



The Role and Responsibilities of the Cued Language Transliterater and Pay Parity

A Position Statement of the National Cued Speech Association

What is a Cued Language Transliterater?

The role of the cued language transliterater (CLT) requires study and practice to obtain the nationally recognized standards set forth in the Cued Language Transliterater Code of Conduct (Fleetwood and Metzger, 1989) and the Code of Professional Conduct (The National Association of the Deaf-National Registry of Interpreters for the Deaf, 2005), as well as to meet the qualification or national CLT certification requirements set forth by each state. A CLT's primary role is to provide complete and equal access to the auditory information within the environment.

In the educational setting, a CLT provides complete and equal access to the auditory information within the environment. This includes access to linguistic, academic, and social developmental information. The CLT's responsibilities allow other members of a learner's educational team to perform their duties without interference. Additionally, to preserve the integrity of the CLT's role, a CLT should not be asked to assume any duty ordinarily assigned to others on the educational team. Like the other members of an educational team, the CLT must have the necessary skills, knowledge, and appropriate strategies for working with individual students to meet the unique job requirements.

Similarly, in a community-based setting, the responsibilities of the CLT are to provide consumers who are deaf/hard of hearing with visual access to the same auditory information that is available to people who are hearing in those settings. Similar to CLTs serving in the educational setting, community-based CLTs should not be asked to assume other duties beyond their role of providing access to all the auditory information conveyed.

Evaluation and Certification

Transliterater assessments are offered through two sources, TECUnit and the EIPA Diagnostic Center at Boys Town National Research Hospital. (Visit [Become a Cued Language Transliterater](#) for further information.)

Certification requirements for cued language transliteraters to work in educational settings vary from state to state, and do not exist in others. Some states require school transliteraters to achieve national certification through the Testing, Evaluation and Certification Unit (TECUnit), others utilize a state-level CLT assessment (TECUnit), and others recognize the Cued Speech version of the Educational Interpreter Performance Assessment (EIPA-CS). Community cued language transliteraters should hold national TECUnit certification or a state-level CLT assessment of a Level 3 or higher to ensure consumers are receiving the services of a qualified professional.



Pay Parity

Cued language transliterators are an integral, and often inextricable, part of a deaf or hard of hearing cuer's academic, work or community-based experience. Given the unique skill set and multifaceted role of a CLT, the NCSA asserts that pay rates for CLTs should be equivalent to the local rate for a professional sign language interpreter or oral transliterator. Factors such as levels of education and certification may affect the determination of a CLT's salary as long as they do not interfere with aforementioned pay parity. Failing to grant pay parity to CLTs not only implies that their services are less valued than their fellow professionals in the academic environment, but also makes it harder to recruit and retain competent employees.

In addition, the job title and description assigned to a CLT should appropriately acknowledge and respect the essential contribution a CLT makes to a deaf cuer's academic, work, or other community-based experience.

Resources

The role of the CLT requires a unique set of skills and knowledge of many disciplines that are coordinated in every decision made on the job. Once an individual has become a proficient cuer, further training and study specific to the profession is required to meet and maintain the high standards necessary to perform the role appropriately. Additional resources include but are not limited to:

Language Matters, Inc. www.languagemattersinc.com

Registry of Interpreters for the Deaf (RID) www.rid.org

TECUnit, Inc. www.tecunit.org

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Cued Speech and Literacy

A Position Statement of the National Cued Speech Association

Literacy is the ability to proficiently read and write the print code of a corresponding spoken language, allowing one to understand and communicate complex ideas in a literate society. In English, the consonant-vowel print code for reading and writing represents the same consonant-vowel phonemic structure traditionally conveyed through spoken English. (At this writing, Cued Speech has been adapted to 70 languages and major dialects. This paper refers to English literacy; however, this principle applies to the use of Cued Speech with any spoken language.) The NCSA believes that the ability to comprehend and express oneself in the written language of one's country at a proficient level is critical to an individual's quality of life and self-esteem. Literacy provides increased access to educational options and career choices, as well as better employability, economic and social freedom, and full participation within society.

