this evaluation did not include a study of early intervention services for HI-D children. We discussed early intervention with the resource center staff and principals at Thai Nguyen and Dong Thap. We are not sure that we are entirely accurate in our comments below, and apologize for any oversights.

Everyone we spoke about early education services emphasized that it was highly important and essential to the success of a HI-D child in inclusive education. However, they generally see early intervention as appropriate for children aged 43-5 years old, while we believe they should take in children at a much younger age. They regretted that few services are available now in Vietnam. We have recommended that universities in Hanoi and HoChiMinh City develop early intervention programs to use as model for developing them elsewhere in the nation.

Komitee Twee (K-2), a Dutch non-governmental organization, began providing early intervention services in five of six target provinces during the mid-1990s. They use a family-centered approach in which HI-DD children aged 1-4 years old are brought periodically to the provincial special school (resource center). The children and their parents engage in learning activities together. K2 and PSBI

reached an accord to split responsibility for services to HI-D children. After providing training to preschool teachers and hearing aids to some children, PSBI turned over the names of the served children to K-2. This appears to be a useful and satisfactory collaboration between the two organizations.

From interviews it appears that K-2's program derives from accepted principles of early childhood education. They are to be applauded for their important work. However, their approach to communication and language is not appropriate for all HI-D children. Komitee Twee advocates using only spoken language with all hearing-impaired and deaf children. Called the "oral method", the child is only spoken to, and is not exposed to a sign language under the belief that they will not try to speak if they have an easier medium of communication. If they fail to speak by the time they reach school age (six years old), they would be sent to a residential school for the deaf and allowed to use the sign language These children are referred to as "oral failures" and sign language is seen as a device of last resort.

This is an outdated approach. We feel that this 'blanket approach' to language and communication is a mistake that shuts off full learning and development for many children. It is contradictory to our principles stated above, which is that a child needs early and full access to a language—signed or spoken—to stimulate their cognitive development and to enable full relationships with the parents. The problem is not that speech is tried initially, but that speech continues to be used for years with a child who clearly cannot easily hear and use spoken language. The educator should be obligated to monitor the progress of the child carefully throughout their pre-school years. However, this level of attentiveness to the needs of children, and needed assessment of communication and language skills, has not apparently not yet been developed at Dong Thap or anywhere visited by the evaluation team.

In many other nations, educators now recognize that early and easy communication is the key to a child's normal development. They accept the use of a sign language if that is what the child uses most easily, and understand that a second language can always be taught if a primary language is deeply acquired at an early age.

Sustainability: Creating a Support System for Children with Hearing Loss

The program made significant contributions in helping the Vietnamese government create a sustainable and high-quality support system for hearing-impaired and deaf children and their teachers in inclusive schools. The vertical collaboration created by the project structure helped strengthen vertical collaboration between schools, DOET, POET, NIES, and MOET. There is a very high level of motivation among government officials to develop a permanent and comprehensive support and resource system for inclusive education. Many practical ideas are laid out in the January 2004 Evaluation Workshop. It is wisest for the reader to read this document, available from PSBI, as it draws upon the joint ideas of 253 stakeholders in inclusive education for hearing-impaired and deaf children.

In his opening statement at the Evaluation Workshop, Dang Tu An, Standing Deputy Head of Steering Committee of Education for Disabled Children, MOET, stated, "There should be an overall and comprehensive approach, emphasizing on multidirectional impacts that can help ensure the sustainability of the achievements." Below we will highlight a few of the key points and recommendations that we personally believe are essential in building of a high quality inclusive education system.

"Establish management and technical support for inclusive education; transform the specialized schools/centers into local Resource Centers." This point was made by Dr. Nguyen Loc, Vice Director, NIES. The evaluation found that many participants saw strengthening the resource centers as paramount. But the functions of the resource center are not entirely clear. See Recommendation 11.

"Improving quantity and quality of resource center staff" (Le Van Tac) - The Resource Centers lack full-time assigned staff and budget. Generally we found the resource teachers to be committed to helping the inclusive teachers and children. Unfortunately these "key teachers" are also full-time teachers at the special school. They are not able to spend time regularly to travel to visit the inclusive classrooms at regular schools. This lack of staff is the greatest obstacle to the creation of viable and active resource centers. We consider it extremely important that the provincial or central government assign full-time staff to the staff of the special schools, to support inclusive education.

Mobilization of provinces' resources for inclusive education is important. (Tran Dinh Thuan, Primary Dept., MOET) Indeed, the program was most successful when there was strong provincial and district support. Le Duy Vy, IE Program Manager in Thai Nguyen, suggested a steering committee involving health and other related departments in collaboration under provincial people's committee. The horizontal integration among different departments is essential, as inclusive education has medical/diagnostic, education, and social aspects.

Investment is needed in the Vietnamese knowledge base on approaches to educating hearing-impaired and deaf children. The flow of information to the policymakers, specialists, and teachers is too limited. There are many new developments in the field of education of HI-D children. Therefore our recommendations (#2,3), as seen in the front of this report, call for the collection of information from overseas and the creation of a research-based model program of inclusive education. This would allow for more informed decision making and better quality training.

"Providing monitoring and supervision to schools." (Le Van Tac) We saw good coordination in some places. However, we must emphasize that the management decisions should be made on the basis of data collected from assessments about the progress of the HI-D children. Data-based management is appropriate for education sector, as the impact of the program on the children is the most important criteria of success. Our recommendations 4,5,6 call for applied research and development of assessment tools, broadening of diagnostic beyond audiological testing, and individualized education and family support plans (IEP, IFSP) that are monitored and used to guide decisions about the child's educational placement.

Government- NGO- foreign donor partnerships for IE-- There are some unusual circumstances in the program management. The proposal laid out a conventional approach to providing support to HI-D children, as seen in the United States and other nations. However, the planners were American and Vietnamese professionals who have only advisory capacity as regards schooling policy and operations. PSBI and NIES must work through the Ministry of Education and Training (MOET) who runs the schools. MOET administrators and its teachers, as well as POET and DOET officials, are responsible for the process and outcomes of inclusive education. The program could only indirectly influence the direction and quality of inclusive education by its training to teachers, district and provincial educational authorities, and school administrators. Thus, many factors, such as assignment and performance of personnel, were outside the program's control. At the same time funding was largely controlled by PSBI. The problem was noted in a meeting of European NGOs, "At present IE

implementation depends for a major part on international support, which, of course, affects sustainability and the way MOE is able to manage and coordinate the IE activities."[56] It seems convoluted to have such a split of line authority and financial control between the government and non-government agency. At the same time PSBI, having a manager with expertise in deaf education, played an invaluable role in the quality of decision-making about design of inputs, especially training content. The technical leadership by PSBI was generally quite sound, and helped to keep the project in line with generally accepted practices in deaf education worldwide. This rather confusing organization should be addressed in future programs.

Build a good foundation by investing in early intervention- The success of the quality of the IE program depends in large part on the provision of high quality early childhood education/intervention for HI-D children at a very young age. The emphasis needs to be language development, not communication, as it is mastery of a language-any language- which makes the child truly human and able to survive and thrive in the family, school, and community life. See Recommendation 7.

