

# Where are all the Hard of Hearing College Students? Some Tips for Enhancing Services by Postsecondary and Rehabilitation Professionals

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## Abstract

College administrators are undercounting students who are hard of hearing in part because many do not ask for special services. Other professionals are concerned that these students are being underserved by state Vocational Rehabilitation (VR) agencies. This article presents a cross-disciplinary description of some complex factors contributing to these adverse patterns and multifaceted solutions needed for developing comprehensive VR and Disability Support Services (DSS) programmatic initiatives to better serve this "invisible student population." A social psychological model of adjustment to hearing loss is described as are typical student case files. Specific VR and DSS managerial and staff roles in students' transitions from high school, recruitment, acceptance of hearing loss, and college persistence as well as critical components of high-quality programming are discussed. The paper includes comments made by conference session participants.

Program planners need to know how many students who are deaf and hard of hearing are enrolled in the nation's colleges. Unfortunately, the answer varies widely. National surveys of campus administrators, including those knowledgeable about students with disabilities, report between 20,000 and 24,000 students with hearing loss were attending institutions of higher education (Hopkins & Walter, 1999; Lewis & Farris, 1994, 1999). By contrast, a survey of students estimated that 258,000 with a hearing loss were in college (U.S. Department of Education, 1993). Based upon the latest demographic data (Ries, 1994), Watson and Schroedel

(2000) calculated that 197,000 of these students were hard of hearing, 52,000 deafened after age 19, and 9,000 deafened before age 19. Via audiometric criteria, Kochkin (1997) determined that amongst Americans needing hearing instruments, 72% had a mild loss (35 dB-45 dB), 21% a moderate loss (46 dB-65 dB), and 7% a more severe impairment (66 dB-100+ dB). Kochkin's survey used the same measure of severity of hearing loss as did Ries (1994), an interview protocol with responses cross-validated by audiometric criteria.

Even though most of these persons have a so-called "mild" auditory disorder, many could not clearly understand a professor speaking rapidly in a large classroom, and those with a moderate loss could benefit by using assistive listening devices (ALDs) in group conversations. However, only 5% of hearing impaired persons 18-34 years of age use hearing instruments (Kochkin, 2001), and among those who purchased hearing instruments during 2001 only 2% were 18-29 years of age (Strom, 2002). Among the many factors contributing to these age-related patterns with hearing aids is denial of the hearing loss. Only one in every five persons with a hearing impairment uses auditory devices (Kochkin, 2001).

*Taken as a whole, these studies indicate that college program administrators as a group are unaware of the relatively large numbers of hard of hearing students on their campuses.* In part, what is evident is that many of these students are not requesting services. Furthermore, some professionals believe that hard of hearing adults are underserved by Vocational Rehabilitation agencies (Conway & Sorkin, 1999; Corthell & Yarman, 1992; Glass & Elliott, 1992; Rehabilitation Services Administration, 2000). The purposes of this paper are to identify the reasons underlying these adverse patterns and present multi-professional approaches to remedy them. It is also important to jointly consider VR and DSS practices and policies, because developments in both professions impact the quality and quantity of services received by college students who are hard of hearing.

## Barriers to Accessing and Enhancing Services

Specific problems create difficulties for those who provide and receive postsecondary support services. Students who are hard of hearing are confused by the diverse effects of hearing loss. For example, they may be able to hear and understand speech in some conditions, but not other conditions. These students also often lack peers who are hard of hearing as well as part of a mean-

ingful self-identity. VR and DSS service professionals frequently lack specialized training and misunderstand the psychosocial effects of hearing loss. Both groups often lack hard-to-find useful information.

It is especially important that service professionals understand that the term “mild” hearing loss can be misleading. Whereas 80% of this group can effectively communicate in familiar surroundings, such as home, less than 20% communicate well outside of home (Kyle, Jones, & Wood, 1985). These authors note that these individuals need effective access to information so they can feel self-reliant and comfortable in life. When their hearing diminishes to the point where this effectiveness is lost, they begin to acknowledge their hearing impairment and seek help. However, early use of hearing instruments can help to reduce communication stress and increase acclimation to the aids (Rawool, 2000). Use of aids can also eliminate much of the bewildering effect of “off-and-on” hearing – comprehending in some situations, but not others. It is crucial that these individuals receive counseling regarding the adjustment to loss of hearing (Kyle, et al., 1985). Thus, meaningful professional assistance to these persons combines appropriate fitting of auditory devices *and* personal counseling.