Many children who are deaf/hard of hearing without full access to spoken language have historically achieved literacy levels far below those of children with normal hearing. This results from a lack of full auditory access to *all* the phonemes (sounds that are building blocks) of spoken language. Without access to and fluency in all components comprising a language, many children who are deaf/hard of hearing cannot perform the multi-faceted and complex language processing functions required to be a proficient reader and writer. When Dr. R. Orin Cornett developed Cued Speech in 1966, his primary purpose was to create a visual system that would enable a person who is deaf or hard of hearing to clearly and unambiguously access spoken language visually in order to unlock that person's full potential to achieve literacy.

Literacy is dependent on having intact knowledge and proficiency in the language represented by the print code for that language. A child's English language level is the *foundation* which must first be intact before reading skills can ever be expected to develop fully. Language acquisition is most critical during a child's first three years, making parents the best early language models. Ideally, a child's first language should be the parents/primary caregivers' primary language(s); a parent/primary caregiver cannot learn another language rapidly enough to provide a proficient model in a new language. A parent/primary caregiver's primary language can be either spoken or signed language. A child's access to the parents/primary caregivers' native language allows for the natural acquisition of complete language and subsequent literacy skills through meaningful, age-appropriate parent-child interactions.

The Cued Speech system enables people who are deaf or hard of hearing to visually acquire English (or another traditionally spoken language), including its phonemic structure, grammar, vocabulary, idiomatic expressions, and pragmatic usage. Cueing language in communication interactions consistently, referred to as cued English or cued language, at home and/or school, allows for internalization of the language and facilitates communication, vocabulary, language skill development, and interaction with equal ease among people who are hearing, deaf, and hard of hearing. Thus, cued language at home and/or at school gives deaf and hard of hearing children



clear and complete visual access to the same language foundation that typically-hearing children access auditorily, and that is essential for development of proficiency in reading and writing.

Maximum attainment of proficiency in language and literacy depends on consistent and accurate use of cued language by family members, educators, and other supporting professionals. Use of cued language is most effective when begun at the time of early identification that a child is deaf/hard of hearing and when the following occur where a spoken or cued language is the native home language:

- The family uses cued language to provide the individual who is deaf or hard of hearing with visual access to the traditionally spoken language(s) of the home and to meaningful environmental sounds that others hear. (“Family” includes any long-term caregivers for young children.)
- A child’s educational program is accessed via teachers and service providers who always use cued language. If they do not cue or are not proficient cuers, a qualified cued language transliterator service should be provided. Transl iterators facilitate communication and learning, and also provide access to auditory environmental information.

When the language of the home is a signed language, Cued Speech may be provided in childcare/preschool/elementary school settings by native users of the spoken language. This provides complete visual access to the spoken language foundation necessary for becoming a proficient reader and writer.

Cued language using the system of Cued Speech can be effectively implemented in conjunction with listening and spoken language approaches and/or sign communication modes. As a multisensory supplement or reinforcement of auditory input, cued language can also be used to develop language and literacy skills in children with a wide variety of learning needs.

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Early Intervention and Cued Speech

A Position Statement of the National Cued Speech Association

Early access to communication and language is vital for developing emergent literacy skills. The National Cued Speech Association supports universal newborn hearing screening programs. It is critical for parents of children who are deaf/hard of hearing to know about their child's hearing results and learn interventions and systems for providing language access to their child as early as possible. The earlier the child accesses clear and complete visual communication, the sooner their language development can begin.

Children diagnosed as deaf/hard of hearing should receive services as requested from early interventionists, including teachers of deaf/hard of hearing, audiologists, and speech-language pathologists trained in working with children who are deaf/hard of hearing. The NCSA reaches out to Early Hearing Detection and Intervention (EHDI) and Family-Based Organization (FBO) agencies, such as Hands & Voices, to provide information and resources to early interventionists.

Unbiased information about Cued Speech as a visual communication option should be presented at the time the child is identified as deaf or hard of hearing to allow families the opportunity to learn Cued Speech to convey cued English to provide early visual access to English for their newborn child. Parents/primary caregivers and early intervention specialists should receive formal training and direct support in learning Cued Speech so that they can provide accurate and consistent cued language stimulation and immersion at all times.