Take advantage of the Vietnamese Sign Languages (VSL) and the skills of deaf adults who sign- The embracing of the sign language by the government is very positive. However, the potential of VSL can only be tapped after an investment of linguistic research as a basis for teaching materials and training of deaf people as sign language teachers. Partnerships between schools and local groups of deaf, signing people will be useful in allowing teachers and children to learn the sign language through daily interaction. See Recommendation 10, 12.

Push for quality- While bringing disabled children into local schools is the fastest and most economical way to increase the enrollment numbers of disabled children it will not automatically produce satisfactory quality of learning by disabled children. Mr. Anh, Duy, and Tac have all acknowledged a commitment to a step-by-step, gradual move towards improvement of quality in instruction for hearing-impaired and deaf children. We believe that the key to quality is giving priority in resource allocation and management decisions first and above all to consideration of the child-centered, family-centered, teacher-centered nature of education.

The policy of integrating hearing-impaired and deaf children in local schools should not be seen as a way to cut costs on education. It is true that attendance at special schools is a burden on government

[56] European Commission (2003). Notes on Education for Children with Disabilities. Unauthored notes, p. 1.

and parents.[57] But high quality inclusive education also has costs. Any worthwhile educational program for disabled children will have additional costs over and above the ordinary cost of local schooling. Our recommendations point out what we consider to be worthwhile investments of Vietnam's scarce resources. We believe that these investments will help develop the intellectual resources and organizational structures needed for a foundation of responsive and high-quality deaf education in Vietnam.

In this program we saw places where parents, teachers, and DOET/POET officials have been working tirelessly to open up education to children with hearing loss. (And we mustn't forget the efforts of hearing pupils who help HI-D pupils!) Their passionate commitment to doing whatever is needed to accommodate the needs of disabled children is a fresh wind blowing through Vietnam. Building upon traditions of charity towards those less fortunate, they are making the acceptance of disabled children a part of everyday life in modern Vietnam.

[57] For example, in Thai Nguyen province the parents of a student at a special school must pay more than 100,000 VND per month for food while the government covers 50,000 VND per month (excluding salaries). This means an annual outlay of about 90 US dollars per student-- a large sum in a nation with a per capita income of about USD 350 per year.

Appendix 1- Methods Used in the Final Evaluation

The data comprises: (a) statistics about activities and services delivered during the program; (b) questionnaire responses from people during one-one interviews and group sessions; (c) notes from observations in classrooms; (d) responses to questionnaires filled out by some participants who were not seen by the team and; (e) review of program documents. In this work the evaluators drew upon the mid-term evaluation for follow-up questions.[58]

While this is a summative evaluation, there was a strong commitment to observing the nature of interaction and educational process between the deaf children and their teachers. We also spoke with parents and other people who directly shape the child's educational opportunities and prospects. Albeit superficial, these rapid case studies allowed us to see the impact of the program from the perspective of learner and teacher. In the end, the meaning of the services delivered — and their success — are shown by the extent to which hearing-impaired children and their teachers are engaging in educational interaction. Thus, it is important to collect and organize the information so that it helps us understand the situation of the specific child, teacher, and school.

The data collected from schools was reviewed by the evaluators in collaboration with program managers, NIES collaborators, and other knowledgeable people.

The table below shows the best source of information on each major objective/activity area:

Table: Best sources of information on program areas

		Participants						
	Program area /objective	Teachers	HI-D students	Parents	Trainers(sign)	Trainers (teachrs)	Admin-Princpl+DOET	PSBI+NIES
1	Screening					**X**		**X**
2	HearingAids/	**X**	**X**			**X**		
2a	Planning/Placement							
3	Teacher training					**X**		
4	Collect signs				**X**			
5	Awareness-prevention							**X**
	Program management						**X**	**X**

[58] We express our appreciation to Dr. James Woodward for his support.

Information about the process and outcomes of the program was collected using these techniques:

From teachers
a) Written questionnaire.
b) Interviews strictly following the questionnaire.
c) Observations in classes of interviewed teachers;[59]

From hearing-impaired students
d) Observations in classes and during recess;
e) Interviews loosely following the questionnaire;

From parents
f) One-one interviews to assist parents in completing the questionnaire.

From trainers and resource people[60]
g) Written questionnaire strictly following the questionnaire.
h) Interviews with trainers, including personnel at the resource centers and deaf adults who are teachers of the sign language;

From school administrators and educational authorities (DOET, POET)
i) Written questionnaire to be sent to all active schools and districts;
j) Interviews;

From program staff and governmental partners
k) Numbers served under each major objective;
l) Interviews of PSBI staff to discuss questionnaire;
m) Interviews of MOET, NIES officials;

From other sources of data
n) Review of program documents and mid-term evaluation data;
o) Discussion with mid-term evaluator (J. Woodward);
p) Discussion with program designer about program model (R. Brouillette).
q) Compilation of numerical figures on services delivered by objective.

In this work the evaluators used the mid-term evaluation to follow up to see which of its main recommendations have been enacted. Some questions for interviews were taken from the mid-term evaluation.[61]

Steps of the evaluation
Prior to fieldwork
Review program proposal and mid-term evaluation report.
Set the focus of the evaluation.
Develop sampling criteria for sites (with key players).
Select sites to visit and set the schedule with locals (with PSBI).
Identify stakeholders and advisory group.
Evaluation design and draft questionnaires. Translation of instruments.

[59] Even though the evaluation is being done after the conclusion of the program some of the children are still in school so limited observations will be conducted during visits to schools. Even if deaf children are no longer enrolled, visiting the classrooms may provide insights about conditions they faced.
[60] As the program has ended, the training activities could not be observed. It might have been useful for the program to have videotaped some of the training activities.
[61] We express our appreciation to Dr. Woodward for his support.

Fieldwork and Reporting

See the attached schedule for fieldwork during October-November 2003.

1. Co-evaluators met with PSBI director and staff to clarify the purpose of the evaluation, especially as to the audience for the information. Provided a draft of the lead evaluator's understanding of the program model and logic.

2. The co-evaluators conferred to agree upon the data needs, means of data collection, steps for data analysis, and the role of the participants. Determined the division of responsibility for tasks.

3. From program staff obtained the program documents and data from the mid-term evaluation from PSBI. Ask staff to provide updated figures on progress towards objectives (PSBI and NIES).[62]

3. Worked with program staff to complete logistics for field trips. Discuss the daily schedule and interview protocols at schools and at resource centers.

4. Meet with translators to review terminology and translations. Three languages are being used: Vietnamese, Vietnamese Sign Language, and English.

5. With PSBI Director and NIES representative, discuss the overall evaluation before beginning fieldwork and receive their approval to proceed.

6. Conduct field trips to schools and resource centers.

7. Analyze data and write-up findings. This involved discussing the observations and interview responses with various participants.

8. Discussion of findings with steering committee and PSBI staff. Receive feedback for the report.

9. Final Report.

[62] See tables on pages 5-8 of the mid-term evaluation report.

Sampling of the sources

In order to select a sample of schools to visit we considered variables that might play a role in the success of a hearing-impaired or deaf disabled child in an ordinary school. Please see the full list in the Appendix under "Sampling methodology." We chose the following key variables to use in selecting a sample of schools. (We abbreviate the phrase 'hearing-impaired or deaf children' as 'HI-D children'.)

Characteristics of schools

Single HI-D student <——————> numerous HI-D students
This variable may relate to patterns of social interaction and support involving the hearing-impaired child in the school.

