



# West Virginia Resource Guide for Families of Young Children Birth to Five with Hearing Loss



*Special Thanks:*

*The West Virginia Resource Guide for Families of Children with Hearing Loss is a product of the Birth to Three Implementation Team for Vision and Hearing Loss and the Community of Practice for Deaf and Hard of Hearing Children Birth to Five. In our endeavors to provide a comprehensive family friendly guide, our teams overwhelmingly identified the Virginia's Resource Guide for Families of Children with Hearing Loss as the guide we must emulate for our families. Virginia Commonwealth University has graciously granted WV permission to use their guide as our template. A special "thank you" to Dana Yarbrough, Community Support Specialist, Director, Center for Family Involvement Partnership for People with Disabilities and Irene Schmalz, Center for Family Involvement, Deafness or Hearing loss.*

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# WELCOME

Gwen Bryant, Director, Newborn Hearing Screening Program and mother of Jack.

The best and most beautiful things in the world cannot be seen or even touched – they must be felt with the heart.

- Helen Keller

Hello! As a parent of a child with reduced hearing levels, I would like to say, “Welcome!”

While the parenting journey you are beginning might differ in some ways from what you may have imagined, the possibilities, hopes, and dreams remain endless!

The West Virginia Resource Guide for Families of Children with Reduced Hearing Levels was created to provide up-to-date, unbiased information to guide families on their journey. My son Jack was identified at birth with profound reduced hearing levels in 2005. While I tried very hard to educate myself to be the best advocate possible for him, looking back, there were still situations where “I didn’t know what I didn’t know.”

Getting the news that your child has reduced hearing levels can feel extremely overwhelming and the weeks and months that follow can be busy, so here are some ideas that may help:

Keep a journal on:

- Sounds or signs that your child responds to or makes so you can see how far they have come
- Questions or concerns you have
- You/your family’s feelings and experiences during this process
- Long and short-term goals, hopes, dreams and thoughts about the future

Make a notebook with:

- A list of contact information with names and numbers of the professionals or providers your child receives services/ care from
- Copies of medical/educational reports, important forms, etc.
- Current questions you have and extra paper for notes
- Seek support from family and friends



Jack (age 3)



Jack (age 12)

As with most things in life, having someone by your side who understands what you are going through makes the experience better. Invite someone to go with you to your child’s doctor/audiology visits, early intervention meetings and parent groups. It is always good to have a second pair of ears/eyes to take in the information that is shared.

Most of all, take time to celebrate your child! A status of reduced hearing levels does not define who they are or limit the successes they can achieve! New parents, cuddle and kiss that new, little bundle of joy! Show off those baby pictures! Smile that new parent goofy smile! Parents of toddlers and preschoolers, laugh, hug, and say no when needed! Just like all children, what your child needs most of all is your love!

My hope is that this resource guide will provide a strong foundation on reduced hearing levels on which your family can learn and grow, and your child with reduced hearing levels can flourish!

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# Hearing: An Overview

## Why do we screen for hearing loss?

It is important to identify hearing loss as soon as possible. Unidentified hearing loss can have a significant impact on the child's development. As a result, Universal Newborn Screening is a vital component in early identification.

The National Center for Hearing Assessment and Management (NCHAM) recommends all infants are:

1. Screened for hearing loss before one month of age;
2. Diagnosed with a hearing loss before three months of age; and
3. Enrolled in early intervention programs before six months of age.

However, not all hearing loss can be identified at birth. Children should receive screening, diagnostic, or ongoing monitoring of hearing if there is concern about the child's hearing or if the child has any of a variety of risk factors for later onset hearing loss. Mild or progressive hearing loss can be easy to miss, and the process is often gradual and painless.

### *What is the difference between hearing screening tests and diagnostic tests?*

A hearing screening test is when a device (such as Otoacoustic Emissions [OAE], Auditory Brainstem Response [ABR]) provides sound at different pitches and levels that a person with normal hearing would hear. If a baby's responses are within a normal range, they pass the screen. The screening doesn't give comprehensive information about hearing – the baby might be able to hear much softer sounds, or might just barely hear the test sound. If the responses aren't within that test range, we can't say whether there is a mild or profound loss, or whether it's a middle ear problem or an inner ear problem. It just means that the baby needs a diagnostic test.

A diagnostic test is when you determine the very softest sounds a baby will respond to, at all the different pitches important to speech. During the diagnostic evaluation; the pediatric audiologist will analyze and compare several tests, such as air and bone conduction ABR, OAE, and tympanometry to determine what level and type of hearing loss the baby may have.

# Newborn Hearing Screening Tests & Hearing Tests for Children

A variety of screening procedures may be used to determine if your child needs further diagnostics.

*The Auditory Brainstem Response (ABR)* involves placing electrodes on your child's head and reading the brainwave responses to sounds – similar to an EKG reading of your heart rhythm.

*The Otoacoustic Emissions (OAE)* is another way to test. An earplug is placed in your child's ear and the ear's responses to test tones are recorded. Your child just has to be quiet for this test, either awake or asleep.

*Tympanometry* is also an earplug in the ear, and gentle pressure is used to see how well the eardrum is moving.

“Behavioral” tests are where your child's responses to sounds are observed by watching the child's reactions (e.g., looking to see where the sound is coming from, being startled by a loud sound, pointing to body parts). If your child is crying or uncooperative, the audiologist may not be able to say for sure whether your child heard the sounds. The ABR, OAE, and Tympanometry tests are “objective tests,” which means that the responses can be measured without your child's cooperation – which often means that the child has to be asleep.

None of these tests are risky or painful. Each test measures a different part of the auditory system, so the tests must be taken together to know whether your child has a hearing loss, how much loss exists, and whether it is permanent or temporary (like an ear infection). Intervention to emphasize speech and language development is necessary so that progress can be assessed. Lack of progress means either that the hearing thresholds have changed or that the hearing aid is not providing enough amplification. If the aids are fit to accurate hearing thresholds, but don't provide enough information for auditory development, then the child would be considered a cochlear implant candidate.



**Auditory Brainstem Response  
(ABR)**



**Otoacoustic Emissions  
(OAE)**



**Tympanogram**

## Success Stories

Throughout this Resource Guide are success stories from families of children who are deaf or hard of hearing or adults who are deaf or hard of hearing. Most are from West Virginia with a desire to share their journey with you.

Our hope is that they inspire you - *the possibilities, hopes, and dreams remain endless!*

### Just Perfect

Christina Payne

Our princess had finally arrived. Our pediatrician exclaimed, “She’s just perfect!” But...she didn’t pass her newborn hearing screen. Little did I know how this revelation would change our lives. When first coming to terms with our daughter’s diagnosis of hearing loss, we really didn’t know what to expect. We all have expectations of what our child’s life will become. Not just big things like becoming a doctor or a millionaire, but simple things like being happy, finding love and having a family. I was uncertain what the future held for her. Would she go to a regular school? Would she make friends and be accepted? Will I be able to talk to and have a relationship with my girl? My picture-perfect dream of tea parties and fairy tales had been shaken. Like most parents, when I received her diagnosis, I grieved for the life I expected for her. Soon I realized that even though my daughter has hearing loss she is still just perfect...perfectly imperfect! The very thing that I feared may hold her back has made her stronger and more resilient than I could have imagined. I have watched as my daughter has grown into a beautiful young lady with thoughts and desires of her own. She has goals and plans for a big future. Our journey has not taken the path we had envisioned. The road wasn’t always straight and was often bumpy, but I wouldn’t change it for the world! It all helped to make us who we are today. If you are in the early days of your journey or feel uncertain and afraid, know that there are others who have been in your shoes. Seek out support from others who understand and can help you along your path. Your journey may be different than you expected but like ours, it can still have a happy ending.



### You Are Not Alone

Travis and Jenna Robinson

This is Bradley. He’s 2 years old and is bilaterally implanted. We found out he was profoundly deaf after he turned a year old. He is a very intelligent and happy little boy. When we found out about Bradley’s deafness, as a new parent, I really was scared and nervous of how hard his life was going to be.

Now after a year of being implanted, I know he will be just fine. Deafness makes him who he is. We wouldn’t want him any other way. He is so, so special. Now, he will be the big brother who shows his baby brother, Caleb, how to make possibilities despite having a disability.



# How Hearing Works

## Hearing Loss

Hearing loss can happen when any part of the ear or auditory (hearing) system is not working in the usual way.

**Outer Ear** – the outer ear is made up of:

- the parts we see on the sides of our heads, known as the pinna
- the ear canal
- the eardrum, sometimes called the tympanic membrane, which separates the outer and middle ear

**Middle Ear** – the middle ear is made up of:

- the eardrum
- three small bones called the ossicles (malleus, incus, stapes) that send the movement of the eardrum to the inner ear

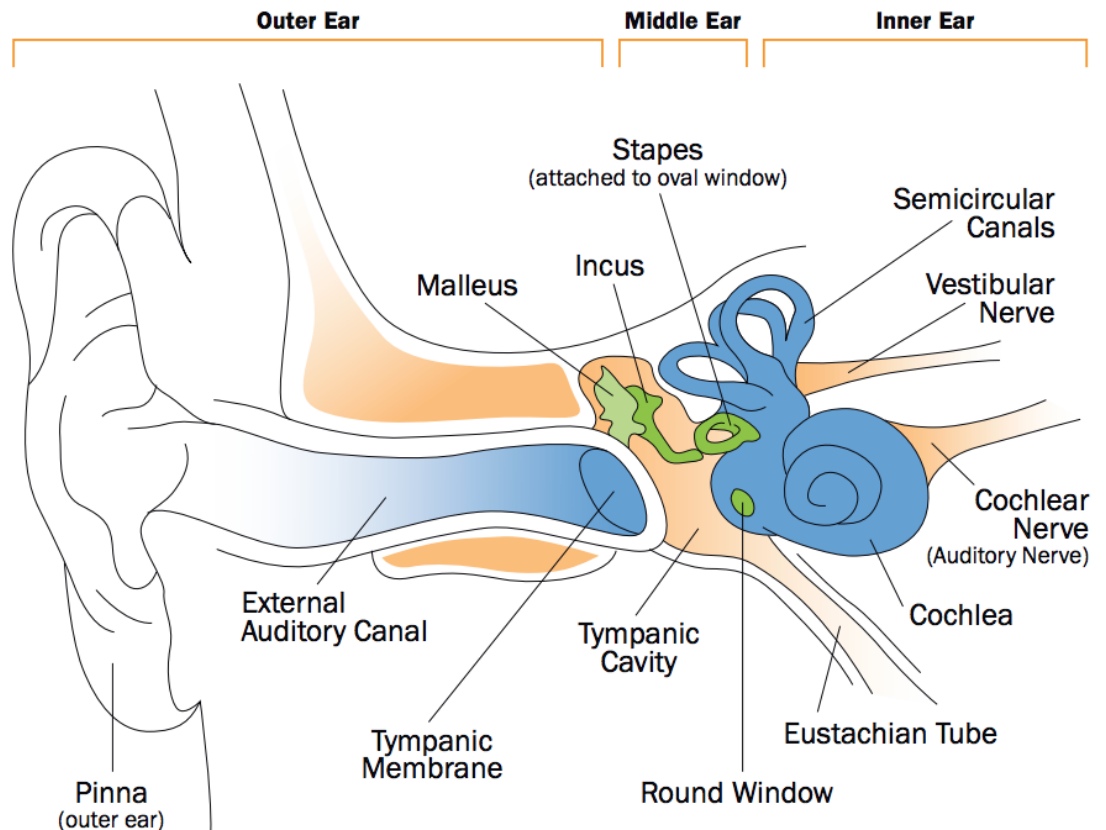
**Inner Ear** – the inner ear is made up of:

- the snail shaped organ for hearing known as the cochlea
- the semicircular canals that help with balance
- the nerves that go to the brain: the Vestibular Nerve, which gives information about balance, and the Cochlear Nerve (also known as auditory or acoustic nerve), which sends sound information from the ear to the brain.

**Auditory (Hearing) System** – the auditory system processes sound information as it travels from the ear to the brain. Brain pathways are part of hearing.

## What Hearing Looks Like: The Anatomy of an Ear

The auditory system is broken up into three areas: the outer, middle and inner ear. Sound enters the ear through the outer ear, causing the tiny bones (malleus, incus and stapes) in the middle ear to vibrate. These vibrations are conducted to the cochlea, which transforms the sound into nerve impulses and sends them to the brain.



## There Are Four Types of Hearing Loss:

- **Conductive Hearing Loss**  
Hearing loss caused by something that stops sounds from getting through the outer or middle ear and being “conducted” to the inner ear. This type of hearing loss can often be treated with medicine or surgery.
- **Sensorineural Hearing Loss**  
Hearing loss that occurs when there is a problem in the way the inner ear or hearing nerve works.
- **Mixed Hearing Loss**  
Hearing loss that includes both a conductive and a sensorineural hearing loss.
- **Auditory Neuropathy Spectrum Disorder or Auditory Dysynchrony**  
Hearing loss that occurs when sound enters the ear normally, but because of damage to the inner ear or the hearing nerve, sound isn’t organized in a way that the brain can understand.

For more information on Auditory Neuropathy:  
[www.nidcd.nih.gov/health/auditory-neuropathy](http://www.nidcd.nih.gov/health/auditory-neuropathy)

## Understanding Hearing Loss

In order to understand hearing loss, it helps to understand how we hear. Sounds are described in terms of their frequency, known as “pitch,” and intensity, known as “loudness.”

See: [www.cdc.gov/NCBDDD/hearingloss/sound.html](http://www.cdc.gov/NCBDDD/hearingloss/sound.html)

## The Degree Of Hearing Loss Can Range From Mild To Profound:

- **Mild Hearing Loss**  
A person with a mild hearing loss may hear some speech sounds but soft sounds are hard to hear.
- **Moderate Hearing Loss**  
A person with a moderate hearing loss may hear almost no speech when another person is talking at a normal level.
- **Severe Hearing Loss**  
A person with severe hearing loss will hear no speech when a person is talking at a normal level and only some loud sounds.
- **Profound Hearing Loss**  
A person with profound hearing loss will not hear any speech and only very loud sounds.

## Hearing Loss Can Also Be Described As:

- **Unilateral or Bilateral**  
Hearing loss is in one ear (unilateral) or both ears (bilateral).
- **Pre-lingual or Post-lingual**  
Hearing loss happened before a person learned to talk (pre-lingual) or after a person learned to talk (post-lingual).
- **Symmetrical or Asymmetrical**  
Hearing loss is the same in both ears (symmetrical) or is different in each ear (asymmetrical).
- **Progressive or Sudden**  
Hearing loss worsens over time (progressive) or happens quickly (sudden).
- **Fluctuating or Stable**  
Hearing loss gets either better or worse over time (fluctuating) or stays the same over time (stable).
- **Congenital or Acquired/Delayed Onset**  
Hearing loss is present at birth (congenital) or appears sometime later in life (acquired or delayed onset).



# Causes, Risk Factors & Characteristics

- Genes are responsible for hearing loss among 50% to 60% of children with hearing loss. About 20% of babies with genetic hearing loss have a “syndrome” (for example, Down syndrome or Usher syndrome).
- Infections during pregnancy in the mother, other environmental causes, and complications after birth are responsible for hearing loss among nearly 30% of babies with hearing loss.
- Congenital cytomegalovirus (CMV) infection during pregnancy is a preventable risk factor for hearing loss among children.\* 14% of those exposed to CMV during pregnancy develop sensorineural hearing loss (SNHL) of some type. About 3% to 5% of those exposed to CMV during pregnancy develop bilateral moderate-to-profound SNHL.
- About one in every four children with hearing loss also is born weighing less than 2,500 grams (about 5 1/2 pounds).
- Nearly one-quarter of children with hearing loss has one or more other (additional) developmental disabilities, such as cerebral palsy, intellectual disability, or vision loss.

Source: [www.cdc.gov/ncbddd/hearingloss/data.html](http://www.cdc.gov/ncbddd/hearingloss/data.html)



## Other Considerations

- **Parental/caregiver concerns for hearing, speech, and language delays warrants a referral to a pediatric audiologist.**
- If a baby does not pass the newborn hearing screening after two attempts, a diagnostic ABR evaluation should be completed by 3 months of age (*Joint Committee on Infant Hearing (JCIH) Year 2007 Position Statement*).
- Infants readmitted to the hospital within the first 30 days of life should be re-screened if any risk indicators are present.
- If baby passes the newborn hearing screening and has one or more of these causes, risks or characteristics, consideration should be given for a diagnostic ABR evaluation with pediatric audiologist by 3 months of age.

*\*Infants who have congenital hearing loss may be identified by newborn hearing tests at birth. Infants with possible congenital infection, but normal hearing at birth, should have hearing monitored every 6 months until 3 years.*

## Sheet Music—David's Story

### David Cluff

His family's voices are sweet music to the ears of 16-year-old David Cluff.

Those voices, as well as music overall, are two of the sweetest sounds he hears since receiving a cochlear implant at St. Louis Children's Hospital.

David was born with cytomegalovirus (CMV), a common virus that rarely causes obvious illness. However, it can damage the nervous system, including causing hearing loss, as it did in David. At age 4, he was fitted for hearing aids, and by age 6 he was completely deaf.

David received his first cochlear implant in 1999 in Salt Lake City, Utah. The Cluff family moved from Utah to Pacific, Mo., in 2000. He received his second cochlear implant at St. Louis Children's Hospital.

Cochlear implants are surgically placed devices with externally worn components designed to provide hearing to those who are profoundly deaf and aid them in communicating.

The Cochlear Implant Program at St. Louis Children's Hospital is jointly offered by the hospital and the Washington University Department of Otolaryngology. Washington University School of Medicine and St. Louis Children's Hospital have completed more than 550 pediatric cochlear implant surgeries since the mid 1980s, including a rapidly-increasing number of bilateral cochlear implantations, or two implants.

"My mom says that when I got my first implant, I came to life again," David says.

"If implants were not available, I know I would have adjusted to silence. But implants have been a miracle. They have given me the opportunity to help others."

David uses every opportunity to help. He leads the St. Louis Children's Hospital Cochlear Implant Teen Support Group. He also is a Boy Scout patrol leader, and does service activities with his church. He enjoys spending time with family, reading, photography and drawing. As support group leader, he helps plan activities like pizza parties and bowling. The group also hosted a panel of deaf adults with implants. "One of the main points is to help other families and teens who have questions about implants," David says. "It's also a chance to meet these awesome teens."

David says his deafness rarely holds him back. "I realize I can do anything I set my mind to. I feel the same as those around me. I may look different with things sticking on my head, but I try to make the best of it every day."



He and his family appreciate the St. Louis Children's Hospital audiology team. "I am very grateful for the audiology team who opened the door for me to receive a second implant," David says. "The audiologists and other staff do so much to help me."

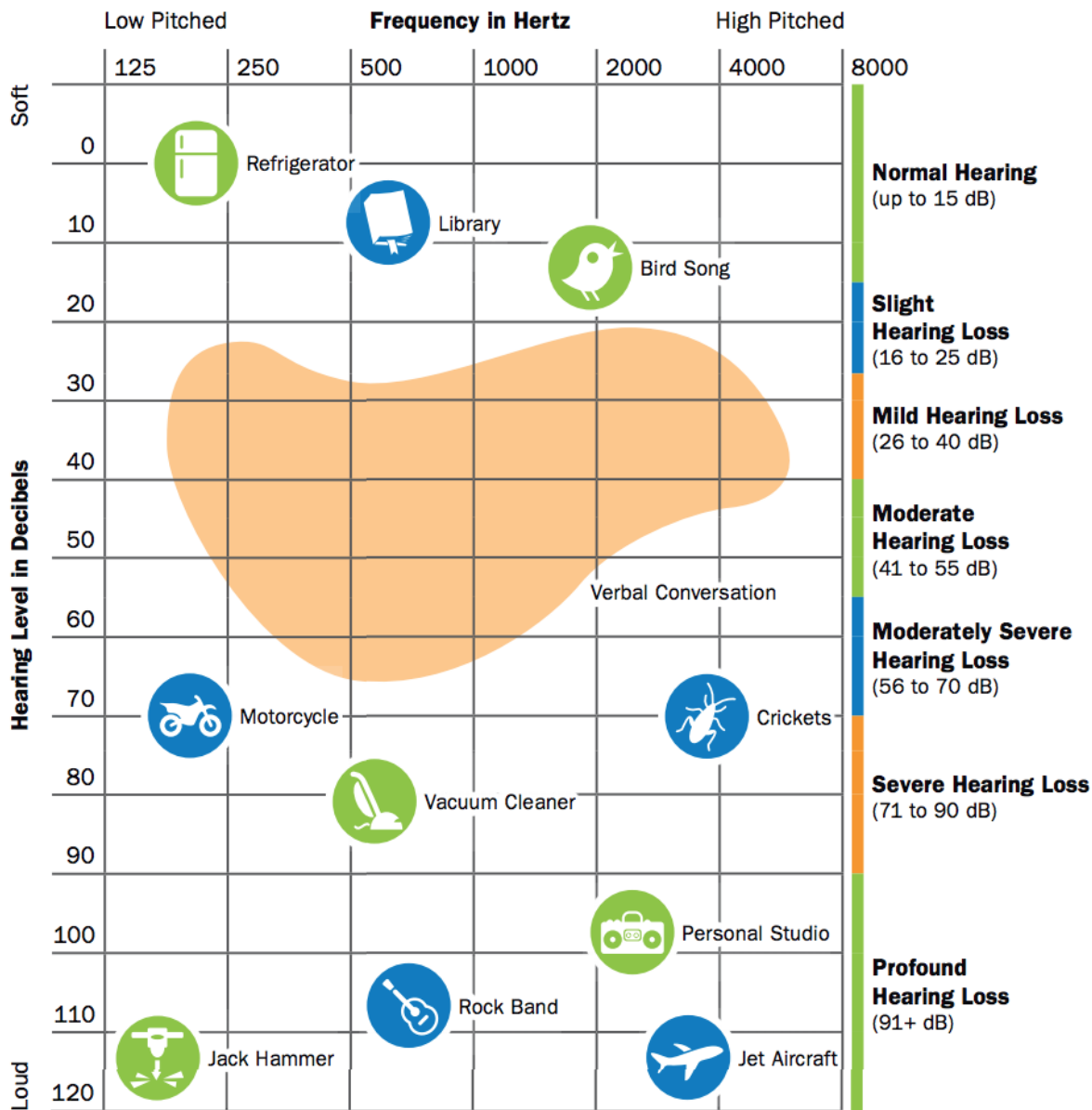
The audiology team is equally impressed with David. "David does not let hearing loss get in his way," says Jamie Cadieux, St. Louis Children's Hospital audiologist. "He has taken advantage of medical technology, worked hard to improve his listening and speech skills, taught other people about hearing loss, and has lived his life as if he were a hearing person. He is a leader and an inspiration."

