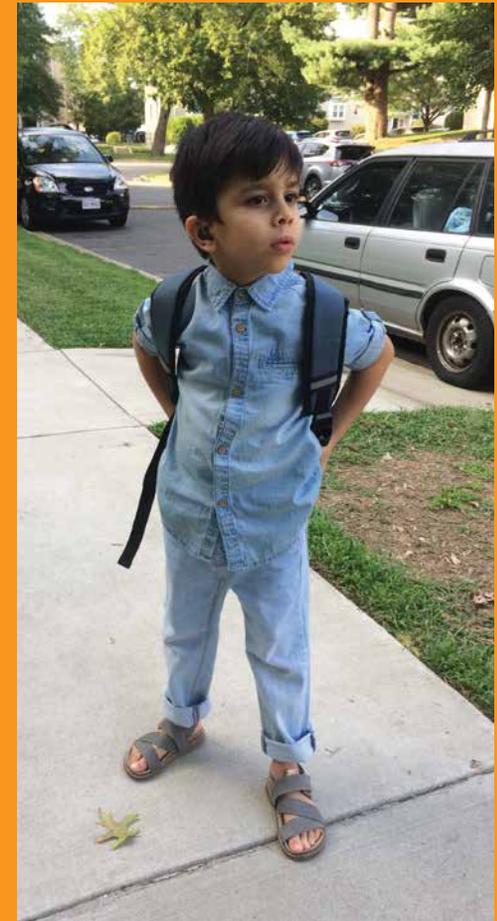


# Virginia's Resource Guide

*for Families of Children with Hearing Loss*

**A COMPANION GUIDE FOR CHILDREN IN ELEMENTARY SCHOOL**



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

— Helen Keller



# Acknowledgements



It is amazing how many people continue to give their time with no payment in return. Individuals who worked on previous Guides still take the time to study section(s) and make thoughtful edits. It is because of these people that the previous book was so successful! For this Companion Guide, the following people have shared with me their ideas and comments:

- Brenda Aron
- Dr. Lori Bobsin
- Stephanie Brutski
- Dr. Christine Eubanks
- Jessica Fleenor
- Dr. Ashleigh Greenwood
- Dr. Melissa Hertz
- Laurel Hyde
- Rayna Kozerka
- Shannon Mueller
- Jessica Nicholson
- Pam Noakes
- Kristen Stahr
- Eric Schmalz
- Dr. Stephanie Thomas
- Teri Urban

Special thanks to Dana Yarbrough for her continued invaluable support for this project. Many thanks to Wanda Council for her help — this book would not have been published without her dedication and support. Much gratitude to Ann Hughes for her meticulous editing and continued encouragement. Thanks also to Daphne Miller and Kathleen Watts who have been especially supportive.

— Irene Schmalz, Editor

# Welcome

The Virginia's Resource Guide for Families of Children with Hearing Loss, printed in July 2016, contains information about babies and young children before the age of 5. This Guide has detailed information about hearing loss and can be found at: <https://bit.ly/2xAKyRH>.

This Companion Guide contains information primarily about elementary school-age children, ages 5-10 years old. However, the information in this book can apply to children who are deaf and hard of hearing of other ages as well.

— Irene Schmalz, October 2018

As a young child, I never considered myself different. Since I inherited my hearing loss at birth, I did not know what it was like to be “normal”. As a result, in the early years of life, I didn't feel that I was missing out on anything. The support I received from my parents, audiologists, speech therapists, teachers and friends was so great that I occasionally forgot that I wore hearing aids at all.

Growing up, my mom encouraged me to follow my interests. I joined the swim team, despite not being able to hear the start of races and constantly getting ear infections. In fourth grade, I became a member of the school orchestra despite not hearing the notes on my violin as well as those without a hearing loss. While some people thought I should have played a louder instrument or one where I could feel the vibrations of the notes more, I knew I would not be as happy as playing violin.

While there were some challenges, and occasionally I didn't understand or want to have the extra work, I had a happy childhood overall. I generally saw getting the services I needed in school and at home as an opportunity. My mom made setting up meetings with my teachers and showing them how to best accommodate me such a part of my routine that I enjoyed the chance to teach them something new. It was often a nice break from class to catch up with my audiologists, who were always very kind and helpful. Learning to be proactive advocating for the support I needed became a lifelong skill.

— Eric Schmalz, August 2018

*Virginia's Resource Guide for Families of Children with Hearing Loss is a product of the Center for Family Involvement at the Partnership for People with Disabilities, located at Virginia Commonwealth University. Funding for development and distribution is supported in part by the Virginia Department of Education and by the Maternal Health Bureau, Health Resources and Services Administration, U. S. Department of Health and Human Services. © 2018*



Eric, age 5



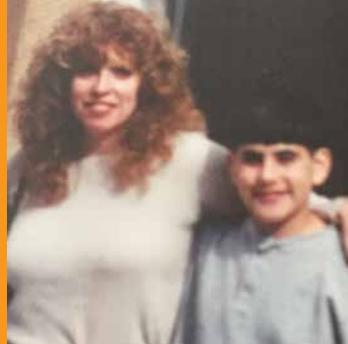
Valerie with Bridie



Shannon with Indy



Whitney with Henry



Debi with Mark

# Dedication

Alone we can do so little;  
together we can do so much.

— Helen Keller

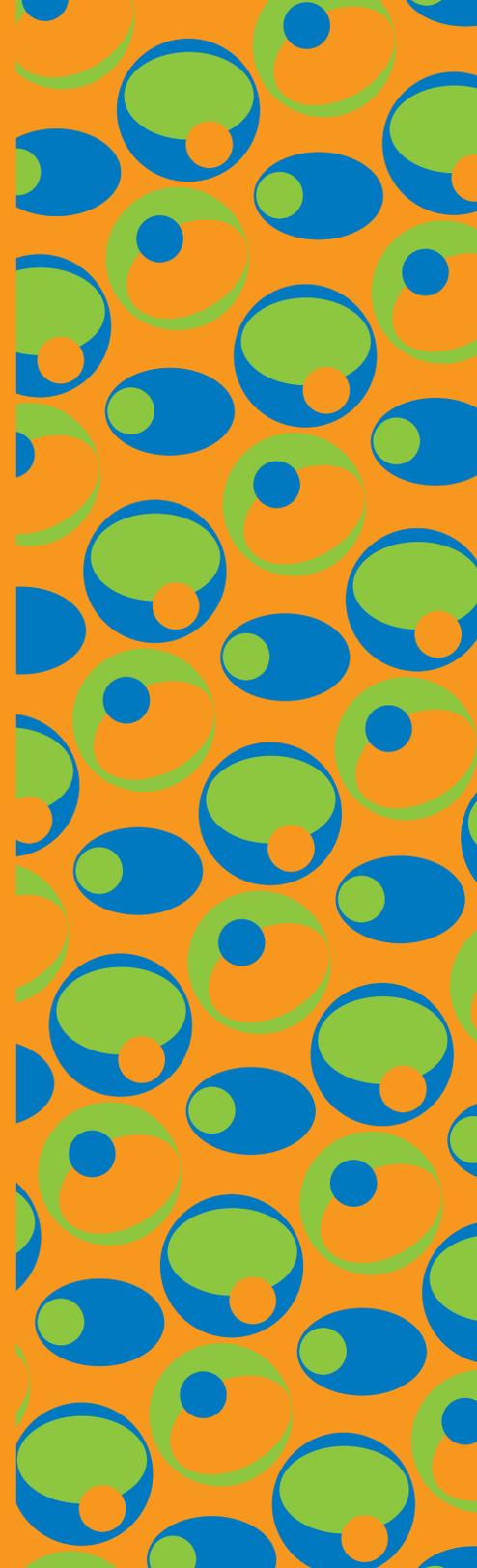


### **To all of the current and past 1-3-6 Family Educators:**

- Valerie Abbott
- Whitney Breeding
- Debi Leekoff
- Shannon Mueller
- Jeanette Gratz
- Adriana Lopez
- Hollie Monroe

*Each one of you have been an inspiration to me and this book would have not been completed without your hard work and passion for helping other families with children with hearing losses!*

— Irene Schmalz



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## Need More Information?

Flip to the Glossary & Resources section on page 65 for common terminology, helpful organizations and websites to answer your questions.

### More Questions?

Contact the Center for Family Involvement:  
877.567.1122 | [www.centerforfamilyinvolvement.org](http://www.centerforfamilyinvolvement.org)

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## Success Stories

Throughout this Companion Guide are stories by and about children who are deaf and hard of hearing.

When Eric was identified with a hearing loss just before his first birthday, I wondered what the future was going to be like for him. On this journey, I have met other parents with children with hearing loss, and the beautiful part is that I am still in touch with them over all of these years.

I hope you are inspired reading these success stories and that they will give hope to you and your family!

— Irene Schmalz

# Remembrance

The 2013 Resource Guide was dedicated to Regina Craig, who passed away in 2011, following a courageous battle with cancer. Regina was the Program Coordinator for the Virginia Guide By Your Side<sup>®</sup> program from 2009 to 2011, reaching out to hundreds of parents who had just received the news that their child was deaf or hard of hearing. In addition to helping other parents, her most treasured role was as the parent of her daughter, Sarah.

Regina often recalled that, “their journey together seeking effective communication began with Sarah’s diagnosis of hearing loss and has been one filled with a variety of emotions: fear, grieving, hope, confusion, frustration, and above all love.”

On June 16, 2016 John Eisenberg of the VA Department of Education presented Sarah with a Certificate of Appreciation for all of her ground breaking work with VDOE’S *I’m Determined* project as a Youth Leader over the past decade. Sarah says that she loved the *I’m Determined* project since it helped raise her self-confidence and it also helped her through her school years without her mom.