Students mostly hard-of-hearing or late onset <———> Most prelingually, profoundly deaf
This variable relates to the child's skill in spoken/written language and thus capacity to communicate with hearing-speaking teachers and peers.

Only spoken language used by adults <————————————> Skilled signing adults
To what extent skilled users of the Vietnamese sign language—a visual medium—is available to the child.

Ongoing training support <————————————> Isolated from support
Relates to expertise in area of deaf education that is available to teachers.

The evaluators and the project staff worked together to choose four of six provinces, including all of those provinces with resource centers. We then chose schools from among the 39 districts that participated in the program.[63] We chose at least one school with 'high' and one school with 'low' measure on each variable. We limited the number of site visits (__schools and ___ resource centers) over three weeks because we needed to spend substantial time at each school, in order to conduct observations and interviews in order to understand the situation. We strived to visit north and south schools equally. But it is not as important as having sufficient time to gather rich information on specific individual children.

More information about the sampling methodology is in the Appendix.

Choice of schools and resource centers:

Four districts were visited during the fieldwork:

- Phu Binh district and Pho Yen district in Thai Nguyen Province
- Xuan Loc district in Dong Nai province
- Lai Vung district in Dong Thap province

We conducted 112 interviews including educators, parents, children from twelve schools, district and provincial education officials from four districts and four provinces, and program leaders at NIES and PSBI.

[63] Stratified sampling with the categories derived from thinking about the characteristics that may impact the child's likelihood of success in a spoken language school.

The visited sites were selected on the basis of sampling criterion that is explained below. Each of the following sites received in-depth attention from the evaluators during a full day of observations and interviews. In most cases, district educational authorities or provincial educational authorities joined the site visits.

Thai Nguyen province- Tan Huong School #2 and Tan Huong School #3, Pho Yen district (isolated), and Tan Duc School, Phu Binh district (with good support from resource center and favorable report in the mid-term on its teaching).

The Thai Nguyen Center for Disadvantaged Children serves as a resource center for these two schools and other schools in the province who enroll disabled children. We will visit and conduct extensive interviews there. We will visit the center after visiting the two schools so that the resource center staff can help us interpret our findings.

Dong Nai province: Hong Bang School, Xuan Loc District (for its large number of profoundly deaf children) and Hung Vuong School.

Dong Thap province: Tan Thanh 2 School, Lai Vung District: (for its good support from specialists and provincial authorities).

The Dong Thap School for Disabled Children serves as a resource center for these two schools and other schools in the province who enroll disabled children. We will visit and conduct extensive interviews there, and discuss our earlier visits to schools in the district.

Number of people interviewed at each site

	Participants						
Program area /objective	Teachers	HI-D+hear student	Parents	Trainers(sign)	Trainers (teachrs)	Admin-Princpl+DOET	NIES/PSBI
Thai Nguyen							
Phu Binh District	**11**	**1/4**	**2**			**6**	
Pho Yen District	**6**	**3/3**	**2**			**3**	
Thai Nguyen Resource Center		**1/0**			**8**	**2**	
Dong Nai							
Xuan Loc District	**2**	**3/3**	**3**			**7**	
Dong Thap							
Lai Vung District	**7**	**1/3**	**7**			**9**	
Dong Thap Resource Center					**5**	**2**	
Hanoi				**4**			**7**
Ho Chi Minh City				**2**			
Sub-Total	**26**	**9/13**	**14**	**6**	**13**	**29**	
TOTAL INTERVIEWS: 112 people							

Sampling methodology

Here is the list of variables that were considered in choosing schools to visit. At the bottom is the full list of variables that may play a role in the educational experience of the hearing-impaired or deaf child in a regular school.

Characteristics of schools

Single HI-D student <——————> numerous HI-D students

This variable may relate to patterns of social interaction and support involving the hearing-impaired child in the school.

Students mostly hard-of-hearing or late onset <————> Most prelingually, profoundly deaf

This variable relates to the child's skill in spoken/written language and thus capacity to communicate with hearing-speaking teachers and peers.

Only spoken language used by adults <————————————> Skilled signing adults

To what extent skilled users of the Vietnamese sign language—a visual medium—is available to the child.

Ongoing training support <————————————> Isolated from support

Relates to expertise in area of deaf education that is available to teachers.

Other variables:

4. Age of identification of the child as hearing-impaired and subsequent early intervention services received by the child.
5. Use of hearing aids in school and at home.
6. The proximity of a local group of deaf adults (who use the local sign language) to the schools and homes of the target children, and their involvement with the children.
7. Extent of parents' involvement in educational planning and school activities. Extent of training to parents.
8. Parents' skills in sign language.
9. Student: Teacher ratio in the classes. (See program strategy to reduce number of hearing students by 2-3 children for each hearing impaired child in a class. See Grant Application, p. 6)
10. Training of teachers- How much training did teachers receive? Did some receive significantly more training than others? If so, this is a useful variable to study.

Questionnaires and interviews

Separate questionnaires were developed for teachers, hearing-impaired and deaf students, school principals, and district/provincial educational officials.[64] The questions were derived from the central

[64] The questionnaire was adapted from several sources, including the Survey of Environments. It was developed at the Frank Porter Graham Child Development Centre, Program ACCESS, in 2002, for the purpose of field testing "environmental factors" part of the World Health Organization's revised International Classification of

questions of the evaluation as described earlier. In addition, we drew upon the mid-term evaluation, the collection of Surveys of Environment of Hearing-Impaired Children from the research institute of Gallaudet University, and the work of scholars in the field of mainstreaming of deaf children.[65]

The questionnaires and interviews covered four topics: I. The Individual's Background; II. Discussion of the educational process involving a student with hearing loss; III. The support services for HI-D children and; IV. Ideas about the future. The hearing-impaired, deaf, and hearing-speaking children were given short tests of their skill in written Vietnamese, spoken Vietnamese, Vietnamese sign language, and fingerspelling.

The full text of the questionnaires is given below. The questionnaires were filled out during meetings with the evaluators. For children and some parents the evaluators wrote down the response. The interviews involved at least three languages, including Vietnamese spoken dialects, English, and one or more of the Vietnamese Sign Languages. The Vietnamese evaluator (Khanh) conducted most of the interviews with teachers, principals, and DOET/POET officials. The American evaluator (Reilly) led most of the interviews with the HI-D children, with assistance of a signing deaf person, a signing hearing person, and an English-Vietnamese translator. He also conducted the interviews with deaf teachers of sign language and leaders of deaf clubs. The PSBI program manager (Ha) led the interviews of the hearing-speaking children. Both evaluators interviewed the staff of the resource centers, PSBI, and NIES.

Below we give some highlights of the process:

Interviews with the HI-D children: The children were given short exercises to give us some sense of their skill in written Vietnamese, spoken Vietnamese, Vietnamese sign language, and fingerspelling. Pictures and texts were used to elicit response. To aid communication with the children, digital photographs were taken of the student body and the teacher. In general, the children were hesitant to communicate with us, and a lot of information had to be filled in later during conversation with the child's hearing-speaking friends. A gift of a notebook was given at the end of the session.

Interviews with the hearing-speaking children: After HI-D children had identified their friends by pointing to the photos of their classmates, these children were interviewed. The interview was done as a friendly conversation and the children were given a gift of a notebook. In general, the children were somewhat hesitant answer but opened up after awhile. These were most often group sessions with 1-4 identified friends, and often included the HI-D child.