David's advice to those who can hear – "It's a quiet world when you are deaf," he says. "Even just smiling can put a spark in someone's eyes. One of the things I appreciate the most is when my hearing friends are patient when I don't understand something they said. I am grateful when people will repeat things and not just say 'never mind'."

David would like to become an audiologist. "I know what it is like to have an implant and I know the best of both worlds," David says. "I love working with kids and families and I want to help them in any way I can." At his young age, he already has helped many.

Source: [www.stlouischildrens.org/about-us/meet-our-patients/sweet-music-davids-story](http://www.stlouischildrens.org/about-us/meet-our-patients/sweet-music-davids-story)

# Frequency & Intensity of Familiar Sounds



## What are Real-ear measurements?

Real-ear measurements measure how a hearing aid's intensity (volume) and frequency response (pitch) are affected by the ear. When hearing aid manufacturers create a hearing aid and decide how to program it, they do so based on the size and shape of the ear. Real-ear measurements allows the audiologist to apply the hearing aid fitting to your specific ear. The results are hearing aid settings that are best suited for the size and shape of your child's ear and for hearing loss.

## How is it done?

A thin soft tube is put into the ear canal and sound is played to measure how the size and shape of the ear affects and changes the sound. Next, with the hearing aid in the ear, speech and other sounds are played to see what amplified sound looks like as it arrives at the ear drum. Finally, appropriate adjustments are made based on the audiogram, the response is seen on the computer screen, and the child's feedback as to how the hearing aid sounds. Amplification targets are used to help guide our decisions as to how to set the volume of the hearing aids.

## Hearing Loss: What It Is & What It Sounds Like

For more details about hearing loss and hearing thresholds, visit:

<https://successforkidswithhearingloss.com/for-professionals/demonstrations-simulated-listening-with-hearing-loss-devices/>

# Being Deaf or Hard of Hearing — Degrees of Sounds



## What Does Level of Hearing Loss Mean?

Degree of hearing loss refers to the severity of loss. The following chart was created to help explain what sounds your child can and cannot hear without amplification based on the degree of hearing loss. The loudness of sound is measured in units called decibels (dB). Your child's audiologist, speech-language pathologist, teacher, or other trained professional will be able to provide you with more detailed information.

## Levels of Hearing Loss

*Note: Levels indicate softest level the child responds to the pitch*

Source: <https://kidshealth.org/ChildrensMercy/en/parents/hear.html?WT.ac=p-ra#>

Slight Hearing Loss	16 – 25 dB	At 16 dB hearing loss, a child can miss up to 10% of speech signal when a speaker is at a distance greater than 3 feet. This category often encompasses the children with fluctuating conductive hearing loss, so these effects are often underestimated.
Mild Hearing Loss	26 – 40 dB	A child with a mild hearing loss may hear some speech sounds but soft sounds are hard to hear. An example of a sound they cannot hear is whispering, which is around 40 dB. They also cannot hear some soft speech sounds even when spoken at a normal level. At 40 dB, a child may miss 50% of classroom discussions.
Moderate Hearing Loss	41 – 55 dB	A child with a moderate hearing loss may hear almost no speech when another person is talking at a normal level. Sounds that are loud to a normal hearing child will be a whisper to children with this amount of hearing loss. At 50 dB hearing loss, a child may miss up to 80% of speech signal.
Moderately Severe Hearing Loss	56 – 70 dB	A child with a moderately severe hearing loss may have problems hearing sounds softer than 56-70 dB. An example of a sound at this level is a dishwasher (60 dB).
Severe Hearing Loss	71 – 90 dB	A child with severe hearing loss will hear no speech when a person is talking at a normal level and will hear only some loud sounds. Examples of sounds they may not hear are a vacuum (70 dB), or a blender and a hair dryer (90 dB).
Profound Hearing Loss	91+ dB	A child with a profound hearing loss will not hear any speech and only very loud sounds. Children with profound hearing loss cannot hear sounds softer than 91 dB. Examples of this are MP3 players with the volume turned up all the way (100 dB) and car horns (110 dB).



## Learning About Hearing Devices

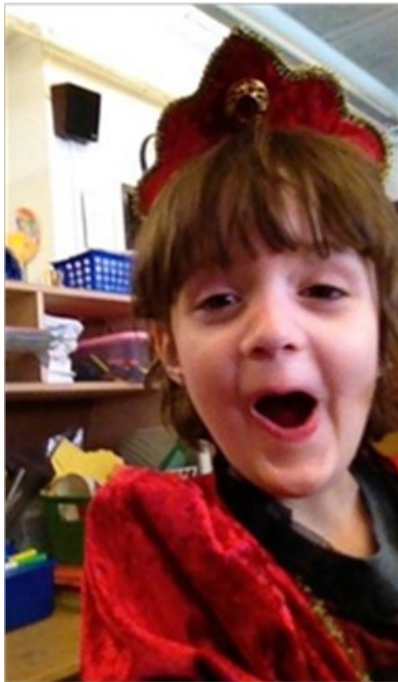
When researching about hearing devices such as hearing aids and cochlear implants and others, it is important to recognize that what works for one child may not work for another child.

For example, some children will wear hearing aids without any difficulty and never take them off. Other children may take the hearing aids off and resist wearing them. This sometimes may be an indication that the hearing aid is not a good fit or does not feel comfortable. Work with your child and professional(s) when your hunch is that something is just not right.

Another example is the cochlear implant. Some children do very well with cochlear devices and there are some who may not do as well. There are a number of reasons why the cochlear implant may not be helping the child as well as it should – follow up with your audiologist/ENT/educator.

Hearing devices are not like glasses that can immediately correct vision.

Learning to listen with a hearing aid or cochlear implant requires a lot of hard work. Be sure to work closely with your child and the team of professionals to ensure consistent access to communication and language for the best results.



### It Takes Baby Steps

Christina Payne

My daughter was my introduction into the world of deafness. We have no family history and the doctors could not explain why she has hearing loss. “It just happens sometimes,” we were told. She was always a puzzle. No one could quite figure her out. We started early intervention services when she was one and preschool before she turned three. We tried it all - speech therapy, sign language lessons and even a picture exchange card system to give her language and help her communicate. But any progress made was slow going. My motto quickly became, “Baby steps are still steps forward.” We kept searching for answers and kept moving forward. We followed her lead and tried to choose the options that worked best for her. On her fifth birthday, she was diagnosed with autism spectrum disorder. By this time, it wasn’t really a surprise to us. In fact, it was almost a relief in that it helped explain why our journey had been so unusual. She wasn’t your average deaf child, but then she wasn’t a typical child with autism either. Some of the most helpful advice that I was given came to me from another mom who had a deaf child. She looked at me and said for me to “*always remember that the doctors and teachers or professionals may be the experts in their field, but that I was the expert in my child.*” No one spends as much time with her and knows her as well as I do. These words resonated with me and have helped me over the years. Some of the decisions we made were not always understood by those around us, but they were always what we felt was appropriate for her. I have watched in awe as this beautiful child has overcome challenges and surpassed the expectations that others have placed on her. Our lives were not diminished by her being deaf; in fact, our lives are richer as a result.



## Deaf Santa brings excitement to Tri-State children

By Dave Lavender  
The Herald-Dispatch  
Dec 19, 2015

HUNTINGTON, W.Va. – Four-year-old Steshka Snyder could not sit, she could not wait. With her dolly wrapped tight and her mom's hand in tow, she briskly walked around waiting on someone she has never seen in person -- Santa. Snyder had something to tell him in American Sign Language (ASL) – "I want My Little Pony." And this Santa, played by 21-year-old deaf college student Bradley Walker, understood every signed word and made that wish come true. Walker, who graduates in May from Mountwest Community and Technical College (MCTC) with a degree in deaf studies, made many a child's Christmas wish come true as the college hosted its 7th annual Brunch With Deaf Santa. About 170 people from all over the Tri-State filled the decorated room for the unique event that features a Santa and elves all fluent in American Sign Language. Santa and his helpers visited with the kids and gave them presents from the children's written Christmas lists that were submitted back in late summer and donated by area groups. Steshka's mom, Lee Dunlap, who was out in the hallway and on a hunt for the Mountwest lion mascot for a hug for Steshka, said her daughter, who was just diagnosed this year, was beyond excited. "She has never seen Santa – ever. She has only seen him in the movies," Dunlap said. "This year, she gets to talk to Santa and I am so excited. We have been showing her pictures of Santa and she knows he brings toys and she's been practicing very hard to say, 'I want My Little Pony.'" American Sign Language program coordinator Leigh-Ann Brewer, who organizes the party



*In this Saturday Dec. 12, 2015 photo, 4-year-old Abigail Lawson signs to Santa Claus during the 7th annual Brunch with Deaf Santa at Mountwest Community and Technical College in Huntington, W.Va.*

*-Lexi Browning For The Herald-Dispatch via AP*

each year with Linda Johnson, said since she and her husband could not have children, these children are like her own. She has interpreted and worked with many of them since they were born. Brewer, an assistant professor at MCTC who has a master's degree in education with an emphasis in deaf education from Marshall University, said the event is one that MCTC is proud to put on for the community of deaf persons and one that unites the MCTC family of programs. On Dec. 12, MCTC's Cooking and Culinary Institute served up a bountiful breakfast, the school's early childhood education classes played games and ran craft stations, the physical therapy students donated toys, the student government did the decorations, and on the hottest Dec. 12 on record in Huntington, the ASL students took one for the team dressed as Elves in fuzzy and furry winter gear. While the naturally-white-bearded Santa, Ernest Williams, was unable to attend due to illness, young Bradley Walker stepped into those boots and did not do so lightly.

"I accept the responsibility to help Ernest and want to be a good Santa and a good role model," Walker signed and said through his interpreter, Erin Mills. "I want to continue the tradition and to show deaf children that deaf Santa knows - he signs. It is hard to control the excitement of the community having their Santa and giving deaf children the same opportunities to be the same as those with hearing."

Gwen Bryant, of St. Albans, West Virginia, brought her 10-year-old son, Jackson, who was decked out in a Christmas sweater with blinking lights.

Bryant said it has been a holiday tradition of about five years for their family.

"For them to be able to tell Santa what they want is awesome and it is hard to find," Bryant said.

Bryant, who runs the nonprofit group West Virginia Hands and Voices, said both the Santa event and the Mountwest program are quite rare in the region.

Brewer said Mountwest has students commuting up to two hours one way to obtain their one-year certificate in deaf studies. One of the state's only other such programs is in Fairmont.

Rebekkah Bowen, a recent MCTC grad who hopes to become an interpreter in the school system, is in her third year of volunteering with the Santa event.

"I think not too many people here realize how many deaf and hard-of-hearing people are in the community," Bowen said in between registering folks for the breakfast. "Through the centuries, many in the deaf community have felt isolated and not by their own fault. I am so involved now in the community and feel like ASL has changed my life and changed my life's path. It is a whole new journey and community."

To find out more about MCTC's ASL program, visit

<http://www.mctc.edu/academics/programs-of-study/human-services-education/deaf-studies/>

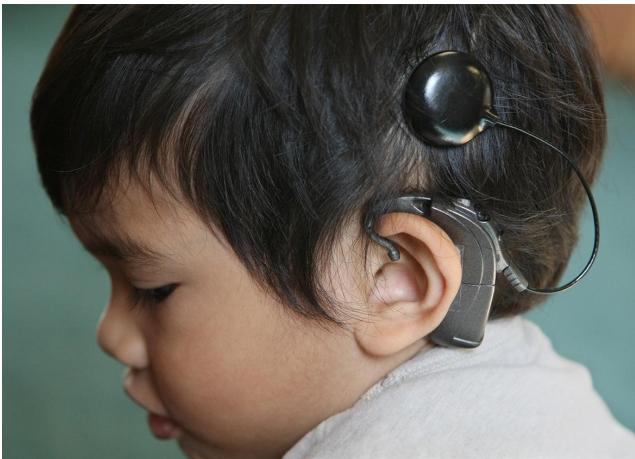
# Hearing Technology: Types of Hearing Devices



## Hearing Aids

Hearing aids make sounds louder. They can be worn by people of any age, including infants. Babies with hearing loss may understand sounds better using hearing aids. This may give them the chance to learn speech skills at a young age. There are many styles of hearing aids that can help many types of hearing losses. A young child is usually fitted with behind-the-ear style hearing aids because they are better suited to growing ears.

Many people who are deaf or hard of hearing have some hearing. The amount of hearing a deaf or hard of hearing person has is called residual hearing. Technology does not cure hearing loss, but may help a child with hearing loss to make the most of their residual hearing. For those parents who choose to have their child use technology, there are many options.



## Cochlear Implants

Cochlear implants may help many children with severe to profound hearing loss — even very young children. It gives that child a way to hear when a hearing aid is not enough.

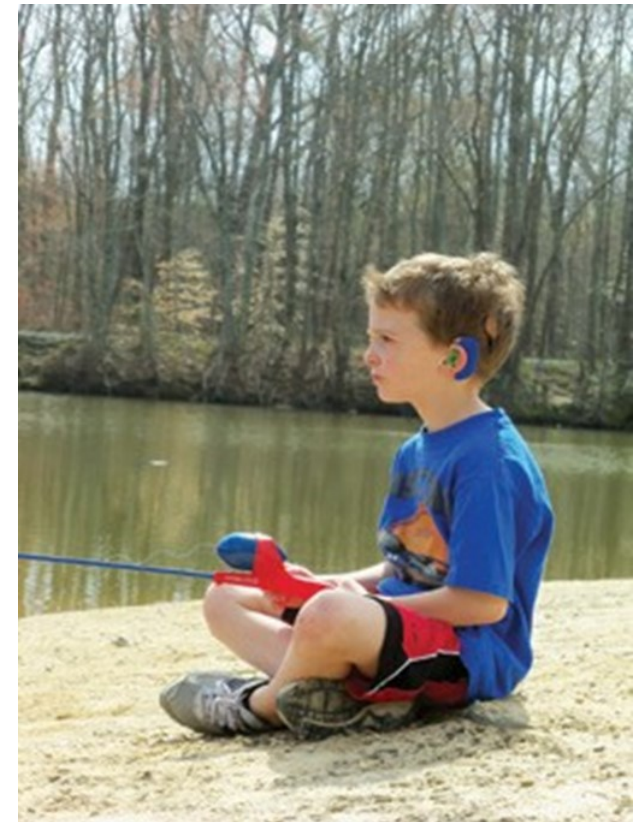
Unlike a hearing aid, cochlear implants do not make sounds louder. A cochlear implant sends sound signals directly to the auditory nerve. It provides access to sounds.

A cochlear implant has two main parts — the parts that are placed inside the ear during surgery, and the parts that are worn outside the ear after surgery. The parts outside the ear send sounds to the parts inside the ear.



## Bone-Anchored Hearing Devices

This type of hearing aid can be considered when a child has either a conductive, mixed or unilateral hearing loss and is specifically suitable for children who cannot otherwise wear 'in the ear' or 'behind the ear' hearing aids.



# Assistive Technology for Young Children



## FM System

A Frequency Modulation (FM) system is an assistive device that helps people with hearing loss hear clearly in background noise. Like a radio station, FM systems send sound from a speaker's microphone to a listener who is wearing a receiver. An FM system can be used with hearing aids or cochlear implants, via an added component or through wireless Bluetooth technology.

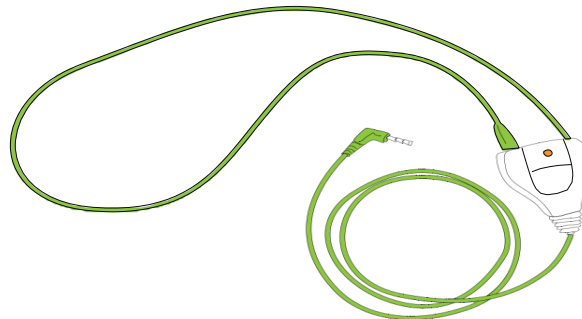
## Captioning

Many television programs, videos, and DVDs are captioned. Television sets made after 1993 are made to show the captioning. You don't have to buy anything special (just use the menu on the remote to turn captions on). Captions show the conversation spoken on the soundtrack of a program on the bottom of the television screen.



## Audio Loop Systems

Audio Loop Systems magnetically transmit sound to hearing aids and cochlear implants with telecoils (t-coils).



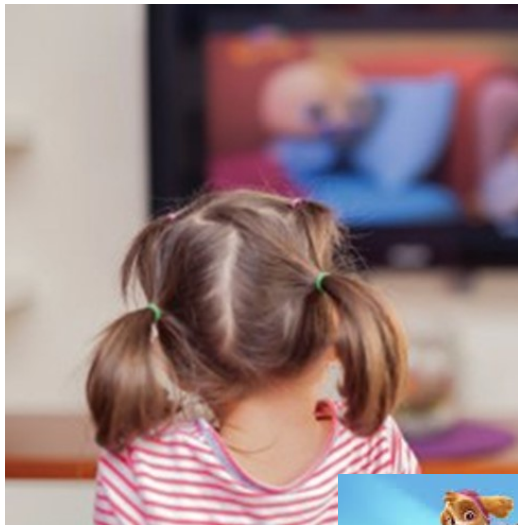


keys to access



### The Described & Captioned Media Program (DCMP):

Whether your child is focusing on developing listening and spoken language skills or uses sign language to communicate, it is never too early to expose your child to written words which captioning provides! The DCMP is funded by the U.S. Department of Education and provides a free-loan media program (streaming tv and movies, DVDs, interactive media, resources, and more). It is a valuable resource for language/sign language learning and for educational materials on a variety of topics. Families of children who are deaf or hard of hearing are eligible for a FREE lending account with DCMP which works like Netflix. DVDs are sent via US mail and will have a postage paid sticker to return them. There is NO COST for the user. Many DCMP materials may be directly streamed to a computer. The website is: [www.dcmp.org](http://www.dcmp.org).



Closed Captioning



Accessible Television

### Advice to Parents

Amy and Nick Lange

Amy and Nick Lange have 2 children: Carter who is hearing and Hudson who is hard of hearing.

Hearing Loss Journey: Hudson failed both newborn hearing screenings in the hospital. A follow-up six weeks later with a Pediatric Audiologist confirmed he had hearing loss, and a diagnostic a few weeks after that revealed mild, bilateral hearing loss. Through the bundle of emotions, we researched and learned as much as possible so we could be Hudson's biggest advocates.

Advice to parents: The best advice we can give is to encourage families to use the resources provided, create a plan, and follow through. Our emotions immediately after Hudson's diagnosis included uncertainty, but now that our plan is in place, we have complete confidence in Hudson's future.



## Wearing Hearing Aids



All hearing aids are programmable and some are waterproof. Most hearing aids designed for children are water resistant. It is important to have a pediatric audiologist who understands very young children and will recommend a hearing aid that will not be damaged by water, food, or other environmental hazards.

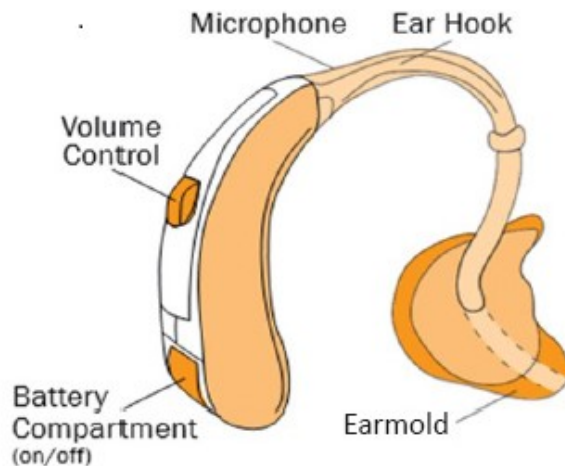
Young children outgrow their earmolds faster than they outgrow their shoes! So be prepared to have your audiologist make new earmolds frequently when they become too small and the aids start to whistle.

### **How Hearing Aids Work**

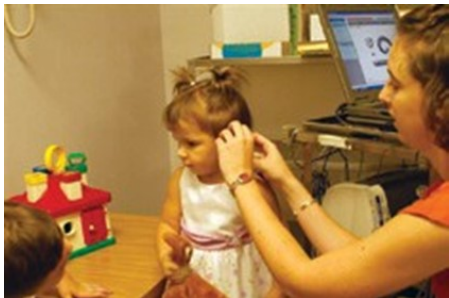
All hearing aids, regardless of style, are made with the same basic parts. In the behind-the-ear (BTE) hearing aid, shown below, you can see the microphone, tone/ear hook, volume control, and battery compartment. To turn power on or off, open or close the battery component door.