Sarah is currently working at the University of Virginia Medical Center as a Health Unit Coordinator (running an inpatient unit), celebrating a year of marriage and a new baby boy!

Laughter is the shortest distance  
between two adults.

— Victor Borge  
Danish Pianist & Comedian



## Hearing: An Overview



# 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:

- **Pinna:** the part we see on the sides of our heads
- **Ear Canal (External Auditory Canal):** the entry point for sound waves into the ear
- **Eardrum (Tympanic Membrane):** transmits sound from the air to the ossicles; separates the outer and middle ear

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

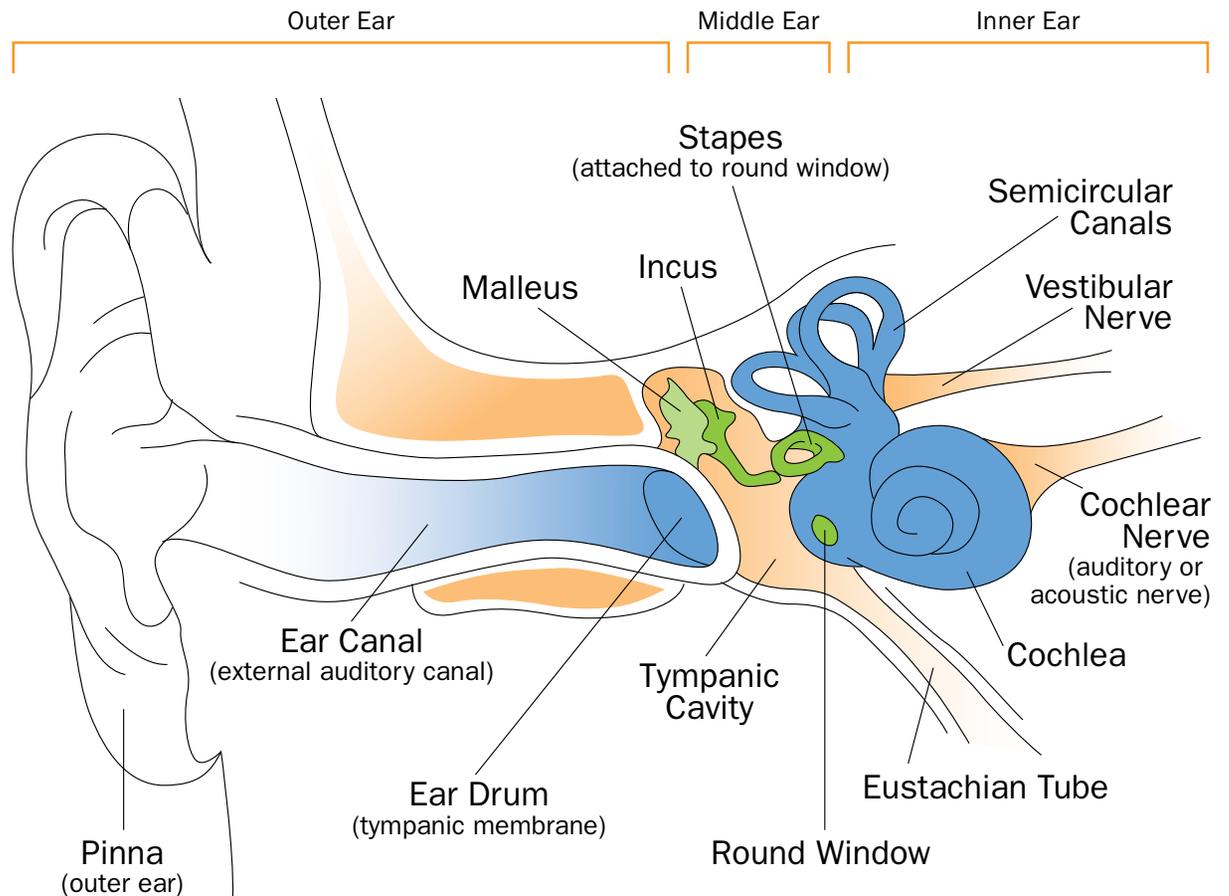
- **Eardrum (Tympanic Membrane)**
- **Ossicles:** three small bones called the malleus, the incus and the stapes that transfer the movement of the eardrum to the cochlea
- **Tympanic Cavity:** a small air-filled space surrounding the ossicles
- **Eustachian Tube:** regulates air pressure in the ear; allows for mucus drainage in the event of an ear infection

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

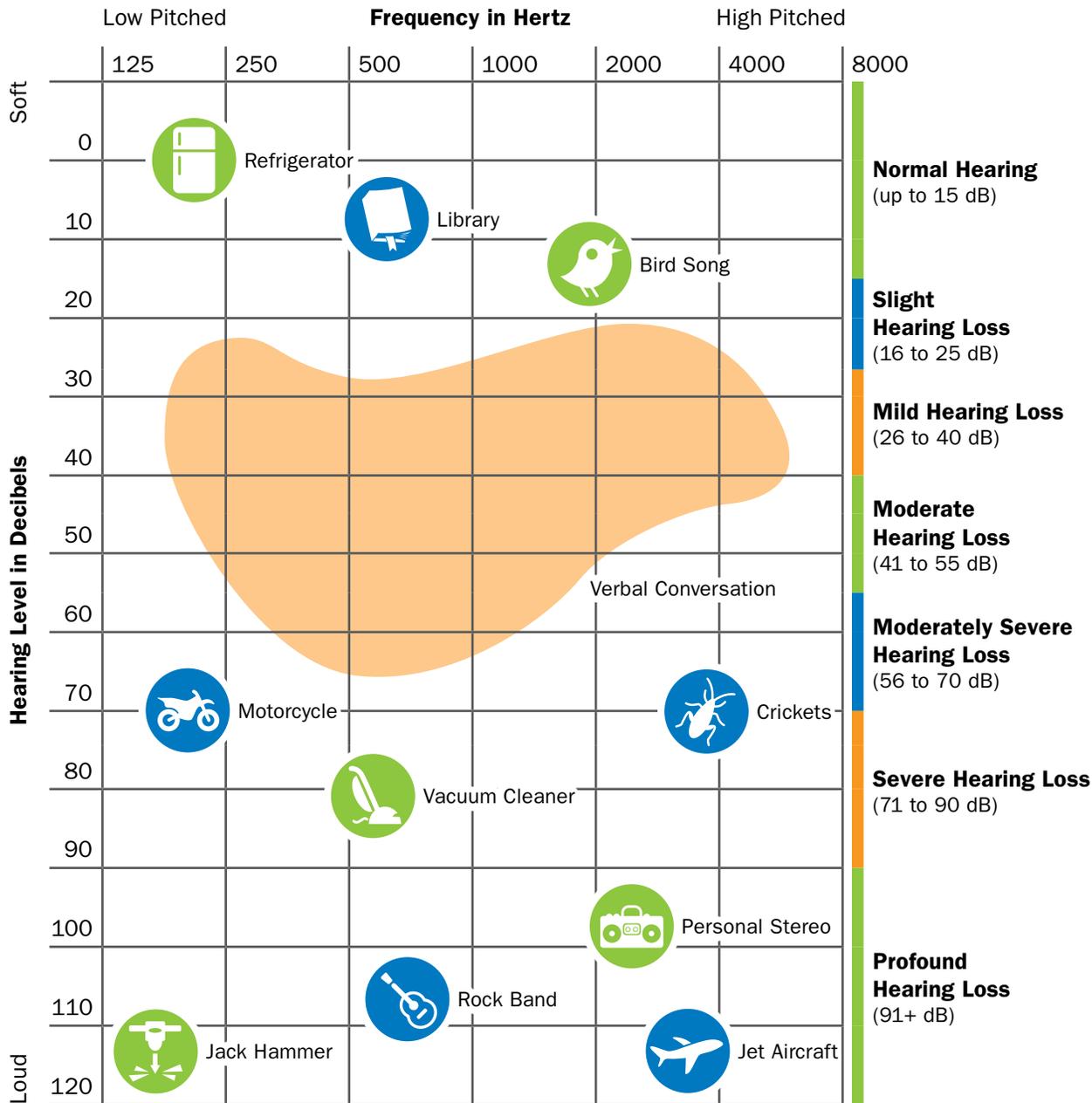
- **Cochlea:** the snail-shaped organ for hearing that converts sound to electrical signals and sends them to the cochlear nerve
- **Semicircular Canals:** help with balance
- **Vestibular Nerve:** nerve that goes to the brain and gives the brain information about balance
- **Cochlear Nerve (Auditory/Acoustic Nerve):** sends sound information from the ear to the brain

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

The **Auditory (Hearing) System** processes sound information as it travels from the ear to the brain, and includes brain pathways. It is broken up into three areas: the outer, middle and inner ear. Sound enters the ear through outer ear, and hits the eardrum (tympanic membrane), 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.