Interview with teachers: Interviews were conducted one-to-one with teachers whose class had been observed, and in a group session for other teachers of HI-D children.. The aim was to get insights into their approach to the educational process involving the HI-D child, and to get specific examples of their efforts to accommodate the children. Please see the questionnaire below for more details.

The specific questions for teachers, children and others are shown in following sections.

Before every interview we read a version of this statement:

> We are conducting a final evaluation of the Program on Inclusive Education for Hearing-Impaired and Deaf Children. We are

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Functioning, Disability, and Health. The survey was adapted for use with deaf and hard of hearing children, teachers, and parents by researchers at the Gallaudet Research Institute of Gallaudet University, Washington, D.C. Adapted with permission of Rune Simeonsen, Senda Benaissa, and Michael Karchmer.

[65] Brill, R. (1978). Mainstreaming the prelingually deaf child. Washington, D.C.: Gallaudet College Press.

contacting you because we want to find out more about how the program has been carried out in your area. Also we would like to hear your thoughts about the future regarding hearing-impaired children in school.

Your participation in this evaluation is very important. But you are not required to participate. All of the information that we collect is confidential. Only the evaluators and PSBI staff will see your answers.

Do you understand the information I have told you? Do you wish me to continue?

Appendix 2- Questionnaires with teachers, administrators, parents, and children.

Questionnaire for teachers—with summary of answers

Name ..... Age ..... Male/Female..... Education level.... …….

Ethnicity…….... School name..... District..... Province.....

To assess the performance effectiveness of the "Inclusive Education for HI-D children in Vietnam" you are kindly requested to answer following questions by checking (✓) next to the appropriate answer or filling the blank (.....):

1/- How many HI-D children have you taught within last five years..

How many of them were newly enrolled as direct outcome of the project?.....

2/- Number of HI-D children are now in your class, hearing ability, number of children provided with hearing aids?

ID #	Name, age, grade	Hearing ability/deafness				Provided with hearing aids	
		Mild	Mode-rate	Severe	Extreme ly/Pro-found	Yes	No
1							
2							
3							

3/- How do children use hearing aids?

ID #	Name	Do they use hearing aids frequently?		Do they fell comfortable?		Do hearing aids badly effect to children' activities	
		Yes	No	Yes	No	Yes	No
1							
2							
3							

What are the main difficulties of these children?.....

- Listening comprehensive ability

- Lessons in Vietnamese language (words and phrases; composition; socio-natural subject)

4/- Do you have any comment about the relation between hearing and HI-D children in your class?

a)- Good (sympathetic, friendly, helpful) 92

b)- Normal (helpful, but not very friendly) 7.7

c)- Not good (less sympathetic, distant, not helpful) 0

5/- Do you think that HI-D children enroll in inclusive classes is right?

a. Yes 92.3% b. Not sure c. No

6/- Do you wish HI children (not too severe) achieve learning result as good as other children in the same class?

a. Yes 100% b. Not sure c. No

7/- How do you comment on the help which HI-D children can receive from their classmate, teacher, family, community?

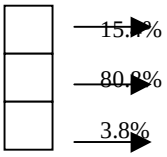
ID #	Contents	Frequency		
		Regularly	Occasionally	Almost never
1	The help HI-D children can receive from their classmate	96%	4%	
2	The help HI-D children can receive from their teacher	96%	4%	
3	The help HI-D children can receive from their family	60%	40%	
4	The help HI-D children can receive from their community	26.9	73.1	

8/- How do you comment on your use of Vietnamese sign language?

a)- Rather skillful

b)- Able but not skillful

c)- Very Limited/Very bad



9/- How do you rate the difficulty in communication with HI-D children

ID #	Name	Rate		
		Very difficult	Difficult	Inconsiderably
1		8.33%	58.33%	33.33%
2				
3				

10/- How do you rate the children' thinking and reasoning ability when talking with them about a specific theme?

ID #	Name	Thinking and reasoning ability		
		Understand mostly	Understand partially	Do not understand
1		37.5%	50.0%	12.5%
2				
3				

11/- How do you rate the children' thinking and reasoning ability when talking with them by sign?

ID #	Name	Sign understanding ability		
		Understand mostly	Understand partially	Do not understand
1		22.22%	66.66%	11.11%
2				
3				

12/- How well, in your opinion, could children in your class use the sign language?

ID #	Name	Ability in using sign language		
		Rather skillfully	Limited	Almost do not know
1		28.57%	42.85%	28.57%
2				
3				

13/- During communication with children, you normally use:

ID #	Name	Level		
		Sign and speak at the same time	Speak without signing	Sign without speaking
1		100%		
2				
3				

14/- How do you rate the participation of these children in school activities?

ID #	Name	Participation rate		
		Relatively full participation like others	In some activities	Almost very limited
1		63.63%	36.37%	
2				
3				

15/- Have you attended any sign language for HI-D children training?

a. Yes 100% b. No

16/- How long have you been teaching in inclusive classes?...1999 - 2000……..... What experience do you have in teaching in inclusive classes?

- Teaching sign language
- Organize recreation activities between HI-D and normal children
- Teach singing for HI-D children oral singing at the same time with sign singing

17/- How many training courses have you attended in this project? How effective are these training courses?

ID #	Time	Curriculum			Effectiveness		
					Not effective	Less effective	Essentially effective
		No. of fold	1	7.7 %			
			2	26.9	11.5	65.4	23.1
			3	42.3			
			4	15.4			
			5	7.7			

18/- Through the training courses or document/material provided by the project, you have acquired the basic knowledge and skills in: inclusive education for HI-D children.

a. Right 84.6% b. Neutral 11.5% c. Not right 3.8%

19/- How do you compare your skill before and after attending the training courses?

	Much better	Better	Not better
a- Knowledge about HI-D children	65.4	34.6	
b- Knowledge about inclusive education	73.1	26.9	
c- Able to use sign language	34.6	65.4	
d- Methodology on teaching HI-D children	30.8	65.4	3.8

20/- Who, in your opinion, most benefit from the project?

- HI-D children + their families 100%
- Teacher

21/- The activities of district "resource" centre, in your opinion, to provide counseling, training, monitoring of children with disability activities:

a. Not activated
b. Activated in formality, less effective 15.4%
c. Activated in discipline, effective 84.6 %

22/- Your trust in the practical effectiveness of the project for your school/community:

a. Practically effective 84.6
b. Less practically effective 11.5
c. Not yet practically effective 3.8

23/- You have clearly seen considerable progress of HI-D children who participated in the inclusive education sponsored by the project:
a. Right 92.3% b. Neutral7.7% c. Not right

24/- When teaching in inclusive classes of HI-D children under sponsorship of project, You suppose that you did:

	Right	Partially right	Not right
a- Understand objectives of the project	96.2	3.8	
b- Have enthusiastic, positive spirit	84.6	15.4	
c- Have basic knowledge, skill about inclusive education for HI-D children	84.6	15.4	
d- Know the way to organize, conduct inclusive education activities for HI-D children	80.8	19.2	
e- Have active, creative skill in teaching activities	65.4	34.6	
g- Be provided with materials	69.2	30.8	
h- Be equipped with teaching aids	48	40	12

What have you done to help HI-D children? (give some concrete example?).....
- Need assessment of HI-D
- Teach more sign at home, in summer holidays
- Actively communicate with the child in sign language during and after lesson
- Meet and discuss with family, counsel for HI-D children' parents
- Consult ideas for School admin board to organize inclusive activities
- Instruct sign language for normal children so as they can help HI-D children

25/- How do you assess effectiveness of the project for:

	Positive effect	Less effective	Not effective yet
a- Your locality	80%	16 %	4%
b- Family of HI-D children	84%	16%	
c- School	83.3%	12.5 %	

26/ What difficulties (if any) you had faced or have been facing during implementation of project? What to do to overcome such difficulties?