The microphone picks up sounds from the environment and sends it to an amplifier that makes the signal louder. The hearing aid will amplify some pitches of the incoming sound more than others depending upon your child's hearing loss. Your audiologist will program the hearing aid to make the amplified sound appropriate for your child's hearing.

After the sound is amplified, it is routed through the hearing aid ear or tone hook to an earmold which is custom-made for each child. The ear or tone hook is a small plastic piece that hooks over and behind the child's outer ear (pinna). The earmold holds the hearing aid in the child's ear and directs sound from the hearing aid into the ear canal. Earmolds are made from soft materials after an impression is taken of your child's ear. They are made individually for each child and fit snugly in the ear canal. As a baby grows, earmolds need to be replaced on a regular basis.



# Hearing Aid Listening Check: Instructions

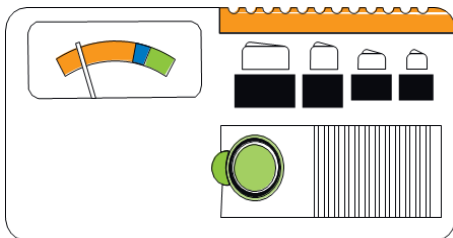


## 1. Check Hearing Aids Often

Hearing aids are checked daily or more often if the child has been in moist conditions or does not appear to be responding to sound as expected. Children should learn to use the hearing aids during all waking hours. Look at the hearing aids and earmolds and look for any broken or cracked areas; blockage of openings; build-up of moisture in tubing; and corrosion in battery compartment. At night, open the battery door so that the battery doesn't make contact, which will keep it from draining all night and increase battery life.

## 2. Test Battery

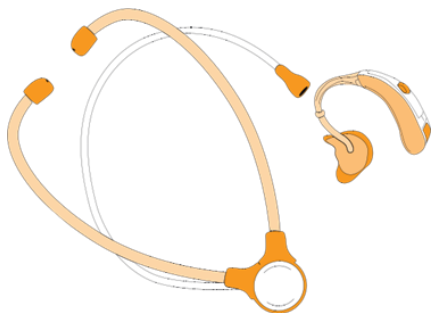
Batteries only last 1 – 2 weeks when used daily. Because a young child may not be able to tell you when the battery has died you need to check the batteries in the tester provided. Place the battery in the correct size hole, press the red bar and the needle should move into the green or "good" area. If not, replace the battery. Battery life begins when the tape is removed from the top of the battery surface.



**BATTERIES ARE POISONOUS! KEEP ALL BATTERIES OUT OF REACH OF CHILDREN, DOGS, AND PETS.**

## 3. Listen To the Hearing Aid

You should soon become skilled at knowing what your child's hearing aid should sound like. Report changes you perceive to your audiologist who can test the aid further. Make sure the aid is "off" and the volume is turned down, if possible. Place the tip of the earmold in the tan colored cup at the end of the stethoset and put the eartips in or near your ears. Turn on the aid and turn up the volume until comfortable. Listen for any loud background hiss or scratchy sounds as you move the volume wheel. Jiggle the hearing aid and listen for any cutting in and out of sound. Say the sounds "oo," "aw," "ee," "sh," "s," and "m" and listen to the clarity of each sound. Each sound represents a different pitch range in hearing, so clarity of the sounds is critical! If the hearing aid is too loud for you to listen to safely, you can purchase a filter to attach to the stethoset.



## When Do I Change the Battery?

- **If the Hearing Aid Does Not Amplify Sound When It Is Turned On...**  
Make sure the hearing aid is in the "on" position. If it is in the "on" position, and there is no sound, change the battery.
- **If the Hearing Aid Does Not Sound As Loud As I Expect It To...**  
Change the battery. Check for blockage around the earmold tubing.
- **If the Hearing Aid Does Not Amplify the Sound Consistently or the Sound Cuts In and Out...**  
Change the battery. Check the battery compartment to see if there is corrosion.
- **If the Quality of Sound Does Not Sound Clear, or There Is Static Sound and Distortion...**  
Change the battery. Check the battery compartment for corrosion.

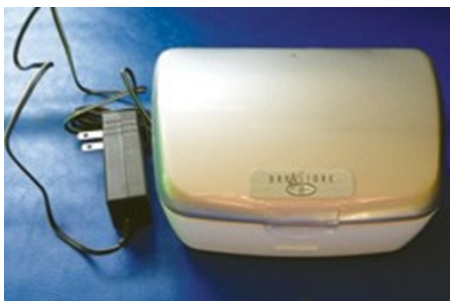
More about hearing aids:  
[www.nidcd.nih.gov/health/hearing-aids](http://www.nidcd.nih.gov/health/hearing-aids)



#### 4. Put the Hearing Aid On the Child

Turn it on and to the correct volume setting. Say the sounds “oo,” “aw,” “ee,” “sh,” “s,” and “m” and watch your child for a response from 6 – 12 inches and again from 6 feet or at your child’s maximum listening distance. Encourage your child to repeat these sounds and participate in hearing aid checks. You can use this quick hearing aid check method for years! If you know the earmold is in the correct position and you hear any feedback (whistling) when the child chews, vocalizes, or moves around, the earmold may be too small for your child’s growing ear. Immediately make an appointment with the audiologist for a new earmold impression to be made. Babies grow fast and so do their ears! A hearing aid that is whistling is not providing your child with the amount of amplification he or she needs to perceive and attend as well as needed to speech and sounds in the environment.

#### 5. Care & Cleaning



Hearing aids that are not waterproof or water resistant should not get wet or be in moist places. If you see drops of water in the earmold tubing, remove the earmold and use the blower to dry out the tube. If the earmold is dirty, clean it with the wax loop tool or remove it and let it soak in warm dishwater. Earwax will eventually discolor the earmold. Do not boil or use harsh cleaners on earmolds. Let them dry overnight before attaching to hearing aids. In moist climates, hearing aids should be kept in the Dri-Aid kit nightly. Remove the battery, open the battery door, and seal tightly in the Dri-Aid jar. One drop of moisture in the earmold tube or hearing aid can prevent a child from receiving amplified sound.

#### Hearing Health



#### Best Hearing Aid Dryers: 2019 Buyer’s Guide

<https://besthearinghealth.com/hearing-aid-dryer-reviews/>



#### 6. Ask Questions

Tell your audiologist or Early Intervention provider if your child does not seem to be hearing as well as usual or the hearing aid(s) do not produce the same quality of sound as usual.



# Keeping the Hearing Aid On



## Toupee Tape

Double-sided tape which secures the hearing aid to the skin. Tape will need to be changed often. Make sure the child is not allergic or irritated by the adhesive.



## Ear Gear

Spandex sleeves that cover hearing aids.



## SilkaWear

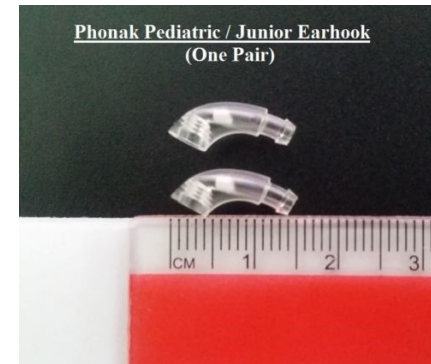
Fun and unique custom-made bonnets for young children who wear hearing aids or cochlear implants. Bonnets are made up of three panels with two side panels of breathable sports mesh and a top panel of cotton stretch material that provide the utmost in comfort fitting snugly so your child's hearing aids or cochlear implants stay in place.

<http://silkawear.com/>



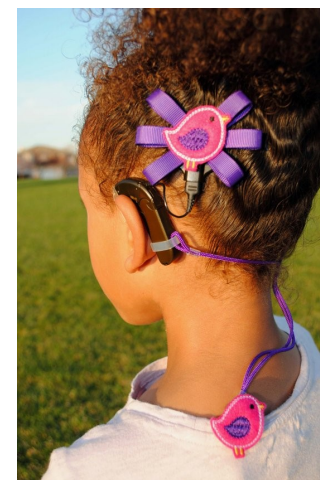
## Huggie Aids™

Circle types of tubing that fit around the outer ear.



## Tone Hooks

Pediatric tone hooks are a better fit than the adult-sized ones.



## Hearing Aid Clips

These clips can attach onto the hearing aids and clip onto the child's clothing.

# Hearing Aid Use: Special Cases

According to Christine Eubanks, PhD Audiologist at Virginia Commonwealth University, Cochlear Implant Center:

## Why Wear Hearing Aids Before Cochlear Implants?

Delays in auditory development can be minimized by providing access to sound as soon as a hearing loss is identified. The audiologist has to have good estimates of hearing thresholds to know how much hearing aid amplification to provide for speech and other sounds. Usually, several tests are needed to gather enough information to be confident of hearing status and fit the aids appropriately.

## Why Wear a Hearing Aid on a Unilateral Hearing Loss?

Listening with both ears provides awareness of the direction of sound, ability to hear noise, and a sense of strong, clear sound. Hearing loss in one ear, called unilateral loss, changes the listening experience. Also, sometimes individuals develop hearing loss in the other ear, so a child needs regular testing to check for any changes in hearing. A child with unilateral hearing loss can still learn to listen and use spoken language relying on normal hearing in one ear. His response may seem similar to a child with typical hearing but there are differences and potential challenges.



Troy

M'lyn E. Farris

My little boy has been through so much more than your typical two year old. He has suffered through deadly diseases, seizures, spinal taps, blood transfusions, and surgeries. My little boy is a fighter; he is the strongest person I know. Through all of his hardships, he has learned to sit up and move around, and we fully believe that he will learn to walk and communicate with us one day even though his form of epilepsy can be developmentally debilitating. Earlier this year, we decided to have his hearing tested further and he was scheduled to have an ABR, Auditory Brainstem Response, conducted. I can't tell you how much I cried when they took him back to put him under anesthesia for the test. I sat there anxious and clinging to my husband, but he was safe and handled everything perfectly. We were surprised to find out that he had some hearing loss in both of his ears. With just a slight loss, hearing aids were optional, and my husband and I opted to go ahead and get them. Troy is nonverbal, so we decided that hearing aids could only help him navigate and communicate with the world around him. Along the way, we have received so much help and emotional support from my son's Deaf Educator. She has shown me that learning sign language can be fun and easy especially if I just pace myself and learn the same vocabulary that a baby would. As a baby would learn new words, I too began to learn words slowly throughout the years. My little boy doesn't seem bothered at all with his hearing aids. He wears them without complaint. He just freezes and listens to us when we sing and he is starting to babble and laugh more than ever before. We are truly amazed with the education and support we have received along the way. Having a child with hearing loss and developmental delays isn't a catastrophe, but a way to experience the world in a way we couldn't have imagined. We get to watch him light up when he hears rain and looks around wondering where the sound is coming from. We get to watch his smile grow as we sing funny rhyming songs with him. We get to experience parenting in a way others don't, and that makes everything so much more special.

# Notes & Information

*Need more information?*

*Flip to the Glossary & Resources section for common terminology, helpful organizations and websites to answer your questions.*

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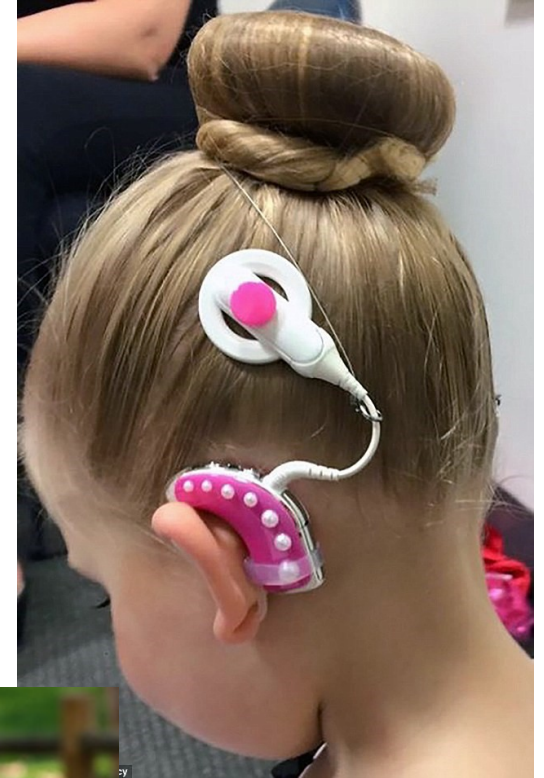
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## *Wearing Cochlear Implants*



# Wearing Cochlear Implants

Watch It: Hearing Loss & Cochlear Implants: **Chloe's Story**

<https://www.boystownpediatrics.org/KnowledgeCenter/Videos/Pages/CochlearImplantsChloesStory.aspx>

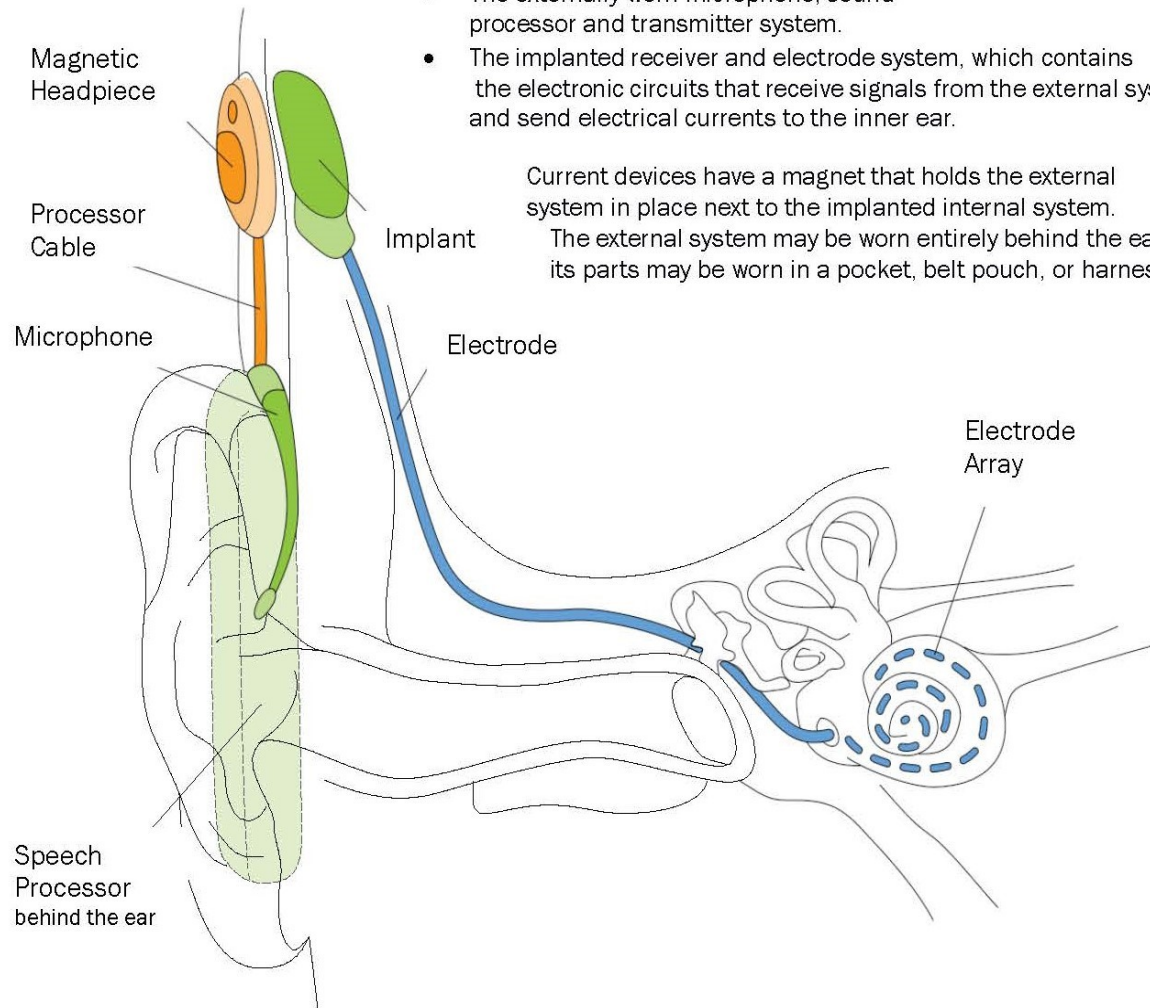


## What is a Cochlear Implant?

A cochlear implant is an implanted electronic hearing device, designed to produce useful hearing sensations to a person with severe to profound hearing loss by electrically stimulating nerves inside the inner ear.

These implants usually consist of 2 main components:

- The externally worn microphone, sound processor and transmitter system.
- The implanted receiver and electrode system, which contains the electronic circuits that receive signals from the external system and send electrical currents to the inner ear.





## Ella's Story

Travis Austin

After our daughter Ella was diagnosed at birth as having severe profound hearing loss, our world was turned upside down. I immediately felt a pressure and stress that, up to that point in my life, I'd never known. The worst part about this diagnosis was that there was nothing I could do to fix the problem. I'd never felt more helpless in my life. Looking back on that time, I know I was depressed and felt life as I knew it would forever be different. I don't think there was a single day I didn't cry. I always found myself thinking Ella would never hear us say "I love you" or wouldn't get to enjoy going to a school dance or ever enjoy music. Thank goodness for my wife and 3-year-old son; they were the glue that kept me going.

Days turned into weeks and weeks turned into months. It wasn't until Ella was 4 months of age and had an appointment at Children's National Hospital, in Washington, DC., when we finally had a glimmer of hope. It was Mother's Day weekend and the Ear, Nose and Throat specialist informed us Ella would be a candidate for cochlear implants. Not knowing much about them, the doctor's good news got the ball rolling for our family. We began to research cochlear implants and how they could possibly benefit our daughter. We wanted nothing but to give Ella a chance to have opportunities in life like any other child. To us, the opportunity for her to hear like us and to have access to sound was something we were excited about. We wanted Ella to have access to communicate with anyone in life, and not to be limited to only those that could sign. This is a decision every family must make but for our family it was an easy one.

The moment where the glimmer of hope became real was a month later in June when we visited and toured the Luke Lee Listening Language and Learning Lab (the "L") at Marshall University. After reading an article about this new school that taught kids with hearing loss to listen and communicate it was something I had to see for myself. When I called the founder, Chereese Lee, and talked to her on the phone I was so excited to learn her son's story. What really got me excited was her attitude and optimism. She had already gone through the hoops and hurdles we were about to approach and survived. We immediately set up a visit. Walking into the small classroom observation booth in Marshall University's Smith Hall changed our family. While observing two adorable little boys playing and chatting like any other 3 and 4 year old would, I felt a real sense of hope for Ella.

We educated ourselves as much as we could leading up to the cochlear implant surgery. We had Ella in WV Birth to Three and weekly appointments with the staff at the "L." We learned that surgery alone would not instantly give Ella the opportunity to hear and speak and that it would take intensive therapy. Ella received a single implant a week after her first birthday and a second implant for the other ear immediately after her second birthday. Ella attended the "L" as part of the Parent Infant Program from six months of age until she was two. Meeting with the speech therapist, we learned of things we needed to be doing at home to teach listening and speaking skills. We as parents learned as much as Ella. Once Ella turned two, she enrolled in the preschool program at the "L." It seemed in no time, she was catching up to the language levels of her peers. I would beam with pride when people would have a conversation with her and then say things like, "She's deaf? How is that possible?"

Ella is now a sweet, sassy, outgoing, nine year old that will soon be in the fourth grade. Ella is a strong student in the classroom and is reading on a 7th grade level! Ella does not have an interpreter or an aide assigned to her. We owe Ella's progress to the many hours of hard work from the dedicated professionals at the "L." Receiving the implants does not cure or instantly "fix" being deaf. The hours of work and therapy by Ella and her teachers have gotten her where she is today and we are forever grateful.

## How Do Cochlear Implants Work?

A cochlear implant system consists of the external component worn on the outer ear or discreetly on the body and the implant which delivers sound to the hearing nerve. Cochlear implants bypass the damaged part of the ear:

- Sound is captured by a microphone on the sound processor.
- The sound processor converts the captured sound into detailed digital information.
- A microphone on the sound processor captures sound and sends to the speech processor. The power comes from the power in the processor.
- The magnetic headpiece transmits the digital signals to the internal implant under the skin.
- The implant turns the received digital information into electrical information that travels down the electrode array to the auditory nerve.
- The auditory nerve sends impulses to the brain, where they are interpreted as sound.

## Who is Eligible?

In general, adults who have severe to profound hearing loss in both ears and have benefited only minimally from hearing aids may qualify as candidates for cochlear implantation. Children as young as 12 months of age with profound hearing loss in both ears and who demonstrate little progress in the development of auditory skills may also be considered candidates for some implant devices. After cochlear implantation, the child will need to undergo intense speech and language therapy in order to achieve the best possible outcome from the device. It is important to acknowledge that not everyone is a candidate for cochlear implants. Those children who are good candidates should work closely with professionals such as their ENT doctors and audiologists to discuss realistic individual expectations and outcomes.

## How Much Do They Cost?

The average cost for one cochlear implant, including pre-implant evaluations, the implant devices, surgery and post-surgical fitting, can range from \$40,000 to \$100,000. Determining the cost is dependent upon an individual's need and where the surgery is to be performed. Many individuals are now being fitted with two devices.