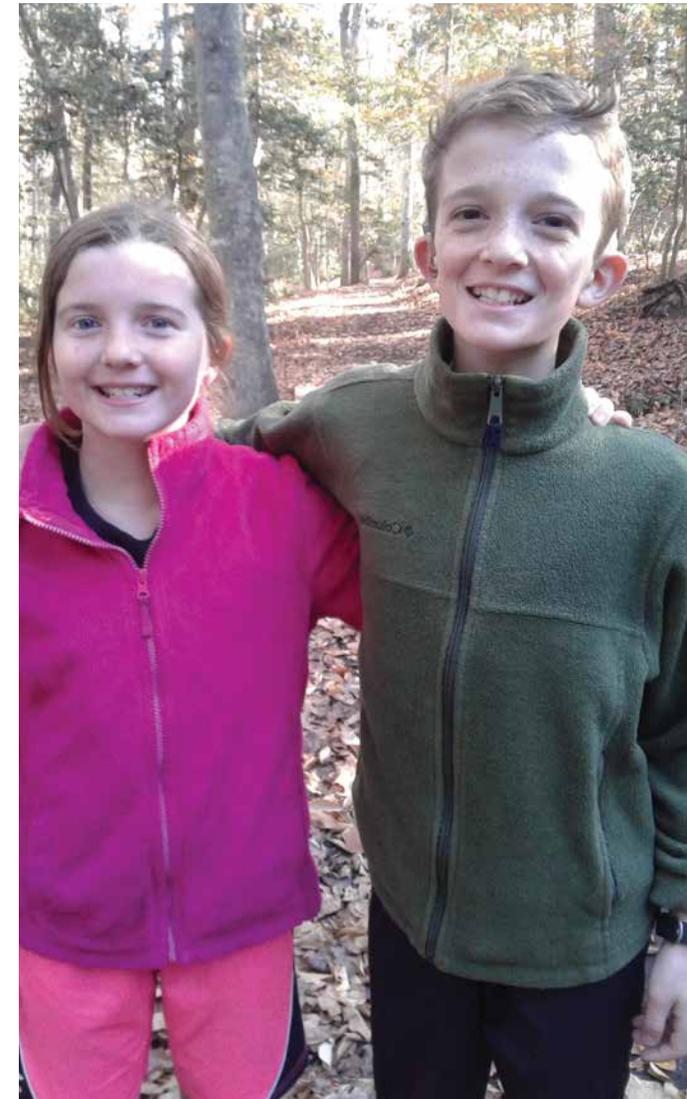


# Frequency & Intensity of Familiar Sounds



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

For more details about hearing loss and hearing thresholds, visit: [www.successforkidswithhearingloss.com/demonstrations/](http://www.successforkidswithhearingloss.com/demonstrations/)



# Being Deaf or Hard of Hearing – Degrees or Levels of Hearing Loss

## What Does the Degree or Level of Hearing Loss Mean?

It refers to the severity of loss, and is stated in terms of the loudness of sounds that are not heard. This 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.



## Challenges with Speech

Children with hearing loss cannot hear sounds well. They may have problems speaking clearly. They may:

- **Not use sounds like s, sh, f, t, or k.**  
These are quiet sounds that are hard to hear.
- **Not hear their own voices when they speak.**  
They may be too loud or too soft. They may speak in a high pitch. People may think they mumble or sound different.

Levels of Hearing Loss		
<b>Slight Hearing Loss</b>	<b>16 – 25 dB</b>	At 16 dB hearing loss, a child can miss up to 10% of speech when a speaker is at a distance greater than 3 feet. This category includes fluctuating conductive hearing loss, such as when a child has fluid in the middle ear, so the number of children with slight hearing loss is often underestimated.
<b>Mild Hearing Loss</b>	<b>26 – 40 dB</b>	For a child with a mild hearing loss soft sounds are hard to hear including whispering, which is around 40 dB in volume. The child also cannot hear some soft speech sounds that are spoken at a normal volume. At a 40 dB hearing loss, a child may miss 50% of classroom discussions.
<b>Moderate Hearing Loss</b>	<b>41 – 55 dB</b>	A child with a moderate hearing loss may hear almost no speech when another person is talking at a normal volume. Sounds that are loud to a hearing child with normal hearing will be a whisper to children with this level of hearing loss. At a 50 dB hearing loss, a child may not hear up to 80% of speech.
<b>Moderately Severe Hearing Loss</b>	<b>56 – 70 dB</b>	A child with a moderately severe hearing loss may have problems hearing sounds softer than 56 to 70 dB. An example of a sound at this level is a dishwasher (60 dB). At 70 dB hearing loss, a child may miss almost all speech.
<b>Severe Hearing Loss</b>	<b>71 – 90 dB</b>	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), a blender (78 dB) and a hair dryer (90 dB).
<b>Profound Hearing Loss</b>	<b>91+ dB</b>	Children with profound hearing loss cannot hear sounds softer than 91 dB. A child with a profound hearing loss will not hear any speech and will hear at most only very loud sounds. Examples of sounds they may hear are music players at full volume (100 dB) and car horns (110 dB).

Source: Type, Degree, and Configuration of Hearing Loss (<http://bit.ly/2xpx3lv>)

## Deaf/Hard of Hearing Plus (D/HH Plus)

Deaf/Hard of Hearing Plus (D/HH Plus) refers to children who have hearing loss in addition to other medical conditions that affect them medically, physically, emotionally, educationally or socially. It is important to note that 40% of children with hearing loss have an additional medical condition.

Some of these medical conditions include, but are not limited to:

- Visual Impairment
- Emotional Disabilities
- Down Syndrome
- Autism Spectrum Disorder
- Learning Disabilities

Often, hearing loss and additional medical conditions can interact with one another in a way that makes it difficult to isolate the reason for a child's developmental delay. It is essential that families and professionals must keep lines of communication open so they can better understand what is happening with the child. Sometimes multiple diagnoses can lead some professionals and/or parents to lower expectations for these children. Parents and professionals must keep expectations high for children who are D/HH Plus.

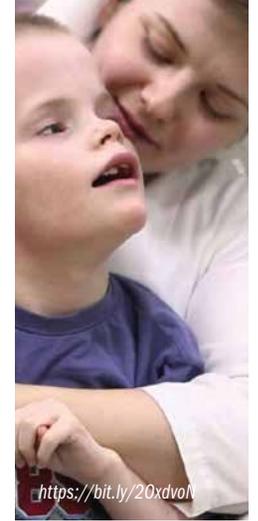


Candace Lindow-Davies with Minnesota Hands & Voices and mother of a D/HH Plus child beautifully states what D/HH Plus means to her:

*D/HH Plus is meant to be a positive term, not in any way negative or insensitive to the child who has medical issues along with hearing loss. In fact, I see it as an 'A+' or 'B+', meaning the child carries additional positive qualities. But it is a gift that needs to be carefully unwrapped. And it may not appear to be a gift when you first receive it. Time helps you appreciate, understand and unfold the possibilities. And the "Plus" most often means the child and family has added responsibilities and requires additional expertise.*

Parents of children with D/HH Plus are especially encouraged to connect with other families who share with same journey to understand that they are not alone. To find further information, the National Center for Hearing Assessment and Management (NCHAM) along with Hands and Voices has wonderful content dedicated to the education and support of children with D/HH Plus.

*Written by Teri Urban, Chair, Virginia Hands & Voices.  
Source: <http://bit.ly/2LpSYEF>*



## About Deaf-Blindness

Deaf-Blindness is often mistakenly thought to apply only to individuals who do not see or hear anything. However, it applies to individuals with varying degrees and types of both a vision and a hearing loss.

The combined effect of hearing and vision loss requires strategies that are different from those for children who have only hearing or vision loss. It is critically important to ensure that children and young adults with deaf-blindness are given consistent access to their home, school, and community environments to develop communication and understand their world.

The Virginia Project for Children and Young Adults with Deaf-Blindness is federally and state funded to provide technical assistance, training, and information to families, service providers, and educators of individuals with deaf-blindness (birth to age 21).

### More Information:

**Ira Padhye**

[iapadhye@vcu.edu](mailto:iapadhye@vcu.edu) | 804.828.2052

# Unilateral Hearing Loss



## A Game Changer

### Jackie Einsig

Abbie has unilateral hearing loss with a profound loss in her left ear. She wears Phonak CROS II hearing aids and uses a FM System at school and at home. The CROS II hearing aid picks up sounds and voices and wirelessly transmits them to the working ear. These devices were a game changer for her. You can see a positive change in behavior, less fatigue and she verbalized less anxiety in social situations.

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

Listening with both ears provides awareness of the direction of sound, ability to hear in 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. The child might appear to be developing normally but might be struggling to hear in difficult listening situations. Although the response may seem similar to a child with typical hearing there are differences and potential challenges.

Source: Christine Eubanks, PhD, Audiologist at VCU CI Center

## Learning Challenges

- Many of these challenges can be decreased if the child wears a hearing aid on the ear with hearing loss.
- Even though the child may hear in one ear the child may miss part of what is being said.
- Learning challenges may include difficulty learning sound/letter associations in typically noisy kindergarten and first grade settings, missing parts of directions, decreased ability to hear what other children are saying in the classroom or what the teacher says to other children.

## Accommodations in the Classroom for the Student with Unilateral Hearing Loss:

- Inform teachers
- Seat student with the better hearing ear facing teacher
- Place student away from hall noise
- Allow child to change seat locations to direct the normal hearing ear toward the primary speaker
- Student should be encouraged to turn in his or her seat to face a classmate who is speaking

Source: <https://bit.ly/2QLLECT>



# Hearing Screening Tests & Hearing Tests for Children

None of these tests are risky or painful. Each measures a different part of the auditory system, so they all have to 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 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.

## Types of Tests

- 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 even easier. 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 administered with an earplug in the ear. The earplug is placed in your child's ear and gentle pressure is used to see how well the eardrum is moving.

## Behavioral vs. Objective

**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). The ABR, OAE and Tympanometry tests are **objective tests**, which means that the responses can be measured without your child's cooperation.

Source: Christine Eubanks, PhD. Audiologist at VCU CI Center



## Your Daughter Failed Her Hearing Test In Her Left Ear... Twice



This was December 8, 2012. Those words hit me like a ton of bricks. I pretended as if I did not understand what that meant so I asked the doctor. Danielle was only two days old and was still being cared for at the NICU. Everything he said from that point was lost to my ears. In fact, I knew exactly what that meant because, not only was I in the process of completing a care-giver assignment for school in which I had interviewed the parents of a kid with profound hearing impairment, I still had a vivid memory of some of the many faces of children I grew up with in Ghana, West-Africa who were born deaf, and the stigma they have often faced in their communities. Then I felt thankful, knowing that she would grow up where she can thrive and become very successful. I was hopeful because of the vast resources and opportunities available to her, including the ability to even acquire spoken language.