Disadvantages:
- sign language
- complex communication method
- methodology to teach profoundly deaf children
- teacher need to prepare for lesson more hardly
- need additional teaching for HI-D children (HI-D children slow in understanding)

(Not enough to teach children at

27/- Do you wish to continue teaching in the inclusive classes?
a. Yes 80.8 b. Neutral15.4 c. No 3.8

28/- Does inclusive education influence learning process of other students? If yes, what are the influences?
Yes: 38.5 - eats up time for other pupils → -influence to other children
No: 61.5 - HI-D children can not understand -naughty influence to other children

29/- How, in your opinion, to help sign language improve?

+ For teacher?
- learn more sign language
- frequent communications with HI-D children in sign language
- "good teaching lesson" competition for inclusive classes

+ For student?
- frequent exchange with children in special classes
- hearing children (friends of HI-D children) are to be trained in sign language

30/- Have you any recommendation to help yourself teaching inclusive classes better and to help HI-D children in your school have better inclusion?

- support fund for teacher and pupils
- frequent training for teacher, parents of HI-D children and their close friends (in sign language, teaching methodology)
- there should be couseling for parents, mobilize them to bring children to school early
- should be vocation training for deaf children (adult)
- provision of visual teaching aids (pictures, video tape, etc.)

31/- What to do to maintain, promote and improve effectiveness of inclusive education program after the project ended?

- For teacher, collaborator?

  - encourage parents to bring children to school
  - continue maintenance and development
  - commitment from teacher and admin to make education plan

- For school, admin?

  - annual supplementary training for teacher on teaching methodology and sign language
  - dissemination on IE in order that community, social association join the process together support to IE
  - frequent monitoring &evaluation, timely support from Resource Centre
  - reduce number of pupils in inclusive classes
  - assign concrete responsibility to school, teacher
  - there should be clear regulation on IE, inclusive classes
  - allow teacher in inclusive class to follow HI-D children to upper class
  - organize many Social Day activities to develop communication skill for children

- The organizing, administering?

- The mechanism (salary/allowance/ condition)?

  - there should be allowance mechanism for teacher
  - facilitate teacher in study tour, sharing, exchanging in best practice on IE to learn lesson, experience
  - be equipped with visual teaching aids (pictures, video tapes, etc.)

Questionnaire for parents—with summary of answers

Full Name ..... Age ..... Male/Female ..... Education level.... …….

Occupation…… ……Ethnicity..... District..... Province.....

Your family economy: Difficult☐ Enough food ☐ Better off ☐

To assess the performance effectiveness of the "Inclusive Education for HI-D children in Vietnam" you are kindly requested to answer following questions by checking (✓) next to the appropriate answer or filling the blank (.....):

1/- Have your children been screened? ……. If yes, what rate of HI were the children at?…… Have the children been provided with hearing aids?……

2/-How do the children use hearing aids (if provided)?

Children name, age, grade, sex	Do they use hearing aids frequently?		Do they feel comfortable?		Do hearing aids badly affect to children' activities?	
	Yes	No	Yes	No	Yes	No

What are main difficulties of your children at the moment?.....

- Listening comprehension is difficult, slow in understanding; learning difficulty with subjects as composition, socio-natural, words-phrase.

3/- Do you think that HI-D children enroll in inclusive classes is right?

a. Yes 100% b. Not sure c. No

4/- Do you expect HI children (not too severe) to achieve learning results as good as other children in the same class?

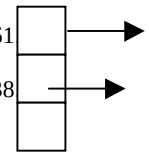
a. Yes 100% b. Not sure c. No

5/- Do you have any comment about the relation between hearing children and your children?

a)- Good (sympathetic, friendly, helpful) 61

b)- Normal (helpful, but not very friendly) 38

c)- Not good (less sympathetic, distant, not helpful)



6/- Do you regularly discuss with teacher about your child education?

a. Regularly 76.9% b. Sometimes 23.1% c. Rarely

7/- How do you comment on the help which HI-D children can receive from their classmate, teacher, family, community?

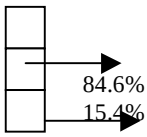
ID #	Contents	Frequency		
		Regularly	Occasionally	Almost never
1	The help HI-D children can receive from their classmate	76.9%	15.4%	7.7%
2	The help HI-D children can receive from their teacher	92.3%	7.7%	
3	The help HI-D children can receive from their family	84.6%	15.4%	
4	The help HI-D children can receive from their community			

8/- How do you assess your ability to use sign language?

a)- Rather skillful

b)- Able but not skillful 84.6%

c)- Very Limited/Very bad 15.4%



9/- How do you rate the difficulty in communication between you and your child?

a. Very difficult 15.4% b. Difficult 46.2% c. Inconsiderably 38.5%

10/- How do you expect about your child's ability in comparison with other children?

a- Able to achieve the same learning result as other children at the same age if help is provided 53.8%

b- Not able as other children but they can still achieve result at some degree if help is provided 46.2%

c- Desire your children to school to have friends however they can learn or not

11/- How do you rate your child's thinking and reasoning ability when talking directly with them about a specific theme?

a. They understand mostly 53.8% b. They understand partially 38.5% c. They almost do not understand

12/- How do you rate your child's sign language using ability ?

a. Rather skillful 61.5% b. Still limited 38.5% c. Almost unknown

13/- During communication with your child, you normally use :

a. Sign and speak at the same time 92.3%

b. Speak without signing 7.7%

c. Sign without speaking

14/- How do you rate the participation of your child in school activities?

a. Relatively full participation like other children 92.3%

b. In some activities 7.7%

c. Almost very limited

15/- How do you rate the participation of your children in community social activities?

a. Relatively full participation like other same age children 76.9%

b. In few activities 7.7%

c. Almost very limited 15.4%

16/- Have you attended any sign language for HI-D children training?

a. Yes 69.2% b. No 30.8%

17/- How many training courses have you attended in this project?

18/- Through the training courses or document/material provided by the project, You have acquired the basic knowledge and skills in inclusive education for HI-D children.

a. Right 33.3% b. Neutral66.7% c. Not right

19/- Who, in your opinion, most benefit from the project?