Unfortunately, many VR and DSS professionals and the students they serve are unaware that many who are hard of hearing live in a “twilight zone,” part of which is the damaged identity of being a partial hearing person. The other part is the label “hard of hearing” which lacks a meaningful *social* identity. Most adults who are hard of hearing do not meet similar adults, and – if they do – most are unwilling to disclose or talk about their loss of hearing. In other words, being hard of hearing is not a viable social referent group such as that shared by signing persons who are deaf. This “twilight zone” results from the social interactions between persons who are hard of hearing and persons who hear.

### **The Vicious Cycle of Stigma and the Self-Fulfilling Prophecy**

People who are hard of hearing and individuals who can hear often stigmatize or negatively evaluate loss of hearing. Many individuals who are hard of hearing deny or minimize the communicative and social disadvantages related to reduced ability to hear (Chartrand, 2000; Hetu, Riverin, Getty, Lalande, & St. Cyr, 1990; Sorkin, 1997; Stika, 1997). This denial is expressed by avoiding social groups, pretending to understand misunderstood communication, and other deceptive behaviors that mask anger, depression, and frustration. Furthermore, experiments with persons who hear, including college students, found that subjects reacted negatively toward attributes of impaired hearing, such as behind-the-ear (BTE) hearing aids and unintelligible speech (Blood, 1997; Casanova, Katkovsky, & Hershberger, 1988). Moreover, workers who hear tease and ridicule hearing-impaired workers (Hetu & Getty, 1993).

These negative attitudes and behaviors by persons who hear reinforce the denial adopted by many persons who are hard of hearing (Kochkin, 1993). Extensive research on attitudes toward disabilities lends support to the existence of an observable vicious cycle: negative attitudes reduce the achievements of persons with various disabilities, and this underachievement, in turn, reinforces negative attitudes through a self-fulfilling prophecy (Schroedel & Jacobsen, 1978). For example, the mistreatment, miscommunication, and misunderstandings encountered by factory workers with adult-onset hearing loss inhibit their desires to be promoted to supervisory positions (Hetu & Getty, 1993). In short, this career immobility appears to support the stigmatizing “I told you so” attitude of workers who hear that diminishes the self-esteem and work performance of employees with hearing loss. This specific attitude differs from the “deaf people can’t do it” attitude primarily fostered by the paternalistic and overly protective expectations of parents and teachers of youth who are deaf.

### **How Persons Cope with Being Hard of Hearing**

Persons who are hard of hearing use various coping styles to adjust to these social psychological conditions. *It is important to recognize this diversity of coping styles so that students who are hard of hearing are not stereotyped.* In addition to the cited studies above on denial, research on workers who are hard of hearing or late-deafened provide insights into how they interact on the job (Glass & Elliott, 1993; Hetu & Getty, 1993; Stika, 1997). These coping styles can be extrapolated to college students who are hard of hearing.

There are two primary groups of coping styles: proactive and reactive. Proactive styles include (a) assertiveness to obtain goals and (b) overcompensation, or endeavoring harder than peers who hear to succeed. Reactive styles are characterized by denial of the hearing loss, pretense, bluffing, deception, limited interaction, and social withdrawal. Many of these reactive behaviors reflect resistance to change by the person who is hard of hearing (Carmen, 2001). A resistant person invests much negative energy into maladjustment to their loss of hearing. An untreated hearing impairment reflects long-term problems with social relationships, communication, low self-esteem, negative emotions, and other set backs. Without knowing better, such persons unconsciously develop what we term reactive coping styles. To effectively help this type of individual, the counselor must use compassion, understanding, and agreement to redirect the person’s energies toward more positive and effective behaviors (Carman, 2001). While using guidance, the counselor defers to the consumer’s right to make his or her own decisions.

### **Snapshots of Typical Students**

These snapshots exemplify some of the unique issues VR and DSS service professionals face when working

with college students who are hard of hearing. Several common themes are found in these snapshots from VR and DSS case files. One is the wide range in loss of hearing, from mild to profound, among these students. Another is initial aversion to anything identifiable to loss of hearing: sign language, students who are deaf, hearing instruments, other communication accommodations, and the hearing impairment itself. These snapshots also signify the important helping roles performed by service professionals, including the vital role of assessment, particularly of communication abilities.