### Danielle Amoako

Danielle was referred for audiological services and was diagnosed with profound hearing loss in her left ear and a moderate-severe hearing loss in her right ear. She currently has a cochlear implant in her left ear and wears a hearing aid in her right ear. Working with her amazing audiological team, the Early Intervention program, and with family and friends, Danielle transitioned into the public school pre-k program when she turned three and she is about to start kindergarten this fall. She is so excited about school and the fact that she is going to be in kindergarten.

It has been a long journey and though as a mother I sometimes feel anxious about her future, as a team we are all excited for her and I believe we can all agree that Danielle is Kindergarten-Ready!



## Our Journey to Succeed

### Mary Lynn Jones

Brady was born full term, August 19, 2012, in Charlotte, NC and failed his newborn hearing screening. We were told to follow up with the Audiologist and given a contact number for that. We followed up and over and over again he would not pass the ABR's, but they weren't sure if it was due to fluid on his ears. Finally, at 6 months, we were referred to an ENT and he got tubes put in and while under anesthesia, they did another ABR, and it was definitive that he had sensorineural hearing loss (profound in his right ear, and moderate/mild in his left ear).

Our ENT immediately referred us to an Audiologist. A month later he was fitted for his first hearing aid in the left ear (his loss was too profound to aid in the right ear). We were referred to specialists to try to find the cause of his hearing loss and began our journey with early intervention as well.

In North Carolina, there is an organization called "Beginnings" that has Parent Educators who come and support families with children with hearing loss to educate and provide them with the list of resources that they need.

We were given a video to watch with all of our communication choices and were told to decide as a family how we wanted to communicate with our child. Based on our choice we were given a list of resources and contacts to help support us in our journey to help Brady succeed. Having that information available to us was paramount to our success in helping Brady and getting him every resource he needed.



When Brady was 1, we began Auditory Verbal Therapy (AVT). We had him evaluated and decided that a cochlear implant would benefit him on his right ear, so we started that process. He was implanted at 2 years old. He eventually transitioned from Early intervention to the school system. That process went very smoothly with the help of all of our resources and the Parent Educator from "Beginnings" to help us. Brady was placed in a wonderful preschool class that had all the services and accommodations that he needed to succeed.

We moved back to Virginia when Brady was 4 years old and transitioned his IEP and preschool services. Brady is now in Kindergarten and doing very well. Having a good support system in place has been what has helped our family the most throughout the process. A good team of professionals and parents all working together is what makes things work.

I recommend that each kid with hearing aids try out some of the things that the school has, such as the Roger Pen, FM system, and the sound tower. When the noise is way too loud in the cafeteria, I turn down the hearing aids. — Henry, Age 10

”

## Learning About Hearing Devices



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

”

## Virginia Hearing Aid Loan Bank (VHALB)

VHALB is a program that lends hearing aids and FM systems to children from birth through age 18 whose hearing loss is confirmed by an audiologist. The initial loan period is six months but can be extended by three months in certain circumstances.

To qualify, families must be residents of Virginia and be in the process of securing permanent hearing aids through insurance or other means. Parents can apply for hearing aids and FM systems by completing an application form. The child's audiologist must complete a portion of the application. The Hearing Aid Loan Bank currently has 110 hearing aids and 10 FM systems to loan to eligible children.

### Information & Applications

To get started with the application process, visit the Virginia Early Hearing Detection and Intervention Program's homepage: <https://bit.ly/2B7VMSC>

Here you will find links to important information and applications for VHALB.

Be sure to read and review these important documents:

- VHALB Policies and Procedures
- Hearing Aid Loan Bank Application
- Loan Bank Extension Application
- Hearing Aid Loan Bank Application (Spanish version)

### For More Information:

#### Blue Ridge Care Connection for Children

Lisa Powley  
434.924.0222 | 1.866.596.9367

## Hearing Technology: Types of Hearing Devices

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 make the most of their residual hearing. For those parents who choose to have their child use technology, there are many options.

### 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. They 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 for growing ears.



### Cochlear Implants

Cochlear implants may help children with severe to profound hearing loss — even very young children. A CI gives a child a way to hear when a hearing aid is not enough. Unlike hearing aids, 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.

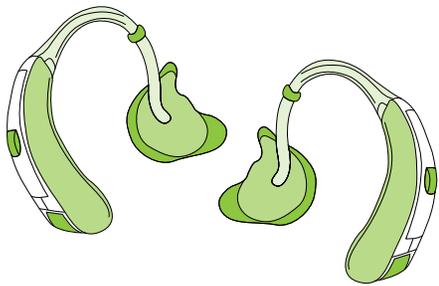


### Bone-Anchored Hearing Devices

This type of hearing aid can be considered when a child has either a conductive, mixed or unilateral hearing loss. It is suitable for children who cannot otherwise wear *in the ear* or *behind the ear* hearing aids due to chronic ear infections or malformations of the outer or middle ear.



# Hearing Aid Maintenance



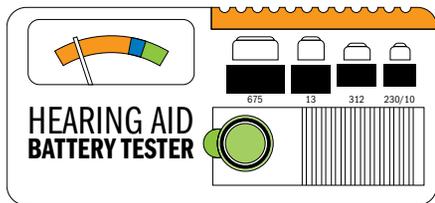
## Check Hearing Aids Often

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 their 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 the battery from draining all night and increase battery life.

## Test Battery

Batteries only last 1 to 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.

Do not use batteries with any corrosion. **BATTERIES ARE POISONOUS! KEEP ALL BATTERIES OUT OF REACH OF CHILDREN AND PETS.**

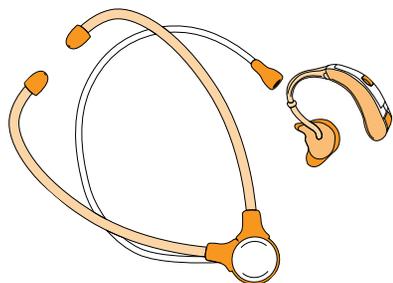


## Care & Cleaning

Hearing aids that are not water proof or water resistant (most hearing aids) 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 the earmold 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 a hearing aid dryer nightly. Remove the battery, open the battery door, seal the hearing aid tightly in the hearing aid dryer. One drop of moisture in the earmold tube or hearing aid can prevent a child from receiving amplified sound.

## Listen To the Hearing Aid

You should soon become skilled at knowing what your child's hearing aid should sound like using a stethoset. 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 how clear the sounds are. 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. Report changes you perceive to your audiologist who can test the aid further.



## 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 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)



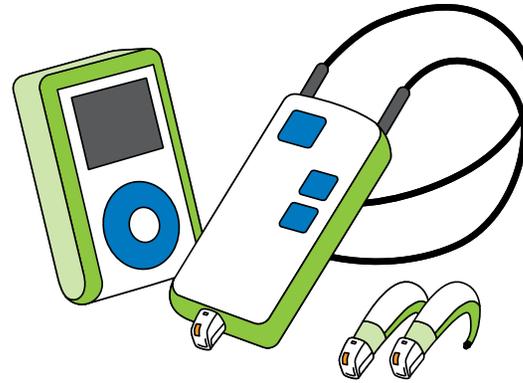
## Assistive Listening Devices

Assistive Learning Devices (ALDs) are amplification systems that can be used with hearing aids or cochlear implants to make listening easier in the classroom. These systems separate the sounds, particularly speech, that allows the student to hear better in noisy situations. ALDs help by:

- **making sounds clearer**  
*by allowing the student to hear the teacher directly and reducing echoes*
- **decreasing background noise**  
*to prevent distraction and help the student to focus*
- **helping the student hear from a distance**
- **lowering listening fatigue**

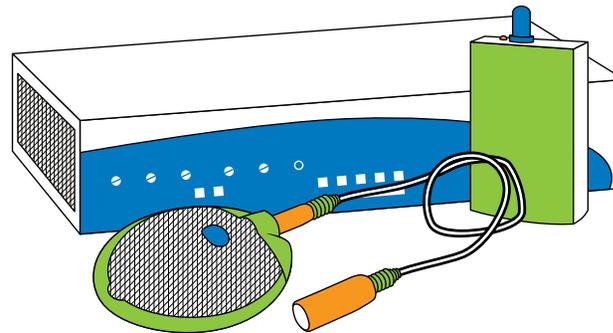
While there are different options for usable technology, the basic idea is the same for all. The speaker wears a microphone and transmitter. The listener wears a receiver that is coupled to their hearing aid(s) and/or cochlear implant(s). The spoken signal is transmitted via FM radio waves from the speaker to the listener. The radio frequencies used in education are dedicated bands to prevent channel interaction from other FM broadcasting. It is important to remember that FMs being used in other classrooms can interfere with other educational channels and an audiologist can help to properly establish dedicated channels for each classroom. Check with your manufacturer to see their ALD and hearing aid accessory options.

## Accessories for Hearing Aids



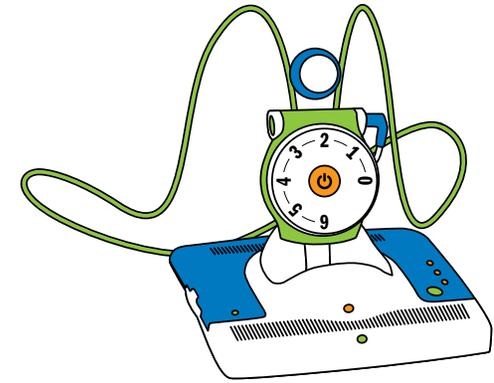
### FM System

ALD that uses radio broadcast technology. Often used in educational settings, this system offers mobility and flexibility when used with portable body-worn transmitters. Some FM systems utilize miniaturized receivers that fit onto a hearing aid via a boot.