HI-D children and their family

20/- The activities of district "resource" centre, in your opinion, to provide counseling, training, monitoring of children with disability activities:
a. Not activated
b. Activated in formality, less effective 41.7%
c. Activated in discipline, effective 58.3%

21/- Your trust in the practical effectiveness of the project:
a. Practically effective 84.6%
b. Less practically effective 15.4%
c. Not yet practically effective

22/- You have clearly seen considerable progress of your children when participating in inclusive education:
a. Right 100% b. Partially right c. Not right

23/- When your children enroll in inclusive classes of HI-D children under sponsorship of project, You suppose that you did:

	Right	Partially right	Not right
a- Understand objectives of the project	14.3%	84.6%	
b- Have enthusiastic, positive spirit	92.3%	7.7%	
c- Have basic knowledge, skill about inclusive education for HI-D children	15.4%	84.6%	
d- Be assisted with methodology to teach HI-D children	0	100%	

24/- Do you wish your children to continue enrolling in inclusive classes?
a. Yes 100% b. Hard to answer c. No

25/- How do you assess effectiveness of the project for:

	Positive effect	Less effective	Not effective yet
a- Your locality	100%		
b- Family of HI-D children	100%		
c- School	92.3%	7.7%	

26/- How, in your opinion, to help sign language improved in your children?
- Let HI-D children share, exchange with children in special class-RC
- Organize more social day activity
- Teachers instruct more sign language for HI-D children
- Close friends of HI-D children be equipped with sign language to help HI-D children

27/- What recommendations do you have to maintain, promote and improve effectiveness of inclusive education program?

- Dissemination among Parents association, promotion so as all people, agencies to support IE. Continue developing IE.
- Facilitate HI-D adult to be educated and equipped with a vocation at the same time.
- Organize many social day activities to improve communications skill.
- Arrange (annual) exchanging, sharing meetings to discuss, learn and share experience on caring and teaching HI-D children and give mutual spiritual encouragement among parents, teacher, RC staff, admin at different level.
- Parents need frequent counseling and help on HI-D children teaching methodology.
- Support vocation training for HI-D children (so they can earn a living themselves)
- During summer vacation they can join and learn in special class at RC.
- Teacher in inclusive class can benefit allowance/subsidy.

Questionnaire for administrators—with summary of answers

Full Name ..... Age ..... Male/Female ..... Education level.... …….

Ethnicity…… Position/ Job title..... District..... Province.....

To assess the performance effectiveness of the "Inclusive Education for HI-D children in Vietnam" you are kindly requested to answer following questions by checking (✓) next to the appropriate answer or filling the blank (.....):

1/- How many HI-D children were enrolled in your school in the last 5 years?

Year 1999 .....Year 2000 .....Year 2001 .....Year 2002 .....Year 2003 .....

How many inclusive classes were there in school?.....

2/- Number of children enrolled in your school who have been rated on hearing ability/deafness? Number of children who have been provided with hearing aids?

	Total of children	Rate of hearing ability/deafness				Children provided with hearing aids	
		Mild	Moderate	Severe	Extreme/ Profound	Yes	No

3/- Please tell us number of schoolteacher who have attended inclusive education for HI-D children training?..... number of teacher in inclusive classes but not attended training?.....

4/- Do you think that HI-D children enroll in inclusive classes is right?

a. Yes 90.9% b. Not sure 9.1% c. No

5/- Do you expect HI-D children (not too severe) to achieve learning results as good as normal children in the same class?

a. Yes 90.9% b. Not sure 9.1% c. No

6/- Do you have any comment about the relation between hearing and HI-D children in your school?

a)- Good (sympathetic, friendly, helpful)		80%
b)- Normal (helpful, but not very friendly)		20%
c)- Not good (less sympathetic, distant, not helpful)		

7/- Do you think HI-D children need help to have opportunity to develop like other normal children?

a. Yes 90.9% b. Neutral9.1% c. No

8/- How do you comment on the help which HI-D children can receive from their classmate, teacher, family, community?

ID #	Contents	Frequency		
		Regularly	Occasionally	Almost never
1	The help HI-D children can receive from their classmate	66.7%	16.7%	
2	The help HI-D children can receive from their teacher	90%	10%	
3	The help HI-D children can receive from their family	100%		
4	The help HI-D children can receive from their community	40%	60%	

9/- How do you comment on the use of Vietnamese sign language by teacher in school with inclusive classes?

a)- Rather skillful 30%

b)- Able but not skillful 70%

c)- Very Limited/Very bad

10/- You have been provided with training to acquire basic knowledge and skill in order to organize concrete activities of the project (within your responsibility)

a. Right 66.7% b. Neutral33.3% c. Not right

11/- How do you rate the participation of these children in school activities?

a- Relatively full participation almost like other children 50%

b- In some activities 50%

c- Almost very limited

Can you give concrete examples on the activities which HI-D children can do very well…….

12/- Have you attended any sign language for HI-D children training?

a. Yes 60% b. No 40%

13/- How many training courses have you attended in this project? How effective are these training courses?

ID #	Time	Curriculum	Effectiveness		
			Not effective	Less effective	Essentially effective
		1 course 57.1			
		2 course 28.6		28.6%	
		3 course 14.3			71.4%

14/- Through the training courses or document/material provided by the project, You have acquired the basic knowledge and skills in: inclusive education for HI-D children.

a. Right 85.7% b. Neutral14.3% c. Not right

15/- How do you compare teacher's skill before and after attending the training courses?

	Much better	Better	Not better
a- Knowledge about HI-D children	50%	50%	
b- Knowledge about inclusive education	50%	50%	
c- Able to use sign language	50%	50%	
d- Methodology on teaching HI-D children	25%	75%	

16/- Do you receive support and help from project side, educational system, government, etc. after training curses? If yes, what kind of support have you received? (materials, teaching aids, allowance, etc.?)

- Material
- Some (still limited) teaching aids
- Encouragement from local government, unions, agencies

17/- Who, in your opinion, most benefit from the project?

- HI-D children - their families
- Teacher
- Community

18/- The activities of district "resource" centre, in your opinion, to provide counseling, training, monitoring of children with disability activities:

a. Not activated 10%

b. Activated in formality, less effective

c. Activated in discipline, effective 90%

19/- Your trust in the practical effectiveness of the project for your school (community):
a. Practically effective 100%
b. Less practically effective
c. Not yet practically effective

20/- You have clearly seen considerable progress of HI-D children who participated in inclusive education:
a. Right 90% b. Neutral10% c. Not right

21/- You suppose that the key officials in localities within "inclusive education for HI-D children" project did:

	Right	Partially right	Not right
a- Understand objectives of the project	70%	30%	
b- Have enthusiastic, positive spirit	70%	30%	
c- Have basic knowledge, skill about inclusive education for HI-D children	50%	40%	
d- Know the way to organize, conduct inclusive education activities for HI-D children	66.7%	33.3%	
e- Have active, creative skill in teaching activities	66.7%	33.3%	
g- Be provided with materials	70%	30%	
h- Be equipped with teaching aids	33.3%	55.6%	11.1%

22/- How do you assess effectiveness of the project for:

	Positive effect	Less effective	Not effective yet
a- Your locality	90%	10%	
b- Family of HI-D children	80%	20%	
c- School	90%	10%	

23/- Do you wish to continue to enroll inclusive classes in your school/locality?
a. Yes 100% b. Neutral c. No

24/- Does inclusive education influence learning process of other students? If yes, what are the influences?
Yes 60%: influence to learning time of other pupils
No 40%

25/- How, in your opinion, to help sign language develop?
- provide video tape on good lesson (in sign language)
- use sign laguage + visual aids during lesson
- allow HI-D children to share and exchange with children in special class in RC regularly
- teach sign laguage for parents and close friends of HI-D children
- organize more social day activity

26/- Have you any recommendation to help teacher and HI-D children in your school better?
- provide hearing aids
- visual aids
- regular training on teaching methodology and sign language
- subsidy for teacher
- vocation training for HI-D

27/- With capacity as educational admin, what proposal do you have for future in orientation to help HI children to integrate into community?