When immersed into a cued language environment from birth, a child who is deaf/hard of hearing can develop receptive and expressive language skills much more rapidly by visually internalizing the consonant-vowel phonemic code of the home's spoken language. In turn, this internal phonemic framework facilitates reading and writing literacy development. Children with auditory- or language-related disorders such as auditory neuropathy, autism, or Down's Syndrome, also benefit from this internal phonemic framework to maximize their potential for language, speech, and literacy.

Family Cued Speech camps (learning vacations) play a critical role in providing support to parents and professionals, as well as children who are deaf or hard of hearing. For those new to deafness and cueing, cue camps act as a comfortable, fun, and supportive environment to learn and practice Cued Speech with experienced cuers. Children who are deaf or hard of hearing are surrounded by other children who also cue. This cueing environment provides access to the traditionally spoken language(s) used around them.

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Cued Speech and the Deaf Child in a Hearing Family

A Position Statement of the National Cued Speech Association

The National Cued Speech Association (NCSA) believes parents/primary caregivers are the best language models for children. Over 90 percent of children who are deaf or hard of hearing are born to hearing parents. For children who are deaf or hard of hearing to be fully included in the family, they must have full access to their parents'/primary caregivers' home language(s). Early and consistent use of cued language will allow the child who is deaf or hard of hearing to develop language at the rate of typically hearing peers, and to develop skills necessary for kindergarten readiness and future opportunity to meet his/her full academic potential.

Families who cue consistently provide the child who is deaf or hard of hearing with full access to communication and language in the home, and therefore, full inclusion in family activities. The NCSA believes that, in addition to parents/primary caregivers and siblings, extended family members and friends should be encouraged to learn to cue.

Cueing enables hearing parents/primary caregivers to quickly learn how to express their native language(s) visually, thus equipping them with a means to provide access for their child to the language(s) of the home. As with all children, those who are deaf or hard of hearing want and need to be full participants in their family's language(s) and culture(s). Cued Speech is intended for use by parents/primary caregivers of children who are deaf/hard of hearing who wish to develop their children's language skills in their own native English or other traditionally spoken language(s).

Children of hearing parents/primary caregivers should also be provided with opportunities for interacting with a variety of deaf/hard of hearing role models and peers. The exposure to role models who are deaf/hard of hearing is crucial to not only a child's potential success, but also his/her well-being and self-esteem.

The NCSA asserts that parents/primary caregivers have the right to decide the mode of communication used to convey their own language(s) and culture(s) to their children. Parents/primary caregivers also have the right to use Cued Speech, singly or in combination with other modes of communication. As parents/primary caregivers are the most important factor in a child's nurturing as well as in their language development, the parents/primary caregivers' choices need to be respected. The freedom to make informed choices is essential; educational professionals, other parents, and deaf and hard of hearing people must recognize and respect choices made by a child's parents/primary caregivers.

The NCSA also asserts that parents/primary caregivers have the responsibility of following through on their commitment to Cued Speech by cueing accurately and consistently as a family whenever spoken language is used. A great deal of a child's language is acquired incidentally through "overheard" conversations; thus, it is essential for cueing to be used at all times in the presence of the child who is deaf or hard of hearing.

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Education Access:
Direct Instruction and Cued Language Transliterator Services
A Position Statement of the National Cued Speech Association

The National Cued Speech Association respects all chosen modes of communication. No one mode is better for or preferred by all people. No mode should be imposed as a substitute for another. The current IDEA federal law requires IEP teams to consider a child's language and communication needs, to provide opportunities for direct communication with peers and professional personnel, and direct instruction in a child's language and communication mode. The NCSA asserts the right of parents/primary caregivers and individuals who prefer and request Cued Speech for language access in educational settings to be provided the appropriate accommodations of direct instruction in Cued American English (CAE) and/or cued language transliterators (CLTs) to ensure and maintain their child's language access and development.

Teachers of deaf/hard of hearing, speech-language pathologists, language facilitators, and others assigned to provide direct instruction to a student who is deaf or hard of hearing through cued language should cue accurately and consistently to support language and literacy development, and to provide direct linguistic access to instruction and the curriculum.