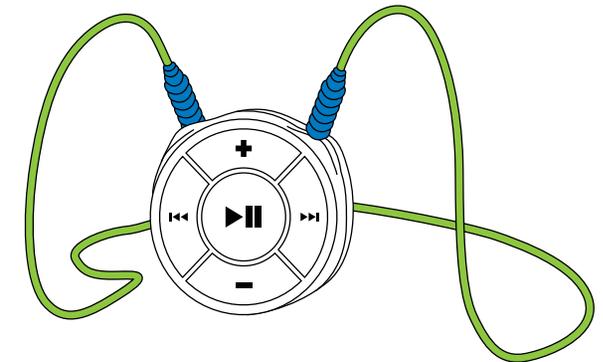
### Induction Loop System

ALD that uses an electromagnetic field to deliver sound. It offers convenience to groups of t-coil hearing aid users because those users do not require body worn receivers. This system can be used by non-hearing aid users with headphones and an inductive loop receiver.



### Infrared System

ALD that uses light-based technology. It guarantees privacy because light does not pass through walls, so it is the appropriate choice for situations that require confidentiality. Infrared systems are frequently designed for entertainment use, like TV listening.



### Bluetooth Streaming Device

Makes it easy to connect wirelessly to various devices like cell phones, music players and televisions.

Source: National Association for the Deaf (<https://bit.ly/2xdi9RG>)

# Wearing Cochlear Implants

## Watch It: Hearing Loss & Cochlear Implants

See video about Cochlear Implants:

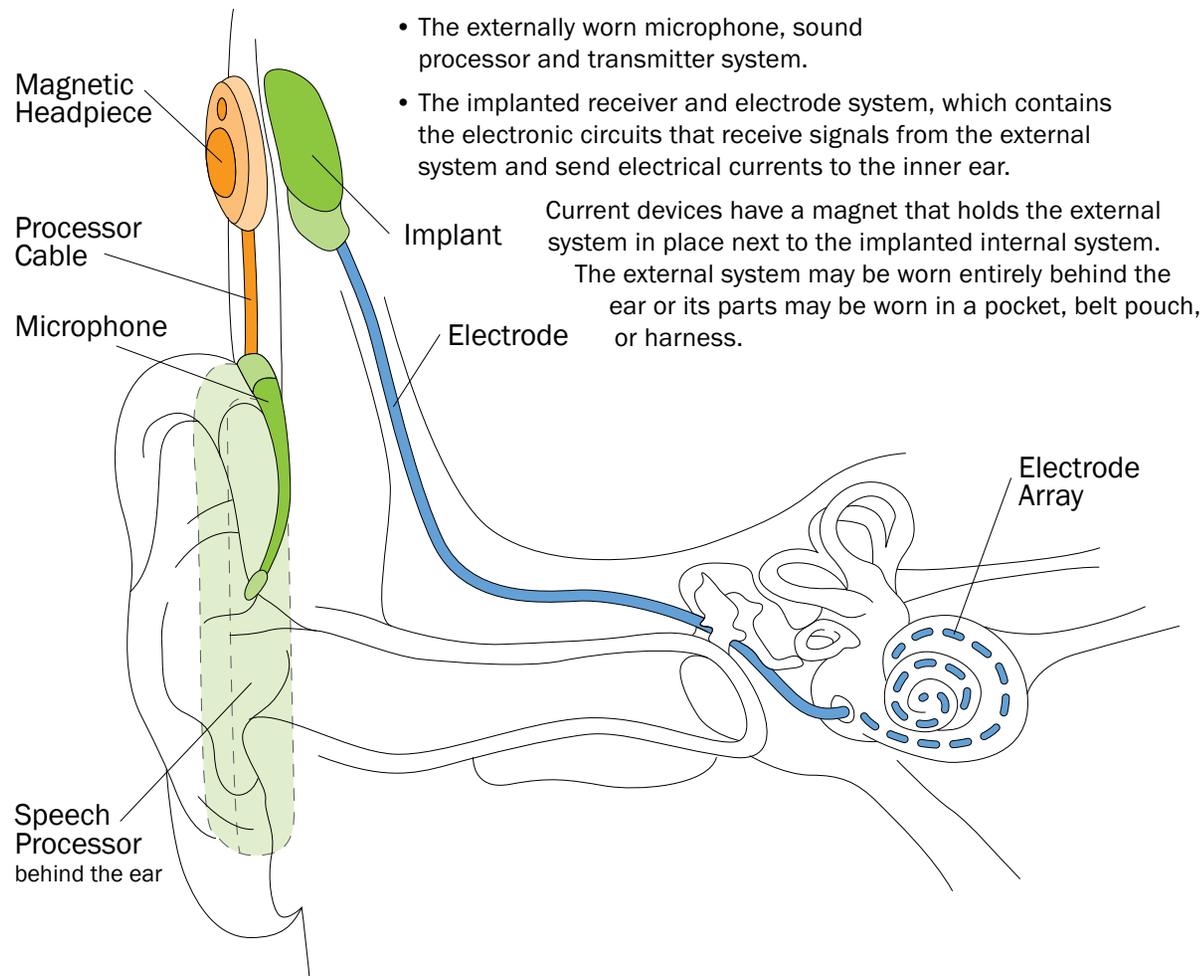
[Chloe's Story](https://bit.ly/2vBy782) – <https://bit.ly/2vBy782>

### 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.

A cochlear implant 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.



When Marielle was asked about her thoughts on wearing her cochlear implant in the water she responded: “It was hard at first because the coil was always falling off. It makes me feel like a normal kid.”

— Marielle, Age 5



### Why Wear Hearing Aids Before Cochlear Implant

It is important to provide your child 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 hearing aids.

Christine Eubanks, PhD, Audiologist at VCU CI Center

## Frequently Asked Questions About Cochlear Implants

### How Does a Cochlear Implant 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 it to the speech processor. The power comes from the battery 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.

### Paying for Cochlear Implants

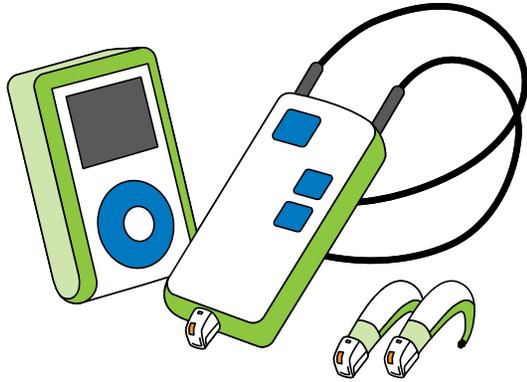
**How Much Do Cochlear Implants Cost?** The average cost for one cochlear implant, including pre-implant evaluations, the implant devices, surgery and post-surgical fitting, can range from \$40,000 to \$100,000 depending on individual need and the center at which the surgery is performed. Many individuals are now being fitted with two devices.

**Do Insurance Companies Cover Implants?** Because cochlear implants are recognized as standard treatment for severe-to-profound sensorineural hearing loss, most insurance companies cover them. Medicare, Medicaid, the Veteran’s Administration and other public health care plans cover cochlear implants. More than 90% of all commercial health plans cover 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?** Determine specifically why the cochlear implant was denied and make sure you have it in writing. If you do not receive a written denial, ask for one. An appeal is most effective when written 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. Also, contact your cochlear implant center and advocacy groups and ask for help.

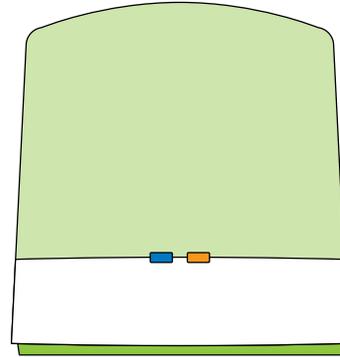
Sources: ASHA (<https://bit.ly/2nvZ7Bw>) and FDA (<https://bit.ly/2ntlw2k>)

## Accessories for Cochlear Implants



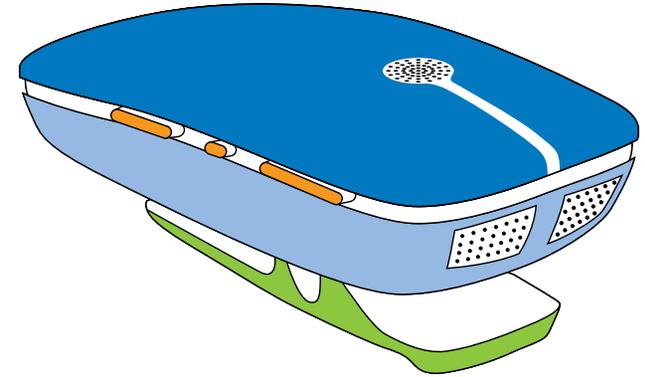
### Personal FM System

A wireless microphone that transmits speech directly to a sound processor. The speaker wears a microphone to capture their voice, and the signal is then sent via the transmitter to the receiver, which is placed on the hearing aid or cochlear implant.



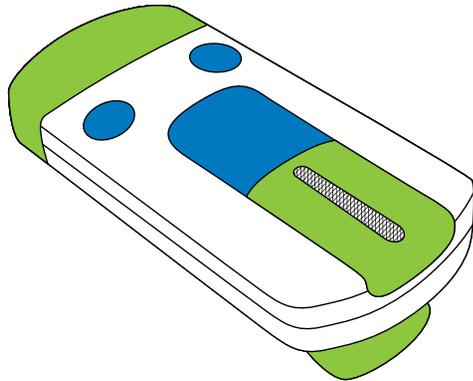
### Wireless TV Streamer

A wireless device that transmits the TV's auditory signal directly to a sound processor. This device also includes a remote that allows people with hearing aids or cochlear implants to adjust the volume without disturbing other viewers.