## Do Insurance Companies Cover Cochlear Implants?

Because cochlear implants are recognized as standard treatment for severe-to-profound nerve deafness, most insurance companies cover them. **In 2004, Medicare, Medicaid, the Veteran's Administration and other public health care plans covered cochlear implants. In 2004, more than 90 percent of all commercial health plans covered cochlear implants. Cochlear implant centers usually take the responsibility of obtaining prior authorization** from the appropriate insurance company before proceeding with surgery.

***My health plan has denied coverage for a cochlear implant. How can I appeal?***

First, determine specifically why the cochlear implant was denied. Make sure you have the denial in writing. If you do not receive a written denial, ask for one. An appeal is most effective when structured in response to the specific reason for denial of coverage. If a specific denial reason is not provided, contact the plan and ask for clarification. Second, contact your cochlear implant center and advocacy groups and ask for help.

*A Step by Step Guide to the Insurance Process:*

[https://www.cochlear.com/f7213b67-fd9c-42d4-b7a7-ac256210d699/FUN1137+ISS5+Step+by+Step+Guide+to+Insurance+Process\\_web.pdf?MOD=AJPERES&CONVERT\\_TO=url&CACHEID=ROOTWORKSPACE-f7213b67-fd9c-42d4-b7a7-ac256210d699-lKx9MXJ](https://www.cochlear.com/f7213b67-fd9c-42d4-b7a7-ac256210d699/FUN1137+ISS5+Step+by+Step+Guide+to+Insurance+Process_web.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE-f7213b67-fd9c-42d4-b7a7-ac256210d699-lKx9MXJ)





## Communication and Language



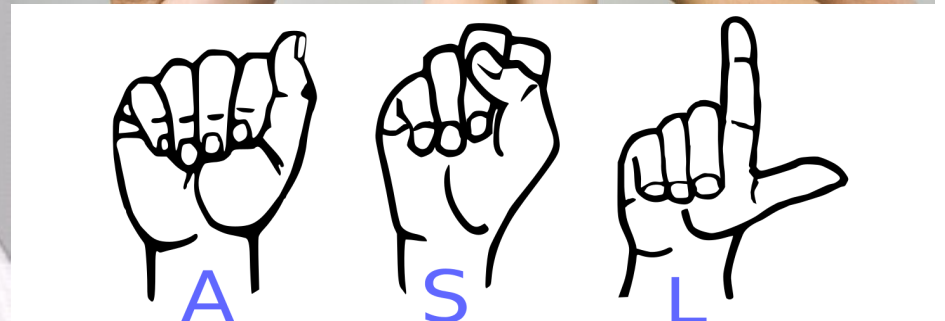
On the following pages, you will learn about communication and language. When talking about communication and language, educators and researchers may use terms such as options, choices, modalities, approaches, philosophies, strategies, and outcomes. What is important for you and your child is to learn about all the communication opportunities available and determine which modalities (listening and speaking, signing, cueing) will work best for your child. The communication modality or modalities should be the ones that will best help your child acquire language. You know your child best and will be able to provide important information about how well your child is doing.

“How will you, your family, and your child communicate in a way that is both meaningful and enjoyable?” is the important question you should answer. Consider all aspects of communication and language since it is critical for your child to use language and communicate with you and others. There is no one universal answer as each child is different.

This will be a lifetime journey — one filled with following up on appointments, working with professionals, planning educational goals, and making sure your child has access to communication and language. All will contribute to a positive outcome. Remember, your child is a child first and is like every other child — and being deaf or hard of hearing does not change that!

# Differences Between Language and Communication

	Communication - The Method	Language - The Tool
Definition	Communication is the exchange of information between two or more people by speech, sign, signal or facial expression and body language.	Language is a rule-based system of symbols and meanings for communication. It may include spoken, written, gestures or signs.
Interaction	Communication involves interaction between two or more people.	Language can be used by just one person such as in reading or writing or talking to oneself.
Communication	Communication is the way people express and receive information through body language, facial expressions, tone or loudness of voice, gestures, signs, reading, writing, etc.	Language may be English, Spanish, American Sign Language, British Sign Language, etc. Every cultural or ethnic community has one or more languages with which they identify and use within their community.



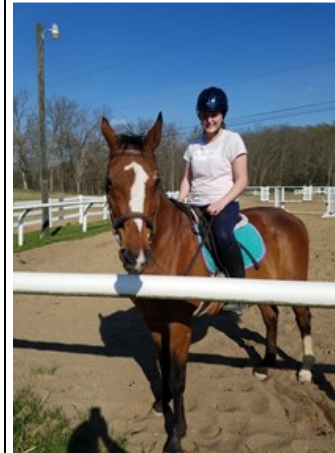
# Communication & Language



*This chart is designed to show the basic communication methodologies to develop language and promote positive self-image.*

## When I Reflect on Jenna

Allison Cunningham



When I reflect on Jenna's hearing loss journey, the first thing that comes to my mind is the importance of being an advocate. An advocate is defined as one who supports or promotes the interest of a cause. When she was 12 months, I began advocating for Jenna by requesting to have her hearing tested due to her lack of responding to noise and voice. Once she was diagnosed as profoundly deaf, I

advocated for a qualified surgeon to perform cochlear implant surgery. When she was 3 years of age, I advocated for appropriate preschool placement for a profoundly deaf cochlear implant recipient that would learn to listen and talk (spoken language). A few other things I can remember advocating for are asking a clothing store to turn their music down so Jenna could hear me, making sure she sat at a round table at lunch time, explaining to Jenna to stand beside her coach when in a huddle, and sitting up front during church so she could see the preacher's face.

I think many of us feel the word advocating comes across as harsh or negative, representing confrontations or arguments, but I consider it as educating those who are not familiar with hearing loss. Through Jenna's hearing loss journey, the one thing that has not changed is the importance of advocacy. However, the one thing that has changed is now Jenna is equipped to advocate for herself. She has the skills she needs to be a successful, independent hearing-impaired daughter, sister, friend, and student.

# Communicating in Different Ways

People who are deaf or hard of hearing communicate in a variety of ways. Families with young children who are deaf or hard of hearing need to consider the communication modalities and language opportunities that best fit the needs of their child. Developing language requires commitment and hard work on the part of both the child and family. Parents and other family members are encouraged to:

- **Research** all the possible communication modalities and language opportunities to make the best decisions for your child.
  - The brain has the capacity to acquire both a visual and a spoken language without detriment to either language.
  - Early accessible language (spoken or signed) is the best predictor of positive language outcomes.
- **Recognize** that no decision is permanent and you can revisit the communication approach at any time based upon your child's needs and/or new developments.
- **Be aware**, choices in communication are not exclusive. You do not need to pick one or the other. Many children and adults who are deaf or hard of hearing use listening, watching, signing, and talking.
- **Learn** as much as possible about your child's strengths both auditorily and visually. Use communication strategies that take advantage of your child's abilities to acquire language.
- **Monitor** your child's language and communication progress and make adjustments as needed.
- **Advocate** and partner with your child's audiologist to maximize early, consistent and appropriate use of hearing technology.
- **Remember** that the goal for your child is to acquire language that is comparable to the language level of their hearing peers. Your early intervention or educational team will guide you and partner with you in monitoring your child's language development.



“The need and right to communicate is the most fundamental of human rights. To deny it is to harm the human spirit; to foster communication is to reveal all the possibilities of life.” (National Deaf Education Project)

“**What works for your child is what makes the choice right.**” *Hand & Voices*

# American Sign Language (ASL)

American Sign Language (ASL) is its own language with its own grammatical rules. It is a natural visual/manual language used in the Deaf community to communicate with each other and with hearing people who know the language. ASL is a visual/gestural language that does not use voice. The shape, placement, and movement of the hands, as well as facial expressions and body movements, all play important parts in conveying information. ASL is a complete, grammatically complex language. ASL is the first language and English is taught as a second language (sometimes referred to as bilingual/bimodal approach).

## Primary Goals

- To acquire an age-appropriate language to facilitate communication.
- To develop cultural identity providing access to the Deaf community.
- To provide a basis for learning written and, when possible, spoken English as a second language.

## Language Development

- Develops early language concepts as well as thinking and learning.
- Develops ASL fluency and written English.
- Develops the ability to switch from ASL to English (signed, spoken or written as needed).

## Hearing

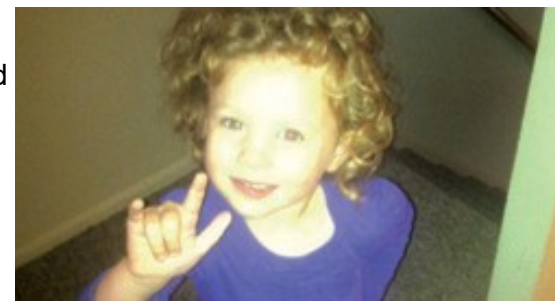
- Encourages individual decisions about hearing technology.
- Technology may provide access to environmental sounds and spoken language.

## Family/Primary Caregiver Responsibilities and Guidance

- Families are committed to learning and using ASL consistently.
- Families emphasize literacy in the home.
- Families provide opportunities for interaction with the Deaf community to help ensure a future independent and fulfilled Deaf adult.
- ASL is learned through classes, media, websites, and interaction with members of the Deaf community.

## Deaf Role Model

By watching adults who are Deaf or Hard of Hearing working directly with children, families can see how readily and easily the child acquires language and communication skills visually. This encourages them to use more visual strategies with their child, enhancing that early communication “dance” that is critical for the child’s early development.



### Family Supports and Early Intervention for Babies Who are Deaf or Hard of Hearing

Setting Language in Motion: Family Supports and Early Intervention for Babies who are Deaf or Hard of Hearing is a free, web-based resource. To learn more, visit [www.gallaudet.edu/clerc-center/sites/setting-language-in-motion.html](http://www.gallaudet.edu/clerc-center/sites/setting-language-in-motion.html).

### NCHAM: Newborn Hearing & Infant Hearing. Early Hearing Detection and Intervention (EHDI)

Provides an online curriculum for learning (ASL). Families can learn at their own pace. <https://www.infanthearing.org/signit/>

# Listening & Spoken Language (LSL) Approach

Listening and Spoken Language approach (LSL) is a collaborative, family-centered educational approach that promotes the development of a child's listening abilities and spoken language. LSL strives to make the most of a child's ability to learn through listening; therefore, the child does not rely on visual cues.

## **Primary Goals**

- To develop spoken language through listening by following the stages and sequence of typical development.
- To develop the skills necessary for success in school and integration into the hearing community.

## **Language Development**

Develops understanding of spoken language through special LSL strategies that:

- Follow a developmental approach which follows typical child language milestones.
- Use or communicate through spoken and written English.
- Require optimal listening opportunities through the use of appropriate hearing technology.

## **Hearing**

- Early, consistent and appropriate use of hearing technology [(hearing aids, cochlear implant(s), hearing assistive technology (HAT))] is critical.
- Requires ongoing audiology support.

## **Family/Primary Caregiver Responsibilities and Guidance**

- Families are expected to actively participate as partners in sessions with LSL specialists in order to learn strategies that promote the auditory learning.
- Families need to carry over the goals established in therapy into the child's daily routines and play activities.
- Families learn to create an optimal "listening" learning environment.
- Families must also provide a language-rich environment to make learning through listening a meaningful part of all experiences.



# Simultaneous Communication

Simultaneous Communication refers to several different approaches, all of which combine spoken language together with sign language. Most of the approaches use American Sign Language signs but use English word order. Many include speech, speechreading, fingerspelling, natural gestures, and the use of residual hearing and/or amplification. These visual communication approaches are intended to make English more visible while being used with spoken English. There are a number of systems for manually coded English (MCE) and each one has its own rules and variations. For example, Pidgin Signed English (PSE) or Conceptually Accurate Signed English (CASE) utilizes the concept signs of ASL and spoken words of English. Signing Exact English (SEE) incorporates spoken English with a consistent visual form of English, signing exact words and endings.

## Primary Goals

- To provide a bridge to the development of spoken language in the very young child.
- To provide communication between the child and his/her family, teachers and peers using sign language.
- To support integration into both the hearing and the Deaf communities.

## Language Development

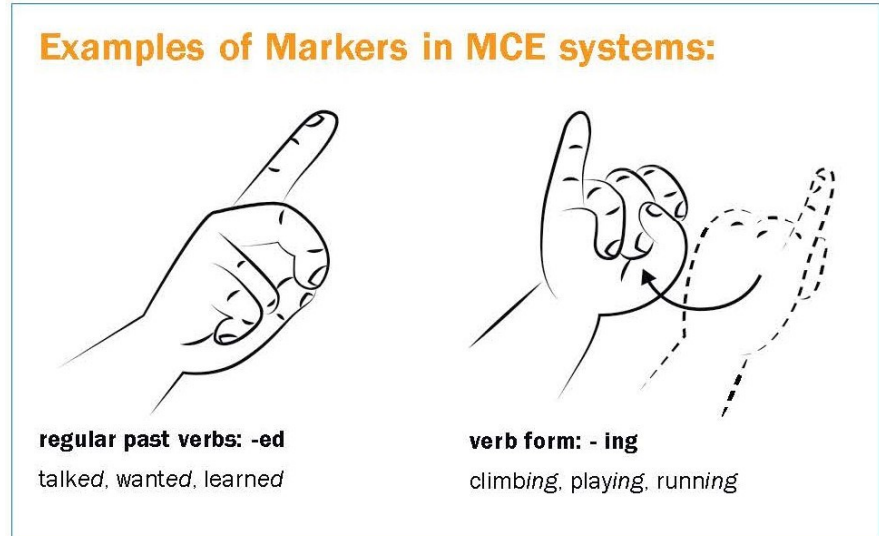
- Develops language through speechreading, listening and exposure to a combination of speech and sign-based systems in English order.
- Spoken English using sign language in English word order and written English.

## Hearing

- Early, consistent and appropriate use of hearing technology [(hearing aids, cochlear implant(s), hearing assistive technology (HAT))] is strongly encouraged.

## Family/Primary Caregiver Responsibilities and Guidance

- Families are expected to learn and consistently use the chosen English-based sign language system.
- Families need to work with the child's deaf educator and/or therapist(s) to learn strategies that promote language expansion.



**Learn More about MCE:** Pittman, P., Sass-Lehrer, M. & Abrams, S. (2016). *Sign language, sign systems, and other visual modalities*. In M.P. Moeller, D.J. Ertmer, & C. Stoel-Gammon (Eds.). *Promoting Language & Literacy in Children Who Are Deaf or Hard of Hearing* (pp. 149-179). Baltimore, MD: Brookes Publishing Co. [www.mecdhh.org/uploads/Pdfs/Webinars/MCE.pdf](http://www.mecdhh.org/uploads/Pdfs/Webinars/MCE.pdf)

# Communication Supports

**Cued Speech (CS)** is a visual approach in which mouth movements of speech combine with hand “cues” to make the visually similar sounds of spoken language look different. Cueing allows users who are deaf or hard of hearing to see the basic, fundamental properties of spoken language through the addition of hand movements.



## Cued Speech: What It Looks Like

Vowels		Consonants					
<b>Mouth</b>	<p>/ee, ur/ leisure</p>	<b>Side</b>	<p>consonant alone</p>	<b>1</b>	<p>/d, p, zh/ deep treasure</p>	<b>5</b>	<p>/m, t, f &amp; vowel alone/ my taffy</p>
<b>Chin</b>	<p>/aw, ue, e/ tall blue tent</p>	<b>Throat</b>	<p>/oo, a/ look at it</p>	<b>2</b>	<p>/TH, k, v, z/ the caves</p>	<b>6</b>	<p>/w, sh, l/ wet shell</p>
<b>Side Forward</b>	<p>/oe, ah/ boat dock</p>	<b>Side Down</b>	<p>/uh/ sun</p>	<b>3</b>	<p>/s, h, r/ sea horse</p>	<b>7</b>	<p>/th, j, g/ thin jogger</p>
<b>Chin to Throat</b>	<p>/oi, ay/ moist snails</p>	<b>Side to Throat</b>	<p>/ie, ou/ light house</p>	<b>4</b>	<p>/wh, b, n/ white bone</p>	<b>8</b>	<p>/y, ng, ch/ young child</p>

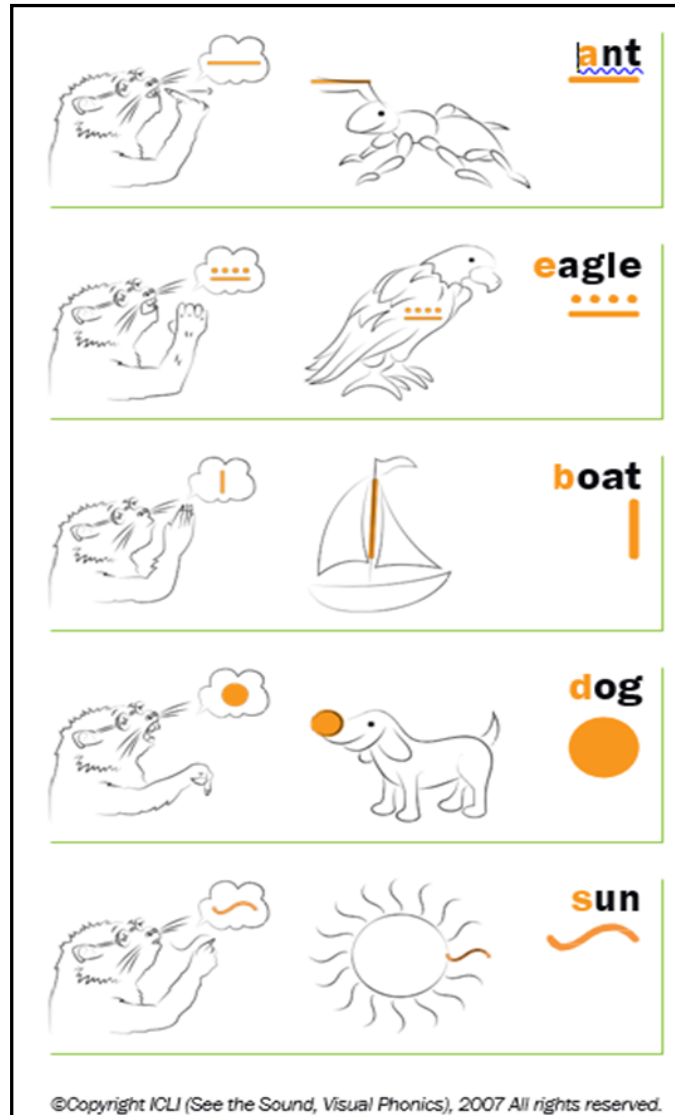


**See The Sound - Visual Phonics**© is a system that has one hand cue and symbol for each speech sound. The hand cue mimics the manner of production of each sound. This one-to-one correspondence between hand cues and speech sounds helps the child relate mouth movements to different sounds and supports learning to recognize sound/symbol relationships for reading, spelling, speech reading and saying words. See the Sound - Visual Phonics has a written component that supports reading. Complete information about See The Sound - Visual Phonics© can be found at [www.seethesound.org](http://www.seethesound.org).

*While both Cued Speech and Visual Phonics use hand cues, they are used for different purposes.*



Samples of See the Sound Visual Phonics



## Visual Phonics Testimony

Nathaniel S. Snow (Nate)

I grew up with Visual Phonics. When I went to kindergarten, I was surprised to learn that there were other ways to learn to read. I felt sad for the kids who couldn't "see the sound." I'm seventeen years old now. I still use Visual Phonics symbols to help me learn new languages like Arabic, Hebrew, Russian, Phoenician and Japanese. Being able to "see the sound" in unfamiliar alphabets gives me the same confidence I had when I was first learning to read English. As soon as I finish all my high school subjects, I hope to have the time to become fluent in all of these languages instead of just playing with them in my spare time.

My grandmother, Millie Snow, incorporated International Communication Learning Institute (ICLI). It was her belief that all people have the right and responsibility to govern their own destinies, and that being able to read and communicate is essential to freedom. As members of ICLI, it is our privilege and honor to carry out her dream, and I promise you we will succeed or die trying!

I hope my comments have helped you to see the usefulness of Visual Phonics. To quote our motto, may you always go "from darkness into light" in all you do.

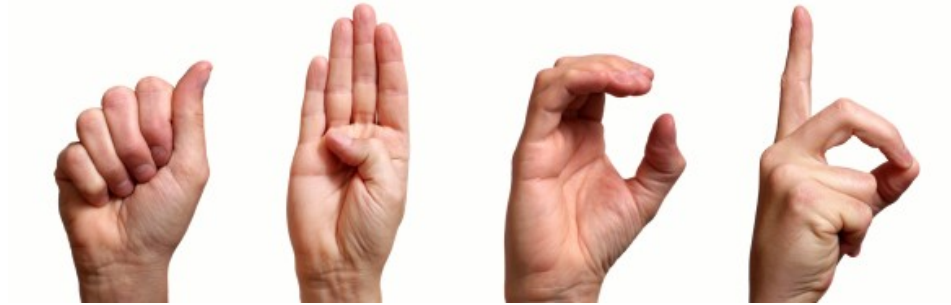
ICLI website: <http://seethesound.org/faqs.html>

# Total Communication

Total Communication is a philosophy that uses a combination of methods to teach a child. It may include ASL and other versions of sign language, finger spelling, Cued Speech, listening, amplification, spoken language, facial expression, body language, or gestures.



