

While these relatively recent developments represent a significant improvement in the nature of psychological services provided by schools for d/Deaf youth, the current situation continues to be problematic. Well over 8096 of children who are deaf are educated in mainstream programs (Gallaudet Research Institute, 2006). These mainstream programs vary with respect to level of expertise in serving these children, and in comparatively small programs the majority of these children tend to have minimal exposure to Deaf culture, and are typically seen by psychologists who cannot sign, have little or no training in deafness, and tend to be inexperienced in evaluating children

with hearing loss, considering the fact that "deaf" is a low-incidence condition (Mailer, 2003).

This type of situation is obviously unacceptable because psychological evaluations and the resulting diagnoses can have critical repercussions on the lives of all deaf children (Clark, 2003; Mailer, 2003). Misdiagnoses make it that much more difficult for these children to achieve their potential. For example, the senior author of the present article recently tested a student from a mainstream program who was Deaf and had been placed in a class with students of mixed disabilities, the majority of whom were mentally challenged. According to school records, his IQ was 74, based on a verbal IQ test. When a performance test was administered to him, he scored a performance IQ of 117. At the time the senior author tested him the student was 13 years old, but he was reading at a second-grade level as a result of years of improper school placement. At this stage of his life, he may never realize his intellectual potential. He had understandably become somewhat of a behavior problem but, other than his deafness, gave no evidence of any additional disability. We have observed that such errors are unfortunately more common than may be realized and are inevitable as long as the psychologists doing the evaluations lack appropriate training in deafness. Clark (2003) provides examples of the sophisticated approaches to differential diagnoses in psychological evaluations that are essential in order to avoid such misdiagnoses.