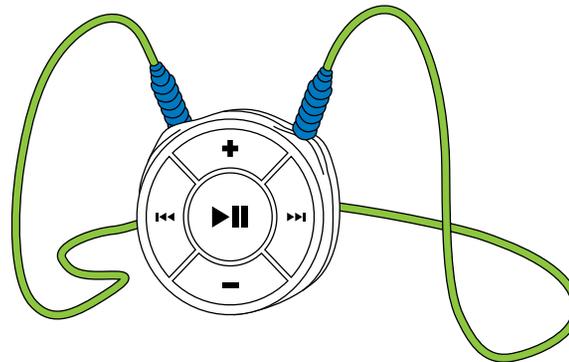
### Mini Mic

A portable wireless microphone that transmits sound directly into a sound processor. This device is very useful in places where surrounding noise makes it difficult to hear, like in the car or at the playground.



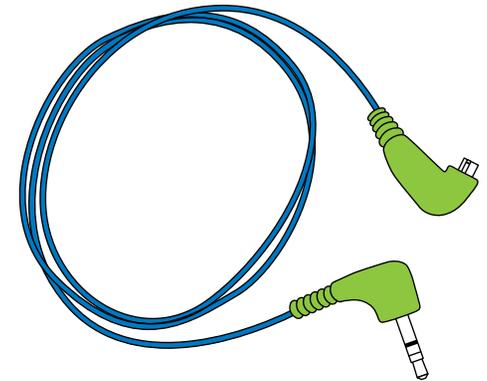
### Wireless Phone Clip

A wireless clip-on device that transmits sounds between a Bluetooth enabled phone and a sound processor. This device allows users to hear all sounds made by their phone directly through their cochlear implant.



### Wireless Streaming Accessory

A wireless device that allows the sound processor to be connected to computers, navigation systems, Bluetooth products and many other devices.



### Personal Audio Cable

Connect your sound processor directly to any electronic device that has an audio output, including computers, televisions, music players and cell phones.

## Types of Devices

There are several different types of Bone Anchored Hearing Devices, including:

- Bone Anchored Hearing Aid (BAHA) by Cochlear
- Ponto Softband & Pronto System by Oticon
- Adhear by Medel
- CROS II by Phonak



## Bone Anchored Hearing Devices

Bone anchored hearing devices are used to help people with chronic ear infections, deformities of the external ear (microtia), absence or closure of the external auditory canal (atresia) and single sided deafness (when a person has normal hearing in one ear and a hearing loss in the other ear that would not benefit from a traditional hearing aid). The bone anchored system is surgically attached behind the ear and allows sound to be conducted through the bone rather than through the middle ear – a process known as direct bone conduction.

Children with microtia usually do not have surgical reconstruction of the ear until they are between the ages of 6 and 10 years of age. Early counseling can be helpful for parents so that they know what to expect as their child grows. Most children born with microtia will develop and grow normally.

The Phonak's CROS II uses two hearing aids that fit behind each ear. The hearing aid fitted on the side of the ear with hearing loss has a microphone and a transmitter, that send sound to the normal hearing ear. The CROS does not amplify sound but rather transmits sound from the ear that is not audible, to the ear with normal hearing.



### A Bit of Sparkle

**Valerie Abbott**

When my daughter, Bridie, was in 7th grade she met another girl who wore hearing aids. Her new friend was fascinated with Bridie's hearing aid molds, which were swirled with bright colors and silver glitter. She handed them to her and said, "Look — they come in every color. You can even mix the colors and add glitter, too." The girl was amazed, perhaps because hers were clear. One year later, Bridie met the girl again. She was so excited to see her wearing bright colored molds. I think Bridie felt like she shared something important with her new friend and that her new friend listened and benefitted from her knowledge.



<https://prn.to/2QrMtkc>

# Communication & Language



*When talking about communication and language, professionals may use words 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, such as listening and speaking, signing and 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 that 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 Communication & Language

	Communication – The Method	Language – The Tool
Definition	Communication is the exchange of information between two or more people by speech, sign, signal or behavior.	Language is an abstract system of symbols and meanings governed by grammatical rules.
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, Urdu, American Sign Language, British Sign Language, etc. Every culture and ethnic community has one or more languages with which they identify and which is used within their community.



### The Importance of Gesture in Child Development

When teaching math and science, teachers should try to be in an ideal position to point and use other gestures while explaining concepts in front of a board or when interacting with physical objects in the world.

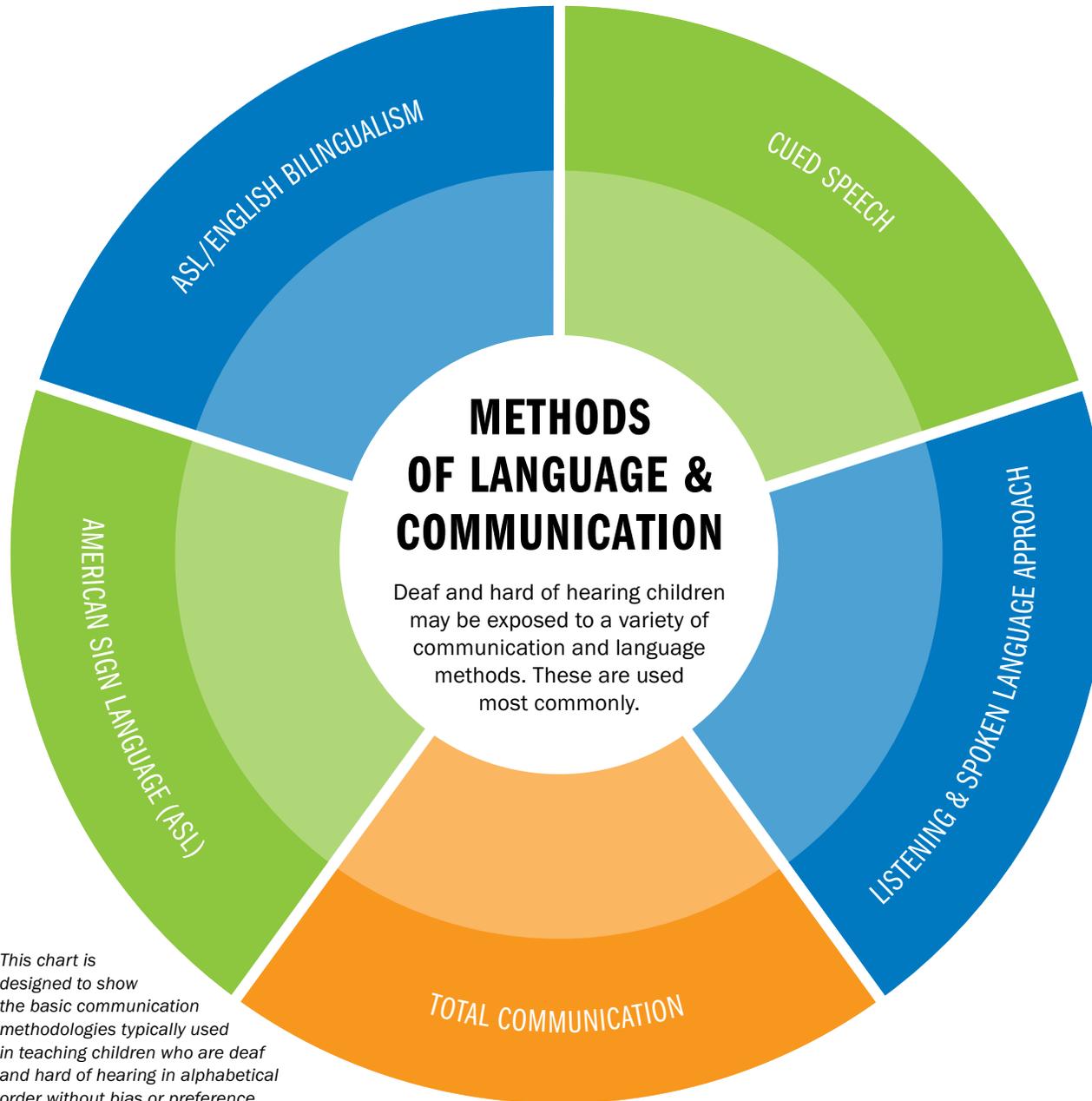
Hard of hearing children who are learning spoken language should not be discouraged from using gestures. Adults communicating with deaf and hard of hearing children should not refrain from using gestures. Gesture should be used naturally with either speech or sign.

Although research on this topic is still new, it may be valuable to alert sign language interpreters to the importance of gesture and encourage more natural pointing and gesturing during interpreting. This can include pointing to the board where the teacher is standing or pointing to material on the board.

*Sources: Visual Language and Visual Learning Science of Learning Center. (2013, June). Different Ways of Thinking: The Importance of Gesture in Child Development. (Research Brief No. 10). Washington, DC: So-One Hwang, Melissa Herzig, and Carol Padden.*



# Communication & Language Chart



*This chart is designed to show the basic communication methodologies typically used in teaching children who are deaf and hard of hearing in alphabetical order without bias or preference.*



## Are Sign Languages Real Languages? ””

American Sign Language (ASL) is a real language. It possesses the identical levels of language organization found in all spoken languages, specifically, the Phonological (or sub-lexical), Morphological, Semantic, and Syntactic levels of language organization.