- continue to maintain and expand IE

28/- What to do to maintain, promote and improve effectiveness of inclusive education program after the project ended?
- there should be a plan to direct schools to do survey on CWD, mobilize family to bring children to school
- project review: assess the achievement, pending issues to find the solution
- continue and foster training for teacher on teaching methodology and sign language
- develop plan to maintain and expand IE
- disseminate to improve awareness for community and society
- MoET should issue written regulation on subsidy for teacher so that they become more activated in teaching

29/- What, in your opinion, are the biggest advantages and difficulties at the moment

a/- Advantages	**b/- Difficulties**
1. Care of education system, government agencies	**1. Teacher have not been trained to be fluent in teaching methodology, limited in sign language.**
2. Enthusiasm, activation of teacher	**2. Most of HI-D family have economic difficulty so they can not afford a hearing aids. Their awareness is low, they do not have time, they do not care.**
3. Care and cooperation of family	**3. Subsidy regulation for teacher**
	4. Lesson understanding ability of the HI-D is slower than hearing children.
	5. Understanding of sing language of HI-D children is limited.

30. Your recommendations:

- Continue discovering, classifying HI-D children; training teacher in teaching methodology and sign language
- Continue the process in the active IE places
- Inclusive class should comprise about 25 pupils
- Disseminate to expand IE into other localities
- Be assisted with hearing aids and visual teaching aids
- RC should have plan for vocation training for HI-D adult.
- MoET should issue regulation on curriculum, schedule, criteria to assess CWD in particular, HI-D children in general.
- Organize seminar on HI-D children training for teacher, parents, educational admin to share experience.
- Regulation on salary, subsidy for teacher
- Vocation training for HI-D adult (mobilize business, companies to sponsor those vocation training activities)

- HI-D children need early discovery and audiology classification:
+ early intervention
+ mild, moderate HI-D children are arranged straightforward to inclusive class
+ hard of hearing, deaf children should go to special class at RC 1-2 years then will be arranged in inclusive class and that should take more effect (in order that those children can learn such skill as listening carefully, speaking via basic sign language, self-confident, courageous in communications).
- Commitment between teacher, parents, school, DoET, RC in planning for educating HI-D children,
- Monitoring & evaluation of these children's progress.

INTERVIEW QUESTIONS (for hearing-impaired children)
Note: During the interview with the hearing-impaired child ask them to point to photo of their class and to identify friendly classmates. Then interview these hearing-speaking children. While it should be a casual conversation about the class and the hearing-impaired children, you can also review the questions and answers from the interview with the hearing-impaired child. This is necessary to get verification but in many cases it will be easier to get info about the hearing-impaired child (who has limited communication ability) from their hearing-speaking classmates.

Before interview:

1. Take 2 photos of class: boys and girls. Write child's responses on photo.
2. Take picture of the teacher.
3. Get a copy of the Daily Schedule for the classroom.
4. Tell teacher to have child bring his/her books.
5. Drawing of classroom seats.
6. Sheet with smiley face, neutral, frown.

Warm-up

1. Child fills in top of form and answers written questions..

Written questions that child should try to write answers by themselves:

My father's name is _____
My mother's name is _____
How many younger brothers do you have? ___
How many older brothers do you have? ____
How many younger sisters do you have? ____
How many older sisters do you have? ____
My school is in ____ district _____province and in the country _____.

2. "Where do you sit in the room? *Show the diagram of the classroom. Child marks it.*

Skill in signing

3. "What's the sign for _____ *Show picture and written word.*

Local sign for:	Correct	Attempted or made incorrectly	No attempt

4. "Does your teacher sign well?" *Point to picture of teacher.*

Excellent _____ Signs fairly well _____ Signs a little _____ No sign _____.

5. "When your teacher <u>speaks</u>, do you understand?

Almost always understand _____ Some of the time _____ Rarely understand ___

a. When is it easiest to understand (what subjects, activities)?

b. When is it hardest to understand?

6. Do you wear your hearing aid at home?

   Always ____ Most of time ____ Sometimes ____ Never _____.

   6 a. Why or Why not? _____.

Academic understanding

7. "What is your favorite period? *Show the class schedule.*

   _____

8. "Show me your work." *Ask child to show his work and discuss. Write down child's comments:*

   _____

Acceptance

9. "Who is your best friend?" Why?? *Let child mark on the photo.*

   9a. Why? *Give child a chance to explain and write their comments below:*

   _____

10. "Which are your friends?" ***Let child mark directly on photo*** *of class.*

11. "Whom do you play with during Break time?" *Mark on photo.* "During Break Time, what do you do?"

    _____

12. "During Break Time, what do you do?" _____

Closing the interview

13. "Do you like school? *Child points to a cartoon face* _____.

    13a. Why or why not? _____

14. When you leave school, what will you do next? What kind of work would you like to do*?*

    _____

Thank the child and give a gift.

Appendix 3- Participants in the evaluation

The evaluators wish to express appreciation for the assistance provided by the following people. James Woodward, the lead evaluator of the mid-term evaluation for this program, who was interviewed twice. Generous input was provided by Ron Brouillette, designer and technical director of the Inclusive Education program. For their advice on the design we express our sincere thanks to Senda Benaissa, Michael Karchmer, and Donna Mertens of Gallaudet University in Washington, D.C.

List of Parents interviewed

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No	Name	Peoples	Commune	District	Province
1	Ba Van Xuat	Kinh	Tan Duc	Pho Yen	Thai Nguyen
2	Lam Van Nghe	Nung	Hong Bang	Xuan Loc	Dong Nai
3	Ly Thi Nhung	Kinh	Hong Bang	Xuan Loc	Dong Nai
4	Tran Thi Chinh	Kinh	Hong Bang	Xuan Loc	Dong Nai
5	Bui Thi Chai	Kinh	Tan Thanh	Lai Vung	Dong Thap
6	Nguyen Thi Lien	Kinh	Tan Thanh	Lai Vung	Dong Thap
7	Thai Thi Co	Kinh	Tan Hoa	Lai Vung	Dong Thap
8	Huynh Van Quan	Kinh	Tan Hoa	Lai Vung	Dong Thap
9	Pham Van Man	Kinh	Vinh Thoi	Lai Vung	Dong Thap
10	Le Van Len	Kinh	Vinh Thoi	Lai Vung	Dong Thap
11	Le Thi Kim De	Kinh	Vinh Thoi	Lai Vung	Dong Thap

List of Deaf Children interviewed

DHI Final Evaluation from 22 - 30 October 2003

No	Name	Peoples	School	District	Province
1	Nguyen Tien Thanh	Kinh	Tan Huong	Pho Yen	Thai Nguyen
2	Ba Thi Trang	Kinh	Tan Huong	Pho Yen	Thai Nguyen
3	Hoang Thi Hang	Kinh	Tan Huong	Pho Yen	Thai Nguyen
4	Nguyen Thi Duong	Kinh	Tan Duc	Phu Binh	Thai Nguyen
5	Nguyen Thi Anh Xuan	Kinh	Tan Thanh	Lai Vung	Dong Thap
6	Tran Thi Kim Oanh	Kinh	Hong Bang	Xuan Loc	Dong Nai
7	Duong Cam Nhung	Kinh	Hong Bang	Xuan Loc	Dong Nai