### **Gina**

Gina's VR counselor, who is also hard of hearing, garnered some of the following information as a result of talking to her. Currently a high school senior, Gina wanted to attend a small private college and study the psychology of persons with hearing loss. Her ACT score was 13. She has trouble hearing conversations in noisy groups, often misunderstands, responds inappropriately, and sometimes bluffs. She also misses a lot of classroom discussions. Despite a moderate to severe hearing loss, she does not wear hearing aids due to auditory feedback problems and the inhibition she experiences when wearing them. Gina tried an FM personal ALD with her VR counselor and liked it. However, high school personnel had often asked Gina to use an FM system, notetakers, and hearing aids, but she had refused these accommodations. She had been reluctant to wear behind-the-ear (BTE) hearing aids. After a new audiological exam, she received a BTE aid on one ear and an in-the-ear (ITE) aid on the other. The VR counselor is now completing further diagnostic intelligence and academic testing.

### **Debbie**

Debbie was referred to VR by the DSS office during her first year in college. At that time, she had a profound hearing loss in one ear and a mild hearing loss in the other and no longer wore a hearing aid. Also, her hearing aid did not have telecoils. Debbie did not self-identify many problems with her hearing loss during the communication assessment conducted by DSS staff. Her VR counselor assisted Debbie by replacing the hearing aid with a telecoil before the warranty ended. Debbie was advised to stay in touch with the DSS office. She also was instructed about using ALDs and personal alerting devices VR purchased for her. Debbie eventually used the FM system in lecture classes, but did not like using it in group discussion classes. Moreover, one professor refused to use the FM system, and Debbie received a D in that course. Her goal is to become a meteorologist.

### **Dale**

Both Dale and his father are hard of hearing. Prior to attending college he took the Test of Adult Basic Edu-

cation. When his mother called the DSS counselor to schedule an appointment, she was asked if her son needed an interpreter. Her reply was, "We do not need that. Our family does just fine." This suggests denial of the hearing loss exists in the family. Subdued when he learned that five students who are deaf would be tested with him, Dale wanted to know why he was included with "those students." VR referred him to the specialized summer transition program at a community college. Uncomfortable in the beginning, Dale later began to warm up, especially when he met other nonsigning students who are hard of hearing.

He was exposed to ALDs and oral interpreting, but he refused to use them; he only wanted a notetaker. However, at midterm — when he was not doing well in his classes — Dale agreed to try an oral interpreter. Later he commented, "I never realized how much I missed." He was angry that he was not provided these services in high school. After discussing it with his VR counselor, Dale changed to a more academically demanding major. When his grades began to fall again, his counselor asked if he would try C-Print, which he found very beneficial and has regularly requested it. Dale is still uncomfortable with others knowing that he is hard of hearing. However, he will soon graduate and then transfer to a four-year college.

### **Phil**

With a moderate to severe hearing loss, Phil was mainstreamed in grades K-9 before attending a high school for students who are deaf where he never fit into the peer culture. He had little initial contact with VR, because he chose an out-of-state college. After trying a college with limited accommodations, he withdrew to work for several years. He later enrolled in an out-of-state community college that had a program for students who are deaf and hard of hearing, but he felt out of place, since he was older and more mature than most other students. Encouraged by his counselor, Phil soon became involved in intramural sports and computer courses where he found his niche. Becoming a "big brother," student worker, and summer transition program assistant increased his interpersonal skills. He also befriended some same-aged students who hear.

Enrolled in developmental courses the first semester, he did well in his reading, math, and computer courses but had great difficulty with written English. He took second-level developmental English three times before he advanced to English Composition. Phil has almost finished his major courses, but slow progress in English delayed his graduation. His counselor taught him how to deal with frustration and outbursts in the tutoring lab. He did get his Associate's degree as a result of his determination, persistence, and special assistance from his instructors, tutors, and counselor.

## **Organizing and Enhancing VR and DSS Services**

### **Program Preparation and Changes**

Staff serving students who are hard of hearing need specific training to understand, among other things, the psychosocial differences between these students and those who are culturally Deaf. Enhanced communication is essential. Staff members must have good speech skills and possess a basic amplifier, such as a Pocket Talker, to reduce communication problems. Personnel must know about ALDs, including options for connecting them to hearing aids. Service staff should work closely with on- or off-campus audiologists assisting students.