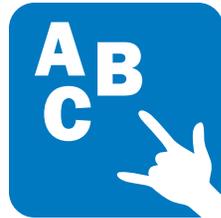
— Dr. Laura Ann Pettito  
Brain & Language Lab for Neuroimaging



## Types of Communication & Language Defined



**American Sign Language (ASL)** is the language used by many deaf people to communicate with each other and with hearing people who know the language. ASL is a visual/gestural language that has no vocal component. With signing, the brain processes linguistic information through the eyes. 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/English Bilingual Approach** is one that supports the acquisition, development, and use of American Sign Language and English. ASL is a visual language; English is a spoken and written language. The goal of this approach is for each child to develop linguistic proficiency in ASL and English in the written and spoken form (as is appropriate for the individual child). Because spoken English is a component of this approach, it is valued, encouraged, and incorporated and is specific to an individual child's characteristics and goals.



**Cued Speech** is a visual communication system — mouth movements of speech combine with “cues” to make all the sounds (phonemes) of spoken language look different. When cueing English, eight handshapes distinguish consonant phonemes and four locations near the mouth distinguish vowel phonemes. A handshape and a location together cue a syllable.



**Listening & Spoken Language Approach (LSL)**, previously referred to as the Oral or Auditory-Verbal Approach, is a collaborative, family-centered educational approach that promotes the development of a child's listening abilities and spoken language. With the goal of helping the child learn to listen and talk, parents and family members play a key role from the first stages of identification. LSL integrates the most current learning and academic strategies, along with the most sophisticated hearing technologies, (e.g. hearing aids, cochlear implants, assistive listening devices) to assure the best possible access to sound.



**Total Communication (TC)** is an educational philosophy that incorporates the use of any and all means of communicating. This may include a combined use of sign language, fingerspelling, gestures, body language, facial expression, listening and spoken language and speechreading. The goal is to optimize language development in a way that is most effective for the individual child.

## 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 as much as possible** all the communication modalities and language opportunities. Families can make their best decisions when they are familiar with all of the communication modalities and language opportunities.
- **Recognize that no decision is permanent** and that you can revisit the communication approach at any time based upon your child's needs and/or new developments.
- **Learn as much as possible about your child's strengths** both auditorily and visually and use communication strategies that take advantage of your child's abilities to acquire language. Each child is unique.
- **Communication choices are not exclusive.** You do not need to pick one or the other. Many children who are deaf and hard of hearing use both speaking and signing. People who are deaf or hard of hearing often use an array of modalities including listening, watching, signing and talking.
- **Monitor your child's language and communication progress** and make adjustments to communication modalities, technologies, and strategies as needed.
- **Remember that the goal for your child is to develop language** that is the same as the language level of their hearing peers.



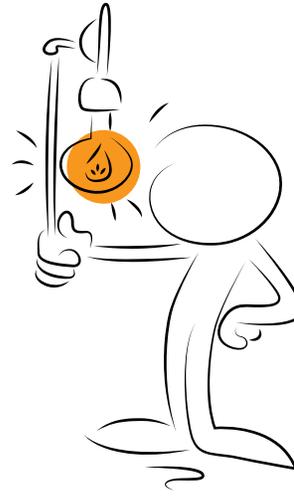
# Help Your Child Access Language & Communication



**1 | Get Your Child's Attention**  
Such as using eye contact.



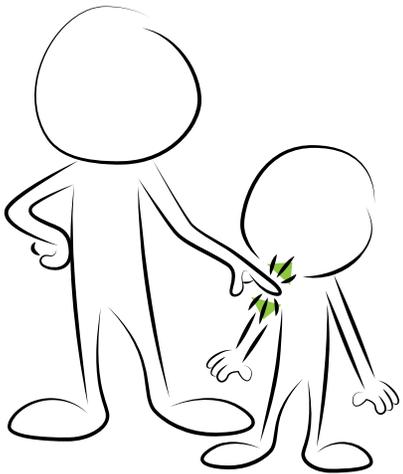
**2 | Be on the Same Level as the Child**



**3 | Put Lighting on Speaker's Face**



**4 | Recognize the Child Making Communication Attempts**  
And expand on them!



**5 | Use Touch**



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



**7 | Set High Language Expectation**



**8 | Repeat & Rephrase When Necessary**

Question: "Do you want a drink?"  
Rephrase: "Would you like some water?"

# Tool for Reading Literacy



## Quite a Ham

### Rachel Hockman

My middle son will be 12 in 3 weeks. He was diagnosed bilaterally deaf at 18 months and received his first implant at 2½ years old and his other side at 7 years old. He is a social butterfly and an incredible athlete. He's charming and quite a ham.

We do family fun night and normally do karaoke. His favorite song, by Brandon Heath, is "Give Me Your Eyes." My son sings it every time. He's not the best singer, but he gave it his all and he has great showmanship. He never gives up hope. Sixth grade is really hard for him this year but he's a determined little guy. His younger sister is also bilaterally implanted. Thank Brandon for making a beautiful song.

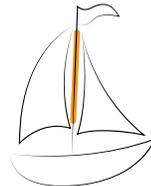
Source: Facebook, January 2016.  
Video no longer available.



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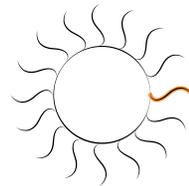
eagle



boat



dog



sun

## See The Sound — Visual Phonics® (STS-VP)

This system of 46 unique hand cues and written symbols represents the sounds of English. It was developed in 1982 and has been in use ever since. Included are the sounds commonly referred to as vowels, consonants, diphthongs and digraphs. STS-VP is a visual and kinesthetic tool which has been found useful in helping children develop their early sound-letter reading skills and may help children learn to pronounce speech sounds.

To the left are five examples of STS-VP hand cues. Complete information about See The Sound-Visual Phonics® can be found at [www.seethesound.org](http://www.seethesound.org). In Virginia, STS-VP training is available through the Technical Assistance Center for Children who are Deaf/Hard of Hearing (<https://bit.ly/2Mkr8tR>).

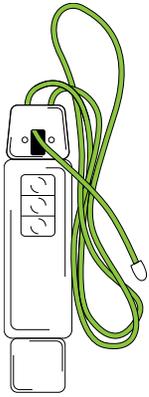


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# Advancing Technology for Independence

## 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.

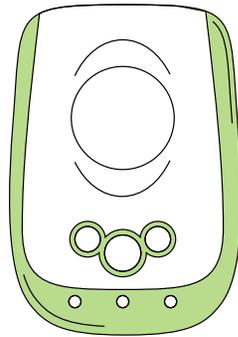


## Flashing, Vibrating Alarms

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

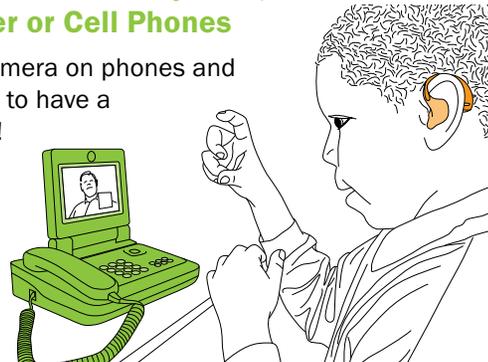
## Doorbell Flashers

Lights indicate when someone rings the doorbell.



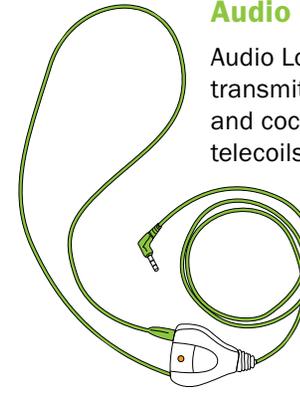
## Signing on the Videophone, Computer or Cell Phones

Use the camera on phones and computers to have a video chat!



## Audio Loop Systems

Audio Loop Systems magnetically transmit sound to hearing aids and cochlear implants with telecoils (t-coils). Many loop systems are Bluetooth enabled and are compatible with a variety of devices, including computers, televisions, mp3 players and cell phones.



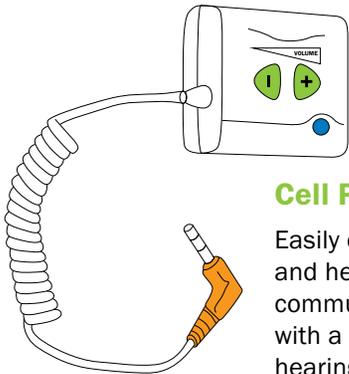
## Text Messaging

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



## Cell Phone Amplifiers

Easily connect mobile phone and headset to provide communications for those with a mild-to-moderate hearing loss.



## Captioning

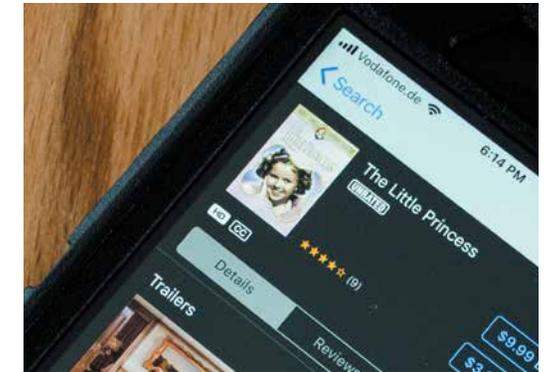
Many television programs, videos, and DVDs are captioned. Television sets made after 1993 are required to show the captioning. You don't have to buy anything special — just use the menu on the remote to turn captions on. Captions show in conversation spoken in the soundtrack of a program on the bottom of the television screen. Captioning now includes descriptions of sound effects (like loud bang, soft music, etc).

## Keys to Access



### The Described & Captioned Media Program:

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 (DVD, video streaming). 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 Captions

This system displays text on a screen to give the viewer information about what is happening, like dialogue and descriptions of sound effects. Today, most video media is available with closed captions.