**ASL Fingerspelling**



**Amplifications**  
Cochlear Implants, Hearing Aids, FM Systems



# Helping Your Child to Access Language and Communication



**1. Get the Child's Attention and Remove Distractions**



**2. Be on the Same Level as the Child and Within 3 Feet**



**3. Use Good Lighting and Keep Hands Away from Face**



**4. Recognize Child Making Communication Attempts and Exploring Sounds**



**5. Use Touch and Include all the Senses**



**6. Respond Immediately to Meet the Child's Needs**



**7. Set High Language Expectations**



**8. Repeat & Rephrase & Expand**

# Overview of 10 Practices to Promote Language and Communication Skills of Infants and Toddlers

By Nicole Gardner-Neblett and Kathleen Cranley Gallagher

<p>Intentional interactions:</p> <ul style="list-style-type: none"> <li>• Responding to children’s vocalizations and speech</li> <li>• Engaging in joint attention with children</li> <li>• Eliciting conversations with children</li> </ul>	<ul style="list-style-type: none"> <li>• Talking with children more</li> <li>• Using complex grammar and rich vocabulary</li> <li>• Providing children with more information about objects, emotions, or events.</li> </ul>
<p><b>STRATEGIES</b></p>	
<p><b>1. <u>Get Chatty: Engaging in conversations with children</u></b></p> <ul style="list-style-type: none"> <li>• Talk through or comment on routines (e.g., when washing hands, “We are washing our hands. We are making lots of big bubbles.”).</li> <li>• Comment on children’s actions or objects and events (e.g., “Billy is drawing with the red crayon.”).</li> <li>• Respond to infants’ nonverbal communication with words (e.g., “I see you reaching for the blocks. Would you like to play with the blocks?”).</li> <li>• Ask questions and pause for answers. Provide the answers for preverbal children.</li> <li>• Expand on children’s words (e.g., “I heard you say, ‘Cheese.’ Would you like to eat more cheese?”).</li> </ul>	<p><b>2. <u>Be a Commentator: Giving descriptions of objects, activities or events</u></b></p> <ul style="list-style-type: none"> <li>• Give detailed descriptions of what you or the child is seeing or doing.</li> <li>• Comment on daily routines like hand washing, eating, or diaper changing (e.g., after playing outside, “We’re back inside now. We’re going to take off our jackets and put them in our cubbies.”).</li> <li>• Model language for children by commenting on objects or events.</li> <li>• Talk while demonstrating the different ways an object may be used.</li> </ul>
<p><b>3. <u>Mix It Up: Using different types of words and grammar</u></b></p> <ul style="list-style-type: none"> <li>• During playtime or mealtimes, introduce new vocabulary by using rare or uncommon words (e.g., “I have a big appetite. I am eating a lot of food today!”).</li> <li>• Repeat unfamiliar words in different contexts and on different occasions.</li> <li>• Give children verbal explanations for unfamiliar words.</li> <li>• Use sentences that have multiple clauses when talking with children (e.g., “Can you put the blue ball in the box under the table?”).</li> <li>• If possible, incorporate words from children’s home languages into the daily routines (e.g., when counting the number of children at the table, “We have 1, 2, 3, 4, 5 friends today. Let’s count in Spanish. Uno, dos, tres, cuatro, cinco!”).</li> </ul>	<p><b>4. <u>Label It: Providing children with the names of objects or actions</u></b></p> <ul style="list-style-type: none"> <li>• Use descriptors to help children learn the names of different colors, shapes and sizes (e.g., “The blue car is bigger and faster than the yellow car.”).</li> <li>• Point to or gaze at an object while saying the name.</li> <li>• Say the names of familiar and new objects or activities.</li> </ul>

<p><b>5. <u>Tune In: Engaging in activities or objects that interest children</u></b></p> <ul style="list-style-type: none"> <li>• Notice what the child is focused on and ask open-ended questions like “What...?”, “Why...?” and “How...?” Pause for a response. Provide the answers for pre-verbal children.</li> <li>• Provide information about the object or activity the child is focused on by commenting or describing the object or activity.</li> <li>• Introduce the child to new words related to the object of his or her focus. Explain the meaning of the new word.</li> <li>• If possible, provide a demonstration of the different ways the object the child is focusing on may be used (e.g., “You’re rolling the blue ball. Let’s see if we can bounce the ball, too.”).</li> </ul>	<p><b>6. <u>Read Interactively: Using books to engage children’s participation</u></b></p> <ul style="list-style-type: none"> <li>• Point to and label objects or actions in the book.</li> <li>• Use an expressive, animated voice when reading. If appropriate, use voices for the characters and imitate sounds or facial expressions presented in the book.</li> <li>• Talk about familiar subjects like family life, faces, food, and toys.</li> <li>• Ask open-ended questions (“Who,” “What,” “When,” “Where,” “Why,” and “How” questions). For preverbal infants or toddlers, pause after asking the question. When appropriate, provide the answer.</li> <li>• For new words, say the word to the child and ask him/her to repeat it.</li> <li>• Define new words or provide synonyms for new words.</li> <li>• Expand and rephrase children’s responses to questions.</li> <li>• Make connections between the book and the child’s life (e.g., when reading a book that has a picture of a dog, “You have a dog that’s brown just like this one. What kinds of things does your dog like to do?”).</li> <li>• At the end of the book, recap the story, repeating any new words or ideas.</li> </ul>
<p><b>7. <u>Read It Again &amp; Again &amp; Again: Reading books multiple times</u></b></p> <ul style="list-style-type: none"> <li>• If time permits, after reading a book to a child, ask if she or he would like you to read it again. If “yes,” read the book again!</li> <li>• Read It Again &amp; Again &amp; Again</li> <li>• Each time you read a book, draw children’s attention to different words, details, pictures, or actions in the book.</li> <li>• With each reading of a book, ask different open-ended questions (“Who,” “What,” “When,” “Where,” “Why,” and “How” questions). Pause after asking the question.</li> <li>• When appropriate, provide the answer.</li> </ul>	<p><b>8. <u>Props, Please: Introducing objects that spark conversations</u></b></p> <ul style="list-style-type: none"> <li>• When using a prop, ask children open-ended questions like “What...?” “Why...?” and “How...?” Pause for a response. Provide the answers for preverbal infants and toddlers.</li> <li>• Label props and provide explanations about their function or purpose.</li> <li>• Use props to draw an infant’s attention to interacting (e.g., shake a rattle to get the infant’s attention, then draw it to your face, shaking. When the infant looks at your face, remove the rattle and begin a conversation).</li> <li>• Use props to engage in pretend play.</li> <li>• Introduce children to new vocabulary when possible.</li> <li>• Talk about the different ways a prop may be used.</li> </ul>

9. **Make Music Engaging: musical activities**

- Sing simple songs with gestures (e.g., “Twinkle, Twinkle, Little Star” and “The Wheels on the Bus”).
- Change the words of well-known songs to make new songs (e.g., sing “Happy snack time to you” at the beginning of snack time).
- When singing well-known songs, pause to let children fill in the blanks (e.g., “Twinkle, twinkle, little \_\_\_\_\_.”).
- Use songs to tell stories. Try using props like puppets, photos or pictures.
- Have children act out parts of the song that involve body movements (e.g., “I’m a little teapot.”).
- Create little songs to sing during transitions or routines (e.g., “Brush, brush, brush your teeth, before work and play. Brush your teeth twice a day and keep the germs away.”).
- Sing songs in children’s home languages.

10. **Sign It: Using gestures or simple signs with words**

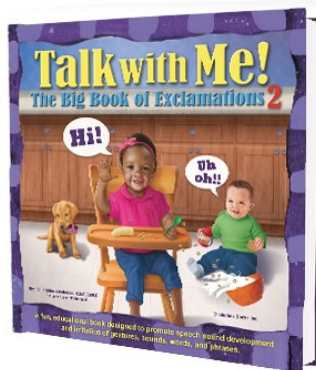
- Start with simple signs for everyday needs (e.g., more, cup, milk).
- Demonstrate the sign while speaking the word.
- Repeat the word with the sign often.
- Use simple signs or gestures in finger plays and songs (e.g., “Twinkle, Twinkle Little Star”).
- Guide children’s hands when making a new sign or if the child needs assistance with the movements.

**Check this out this resource:**

*Welcome to Chatterbox*

Created by a pediatric speech-language pathologist, this book is filled with carefully designed illustrations which immerse infants and toddlers in the rich language that surrounds in their familiar environments and daily routines. The book is designed to promote speech sound development and imitation of gestures, sounds and words.

<http://chatterboxbooks.com/>



## What is Deaf Plus?

Deaf Plus refers to children or persons who have a hearing loss in addition to other conditions that affect them medically, physically, emotionally, educationally or socially. Many children with hearing loss may also have other significant medical, physical, or social/emotional concerns.

For some children with additional disabilities, how they receive communication may not be how they respond back. Communication, language and literacy often requires a combination of several approaches which may include the use of an augmentative and alternate communication device (AAC). For example, a child who is deaf and has motor issues may understand through sign language but may need an AAC device to respond.

### Nathaniel

### Benjamin and Melanie Blair

We were originally told that we would be unable to have children. Five months later, we were pregnant with our little miracle baby. Nathaniel was born premature at 35 weeks. It was at that moment we found out he had bilateral microtia and atresia. We never imagined that we would have a child with congenital hearing loss. We were scared and shocked, worrying that Nate would never be able to hear our voices. Other than his birth, the happiest moment of our lives was to see him react to us speaking when his BAHA Sound Processors were turned on for the first time.

Raising him may be a challenge, but we are looking forward to having the opportunity to help him learn to communicate.





### First Deaf Medical School Graduate in West Virginia

*Mark Leekoff*

Mark Leekoff, an alum of West Virginia University, graduated WVU as the first deaf medical student. Originally from Virginia, he is a neurologist who completed his residency at the University of Maryland Medical Center and now resides in Baltimore, Maryland.

“I’ve overcome a lot in my life and this is the culmination of all the experiences,” said Leekoff. WVU School of Medicine administrators call Leekoff’s story inspiring. Dr. Hannah Hazard, WVU School of Medicine Assistant Dean, said, “Anybody that overcomes what would traditionally be considered an adversity towards our profession such as this is always an incredible story.”

When he was three years old, Leekoff was one of the first children in the United States to receive a cochlear implant. Before he received the implant, he was completely deaf. To this day he claims he remembers the first time he was able to hear the world around him. “I thought I was hearing static from the TV. It was just really loud and I remember yelling at my mom to take it off,” said Leekoff.

While reflecting on the first time her son was able to hear, his mother said, “It was music to my ears, if you will, because he heard. This is the most amazing day ever. Mark has exceeded every expectation.”

Years of speech therapy and performing surgery with limited hearing have presented challenges, but Leekoff’s condition hasn’t prevented him from achieving his dream. His condition is also the primary reason why he wanted to become a doctor in the first place. As he continues his journey, Leekoff hopes other people will hear his story and learn to never give up. He said, “When I see patients, especially in neurology when people have debilitating diseases, I am the hope for them.”



*Age three, when he first received his cochlear implant.*



*Dr. Mark Leekoff  
Neurologist  
Baltimore, Maryland*









# Fun Apps for Learning Speech & Language

Today's children grow up immersed in digital media, which has both positive and negative effects on healthy development. The American Academy of Pediatrics recommends the following:

- For children younger than 18 months, avoid use of screen media other than video-chatting. Parents of children 18 to 24 months of age who want to introduce digital media should choose high-quality programming and watch it with their children to help them understand what they're seeing.
- For children ages 2 to 5 years, limit screen use to 1 hour per day of high-quality programs. Parents should co-view media with children to help them understand what they are seeing and apply it to the world around them.

There are an enormous number of apps available for children with hearing loss. What are appropriate apps for your child? Below are resources to explore the world of apps. Your Hearing Specialist will also know of apps specifically in your area of interest and need.

 <p>There's An App for That! Published in the <b>Hands &amp; Voices Communicator</b>, Fall 2011</p> <p><a href="http://www.handsandvoices.org/resources/pubs/apps2011pdf.pdf">http://www.handsandvoices.org/resources/pubs/apps2011pdf.pdf</a></p>	 <p>NDCS has also created an information resource about tablets and useful features to look for when choosing a tablet. We have included a step-by-step guide to setting up 'Guided Access' on an iPad, which gives you a range of options, like locking the iPad to one particular app.</p> <p><a href="https://www.ndcs.org.uk/information-and-support/products-and-technology/apps-with-a-deaf-angle/">https://www.ndcs.org.uk/information-and-support/products-and-technology/apps-with-a-deaf-angle/</a></p>	 <p>Healthy Hearing has identified 8 great apps for children with hearing loss to “harness the wonders of technology and disguise learning games in tablet or phone apps.”</p> <p><a href="https://www.healthyhearing.com/report/51839-8-great-apps-for-children-with-hearing-loss">https://www.healthyhearing.com/report/51839-8-great-apps-for-children-with-hearing-loss</a></p>
 <p>ASDC provides information for people who must make decisions about deaf children: parents, families, providers, educators, legislators, and advocates.</p> <p><a href="http://deafchildren.org/tag/apps/">http://deafchildren.org/tag/apps/</a></p>	 <p>Advanced Bionics are pleased to announce that the BabyBeats™ early intervention resource is now available as an app In the App Store and Google Play.</p> <p><a href="https://advancedbionics.com/uk/en/campaign/babybeats.html">https://advancedbionics.com/uk/en/campaign/babybeats.html</a></p>	 <p><b>Apps for Deaf/Hard of Hearing Students</b></p> <p><a href="https://www.pinterest.com/tpeavler/apps-for-deaf-hard-of-hearing-students/">https://www.pinterest.com/tpeavler/apps-for-deaf-hard-of-hearing-students/</a></p>



## Language Milestones

Regardless of the mode of language that your child is using to communicate, you want him/her to progress along developmental milestones that are appropriate for his/her age. In this section are developmental milestones that you can use to track your child's progress. If at any time he/she is not on target with the milestones, you can talk with your child's Individualized Family Service Plan (IFSP) or Individualized Education Plan (IEP) team members and discuss suggestions to support your child's language development.

### **Note:** *Simultaneous Communication Approach*

As mentioned under **Communication & Language, Simultaneous Communication** combines spoken language together with sign language. Most of the approaches use American Sign Language signs but use English word order. Many include speech, speechreading, fingerspelling, natural gestures, and the use of residual hearing and/or amplification. These visual communication approaches are intended to make English more visible while being used with spoken English. Although using signs, the Milestones for Spoken English (adapting for sign language) should be your guide for language development.



## Milestones for Spoken English

Excerpted from Centers for Disease Control and Prevention- Milestone Moments

What Do Most Children Do At:	What Most Babies Do	What You Can Do
<b>2 Months</b>	<ul style="list-style-type: none"> <li>• Coos, makes gurgling sounds.</li> <li>• Turns head toward sounds.</li> <li>• Pays attention to faces.</li> <li>• Begins to smile at people.</li> <li>• Begins to act bored (cries, fussy) if activity doesn't change.</li> </ul>	<ul style="list-style-type: none"> <li>• Cuddle, talk, and play with your baby during feeding, dressing, and bathing.</li> <li>• Act excited and smile when your baby makes sounds.</li> <li>• Copy your baby's sounds sometimes, but also use clear language.</li> <li>• Talk, read, and sing to your baby.</li> <li>• Look at pictures with your baby and talk about them.</li> </ul>
<b>4 Months</b>	<ul style="list-style-type: none"> <li>• Begins to babble.</li> <li>• Babbles with expression and copies sounds he hears.</li> <li>• Cries in different ways to show hunger, pain, or being tired.</li> </ul>	<ul style="list-style-type: none"> <li>• Hold and talk to your baby; smile and be cheerful while you do.</li> <li>• Copy your baby's sounds.</li> <li>• Have quiet play times when you read or sing to your baby.</li> </ul>
<b>6 Months</b>	<ul style="list-style-type: none"> <li>• Responds to sounds by making sounds.</li> <li>• Strings vowels together when babbling ("ah," "eh," "oh") and likes taking turns with parent while making sounds.</li> <li>• Responds to own name.</li> <li>• Makes sounds to show joy and displeasure.</li> <li>• Begins to say consonant sounds (jabbering with "m," "b").</li> </ul>	<ul style="list-style-type: none"> <li>• Use "reciprocal" play—when he smiles, you smile; when he makes sounds, you copy them.</li> <li>• Repeat your child's sounds and say simple words with those sounds. For example, if your child says "bah," say "bottle" or "book."</li> <li>• Read books to your child every day. Praise her when she babbles and "reads" too.</li> <li>• When your baby looks at something, point to it and talk about it.</li> <li>• Read colorful picture books to your baby.</li> <li>• Point out new things to your baby and name them.</li> <li>• Show your baby bright pictures in a magazine and name them.</li> </ul>
<b>9 Months</b>	<ul style="list-style-type: none"> <li>• Understands "no."</li> <li>• Makes a lot of different sounds like 'mamamama' and "bababababa."</li> <li>• Copies sounds and gestures of others.</li> <li>• Uses fingers to point at things.</li> </ul>	<ul style="list-style-type: none"> <li>• Say what you think your baby is feeling. For example, say, "You are so sad, let's see if we can make you feel better."</li> <li>• Describe what your baby is looking at; for example, "red, round ball."</li> <li>• Talk about what your baby wants when he points at something.</li> <li>• Copy your baby's sounds and words.</li> <li>• Ask for behaviors that you want. For example, instead of saying "don't stand," say "time to sit."</li> </ul>
<b>12 Months</b>	<ul style="list-style-type: none"> <li>• Responds to simple spoken requests.</li> <li>• Uses simple gestures, like shaking head "no" or waving "bye-bye."</li> <li>• Makes sounds with changes in tone (sounds more like speech).</li> <li>• Says "mama" and "dada" and exclamations like "uh-oh!"</li> <li>• Tries to say words you say.</li> </ul>	<ul style="list-style-type: none"> <li>• Talk to your child about what you're doing. For example, "Mommy is washing your hands with a washcloth."</li> <li>• Read with your child every day. Have your child turn the pages. Take turns labeling pictures with your child.</li> <li>• Build on what your child says or tries to say, or what he points to. If he points to a truck and says "t" or "truck," say, "Yes, that's a big, blue truck."</li> <li>• Ask your child to label body parts or things you see while driving in the car.</li> <li>• Sing songs with actions, like "The Itsy Bitsy Spider" and "Wheels on the Bus." Help your child do the actions with you.</li> </ul>

What Do Most Children Do At:	What Most Babies Do	What You Can Do
<b>18 Months</b>	<ul style="list-style-type: none"> <li>Says several single words.</li> <li>Says and shakes head “no.”</li> <li>Points to show someone what he wants.</li> <li>Points to one body part.</li> <li>Can follow 1-step verbal commands without any gestures; for example, sits when you say “sit down.”</li> </ul>	<ul style="list-style-type: none"> <li>Describe her emotions. For example, say, “You are happy when we read this book.”</li> <li>Read books and talk about the pictures using simple words.</li> <li>Copy your child’s words.</li> <li>Use words that describe feelings and emotions.</li> <li>Use simple, clear phrases.</li> <li>Ask simple questions.</li> <li>Name pictures in books and body parts.</li> </ul>
<b>2 Years</b>	<ul style="list-style-type: none"> <li>Points to things or pictures when they are named.</li> <li>Knows names of familiar people and body parts.</li> <li>Says sentences with 2 to 4 words.</li> <li>Follows simple instructions.</li> <li>Repeats words overheard in conversation.</li> <li>Points to things in a book.</li> <li>Completes sentences and rhymes in familiar books.</li> <li>Follows two-step instructions such as “Pick up your shoes and put them in the closet.”</li> <li>Names items in a picture book such as a cat, bird, or dog.</li> </ul>	<ul style="list-style-type: none"> <li>Teach your child to identify and say body parts, animals, and other common things.</li> <li>Do not correct your child when he says words incorrectly. Rather, say it correctly. For example, “That is a ball.”</li> <li>Encourage your child to say a word instead of pointing. If your child can’t say the whole word (“milk”), give her the first sound (“m”) to help.</li> <li>Over time, you can prompt your child to say the whole sentence — “I want milk.”</li> <li>Help your child do puzzles with shapes, colors, or farm animals. Name each piece when your child puts it in place.</li> <li>Do art projects with your child using crayons, paint, and paper. Describe what your child makes and hang it on the wall or refrigerator.</li> <li>Ask your child to help you open doors and drawers and turn pages in a book or magazine.</li> </ul>
<b>3 Years</b>	<ul style="list-style-type: none"> <li>Follows instructions with 2 or 3 steps.</li> <li>Can name most familiar things.</li> <li>Understands words like “in,” “on,” and “under.”</li> <li>Says first name, age, and sex.</li> <li>Names a friend.</li> <li>Says words like “I,” “me,” “we,” and “you” and some plurals (cars, dogs, cats).</li> <li>Talks well enough for strangers to understand most of the time.</li> <li>Carries on a conversation using 2 to 3 sentences.</li> </ul>	<ul style="list-style-type: none"> <li>Give your child instructions with 2 or 3 steps. For example, “Go to your room and get your shoes and coat.”</li> <li>Read to your child every day. Ask your child to point to things in the pictures and repeat words after you.</li> <li>Play matching games. Ask your child to find objects in books or round the house that are the same.</li> <li>Play counting games. Count body parts, stairs, and other things you use or see every day.</li> </ul>
<b>4 Years</b>	<ul style="list-style-type: none"> <li>Talks about what she likes and what she is interested in.</li> <li>Knows some basic rules of grammar, such as correctly using “he” and “she.”</li> <li>Sings a song or says a poem from memory such as the “Itsy Bitsy Spider” or the “Wheels on the Bus.”</li> <li>Tells stories.</li> <li>Can say first and last name.</li> </ul>	<ul style="list-style-type: none"> <li>Use good grammar when speaking to your child. Instead of “Mommy wants you to come here,” say, “I want you to come here.”</li> <li>Use words like “first,” “second,” and “finally” when talking about everyday activities. This will help your child learn about sequence of events.</li> <li>Take time to answer your child’s “why” questions. If you don’t know the answer, say “I don’t know,” or help your child find the answer in a book, on the Internet, or from another adult.</li> </ul>