VR and DSS staff can set up an attractive assistive devices center where students who are hard of hearing can easily try out communication technology. Designated staff need to know this technology well in order for them to proficiently demonstrate and answer questions about it. Possibly VR and DSS can share the cost of this center. DSS staff should educate faculty about ALDs. Furthermore, VR and DSS programs need to have widely available offices and pay phones with amplifiers and TDDs.

Do not presume students who are hard of hearing are being served appropriately. Counselors or other staff members may not be especially trained to assist these students. In addition, some state VR offices do not serve students who are hard of hearing due to order of selection policies by which they are not classified as severely disabled or most severely disabled, the top priority groups for agency services.

### **Recruitment and Transition**

VR and DSS service professionals need to work well with high school teachers, counselors, and parents for advocacy and referrals. Moreover, these individuals need to understand the different legislative mandates for various services. Pre-college educational support services are publicly *entitled* by the Individuals with Disabilities Education Act. By contrast, provision of VR services are determined by eligibility criteria specified in the Rehabilitation Act. Furthermore, the civil rights associated with these services are identified under Title V of the Rehabilitation Act of 1973 and the 1990 Americans with Disabilities Act.

High school students who are hard of hearing as well as their parents and teachers may have doubts about successfully moving into postsecondary training. To counter this, DSS and VR personnel should circulate publications about the achievements of college students who are hard of hearing to inspire other students. More directly, DSS staff need to conduct summer transition or extended orientation programs to expose students to DSS services, career exploration options, dorm living, and extracurricular activities that include other students who are hard of hearing. These experiences can ease the transition to college life.

## **Efforts to Reduce Student Resistance**

In addition to what was previously described about persons resisting acceptance of their hearing loss, service professionals can use other approaches to help students develop pragmatic problem-solving skills. It is important to use appropriate communication assessment instruments to assist student awareness of problems due to their hearing loss. Do not assume students are conscious of these difficulties. Many cannot readily identify communication difficulties without a reality-based questionnaire or other assessment tool. Service professionals often need a structured approach: (a) to help students identify problems one at a time, (b) persist until the problem is resolved, and (c) progress to the next identified problem. DSS personnel can also utilize peer counselors and older students who are hard of hearing; they can informally share ideas and information with new students.

### **Promoting Student Retention**

Although it is known that 75% of students who are deaf quit college before earning a degree (Stinson & Walter, 1997), comparable information is unavailable on students who are hard of hearing. DSS personnel can promote persistence by disseminating relevant publications from Self Help for Hard of Hearing People (SHHH at [www.shhh.org](http://www.shhh.org)) or asking former successful students for testimonials new students can read. Another idea is to establish a Hearing Loss Awareness Day or week that includes displays with materials, captioned videos, and ALDs to demonstrate to faculty, staff, and students. It is especially important to train campus personnel about students who are hard of hearing. Staff should also inform students about on- and off- campus activities, such as events sponsored by SHHH chapters. DSS personnel should invite VR counselors to regularly meet with students whenever needed.

### **Critical Programmatic Components**

There are several vital components to an effective VR or DSS service program for students or consumers who are hard of hearing. One is for service professionals to recognize that these consumers have unique characteristics which significantly differ from those of persons who are deaf. Secondly, it is necessary to assess programmatic services to these students. Look at how many students have been served, and identify areas that need improvement through reviewing program case files and other databases. A third critical component is that service staff need to have specialized training, which is an essential prerequisite for effective services.

The next thing that is critical is training in technology — audiology, hearing aids, ALDs, and alerting devices. This technology is difficult to understand, and most students who are hard of hearing are not taught about it. Many audiologists are unaware of ALDs and

related technology. It is important that you have trained staff who know this technology, because it often requires several people working together to come up with a solution. The technology is often imperfect and frequently changes as new devices become available. It is certainly worthwhile to develop good relationships with vendors of devices to ensure reliable follow-up assistance. Effective liaison with audiologists is also important.

Related to that is the need to use an assessment tool to discover each student's communication problems. They will not know this for themselves. Counselors need a pragmatic and realistic assessment instrument to help students identify real-life communication problems so that they can begin to take responsibility for them.