Cued language transliterators provide consumers who are deaf/hard of hearing with visual access to the same auditory information that is available to people who are hearing in educational and other settings. Cued language transliterating is essential to maintain language access for students who use Cued Speech. A qualified cued language transliterator ensures equal access to all information, including environmental sounds, in all educational settings for individuals who are deaf or hard of hearing.

Therefore, to provide equal access, the National Cued Speech Association asserts that schools and educational institutions are required to provide students who prefer Cued American English (CAE) with direct instruction in CAE, and/or qualified cued language transliterating services upon request. This position is supported by federal and state laws that guarantee equal access to persons who are deaf/hard of hearing in a variety of settings, including the classroom.

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Bilingualism – American Sign Language and Cued English

A Position Statement of the National Cued Speech Association

The National Cued Speech Association (NCSA) recognizes the advantages of bilingualism in English and American Sign Language (ASL) for many people who are deaf or hard of hearing.

The NCSA promotes the use of Cued Speech for the development of English language and literacy for children who are deaf or hard of hearing. A visual understanding of the phonemic structure of English, as well as its vocabulary and syntax, is critically needed as the foundation for reading and writing before a child begins elementary school. The development of receptive and expressive English through cued English using the system of Cued Speech should occur at the earliest possible age. Using cued English consistently and accurately allows children to acquire English naturally in everyday meaningful communication interaction and discourse.

The use of Cued American English (CAE) and ASL are not mutually exclusive. These separate and distinct languages can both be used at school, home, work, and in various social settings, depending on the user's preference. Unlike manually-coded English sign systems (MCE), CAE provides direct, clear, and complete visual access to English, thus keeping and conveying the multi-faceted components of the English language intact. Using Cued Speech to convey English similarly protects American Sign Language because it allows ASL to be rendered in its intact form as a language with its own grammar that is distinct from English. Conveying English through cued language and ASL through signed language separately and distinctly from each other allows for maintaining the integrity of each language, thus providing significantly enhanced visual access to both the languages for children who are deaf/hard of hearing. By using cues for English and signs for ASL, the distinction between the two languages is made completely clear.

The NCSA invites and encourages a continuing dialogue on bilingualism with and among the various organizations advocating for people who are deaf/hard of hearing.

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Cued Speech and Cochlear Implants

A Position Statement of the National Cued Speech Association

For many persons who are deaf, the rapidly advancing technology of cochlear implants significantly increases access to the auditory information necessary to process speech and language. The decision to implant a child or undergo implantation is complex. It requires an understanding of the potential risks and benefits involved, as well as a commitment to the programming and training necessary to optimize results. The parents and/or implant candidate also need reliable information about evaluations and recommendations from experienced medical and educational professionals, as well as feedback from other parents and cochlear implant recipients.

The National Cued Speech Association (NCSA) supports literacy and language development through the use of Cued Speech. Use of cued language pre-implantation allows uninterrupted language development and has been proven to maintain active language processing in the auditory cortex. Continued use of cued language after implantation facilitates the process of learning listening and spoken language skills through auditory channels by providing visual clarification and confirmation of what the person hears through the implant.

Cued Speech allows the implant recipient to match the cues to new auditory information and assimilate it into his/her internal phoneme map. Cueing also provides an unambiguous message when competing input or background noise is present, when the implant is not in use, or when the implant recipient is at a distance from the speaker. Additionally, cueing facilitates and accelerates new language development of traditionally spoken languages, including vocabulary, grammatical structures, and idiomatic expressions. Use of Cued Speech also serves as an effective intervention and support when used by Teachers of the Deaf/Hard of Hearing and Speech-Language Pathologists in supporting listening and spoken language development of children who are deaf/hard of hearing.

The NCSA believes that accurate and fluent cueing, in conjunction with the cochlear implant, enables the implant recipient to obtain maximum long-term educational and linguistic benefits.

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The Inclusion of Cued Speech in an Auditory-Verbal Environment

A Position Statement of the National Cued Speech Association

Auditory-Verbal Therapy is a method for teaching children who are deaf or hard of hearing to listen and speak using only their residual hearing with amplification devices. The NCSA believes that cued language (presented via the system of Cued Speech) is a powerful means of supporting the development of listening and spoken language skills in children who are deaf or hard of hearing.