What Do Most Children Do At:	What Most Babies Do	What You Can Do
<b>4 Years</b>	<ul style="list-style-type: none"> <li>Names some colors and some numbers.</li> <li>Tells you what he thinks is going to happen next in a book.</li> </ul>	<ul style="list-style-type: none"> <li>When you read with your child, ask him to tell you what happened in the story as you go.</li> <li>Say colors in books, pictures, and things at home.</li> <li>Count common items, like the number of snack crackers, stairs, or toy trains.</li> </ul>
<b>5 Years</b>	<ul style="list-style-type: none"> <li>Speaks very clearly.</li> <li>Tells a simple story using full sentences.</li> <li>Uses future tense; for example, "Grandma will be here."</li> <li>Says name and address.</li> <li>Likes to sing, dance, and act.</li> </ul>	<ul style="list-style-type: none"> <li>When reading to your child, ask him to predict what will happen next in the story.</li> <li>Encourage your child to "read" by looking at the pictures and telling the story.</li> <li>Teach your child time concepts like morning, afternoon, evening, today, tomorrow, and yesterday.</li> <li>Start teaching the days of the week.</li> </ul>



## Milestones for American Sign Language

Excerpted from: *Affiliated Services for Children and Youth*: <https://ascy.ca/sign-language/>; *My SmarHands*: <https://www.mysmarhands.com/baby-sign-language/milestones-for-deaf-babies/>; *HandsSpeak*: <https://www.mysmarhands.com/baby-sign-language/milestones-for-deaf-babies/>; *ASL STAGES OF DEVELOPMENT, Early Childhood Education Department, California School for the Deaf*

What Do Most Children Do At:	What Most Babies Do	What You Can Do
<p><b>3 Months</b></p>	<ul style="list-style-type: none"> <li>• Looks around with alertness.</li> <li>• Is attracted to any human movement.</li> <li>• Looks attentively at a person's face.</li> <li>• Responds to smiles by smiling back.</li> <li>• Enjoys cuddling and holding.</li> <li>• Plays with hands and fingers and enjoys hand play.</li> </ul>	<ul style="list-style-type: none"> <li>• Sign to your baby.</li> <li>• Look at your baby when feeding, bathing or changing him or her and sign about what you are doing.</li> <li>• Comment on things you and your children are doing by signing about them.</li> <li>• Learn what hand babbling looks like.</li> <li>• Acknowledge and expand hand babbling by repeating it.</li> <li>• Look for first signs and repeat and expand on what your child signs.</li> <li>• Share ASL children's literature with your child.</li> <li>• Play with your child using "ASL rhymes and rhythms" (see Resource section) and have fun.</li> <li>• Play with hand shapes and use lots of facial expression when playing with your baby.</li> <li>• Place fun, colorful pictures of ASL and the finger-spelled alphabet in your baby's room.</li> <li>• Place a mirror in your baby's room, positioned so he or she can see you entering and leaving the room.</li> <li>• Share picture books.</li> </ul>
<p><b>6 Months</b></p>	<ul style="list-style-type: none"> <li>• Smiles, makes eye contact and laughs.</li> <li>• Likes to be held facing out, towards any action that is happening.</li> <li>• Laughs when seeing fingers approaching tickle.</li> <li>• Turns eyes to a flashing light.</li> <li>• Turns towards vibrations when the doorbell or phone rings.</li> <li>• Is attracted to moving and colored objects.</li> <li>• Plays with hands and fingers and enjoys hand play.</li> </ul>	<ul style="list-style-type: none"> <li>• Respond to what your child is signing rather than how he or she signs it.</li> <li>• Smile and laugh with your baby.</li> <li>• Sign with your baby to say what you are doing when you feed, bath and dress him or her.</li> <li>• Accept and expand your child's sign attempts and respond naturally with adult signs.</li> <li>• Sign ASL stories: with books; without books; with made up stories about pictures; hand shape stories.</li> <li>• Show your child sign story videos and ASL poetry videos for children.</li> <li>• Have a conversation by signing back when your child signs with you.</li> <li>• Play games using toys and objects that your child enjoys.</li> <li>• Show interest in the hand shapes and facial expressions your baby makes and repeat them back.</li> <li>• Hold your baby while using body rhythm or body movement.</li> </ul>

What Do Most Children Do At:	What Most Babies Do	What You Can Do
<b>9 Months</b>	<ul style="list-style-type: none"> <li>• Enjoys hand babbling – repetitive hand movements such as opening and closing hands in rhythm without associated leg movements.</li> <li>• Turns head to locate moving objects, and to watch sign movements used to communicate.</li> <li>• Looks at common objects and family members when named in ASL.</li> <li>• Understands simple ASL words.</li> <li>•</li> <li>•</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Use a variety of signs and facial expressions when you have a conversation with your child.</li> <li>• Recognize and respond to the meaning that’s conveyed in your child’s facial expressions.</li> <li>• Act out stories with your child.</li> <li>• Encourage your child to play with other children who use ASL, for example, at play groups or ASL story circle times.</li> <li>• Have fun playing with your child and communicating about everything in his or her and your world!</li> <li>• Point to people, pictures and common objects, sign their names and use simple ASL grammar.</li> <li>• Watch ASL signed children’s videos with your baby.</li> <li>• Look at books, point to the pictures and name them in ASL.</li> <li>• Play games such as peek-a-boo with signs.</li> <li>• Show interest in the signs your baby makes and repeat them back.</li> <li>• Do ASL nursery rhymes with your baby.</li> </ul>
<b>12 Months</b>	<ul style="list-style-type: none"> <li>• Begins hand babbling (ex: opens and closing hands) with varied patterns (wiggles fingers, wrist twist).</li> <li>• Begins to use simple movements with hand shapes, such as straight forward or up and down.</li> <li>• Points to self and things.</li> <li>• Signs first ASL words using simple hand shapes, such as “mine,” “more,” “milk,” “mommy.”</li> <li>• Has a vocabulary of 10 signs.</li> </ul>	<ul style="list-style-type: none"> <li>• Look at your baby when feeding, bathing or changing him or her. Comment on things you and your child are doing by signing about them.</li> <li>• Sign with your baby.</li> <li>• Play with hand shapes and use lots of facial expressions when playing with your baby.</li> <li>• Learn what hand babbling looks like. Acknowledge and expand hand babbling by repeating it.</li> <li>• Place fun, colorful pictures of ASL and the finger-spelled alphabet in your baby’s room.</li> <li>• Place a mirror in your baby’s room, positioned so he or she can see you entering and leaving the room.</li> <li>• Hold your baby while bouncing or dancing.</li> <li>• Share picture books. Share ASL children’s literature.</li> <li>• Look for first signs and repeat and expand on what your child signs.</li> <li>• Play with your child using ASL rhymes and rhythms and have fun.</li> </ul>
<b>18 Months</b>	<ul style="list-style-type: none"> <li>• Uses 20 or more ASL words.</li> <li>• Begins to combine ASL words into simple two sign sentences, such as “eat more,” “ouch fall.”</li> <li>• Uses touch and gesture to summon parents and to indicate needs.</li> </ul>	<ul style="list-style-type: none"> <li>• Smile and laugh with your baby.</li> <li>• Sign with your baby to say what you are doing when you feed, bathe and dress him or her.</li> <li>• Show interest in the hand shapes and facial expressions your baby makes and repeat them back.</li> <li>• Hold your baby while using body rhythm or body movement.</li> <li>• Respond to what your child is signing rather than how he or she signs it.</li> </ul>

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What Do Most Children Do At:	What Most Babies Do	What You Can Do
<b>18 Months</b>	<ul style="list-style-type: none"> <li>Asks questions, such as:               <ul style="list-style-type: none"> <li>-“Yes” or “No” with eyebrows raised along with a sign such as “mine” to say, “Is it mine?”</li> <li>-“What” or “where” with frowned eyebrows.</li> </ul> </li> <li>Points and can sign some letters of the alphabet.</li> <li>Uses negation – a head shake alone or with negative sign “No” or “Can’t.”</li> </ul>	<ul style="list-style-type: none"> <li>Accept and expand your child’s sign attempts and respond naturally with adult signs.</li> <li>Sign ASL stories with books, without books, with made up stories about pictures.</li> <li>Play hand shape stories.</li> <li>Show your child sign story videos and ASL poetry videos.</li> <li>Have a conversation by signing back when your child signs to you.</li> <li>Play games using toys and objects that your child enjoys.</li> </ul>
<b>2 Years</b>	<ul style="list-style-type: none"> <li>Signs reflect basic handshapes with simple movements (straight forward, up, or down).</li> <li>Combines two or more ASL words, such as “Bath upstairs.” “Bye bye daddy,” “Stroller outside,” “Baby cry.”</li> <li>Begins to distinguish and use non-manual markers (facial grammar).</li> <li>Early signs not always produced according to adult conventional forms.</li> <li>Linguistically points to self and others.</li> <li>Begins to tell stories about here and now.</li> <li>Loves ASL stories and stories from books.</li> <li>Copies actions and facial expressions of characters in a story.</li> <li>Takes turns talking back and forth with you.</li> <li>By 24 months, may have a vocabulary of more than 200 words.</li> </ul>	<ul style="list-style-type: none"> <li>Point to people, pictures and common objects, sign their names and use simple ASL grammar.</li> <li>Watch signed children’s videos with your baby.</li> <li>Look at books, point to the pictures and name them in ASL.</li> <li>Play games such as peek-a-boo with signs.</li> <li>Show interest in the signs your baby makes and repeat them back.</li> <li>Do ASL nursery rhymes with your baby.</li> <li>Use a variety of signs and facial expressions when you have a conversation with your child.</li> <li>Recognize and respond to the meaning that’s conveyed in your child’s facial expressions.</li> <li>Act out stories with your child.</li> <li>Encourage your child to play with other children who use ASL, for example, at play groups or ASL story circle times.</li> <li>Have fun playing with your child and communicating about everything in his or her and your world!</li> </ul>
<b>3 Years</b>	<ul style="list-style-type: none"> <li>At this stage, the toddler has a word for almost everything and can utter two or three words long. e.g., “mummy make cake.” “daddy kiss mummy.” etc. She/ he also uses pronouns (e.g., I, you, he, she, they, me) and prepositions (e.g., on, in).</li> <li>Sign order used to show semantic relations.</li> <li>Begins to use classifiers to represent objects (with little or no movement); types limited by the handshapes child can produce</li> <li>Begins to use varied inflected verb forms (directional/ agreement, dual, temporal aspect).</li> <li>Attempts more complex signs but substitutes basic handshapes for the complex handshapes.</li> </ul> <p style="text-align: right;">(continues)</p>	<ul style="list-style-type: none"> <li>Explore books together.</li> <li>Read, read and read with your child.</li> <li>Expand and extend your child’s utterances, use adult ASL grammar and add new information.</li> <li>Expand and extend ASL conversations with your child.</li> <li>Do ASL nursery rhymes with your toddler.</li> <li>Use a variety of signs and facial expressions when you have a conversation with your child.</li> <li>Significant people in your child’s world should have a sign name.</li> <li>Embed communication across all routines.</li> <li>Explore the world together....label and sign about everything.</li> </ul>

What Do Most Children Do At:	What Most Babies Do	What You Can Do
<p><b>3 Years</b></p>	<ul style="list-style-type: none"> <li>• Begins to use non-manual markers (raised/squinted eyebrows) for yes/no and who, what, where, and why questions.</li> <li>• Demonstrates negation with headshake or sign "no."</li> <li>• two, you-three) pronouns.</li> <li>• Refers to things around them during conversations and storytelling; may copy the actions and facial expressions of others in a story.</li> <li>• Refers to things around them during conversations and storytelling; may copy the actions and facial expressions of others in a story.</li> </ul>	
<p><b>4 Years</b></p>	<ul style="list-style-type: none"> <li>• Four-word stage (3-4 years).</li> <li>• From about 34 months, the preschooler can combine between four to six words in any one utterance.</li> <li>• Greater use of contrast between prepositions such as "in," "on," and "under," and adjectives such as big and little. e.g., "mummy on little bike," "mummy playing with the big spoon."</li> <li>• They can talk about what have happened away from home. Most of the time, other people can understand what the child is saying.</li> <li>• Begins to mark distinctions between noun-verb pairs (fly/airplane).</li> <li>• Uses classifiers to show objects and movements of these objects.</li> <li>• Begins to make modifications to verb signs to show the manner and amount of time involved in an activity (temporal aspect) by changing the movement of the sign and/or adding facial expressions.</li> <li>• In speech and sign language, a child speaks clearly or signs fluently.</li> </ul>	<ul style="list-style-type: none"> <li>• Explore books together.</li> <li>• Read, read and read with your child.</li> <li>• Expand and extend your child's ASL conversations, use adult ASL grammar and add new information.</li> <li>• Do ASL nursery rhymes with your toddler.</li> <li>• Use a variety of signs and facial expressions when you have a conversation with your child.</li> <li>• Significant people in your child's world should have a sign name.</li> <li>• Embed communication across all routines.</li> <li>• Explore the world together; label and sign about everything.</li> </ul>
<p><b>5 Years</b></p>	<ul style="list-style-type: none"> <li>• Complex utterance stage (4-5 years).</li> <li>• Can produce longer and detailed utterances of over six words in length. She/he can sign clearly and fluently.</li> <li>• The concept of past and future time develops.</li> <li>• More complex: handshapes and movement (wiggling fingers, twisting wrists) used accurately.</li> </ul>	<ul style="list-style-type: none"> <li>• Explore books together.</li> <li>• Read, read and read with your child.</li> <li>• Expand and extend your child's ASL conversations, use adult ASL grammar and add new information.</li> <li>• Do ASL nursery rhymes with your toddler.</li> <li>• Use a variety of signs and facial expressions when you have a conversation with your child.</li> </ul>

What Do Most Children Do At:	What Most Babies Do	What You Can Do
5 Years	<ul style="list-style-type: none"> <li>• Simple sentences still used by complex sentences including topicalization and rhetorical questions emerging.</li> <li>• Begins to use noun modifications to show different meaning (e.g. repeating the noun to show plural).</li> <li>• Begins to set up points in space to establish location for people and objects not present in the environment.</li> <li>• Role-playing used more frequently with characters clearly identified but skills to show changes in roles such as body shifts, eye gaze and facial expression not used consistently.</li> </ul>	<ul style="list-style-type: none"> <li>• Explore the world together; label and sign about everything.</li> <li>• Significant people in your child's world should have a sign name.</li> <li>• Embed communication across all routines.</li> </ul>





# Literacy



# Literacy: It's all Connected



There are many stages to literacy development from early emergent literacy skills to fully fluent reading and writing for a variety of different audiences. The important thing to remember is that learning to read and write doesn't start in kindergarten or first grade. Developing literacy skills begins at birth through everyday loving interactions, such as sharing books, telling stories, and communicating with one another.

Hands and Voices FL3

"When we read to a child, we're sending a 'pleasure' message to the child's brain. You could even call it a commercial, conditioning the child to associate books and print with pleasure."

Jim Trelease, author of the best-seller,

[The Read-Aloud Handbook](#)

Communication, language and literacy are all connected. A key distinction between skilled readers and readers who are not skilled is the strength of his/her primary language. Developing a fluent, primary mode of communication supports the bridge to written language. Whether you have decided to sign or not sign, the mode of communication (signed or spoken language) is not a factor. Rather, it is the frequent, consistent and accessible communication that drives language development. It encompasses both understanding of the message and interactive communication (face-to-face with you, siblings, relatives, peers). It is through this interaction the child learns that things in the environment have names and labels.

## Tips for reading with your infant, toddler or young child:

<http://www.readingrockets.org/article/reading-together-tips-parents-children-hearing-loss-or-deafness>

Each time you share a book with your child, you are helping her brain to develop. So read (whether spoken or signed) to your child every day. Choose books that you think your child will enjoy. Combine reading time with cuddle and play time; your child will link books with fun times together.

Books that rhyme or repeat the same sound are good for helping your child learn the sounds letters and words make. Since younger children have short attention spans, try reading for a few minutes at a time at first.

## Here are some things you can try:

- Read the same story again and again. This will help your child catch words he may have missed before. Explain the story as needed. Expand on the language.
- Make sure your child can see your face and the pictures. This will help your child follow the story, even if he doesn't catch all the words. (Mirrors or change in positions will help.)
- Talk/sign/pantomime about the story to make it more understandable. Engage in role playing to extend concepts. Act out the story after you have read it. Add facial expressions and body movement so that the stories come alive. Be dramatic. Reread stories on a "story telling" to a "story reading" continuum.
- Have your child turn pages, touch the pictures, and lift the flaps. This will give your child practice using his hands, which gets him ready to sign.

- Build on your child's natural curiosity about books and print.
- Use stuffed animals and/or objects to act out the story.
- Continue to teach your child to sign.
- For toddlers and preschoolers, use personal conversation and dialogue. With book in hand, ask questions such as: "What do you think will happen next?" Talk about the pictures and summarize the story.
- Also, for toddlers and preschoolers, explore writing. Remember scribbling is the first stage of writing.

## Tips for including literacy in daily routines:

- Explore the print in the environment. Look for road signs, billboards, and grocery food signs.
- Label - everything has a name.
- Build on your child's natural curiosity about books and print.
- Read and re-read stories.

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- Talk/sign/pantomime about the story to make it more understandable. Add facial expressions and body movement so that the stories come alive. Be dramatic. Engage in role playing to extend concepts. Act out the story after you have read it.
- Keep language visible whether it is spoken or signed.
- Use closed-captioned videos. Described and Captioned Media Program is a free resource for families, <https://dcmp.org/>.



<https://store.signingtime.com/baby-signing-time>

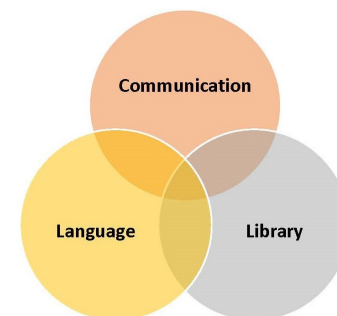
## 15 Principles for Reading to Deaf Children

Laurent Clerc National Deaf Education Center

<http://www3.gallaudet.edu/clerc-center/info-to-go/literacy/literacy-it-all-connects/reading-to-students.html>

The ultimate authorities in reading to deaf children are deaf adults. Comparative studies of deaf children with hearing parents and deaf children with deaf parents show that deaf children with deaf parents are superior in academic achievement, reading and writing, and social development (Ewoldt, Hoffmeister, & Israelite, 1992). Hearing parents and teachers can learn from the read aloud strategies used by deaf parents. The following 15 principles have been identified based on research that examined deaf parents and deaf teachers reading to deaf children:

- Deaf readers translate stories using American Sign Language
- Deaf readers keep both languages visible (ASL and English)
- Deaf readers are not constrained by the text
- Deaf readers re-read stories on a storytelling to story reading continuum
- Deaf readers follow the child's lead
- Deaf readers make what is implied explicit
- Deaf readers adjust sign placement to fit the story
- Deaf readers adjust signing style to fit the story
- Deaf readers connect concepts in the story to the real world
- Deaf readers use attention maintenance strategies
- Deaf readers use eye gaze to elicit participation
- Deaf readers engage in role play to extend concepts
- Deaf readers use ASL variations to sign repetitive English phrases
- Deaf readers provide a positive and reinforcing environment
- Deaf readers expect the child to become literate



Follow the link above to learn more about each of the [15 Principles for Reading to Deaf Children](#).



<https://wvde.us/west-virginias-imagination-library/>

Founded in 1996, Dolly Parton's Imagination Library is a non-profit organization that gives hundreds of thousands of books each month to registered children in participating communities all over the United States and Canada. Promoting the love of early reading and learning as the building blocks for a strong foundation in education, the program believes in helping children dream more, learn more, care more and be more through its educational campaign.



### Center for Accessible Technology in Signs (CATS)

Popular children's books in American Sign Language available for loan via download onto your computer or tablet. Check out the CATS library. <http://storage.googleapis.com/catscatalog/index.htm>



Visit YouTube for video ASL stories.

[https://www.youtube.com/results?search\\_query=sign+stories](https://www.youtube.com/results?search_query=sign+stories)





# The Early Years: Birth to 3 Years



## ***What You Need to Know***

The Individuals with Disabilities Education Act (IDEA) is a federal law which guarantees that all children with disabilities, from birth through age 21, have the opportunity to receive a free, appropriate public education, just like other children.

**Part C of IDEA** is for infants and toddlers with developmental delays or disabilities from birth to age three. In West Virginia, the WV Department of Health and Human Resources coordinates the **WV Birth to Three Program**.

**Part B of IDEA** is for children with disabilities ages three to twenty-one. The **WV Department of Education** coordinates this part of IDEA. WV Policy 2419: *Regulations for the Education of Students with Exceptionalities* are the policies and procedures for implementing IDEA in WV schools.

# What are Early Intervention Services?



WV Birth to Three is a statewide system of services and supports for children under age three who have a delay in their development, or may be at risk of having a delay, and their

families. This includes hearing loss of any type. Services are provided under Part C of the Individuals with Disabilities Education Act (IDEA).