8	Name withheld	Kinh	Hung Vuoung	Xuan Loc	Dong Nai
9	Name withheld	Kinh			

Hearing children interviewed

1	Nguyen Van Hien	Kinh	Tan Huong	Pho Yen	Thai Nguyen
2	Nguyen Thi Quyen	Kinh	Tan Huong	Pho Yen	Thai Nguyen
3	Nguyen Thi Huong	Kinh	Tan Huong	Pho Yen	Thai Nguyen
4	Nguyen Thi Tu	Kinh	Tan Duc	Phu Binh	Thai Nguyen
5	To Lan Huong	Kinh	Tan Duc	Phu Binh	Thai Nguyen
6	Hoang Thi Giang	Kinh	Tan Duc	Phu Binh	Thai Nguyen
7	Bui Thi Ha	Kinh	Tan Duc	Phu Binh	Thai Nguyen
8	Dung	Kinh	Tan Thanh	Lai Vung	Dong Thap
9	Hang	Kinh	Tan Thanh	Lai Vung	Dong Thap
10	Phuong	Kinh	Tan Thanh	Lai Vung	Dong Thap
11	Loc Thi Phuc	Nung	Hong Bang	Xuan Loc	Dong Nai
12	Vy Thi Lanh	Nung	Hong Bang	Xuan Loc	Dong Nai
13	Vo Thi Nhung	Nung	Hong Bang	Xuan Loc	Dong Nai
14	Ba	Kinh	Hong Bang	Xuan Loc	Dong Nai
15	An	Kinh	Hong Bang	Xuan Loc	Dong Nai

List of Teachers interviewed

DHI Final Evaluation from 22 - 30 October 2003

No	Name	Peoples	School	Dictrict	Province
1	Nguyen Thi Thi	Kinh	Tan Thanh 2	Lai Vung	Dong Thap
2	Nguyen Tan Hao	Kinh	Vinh Thoi 1	Lai Vung	Dong Thap
3	Pham Thi Tuyet	Kinh	Vinh Thoi 1	Lai Vung	Dong Thap
4	Phan Phu Thuan	Kinh	Vinh Thoi 3	Lai Vung	Dong Thap
5	Dang Van Dien	Kinh	Vinh Thoi 3	Lai Vung	Dong Thap
6	Hoa Thanh Hue	Kinh	Vinh Thoi 1	Lai Vung	Dong Thap
7	Nguyen Tan Dung	Kinh	Tan Hoa 2	Lai Vung	Dong Thap
8	Dam Thi Banh	Nung	Hong Bang	Xuan Loc	Dong Nai
9	Nguyen Thi Thuan	Kinh	Hong Bang	Xuan Loc	Dong Nai

10	Nguyen Kim Thoa	Kinh	Van Thai 1	Pho Yen	Thai Nguyen
11	Nguyen Thi Phuong	Kinh	Tan Huong	Pho Yen	Thai Nguyen
12	Tran Thi To Hoa	Kinh	Minh Duc	Pho Yen	Thai Nguyen
13	Nguyen Thi Minh	Kinh	Tan Huong	Pho Yen	Thai Nguyen
14	Nguyen Thi Van	Kinh	Minh Duc	Pho Yen	Thai Nguyen
15	Ngo Hong Luyen	Kinh	Nga My	Phu Binh	Thai Nguyen
16	Duong Thi Lan	Kinh	Xuan Phuong	Phu Binh	Thai Nguyen
17	Duong Thi Chung	Kinh	Xuan Phuong	Phu Binh	Thai Nguyen
18	Nguyen Thi Lan	Kinh	Xuan Phuong	Phu Binh	Thai Nguyen
19	Ha Mau Son	Kinh	Nga My	Phu Binh	Thai Nguyen
20	Nguyen Thi Thu Ha	Kinh	Nha Long	Phu Binh	Thai Nguyen
21	Truong Thi Nhung	Kinh	Tan Duc	Phu Binh	Thai Nguyen
22	Nguyen Thi Lan	Kinh	Tan Duc	Phu Binh	Thai Nguyen
23	Nguyen Thi Thu	Kinh	Tan Duc	Phu Binh	Thai Nguyen
24	Nghiem Thi Nhung	Kinh	Tan Duc	Phu Binh	Thai Nguyen
25	Nguyen Thi Nhung	Kinh	Tan Duc	Phu Binh	Thai Nguyen
26	Bach Thai Ha	Kinh	Tan Duc	Phu Binh	Thai Nguyen
27	Nguyen Thi Ngoc Thu	Kinh		Phu Binh	Thai Nguyen

Teacher trainers from Resource Center

	Name		Center	Responsibility
1	Nguyen Thi Thuan		Thai Nguyen	Teaching method
2	Nguyen Thi Nhung		Thai Nguyen	Sign
3	Vo Thi Tu		Dong Thap	Sign
4	Nguyen Van Tu		Dong Thap	Audiology
5	Tran Thi Le		Dong Thap	Early Intervention
6	Nguyen Thi Hoang An		Dong Thap	Teaching method
7	Nguen Thi Lan		Dong Nai	Teaching method

List of Officials interviewed

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No	Name	Peoples	Position	School / Centre	District	Province
1	Nguyen Van Boi	Kinh	Official			Thai Nguyen
2	Pham Thi Lien	Kinh	Director	Disadvantaged children		Thai Nguyen
3	Ta Thi Bang	Kinh	Vice-director	Disadvantaged children		Thai Nguyen
4	Dong Thi Huong	Kinh	Head-master	Tan Duc	Phu Binh	Thai Nguyen
5	Truong Nhat Phi	Kinh	Deputy	Tan Duc	Phu Binh	Thai Nguyen
6	Ta Thi Lam	Kinh	Official	DOET	Phu Binh	Thai Nguyen
7	Nguyen Van Thanh	Kinh	Official	POET		Dong Thap
8	Ngo Van Sau	Kinh	Official	POET	Lai Vung	Dong Thap
9	Nguyen Van Minh	Kinh	Deputy	DOET	Lai Vung	Dong Thap
10	Cao Van Sam	Kinh	Deputy		Lai Vung	Dong Thap
11	Vo Van Muoi	Kinh	Head-master	Tan Thanh 2	Lai Vung	Dong Thap
12	Nguyen Van Dung	Kinh	Vice-president	Tan Thanh Commune	Lai Vung	Dong Thap
13	Ta Thi Cam Van,	Kinh	Principal	School for the Deaf		Dong Thap

DOET = District Department of Education and Training; POET = Provincial Department of Education and Training

List of deaf sign language teachers and other deaf adults

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No	Name	Location
1	Nguyen Manh Tang	Hanoi
2	Le Van	Hanoi
3	Hoang Duc Huy	Hanoi
4	Vu Thuy Linh	Hanoi
5	Le Quong Khoi	Ho Chi Minh
6	Bui Bich Loan	Ho Chi Minh
7	Pham Tuan Anh	Thai Nguyen

Appendix 4- References and Documents

These documents were reviewed:

The program proposal dated 4/30/1998.

Memos with rationale for expansion of program-2000.

Memo with rationale for extension of program-2001, 2002.

Mid-term evaluation report- 4/2002.

Minutes of the Evaluation Workshop 0n Inclusive Education for Hearing Impaired and Deaf Children Program, 9-10 January, 2004, Hung Vuong, Hanoi.

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