With consistent and appropriate use of hearing aids, cochlear implants and/or other assistive amplification technologies, many individuals who are deaf/hard of hearing have greater access to auditory information than ever before. However, even with these advances, the degree to which an aided or implanted individual processes and comprehends auditory information can be affected at any given time by a variety of factors such as room size and acoustics, distance from the speaker, competing or background noise, device or battery malfunction, and fatigue or general health of the individual.

Early, accurate, and consistent use of cued language with individuals who are deaf or hard of hearing enables them to develop all the components of a traditionally spoken language, which is processed in the auditory cortex of the brain. Recent functional magnetic resonance imaging (fMRI) research has proven that cued users who are deaf also process cued language in the auditory cortex.¹ This finding is consistent with previous research showing that the visual and auditory cortices are interconnected in individuals with typical hearing.

Clear and accurate cueing provides complete visual access to phonemic and environmental auditory information. Cueing enables a child to *see* the pronunciation of words and clarifies sounds that are difficult to distinguish through vision (for example: /m, p, b/) and through hearing (for example: /b, d, g/). Cueing shows a word's target consonants and vowels and acts as a 'language map' as a child learns to detect and distinguish sounds, and later to articulate challenging sounds. Thus, cueing reinforces the auditory input the child receives. Such reinforcement supports the continuing development of auditory perception, discrimination, and comprehension as it clarifies ambiguous auditory information.²

With learners having early, appropriate amplification providing access to sounds in the speech range, educators of deaf/hard of hearing have experienced the following:

- Use of cued language prior to implantation or hearing aid fitting establishes immediate mapping of language phonemes upon the child's auditory cortex. This maintains viability of auditory pathways in preparation for the introduction of enhanced auditory input.
- The phonemic visual information provided through cued language supplements the auditory information of spoken language, making phonemic-level information available to both a child's auditory and visual systems. This allows children who are deaf or hard of hearing to develop spoken language to their fullest potential without taking away from



their auditory skill development or functioning. In fact, after implementing cued language into their educational program, some educators of deaf/hard of hearing have seen an increase in auditory functioning in children who were previously plateauing. Simultaneous use of cued language with spoken language at home, school, or elsewhere does not detract from the child's initial and continued reliance on listening, and in many cases enhances discrimination skills and the child's confidence in those skills.

- As children's language levels progress, phonemic discrimination complexities increase and communication environments expand to include acoustically challenging conditions, such as background noise. Use of simultaneous spoken and cued language prevents those factors from influencing the rate and efficacy of traditionally spoken language acquisition. As children progress through school, communication issues with noise, distance, and group size can be most efficiently addressed through a combination of technology (e.g., assistive listening devices, sound field systems, cochlear implants, hearing aids) and, for some, access to cued language.

In summary, Cued Speech

- visually clarifies the auditory information a child receives,
- should be introduced upon diagnosis to begin the process of establishing phonemic awareness and discrimination of language through vision to augment auditory input,
- is especially necessary when hearing aids or implant processors are removed or compromised (e.g., bedtime, bath time, at the pool or beach, in noisy environments, etc.), and
- assures full communication when technology is not sufficient to provide access to every sound or phoneme (e.g., during classroom discussion when speakers overlap).

When auditory information is missing or unclear, the language-learning process is significantly compromised. In such situations, children expend mental energy to detect what was said, leaving less working memory available for linguistic processing and internalization of content. Because cued language provides clear, complete, and unambiguous visual access to all the phonemic information of traditionally spoken languages, its consistent use can provide the deaf or hard of hearing child with an internal map of complete language. When input is subsequently obtained through audition only, it is recognized more readily and with more confidence because the map of complete language is in place.

¹Aparicio, M., Peigneux, P., Charlier, B., Balériaux, D., Kavec, M., & Leybaert, J. (2017). The neural basis of speech perception through lipreading and manual cues: evidence from deaf native users of cued speech. *Frontiers in Psychology*, 8, 426. doi: 10.3389/fpsyg.2017.00426

²Bayard, C., Machart, L. Strauß, A., Gerber, S., Aubanel, V., & Schwartz, J.-L. (2019). Cued speech enhances speech-in-noise perception. *Journal of Deaf Studies and Deaf Education*, 24(3), 223-233. doi: 10.1093/deafed/enz003