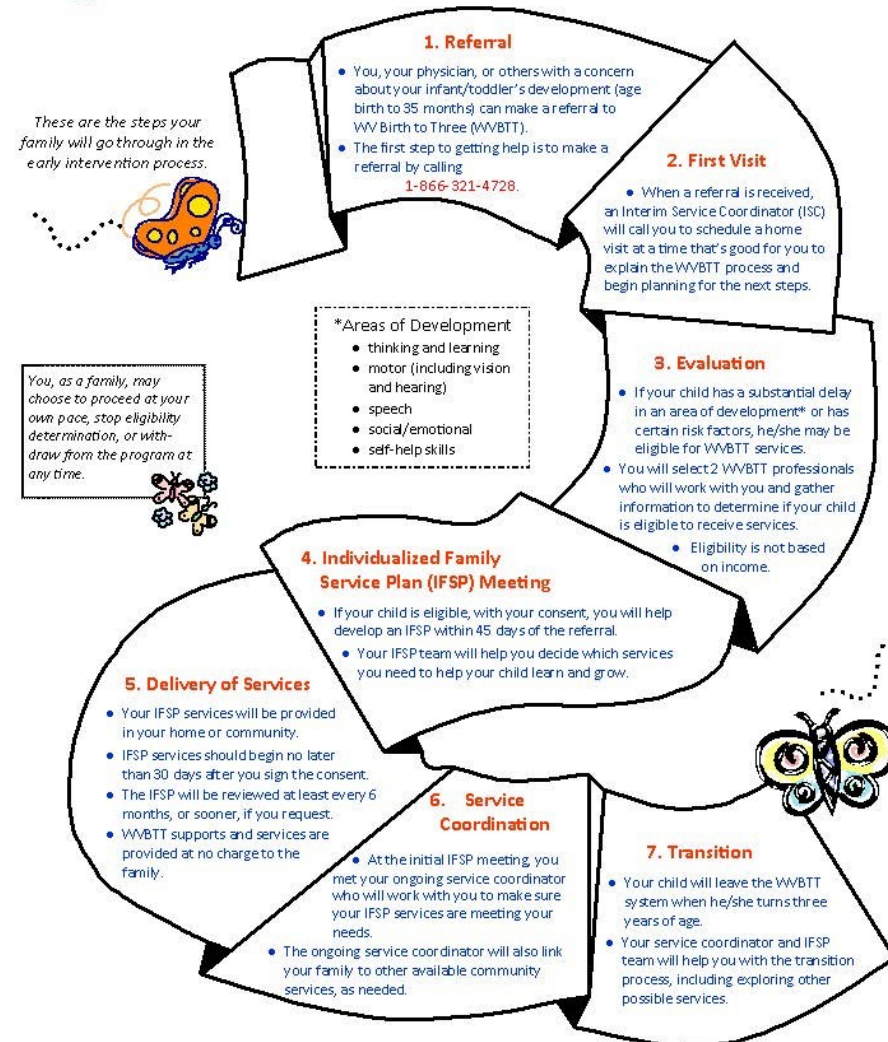
Family centered, community-based services are available to all eligible children and families.

If you need contact information for Early Intervention services, call WV Birth to Three at 1-800-642-9704/8522 or visit [www.wvdhhr.org/birth23](http://www.wvdhhr.org/birth23)

For information on making a referral to WV Birth to Three, visit <http://www.wvdhhr.org/birth23/referral.asp>



## Growing Together Through WV Birth to Three A Family Guide



### Meet Beau

Nicole Lindsco

WV Birth to Three has been a godsend to our family. Not only empowering us with knowledge and ideas on how to adapt and assist our son, but also in the friendship and true support each one selflessly gives. As unique as each child is, so also are the wonderful people who make up the B-3 program. Having different perspectives and wealth of experiences, actually come into our home weekly, to assist us to do everything we can to help our child, is an absolute blessing!

For more information about WV Birth to Three, please visit [www.wvdhhr.org/birth23](http://www.wvdhhr.org/birth23). WV Birth to Three services and supports are provided under Part C of the Individuals with Disabilities Education Act (IDEA) and administered through the WV Department of Health and Human Resources, Office of Maternal, Child and Family Health.



# Getting Ready for an IFSP Meeting

## What is an Individualized Family Service Plan (IFSP)?

The Individualized Family Service Plan (IFSP) is the legal document that guides the implementation of early intervention supports and services for each child and family. All children who receive Part C early intervention supports and services will have an IFSP.

The purpose of the IFSP process is to develop an IFSP that communicates the family's priorities and hopes for their child; describes the child's functional abilities across all areas of development; outlines the outcomes the family wants to see for their child's participation during typical daily routines and activities; and describes the type of coaching the family will receive to assist their child in achieving the outcomes. The IFSP will include criteria that the family and team can use to measure the child's progress toward the outcomes. Early intervention supports and services begin with a well-developed IFSP. Communication and language development are critical components of an IFSP for children with hearing loss. Ongoing developmental assessments will help the family and team track and monitor the child's progress.



### Family Members & Caregivers

Children who receive early intervention services are cared for by a multitude of various people including family members, but also daycare providers, preschool teachers, nannies, au pairs, etc. It is important to involve all family members when working with the *early intervention team*. This will help increase the chances for successful communication with the baby.

### Talk about Child's Strengths: What He or She Can Do?

When meeting with the early intervention professional, discuss activities that you enjoy with your child. Talk about positive things that you like to do together with your child. For example, share information about how you can see the difference at meal times when the baby is wearing hearing aids versus when the baby is not wearing hearing aids.

### IFSP Team Members

Services on your IFSP will be provided by professionals enrolled as service providers in WV Birth to Three. You will select the service providers for your child and family based on what you want to learn to support your child. Team members may include professionals such as Hearing Specialists and Speech Language Pathologists, or others who have the expertise you need for your team.

### Tracking My Child's Language and Communication

You and your family are encouraged to work with your child's IFSP Team to monitor and track your child's language and communication. This includes both expressive and receptive language skills as measured through an appropriate assessment tool. The IFSP Team will partner with you to monitor language milestones or progress towards them. They will recommend specific strategies, resources or services and that will support your child's success towards English literacy.



## Activities and Outcomes

Think about activities that are important for you to have your child participate in with you and your family. How do you hope that your child will communicate? What are some of the concerns that you have about your child?

## Natural Environment

Natural Environment can be defined as anywhere the child is, including home, of course, but also anywhere they would be interacting or alongside their typically developing peers (daycares, playgrounds, restaurants, etc.) Have conversations with the Early Intervention team about your everyday experiences with your baby. Talk about some of the things you can do when feeding the baby. What are things you can do for an active toddler who you feel can't hear you?

## Other Services

The Early Intervention team should work with the child in all daily routines. Other resources that families should ask about could include community resources such as playgroups, music classes, story times, and gym/movement classes where their child could have opportunities to interact with their typical peers. Parents should also ask about parent support groups.

## Arranging Dates & Duration

The strategies that the Early Intervention team shares with the family should be included into the routine the child and family follows. Take this opportunity to talk about the child's schedule and how that fits with the services you will receive.

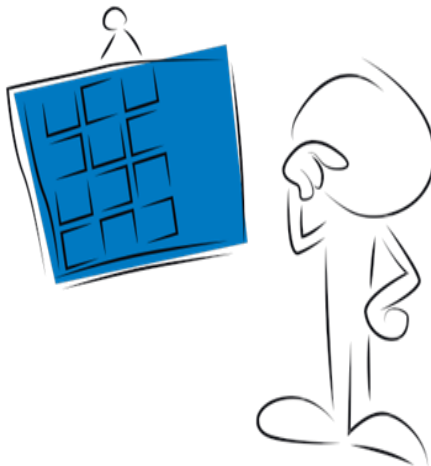


### Do I need both a Hearing Specialist and a Speech Language Pathologist?

Yes, typically. Hearing Specialists are certified teachers of the deaf and hard of hearing. Along with Speech Language Pathologists (SLPs), they are important members of a child's IFSP team. They are both concerned with the child's communication abilities. They work together using their unique knowledge and skills to help parents develop their child's understanding and use of expressive language skills. One of the roles of the Hearing Specialist is to evaluate and provide accurate information regarding communication options.

- If the parents choose listening and spoken language, the Hearing Specialists may demonstrate strategies on the child's wearing of hearing aids or cochlear implants. The SLP may focus on voice and speech development while both professionals demonstrate techniques for listening development (auditory habilitation).
- If the parents choose to use American Sign Language, the Hearing Specialist can assess the child's sign language competence. The SLP may demonstrate pre-literacy skills with books and written materials.
- If the child has additional disabilities, the Hearing Specialist may provide guidance on developmental issues, while the SLP may focus on swallowing, eating, or augmentative communication devices.

Most importantly--the two specialists work cooperatively in providing guidance to the parents on how best to meet their child's communication needs!



## Keeping In Touch With Your Service Coordinator

A Service Coordinator is a team leader who coordinates and facilitates communication between families, IFSP team members, and community partners to help families meet their children's needs. Keeping your Service Coordinator abreast of your child's progress through periodic phone calls and face-to-face visits is essential.

[http://www.wvdhhr.org/birth23/files/ICC\\_SC\\_Brochure.pdf](http://www.wvdhhr.org/birth23/files/ICC_SC_Brochure.pdf)



*"Our Service Coordinator helped to empower us to seek information on our own."*

*- WV Birth to Three Parent*

## Growing Up: Transition from WV Birth to Three to Preschool

At age three, your child may be eligible for services through your county school system. Your service coordinator will facilitate the transition process by helping you explore your options for the ongoing services your child may need. Your service coordinator will assist you in developing a plan as part of your child's IFSP. You can find more information about transition planning in this publication:

[http://www.wvdhhr.org/birth23/wvbtt\\_trans\\_flip/#p=1](http://www.wvdhhr.org/birth23/wvbtt_trans_flip/#p=1)

If you are seeking services from the county school system at age three, there will be planning meetings 90 days before your child's third birthday. This is to discuss how the school system determines eligibility, and the type of services your child may be eligible for through an Individualized Education Plan (IEP). You may want to ask the school system to include a Hearing Specialist/Deaf Educator for your IEP meeting. (School systems refer to Hearing Specialists as teachers of the deaf and hard of hearing.)



## Lynda—Our Birth to Three Miracle

Regina Vance

After Lynda was born at Greenbrier Valley Medical Center, she was transported to the NICU in Roanoke, Virginia, where she stayed for six weeks. Lynda had to be taught how to breathe while taking a bottle. All she wanted to do was suck and swallow without breathing. It didn't take long for her to catch on. I stayed at the Ronald McDonald House, and I would go to the hospital from 7am to 7pm every day. I would do everything for my little baby girl! I only asked the nurses for help when needed. Everyone was so nice. Lynda continued to make progress daily with all my encouragement. Some would say I was "pushy," but I know that I was just encouraging her to do her best and I am so glad I did! After being discharged she began WV Birth to Three. The services they provided have paid off. Lynda knows over 20 words in sign language and she has said "mama," "dada," "hi," "bye," and "hey." Lynda's story is wonderful...starting from doctors saying she would never crawl, walk, breathe on her own, eat by mouth, see, hear anything or talk, recognize us, and so much more! I am not going to say it's been easy, but it's been worth it. Lynda has done everything the doctors said she wouldn't and then some. She is very determined to prove them wrong and so far, she has!

Lynda uses feet braces to help her ankles, wears glasses to help her right eye to focus and catch up to her left eye, and a hearing device (BAHA). We were given a referral to see a cleft specialist at the Women and Children's Hospital in Charleston. Her speech therapist felt that if she had surgery to fix the cleft (which affects her speech), she would be able to start talking more. I felt the same. Lynda had increased to nine verbal words and around 70 words in sign language. She wants to talk so bad sometimes she gets frustrated and pouts. She has done so well eating that she is now over 30 pounds. Her therapies are going great, and we are excited that she will be starting school next fall. I am one proud mama! She loves to try new things and she loves books and music. Lynda has become my inspiration!

Lynda's hearing tests are completed for now, but the ENT might want a brain stem test done as well. She will have to have yet another surgery on the tension hole that developed after her cleft surgery.

It's so hard for me to believe my baby girl will be three years old and starting Pre-K! Where has the time gone?! Lynda will finish up with the WV Birth to Three program and will be saying goodbye to her therapists. They were her very first friends! She'll continue with her therapy at school. She will attend two times a week for a half-a-day, and I will be there to help her teacher and aide to learn her sign language so they will be able to communicate with her. I believe, in time, she will be talking. It's just a waiting game. Yesterday she voiced a complete sentence, "Daddy come on." I was jumping up and down! I feel that she uses her voice when she wants to right now, because some of the words she says are words she hasn't used in a long time.

I thank each of you for the hard work, devotion and love you shared with my baby girl as she has grown and learned from each of you! Thank you!





# The Future: 3 – 5 Years - Transition from Early Intervention to School



## What You Need to Know

The Individuals with Disabilities Education Act (IDEA) is a federal law which guarantees that all children with disabilities, from birth through age 21, have the opportunity to receive a free, appropriate public education, just like other children.

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# Individualized Education Program (IEP)

## Individualized Education Program (IEP)

Children who are deaf or hard of hearing who receive special education services and supports have Individualized Education Programs (IEPs).

### What is an IEP?

An IEP is a written legal document that describes what services the school will provide for a child who needs special education services. IEPs explain how students who are deaf or hard of hearing will be involved in three areas of school life:

- The general education curriculum
- Extracurricular activities
- Non-academic activities

### Who Writes the IEP?

The Individuals with Disabilities Education Act (IDEA), our nation's special education law, requires that the following people are part of the IEP team:

- the parents of the child;
- not less than one regular education teacher of the child (if the child is, or may be, participating in the regular education environment);
- not less than one special education teacher of the child, or where appropriate, not less than one special education provider of the child;
- a representative of the public agency who is qualified to provide, or supervise the provision of, specially designed instruction to meet the unique needs of children with disabilities; is knowledgeable about the general education curriculum; and is knowledgeable about the availability of resources of the public agency;
- an individual who can interpret the instructional implications of evaluation results;
- other individuals who have knowledge or special expertise regarding the child, including related services personnel as appropriate (invited at the discretion of the parent or the agency).

For children who are deaf or hard of hearing, professionals such as teachers for the deaf/hard of hearing, audiologists and speech language pathologists are likely to be part of the IEP team. If the child has additional disabilities, other professionals may be involved. For example, an orientation and mobility specialist may attend the IEP meeting of a student with deafblindness, and a physical therapist may attend the IEP meeting of a student who is deaf and has physical limitations.

### When and How is an IEP Developed?

For an eligible child transitioning from WV Birth to Three, an IEP must be in place by the child's third birthday. For other children an IEP must be developed within 30 calendar days after the child is found to need special education services. Every year after that, the IEP team meets to review the child's progress towards the learning goals and to set new learning goals. In preparing for the IEP and for a child who is deaf or hard of hearing, a comprehensive language assessment in the child's language and communication mode must be included in his/her comprehensive evaluation.



## What is Included in an IEP?



IDEA, along with state policy, requires the IEP team to consider the language and communication needs of each child who is deaf or hard of hearing. This includes opportunities for direct communication with peers and school personnel in the child's language and communication mode, the child's academic level, and his or her full range of needs. Opportunities for direct instruction in the child's language and communication mode are required to be considered. Additionally, IEPs are required to contain the following:

- Present levels of academic achievement and functional performance, including how the child's disability affects his or her involvement and progress in the general education curriculum;
- Measurable annual goals including academic and functional goals;
- How the child's progress toward meeting the annual goals will be measured, and when periodic progress reports will be provided (if a child who is deaf or hard of hearing does not demonstrate progress in expressive or receptive language skills as measured through an appropriate assessment tool, the IEP team must explain the reasons for the lack of progress in meeting the language milestones or progressing towards them and recommend specific strategies, services and programs that will track the child's success towards English literacy);
- The special education and related services that the child will receive;
- An explanation of the extent, if any, to which the child will not participate with typical children in the general education class and in extracurricular and non-academic activities;
- Program modifications or supports for school personnel that will be provided

so the child can make progress toward annual goals, make progress in the general curriculum, participate in extra-curricular and non-academic activities, and be educated and participate with other children with or without disabilities.

### 504 Plans

Children with disabilities who do not need special education and supports but require accommodations for academic success and access to the learning environment may qualify for a 504 Plan. 504 Plans are for children who are able to function well in a general education environment with accommodations. An IEP is a better option for students with a disability that is adversely impacting education. The rights of all children with disabilities are protected by Section 504 of the Rehabilitation Act of 1973 and the Americans with Disability Act whether they are served through an IEP or not.

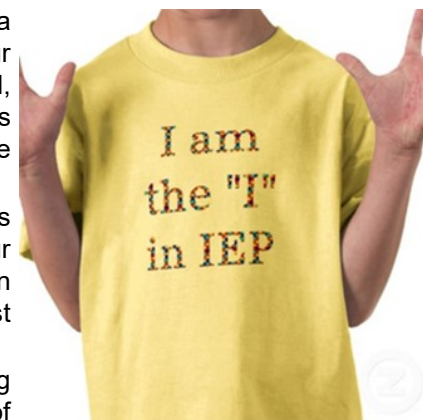
# How Can I Prepare for My Child's IEP?



- Watch your child in a variety of activities, including educational activities, playing, social situations, eating out, and interacting within the community. Make a note of tasks and activities he has mastered and those with which you think he needs help.
- Talk to your child and make a note of his interests, likes, and dislikes.
- Review records and reports from WV Birth to Three and other evaluations that indicate your child's strengths and challenges.
- Ask if you can observe in the class that your child will attend.
- Write down the services you would like to discuss that you think are needed by your child. Think about your reasons for wanting him or her to receive these services and write them down.
- Collect any current medical information that might be helpful to the IEP team in determining needed services.
- Collect any handouts or information you may have on the needs of children who are deaf and hard of hearing from parent groups or national organizations to share with team members.
- Sign and return the form inviting you to the IEP meeting so that school personnel know you have received the invitation and are coming to the meeting. If you want to have the meeting scheduled at another time, you need to tell the school so arrangements can be made to schedule the meeting at a time that is good for all team members. The school is required to give you at least two invitations to the scheduled IEP meeting.
- If you have received these and do not respond to either invitation, school personnel can go ahead and conduct the IEP meeting without you being present.
- Read invitations and other materials that come to you from the school. If you have questions about them, call the school principal, guidance counselor or discuss with your BTT team.
- Ask for a copy of the IEP form so that you can be familiar with it and be prepared to give your input on each area.

**On the day of the IEP meeting, keep the following points in mind:**

- Arrive on time. If you can't, let the school know when to expect you or ask to have the meeting rescheduled.
- Consider asking your spouse, partner, close family friend, relative, or parent-advocate to come with you for support and to take notes that you can later compare.
- Bring a pad of paper and a pen, plus any notes you've prepared for the meeting.
- Share your ideas and information about your child.
- Ask questions when you don't understand something.
- Be polite but assertive at the meeting. Don't be reluctant to offer your suggestions or to persist with your point of view if others disagree. Explain the reasons why you believe something is important for your child.
- Listen to those who disagree, and try to think calmly about the pros and cons of their point of view. Being defensive or emotional isn't an effective way of persuading others to your point of view.
- Make your points clearly and provide rationales and any documentation you have to back up your point.
- Listen carefully to the other team members and their ideas about your child. Take notes if you want to share information with other family members after the meeting. Date your notes and try to keep them together.
- Be realistic about the abilities of your child. Work with the IEP team to determine the placement that will best meet your child's educational needs.
- Work with the IEP team to maintain a high level of expectation for your child's ability to learn. In general, children often respond to what others expect so your high expectations are likely to be helpful to your child.
- If you disagree with something that is said at the IEP meeting, voice your opinion in a constructive way. Explain why you disagree, and suggest possible alternatives.
- The IEP will be written at the meeting so be sure that you receive a copy of the document for your records.



## Paul's Story

### Paul See

My name is Paul See. I was born in Weston, WV in 1973. I eventually moved to Moorefield a few years later and spent the rest of my childhood there. I was enrolled in the West Virginia School for the Deaf (WVSD) at the age of 4 and graduated from this school. Then I attended Gallaudet University and obtained a degree in Biology.

A few months after obtaining my degree, I got a job at the West Virginia Department of Agriculture as an Environmental Microbiologist in Moorefield. I have been working there for the past 19 years. I also coached the WVSD Varsity Boys Basketball team for 16 years. I am now coaching the Moorefield Middle School Boys Basketball team and for the past 2 years, an assistant coach for the Moorefield High School Football Team.

I am a board member on the West Virginia Commission for the Deaf and Hard of Hearing Board and I currently serve as a Chairperson, a position that I have held for the last three years.

These achievements wouldn't be possible without positive influences from my family and teachers at WVSD and Gallaudet University. After years of hard work and achieving my goals, I hope to be a positive influence on younger children as they strive to achieve their goals!



## Alexis

### Sandra Stack

On March 12, 2007, my life changed forever when my beautiful baby girl made her appearance in this world. We were so excited to finally meet Alexis Catherine Stack, but the next day we were met with some sadness as our daughter failed her hearing test in the nursery. The audiologist we saw in the weeks that followed said she could hear, but that was not the case. When she was ten months old, I insisted to her pediatrician that she was not hearing. I made a referral myself to WV Birth to Three.

It was about a year-long process before we got the ABR and confirmation that she was in fact deaf due to Connexin 26 gene mutation. Alexis received her first cochlear implant just days after her 2nd birthday.