Furthermore, helping persons who are hard of hearing often requires extra patience and positive attitudes. Many students need time and encouragement to identify and address problems with their hearing loss. If the counselor overloads them with information about technology and services, they will feel overwhelmed. When interviewing a new consumer who is hard of hearing, it is advisable to have an ALD ready for him or her to try. This helps to overcome some of the fear about this technology. Effective counseling requires being supportive, adaptable, and creative in meeting the heterogeneous needs of consumers and students who are hard of hearing.

### **If DSS Builds a Quality Program, Will These Students Come?**

There are two key foundations for a high-quality on-campus service program. The first includes meeting legal mandates in providing reasonable accommodation and equal access. The second is that a qualified professional serves as the designated DSS program coordinator. These programmatic attributes are essential for successful student recruitment, transition-making, and retention.

In order to increase the number of enrolled students, it is instrumental to begin with an effective recruitment plan. Collaboration with VR is also important, but it is not enough. Successful DSS program marketing requires developing good working relationships with campus administrators, staff, and faculty. DSS personnel must also inform these people — in addition to students, parents, and high school counselors — about what the program can and cannot legally provide. People are often confused about the “free” educational support services provided in grades K-12 in contrast to the contingent services offered by vocational rehabilitation and postsecondary programs.

The next step is for the student to make a smooth transition from high school to college. A specialized transition program sponsored by DSS for students who are deaf or hard of hearing is preferable. It helps them learn about role models, student peers, the structure of the college, support/access services, and campus social life. If a college does not have this focused transitional pro-

gram, then it is important to infuse information about DSS services into the general orientation period for all newly enrolled students.

Retention is another key issue. A comprehensive DSS service program is essential to assisting students to persist in college. In addition to well-trained personnel, such a program must have effective plans for student recruitment, orientation, accommodations, access, and training of campus personnel. DSS staff also need to be well-informed about the psychosocial adjustment needs of students who are hard of hearing. Furthermore, they need to be able to work closely with VR professionals.

### **Comments by Session Participants**

*John Schroedel.* We are the first to admit that we do not know all the answers for improving DSS and VR services for college students who are hard of hearing, so we need your input and ideas.

*Comment.* I work in a DSS program in California, and I have not interacted with the VR offices in the last few years. I am beginning to contact the office in Sacramento. How can I blend our services?

*Patty Conway.* With VR, it varies from state to state. One example is their policies on the order of selection. Your staff has to be trained to recognize students who are hard of hearing with the most significant disabilities. We are not serving everyone who has a disability. I know that California is constricted by financial limitations. If a state agency is only able to serve consumers with the most severe disabilities, you will have a hard time getting services for consumers who are hard of hearing.

*Carol Kelley.* Because DSS does not always use the same standards as VR, you may be able to help students through DSS resources.

*Comment.* We serve a variety of students in Iowa. When we contacted VR, we found they had tiers for the severity of disability and that they would only serve a percentage of each group. Even though our students do not fit in the higher tiers, we are getting a significant level of support. The VR director was very willing to set up a 50-50 sharing arrangement. Also, I appreciate all of the assessment tools that you have given us.

*Patty Conway.* Relevantly, often you need to separate issues that arise from loss of hearing and those that may arise from mental health conditions.

*Comment.* For training on the psychological attributes of persons who are hard of hearing I recommend Sam Trychin, an expert trainer on this subject.

*Patty Conway.* We originally had Sam come in to train our DVR staff. We picked Sam because he allowed us to videotape him and we use these tapes now. The first module was a week long.

*Comment.* Sam is the one who turned me around. I went to a two-week session at Gallaudet University with him. There was a session at the Western Region Outreach Center and Consortia, based at California State

University at Northridge, available on the PEPNet Web site (<http://www.pepnet.org>). Sam is also available for independent training sessions.

*John Schroedel*: Campus outreach is also important. The University of Georgia DDS program started "Sound Off," which includes cathartic rap sessions for students who are hard of hearing to talk about coping with their hearing loss. These unsupervised group raps let students open up and serve as a unique club for these students. This is a way for DSS programs to reach out to students who are hard of hearing.

*Comment*. You can contact the four regional PEPNet Technical Assistance Centers (TACs) for information on serving college students who are deaf and hard of hearing. These TACs include people in each state to assist with general information and problem solving.

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