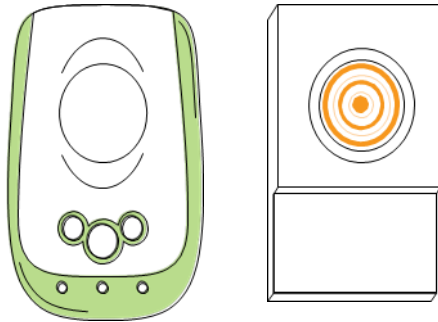
A physician that I worked with was a Marshall University graduate and told me about The Listening Language and Learning Lab (The "L") at Marshall University. I contacted the director and we went to visit. She started in July 2009 in the summer program and we decided from the beginning that our goal for Alexis was to enter kindergarten as part of the mainstream classroom. She and I traveled from Beckley to Huntington every Monday morning at 5am and stayed until the end of class on Thursday. I worked three 12 hour shifts on the weekend and then back again on Monday. There is no doubt in my mind that without Jodi and all the other staff at The "L," Alexis would not be the hearing, speaking, "A" student that she is.

The one-on-one speech therapy that she received made all the difference in my child's life. If you did not know her before the cochlear implants and her three years at The "L," you would never know she was deaf and did not get to hear or speak until the age of two. This year she was third in her classes accelerated reading program. She is, as she calls it, a math genius. She loves it.

The "L" has been one of, if not the most important, building block in my child's life. She is a confident, sassy, thriving nine-year-old and that is due in large part to the dedicated staff at The "L."



# Assistive Technology for the Future

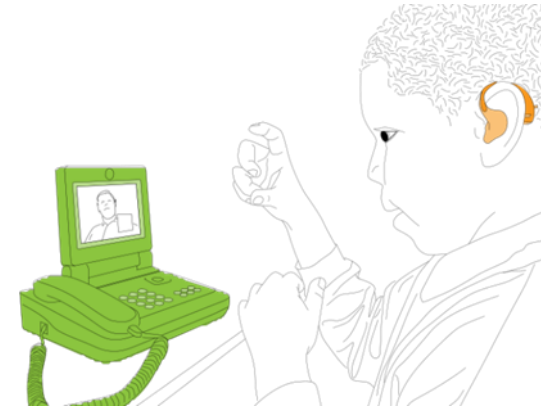


**Flashing Doorbells**



**Alarm Systems (Flashing and Vibrating Alarms):  
Wake-Up Calls, Fire/Smoke**

Don't worry about oversleeping! The alarm clock can wake you up by LED lights, bed shaker with sound or by an audible alarm that increases in sound volume.

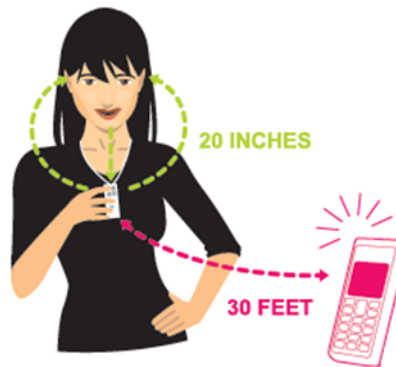


**Signing on Videophone/Computer/Cell**



**Text Messaging**

For some individuals, voice calling is pretty much useless, but text messaging offers the communication they need.



**Cell Phone Bluetooth**

Easily connects between a mobile phone and neckloop to provide mobile communications for those with a mild-to-moderate hearing loss.



**Speech Transcription**

The instant translation of the spoken word into English text using a stenotype machine, and real-time software (CART, Type-well, C-Print) or Notebook computer using as Interact software (Auditory Sciences).



# Glossary & Resources



## Glossary of Terms

<p><b>American with Disabilities Act (ADA):</b> signed into law in 1990, this is a “civil rights act” for persons with disabilities. The ADA requires public services (including education) and buildings to make reasonable accommodations to allow access to persons with disabilities.</p> <p><b>Assistive listening system (often called Hearing Assistive Technology [HAT]):</b> a system that improves hearing in noisy situations by positioning the microphone closer to the sound source. It also improves the quality of the amplified speech or music. Includes Bluetooth, FM systems, infrared systems, and induction loop systems.</p> <p><b>Audiogram:</b> a graphic representation of hearing loss, showing the level of hearing (in decibels of loudness – dB) for the different frequencies of sound (250 – 8000 Hz).</p> <p><b>Audiologist:</b> a professional who specializes in prevention, identification, and assessment of hearing loss. Audiologists assist with the selection, fitting, and purchase of hearing aids.</p> <p><b>Auditory nerve:</b> located in the inner ear, it is the cranial nerve (VIII) that carries nerve impulses from the inner ear to the brain. It provides specific information about the pitch (frequency) and loudness (intensity) of sound.</p> <p><b>Auditory Training:</b> refers to the development of skills using auditory information. "Learning to listen" or making use of residual hearing is crucial. Learning to interpret auditory information can assist with the development of other skills, such as communication, literacy, and mobility.</p>	<p><b>Bilateral hearing loss:</b> hearing loss in both ears.</p> <p><b>Binaural: having or related to two ears:</b> having to do with the perception of sound with both ears.</p> <p><b>Bluetooth:</b> the capability of connecting a sound source, such as a TV, tablet or other electronic device, directly into a hearing aid without a cord. Also refers to the connection of an FM auditory trainer directly into a behind-the-ear hearing aid.</p> <p><b>Cochlea:</b> is a portion of the inner ear that looks like a snail shell (cochlea is Greek for snail.) The cochlea receives sound in the form of vibrations, which cause the stereocilia (tiny hairs in the inner ear) to move. The stereocilia then convert these vibrations into nerve impulses which are taken up to the brain to be interpreted.</p> <p><b>Conductive hearing loss:</b> a loss of sensitivity to sound, resulting from an abnormality or blockage of the outer ear or the middle ear. The most common cause of conductive hearing loss is middle ear infection. Other causes include wax buildup in the ear canal, a perforation, or hole, in the eardrum, or damage to the tiny bones of the middle ear (the ossicles).</p> <p><b>Congenital deafness:</b> a profound hearing loss present at, or shortly after, birth.</p> <p><b>Deaf:</b> a term used to describe persons who have a profound hearing loss. When written with a capital “D,” it may also be used to refer to those who consider themselves part of the Deaf community or culture and choose to communicate using American Sign Language instead of verbal communication.</p>	<p><b>Deaf culture:</b> the culture of the Deaf, based on sign language and a common heritage.</p> <p><b>Decibel (dB):</b> the unit used to measure the loudness of a sound. The higher the dB, the louder the sound will be.</p> <p><b>Direct audio input:</b> the capability of connecting a sound source, such as a TV, tablet or other electronic device, directly into a hearing aid. Also refers to the connection of an FM auditory trainer directly into a behind-the-ear hearing aid.</p> <p><b>Dynamic range:</b> a person with normal hearing will hear very soft sounds, prefer medium sounds, and be able to tolerate very loud sounds. The difference between the softest sounds one can hear and the loudest sound tolerated is called the dynamic range.</p> <p><b>Eardrum:</b> also called the tympanic membrane; it separates the outer ear from the middle ear.</p> <p><b>Ear mold:</b> a custom-fitted mold, used with a behind-the-ear hearing aid that delivers amplified sounds into the ear.</p> <p><b>Educational audiologist:</b> an audiologist with special training and experience to provide services to children in school settings. An educational audiologist specializes in assessments; monitors personal hearing instruments; recommends, fits and manages hearing assistance technology; provides and recommends support services and resources; and advocates on behalf of the students.</p>
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<p><b>Feedback:</b> the shrill whistling sound made when the amplified sound from the hearing aid receiver goes back into the microphone of the hearing aid. It can be caused by an ear mold that does not fit properly, not correctly inserted in the ear or a damaged hearing aid.</p> <p><b>Frequency:</b> the measurement for the pitch of a sound. Frequency is expressed in Hz (Hertz) or cps (cycles per second). The more cycles per second, the higher the pitch.</p> <p><b>Hard of hearing:</b> the term to describe those with mild to severe hearing loss and most often able to use residual hearing with amplification.</p> <p><b>Hearing aid:</b> an electronic device used to amplify sound; includes behind-the-ear, in-the-ear, and canal hearing aids (generally not suitable for young children).</p> <p><b>Hearing aid evaluation:</b> the process of selecting an appropriate hearing aid. The audiologist will evaluate different types of hearing aids, to determine which is best-suited to the child's hearing loss.</p> <p><b>Hearing loss:</b> loss of hearing ability, from different causes.</p> <p><b>Hearing habilitation:</b> specialized training for children with hearing loss to help them find ways to communicate, learn speech and language, and learn to listen.</p> <p><b>Hearing impairment:</b> the term disability category used by the Individuals With Disabilities Education Act (IDEA).</p>	<p><b>IEP (Individualized Education Program):</b> an individually designed education program for children with disabilities, including children with hearing loss. The IEP addresses the goals and objectives for the child's education.</p> <p><b>IFSP (Individualized Family Services Plan):</b> the legal document that guides the implementation of early intervention supports and services for each child and family.</p> <p><b>Mixed hearing loss:</b> a hearing loss that is partially sensorineural and partially conductive in nature.</p> <p><b>Ossicles:</b> the chain of three tiny bones in the middle ear (malleus, incus, stapes).</p> <p><b>Otitis media:</b> infection of the middle ear.</p> <p><b>Otolaryngologist:</b> a medical doctor who is a specialist in problems of the ear and throat.</p> <p><b>Otologist:</b> a medical doctor who is a specialist in problems of the ear.</p> <p><b>PE tube:</b> pressure-equalizing tube. A tube that is inserted in the eardrum to provide air to the middle ear, permit drainage, and equalize the pressure between the middle ear and the ear canal.</p> <p><b>Play audiometry:</b> a kind of hearing test where the audiologist teaches the child to respond when a sound is heard by doing something. For example, put a peg in a hole or a block in a bucket every time a sound is heard.</p> <p><b>Post-lingual deafness:</b> hearing loss occurring after the child has learned speech and language.</p>	<p><b>Real ear measurement:</b> a measurement of sound pressure level in a patient's ear canal when a hearing aid is worn. It is measured with the use of a tube inserted in the canal connected to a microphone outside the ear. It is done to verify that the hearing aid is providing suitable amplification for a patient's hearing loss.</p> <p><b>Recruitment:</b> causes your perception of sound to be exaggerated. Even though there is only a small increase in the noise levels, sound may seem much louder and it can distort and cause discomfort.</p> <p><b>Residual hearing:</b> the amount of measurable, usable hearing which can benefit from amplification.</p> <p><b>Sensorineural loss:</b> a hearing loss caused by damage to the inner ear (cochlea). This type of hearing loss is irreversible.</p> <p><b>Speech-language pathologist:</b> a professional who evaluates and provides treatment for speech, language, cognitive-communication, and swallowing problems of children and adults. Speech and language delays are frequently seen in children with hearing loss.</p> <p><b>Speech range:</b> the area where most sounds of human speech occur. See chart on page 14.</p> <p><b>Threshold:</b> the softest level at which a sound can be heard 50 percent of the time by the person who is being tested. The term is used for both speech and pure tone testing.</p> <p><b>Tinnitus:</b> noise that a person can hear in the ears, such as ringing, buzzing, roaring, or clicking.</p> <p><b>Unilateral hearing loss:</b> referring to one ear.</p>
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## National Organizations and Resources

<p><b>Alexander Graham Bell Association</b> The world's oldest and largest membership organization promoting the use of spoken language by children and adults with hearing loss. <a href="http://www.agbell.org">www.agbell.org</a></p> <p><b>American Cochlear Implant Alliance</b> ACI Alliance unites the medical community, patients, families, advocates and other professionals to improve the acceptance of and access to cochlear implants for one simple reason: to help enrich people's lives. <a href="http://www.acialliance.org">www.acialliance.org</a></p> <p><b>American Society for Deaf Children</b> Organization of parents who are advocates for children who are deaf or hard of hearing. <a href="http://www.deafchildren.org">www.deafchildren.org</a></p> <p><b>American Speech-Language- Hearing Association</b> Professional and consumer resources. Contains a career FAQ and a glossary of terms. <a href="http://www.asha.org">www.asha.org</a></p> <p><b>ASL Rhymes and Rhythms</b> Hands Land: ASL Rhymes and Rhythms is an organization that focuses on creating educational resources for young children through ASL rhymes and rhythms. <a href="http://deafchildren.org/2015/10/hands-land-asl-rhymes-and-rhythms/">http://deafchildren.org/2015/10/hands-land-asl-rhymes-and-rhythms/</a></p> <p><b>Boys Town Center for Hearing Loss in Children</b> A resource for parents of babies who have just been diagnosed with a hearing loss or for families of any child who is deaf or hard of hearing. <a href="http://www.boystownhospital.org">www.boystownhospital.org</a></p> <p><b>Educating Deaf Children</b> This website was created to serve as a source of factual information for parents, teachers, and others interested in the raising and educating of children who are deaf and hard-of-hearing. Parents can post a question and receive an answer from a professional qualified to address that topic/concern. <a href="http://www.rit.edu/ntid/educatingdeafchildren/">www.rit.edu/ntid/educatingdeafchildren/</a></p>	<p><b>Everything You Always Wanted to Know ASL/ English Bimodal Bilingual Education</b> <a href="https://www.tlcdeaf.org/uploaded/About_Us_Section/Handout_for_ASL-English_Bimodal_Bilingual_Presentation_2.pdf">https://www.tlcdeaf.org/uploaded/About_Us_Section/Handout_for_ASL-English_Bimodal_Bilingual_Presentation_2.pdf</a></p> <p><b>Free Materials About Hearing Loss in Children-Centers for Disease Control and Prevention</b> Hearing Loss Fact Sheet, Decision Guide to Communication Choices, Making a Plan for Your Child and Questions <a href="http://www.cdc.gov/ncbddd/hearingloss/freematerials.html">www.cdc.gov/ncbddd/hearingloss/freematerials.html</a></p> <p><b>John Tracy Clinic</b> Provides parent-centered services for young children. Find program information, events, contacts, and links. <a href="http://www.jtc.org">www.jtc.org</a></p> <p><b>“JTC Video Tips”</b> A series of short videos showing specific strategies to encourage the listening, language and speech of a young child with hearing loss. View a video, click easy examples, watch the video again. Choose to print an “easy examples” sheet to begin using strategies now. <a href="https://www.jtc.org/ideas-advice/video-tips/">https://www.jtc.org/ideas-advice/video-tips/</a></p> <p><b>Hearing First</b> Supports parents choosing Listening and Spoken language (LSL) for children who are deaf or hard of hearing. <a href="https://hearingfirst.org">https://hearingfirst.org</a></p> <p><b>Hands &amp; Voices</b> Established by parents of Colorado Home Intervention Program supporting all communication options for children who are deaf or hard of hearing. <a href="http://www.handsandvoices.org">www.handsandvoices.org</a></p> <p><b>“Hearing Loss In Children: My Story” - Center for Disease Control and Prevention</b> Real Stories from People living with Hearing Loss. <a href="http://www.cdc.gov/ncbddd/hearingloss/stories.html">www.cdc.gov/ncbddd/hearingloss/stories.html</a></p> <p><b>Laurent Clerc National Deaf Education Center</b> Located at Gallaudet University, the Clerc Center works with children who are deaf worldwide. <a href="http://www.gallaudet.edu/clerc-center.html">www.gallaudet.edu/clerc-center.html</a></p>	<p><b>National Association of the Deaf</b> Provides services and supports for individuals who are deaf and their families. Includes local chapter links and articles. <a href="http://www.nad.org">www.nad.org</a></p> <p><b>National Center on Deaf-Blindness</b> NCDB works to improve the quality of life for children who are deaf-blind, their families, and teachers. <a href="https://nationaldb.org/">https://nationaldb.org/</a></p> <p><b>NCHAM: National Center for Hearing Assessment and Management</b> <a href="http://www.infanthearing.org/states/">http://www.infanthearing.org/states/</a></p> <p><b>“Giving Your Baby a Sound Beginning”</b> <a href="http://www.infanthearing.org/videos/featured/sound-beginning.php">www.infanthearing.org/videos/featured/sound-beginning.php</a></p> <p><b>National Organization for Rare Disorders (NORD)</b> NORD is a patient advocacy organization dedicated to individuals with rare diseases and the organizations that serve them. NORD is committed to the identification, treatment, and cure of rare disorders through programs of education, advocacy, research, and patient services. <a href="https://rarediseases.org/">https://rarediseases.org/</a></p> <p><b>Sign It: ASL Made Easy</b> ASL Classes <a href="https://signitasl.com/">https://signitasl.com/</a></p> <p><b>Success for Kids with Hearing Loss</b> This comprehensive website offers resources for parents and professionals in several areas. The “Guide to Self-Advocacy” presents skills developmentally from Pre-K through adulthood. In addition, a free 2012 e-book, Self-Advocacy for Students who are Deaf or Hard of Hearing by Kristina English, is available on this site. <a href="https://successforkidswithhearingloss.com/">https://successforkidswithhearingloss.com/</a></p>
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# West Virginia Organizations and Resources

**Marshall University Speech and Hearing Clinic**  
<https://www.marshall.edu/mu-speech-and-hearing-center/>



## **WV Birth to Three Program**

WV Birth to Three partners with families and caregivers to build upon their strengths by offering coordination, supports, and resources to enhance children's learning and development.  
<http://www.wvdhhr.org/birth23/Default.asp>

## **WV Children's Health Insurance Program (WVCHIP)**

WVCHIP was created to help working families who do not have health insurance for their children. If a primary care provider suspects that a child has a hearing problem, the child should receive further evaluation and necessary treatment.  
<https://chip.wv.gov/Pages/default.aspx>

## **WV Commission for the Deaf and Hard of Hearing (WVCDHH)**

The mission of the WVCDHH is to advocate for, develop, and coordinate public policies, regulations, and programs to assure full and equal opportunity for persons who are deaf and hard of hearing in West Virginia.  
<https://www.wvdhhr.org/wvcdhh/>

## **WVCDHH West Virginia Accessible Smoke Alarm Project (ASAP)**

A service to provide free smoke alarms for homeowners who are Deaf or Hard of Hearing.  
<https://www.wvdhhr.org/wvcdhh/asap.cfm>

## **WV Department of Education (WVDE)**

Oversees educational services for all students in WV's public and state operated schools.  
<https://wvde.us/>

## **WVDE, Office of Special Education**

To improve results for children and youth, primarily through leadership and financial support to local education agencies.  
<https://wvde.us/special-education/>

## **WV Early Hearing Detection & Intervention (EHDI) Information**

The goal of the Early Hearing Detection and Intervention program is to identify congenital hearing loss in children before three months of age and to assure enrollment in appropriate early intervention services before six months of age.  
[http://www.infanthearing.org/states/state\\_profile.php?state=westvirginia](http://www.infanthearing.org/states/state_profile.php?state=westvirginia)

## **WV AG Bell**

This is WV Chapter of the AG Bell Association for the Deaf and Hard of Hearing.  
[wvagbell@gmail.com](mailto:wvagbell@gmail.com)



## **WV Schools for the Deaf and Blind (WVSDB)**

The WVSDB is a state-funded residential school that provides education and supportive services to deaf and hard of hearing and blind and partially sighted children of WV.  
<https://www.wvsdb2.state.k12.wv.us/>



## **WVSDB Outreach**

WVSDB provides a comprehensive early intervention program for infants and toddlers with a vision or hearing loss. These specialists work collaboratively with the WV Birth to Three Program.  
[https://www.wvsdb2.state.k12.wv.us/apps/pages/index.jsp?uREC\\_ID=808293&type=d&pREC\\_ID=1195556](https://www.wvsdb2.state.k12.wv.us/apps/pages/index.jsp?uREC_ID=808293&type=d&pREC_ID=1195556)

## **WV Hands & Voices - WV Chapter**

PO Box 282  
Dunbar, WV 25064 (304) 546-0761  
wvhandsandvoices@gmail.com  
<http://www.wvhandsandvoices.org/>

## **WVU Speech and Hearing Clinic**

<https://csd.wvu.edu/clinical-facilities>

## **The Luke Lee Listening Language and Learning Lab (The "L")**

The "L" at Marshall University provides services to children from infants to toddlers to preschoolers to school-age to achieve a listening and spoken language outcome. <https://thelatmu.com/>



“My advice to you is to buy great hearing aids. It will pay off. Stand up for your child, it might take a little extra effort, but is well worth the time. Don’t get bothered by having to repeat some things; don’t say ‘forget it.’ Hard of hearing people are normal people who have a slight disability.”

-Douglas, age 11



**Reach for the moon and you will land among the stars!**

*A special thank you to the West Virginia families who shared their stories. The response was wonderful. Due to the number of incredible stories we received, we were unable to use them all.*



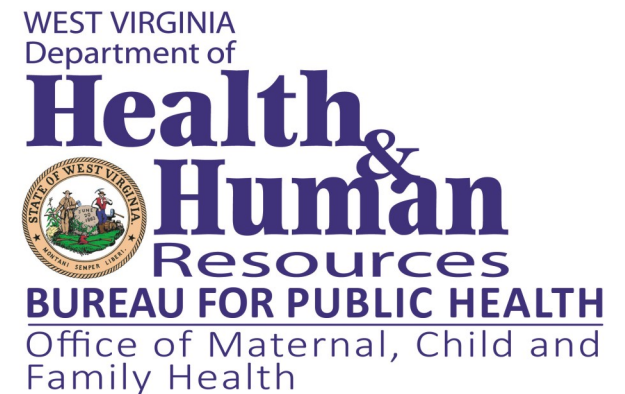






**West Virginia Birth to Three**  
**350 Capitol Street, Room 427**  
**Charleston, WV 25301**

Telephone: 304-558-5388  
In WV: 1-800-642-8522  
Fax: 304-558-2183  
[www.wvdhhr.org/birth23](http://www.wvdhhr.org/birth23)



West Virginia Birth to Three services and supports are provided under Part C of the Individuals with Disabilities Education Act (IDEA), with the West Virginia Department of Health and Human Resources as lead agency and administered through the Office of Maternal, Child and Family Health.