When you are in your favorite video app, look for the CC icon to access captioned content. Some apps allow you to customize captions, including styles that are larger and outlined for better legibility. For those who are deaf-blind, Apple users can use VoiceOver to access closed caption and subtitle tracks through their braille displays.

#### List of Apps with Closed Captioning:

<https://bit.ly/2OqzRIs>

# Fun Sign Language Learning Apps



**ASL Dictionary from NTID**

Apple & Android

This app from the National Technical Institute for the Deaf shows 2,700 signs and 650 sentences that demonstrate how signs change, or “inflect”, to convey different meanings. The sentences show the full range of ASL grammar.



**ASL Dictionary Sign Language**

Apple & Android

Thousands of videos with over 5000 words, 460 multiple ways to sign the same word and 670 multiple meaning words. Also includes fingerspelling recognition and exercises, and quizzes to help you learn.



**ASL Fingerspell American Sign Language Dictionary**

Apple

Use ASL fingerspell recognition, quizzes and dictionary to help you recognize fingerspelling. Many of the words in this app do have ASL signs, they are fingerspelled on purpose for recognition practice. No signed words – only fingerspelling.



**ASL Fingerspelling by MemoryGap**

Apple & Android

Learn and master all the letters and numbers using ASL Fingerspelling with a minimum of effort. Our algorithm builds on the pioneering work of memory and learning psychologists, transforming 150 years of research into app form.



**ASL from Zoosware**

Apple

This app allows you to easily learn ASL at your own pace. You can review ASL vocabulary, practice with quizzes, and use the search feature to easily locate signs. All signs have descriptions and memories to help you remember.



**ASL Kids – Sign Language**

Apple & Android

Watch other kids sign! Our ASL experts are 1 to 12 years old, and teach you common signs from the ASL dictionary and baby sign language. All signs are accompanied by large images and audio buttons to stimulate speech and hearing.



**ASL Translator**

Apple & Android

30,000 words translated into video in real time via WIFI. Translate entire books, emails, documents or other text. Insert text into the text box and see the video translation. This app also includes an offline version with common idioms and phrases.



**ASL with Care Bears**

Apple

Designed for kids learning American Sign Language, this app is packed with over 400 signs and phrases related to feelings, hobbies, friends, family, and more. Learn common signs, popular phrases, names of Care Bears, and the ASL alphabet.



**ASLdeafined**

Apple & Android

An extension of our subscription-based website, this app is for anyone who wishes to learn ASL, regardless of age. It is designed to instruct students, parents, and the community-at-large. All lessons are taught by deaf experts of ASL.



**DCMP – Described & Captioned Media Program**

Apple

Watch 4000 educational videos from our vast library of accessible content featuring captions and/or descriptions for students who are deaf, hard of hearing, blind, visually impaired, or deaf-blind. Free for qualifying students and parents.



**Sign Language: 101**

Apple & Android

If you are looking for a proven way to learn ASL come join our mobile app learning platform. In 10 simple lessons, our ASL expert will have you signing and communicating. Come learn the most beautiful language you’ve ever seen!



**Signed Stories**

Apple

Best-selling children’s stories performed in American or British Sign Language. Includes useful tips for parents, video vocabulary builder, and interactive language games. Optional captions can be customized for children with special needs.



**Signing Savvy Member App**

Apple & Android

Free for members of Signing Savvy, an online ASL and fingerspelling resource, this app features access to high-quality sign videos, and vocabulary word lists. Create virtual flash cards out of word lists to practice your signing.



**SignShine**

Apple

Baby Sign Language videos of your favorite children songs all in one App. Learn how to sign your child’s favorite song or rhyme. Great way to encourage early communication and to help strengthen the bond between parent and child.



**The Giant Turnip – ASL**

Apple

Interactive and bilingual ASL/English storybook app designed for visual learners, especially deaf children between ages 3 to 7. Based on a classic Russian story, the app covers storytelling in sign language and print.

*This list is not exhaustive nor does the inclusion of any app indicate endorsement or recommendation by the creators of this book.*

# Preparing for School

*Prekindergarten & Elementary School*



I know for my son, the transition from Pre-K to kindergarten was a very big deal. I also felt a great deal of anxiety in the IEP process from Pre-K to kindergarten. With Indy, preschool was very accommodating due to the fact that the class size was smaller and the ratio of teacher to student was high. Not to mention, I feel, as though resources for public school are more limited. — Shannon Mueller



## Transition from Preschool to Kindergarten

The transition to school is one of the most important events in the life of a young child. When the child is deaf or hard of hearing, the transition may have additional or unique complexities and challenges. Due to incomplete or absent access to reciprocal language, children who are deaf and hard of hearing are at high risk for delayed language development, which can have a serious effect on communication, academic, and social skills in early childhood and in school. All of this underscores the importance of a smooth transition that supports children who are deaf and hard of hearing and their families.

### Suggestions to Help Children Who Use Assistive Listening Devices Access Sound Better

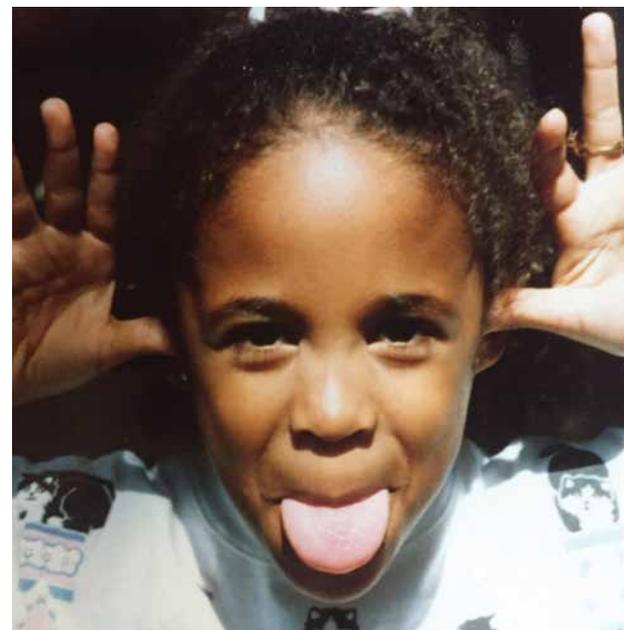
Work with your child's IEP team to:

- Provide a Classroom with Acceptable Sound Quality  
*Classroom is not open to other areas, such as other classrooms, and is not too close to the gym or cafeteria; check for noise from chairs and heating/air systems*
- Assure Good Sound Input  
*Child is seated where it is best for your child to have good sound input throughout the day*
- Set Up a Buddy System  
*For help with repeating directions as needed*
- Provide an FM System  
*If your child is struggling with clearly understanding speech in loud environments*
- Provide Functioning Devices — Check Them Every Day!
- Establish a Signal for Your Child & Their Teacher  
*To be used when your child is having a hard time understanding what is being said*
- Keep the Door Closed  
*Encourage your child to ask the teacher to close the classroom door if it is too noisy from hallway*

### Helpful Strategies to Ease Transition from Preschool to Kindergarten

- Prepare Your Child  
*Visit their future classroom and meet the teacher and school principal prior to school entry*
- Ask About how to Meet Other Parents at the School
- Communicate with Your Child  
*Take pictures of the classroom, school building and playground and talk/sign to your child about starting school*
- Prepare Enough Time for the Transition Process  
*Especially if you need to have specialized services or accommodations in place for your child*
- Find the Key Person Who Will Help with Your Child's Transition Process  
*Such as a school counselor and/or IEP Team case manager*

Sources: *Journal of Deaf Studies and Deaf Education*, Volume 22, Issue 1, 1 January 2017, Pages 131-140, <http://bit.ly/20JMy3>, <http://paretsknow.state.n.us>



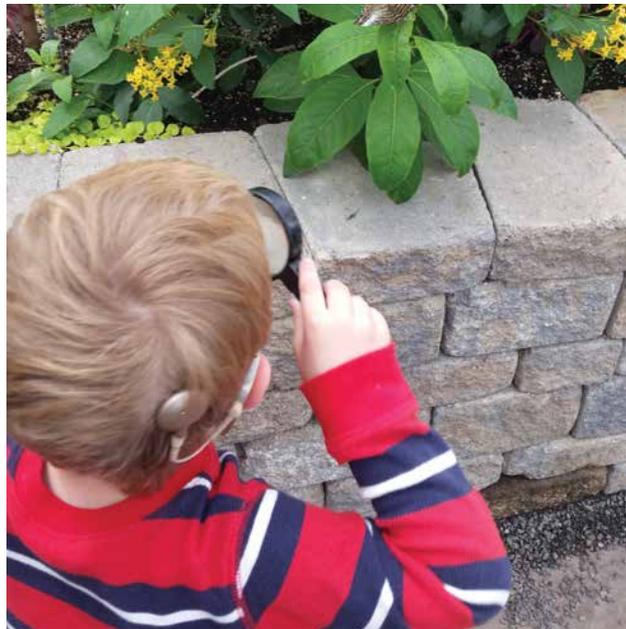
## Stay On Top of Paperwork – Use the Binder System

Having the right document at the right time can make a huge difference. It could make the difference between whether or not your child will succeed. The key to this is keeping your paperwork organized – and when you have child with hearing loss, there will be quite a bit of paper. Buy three 5-inch binders – one for the child, one for the parent and one for education. Prepare each binder with organizational tools, like pocket dividers, a calendar, business card holder pages, loose leaf paper, plastic folder sleeves, sticky note tabs, and a pencil case with pencils or supply pouch. Everything in the binders should also be saved digitally. Keep a digital, online back-up of everything. This way, you can access everything with your smart phone.

### Child's Personal Binder

Include anything your child may need on a day-to-day basis, such as:

- Emergency & Family Support Contacts
- Medical & Nutritional Information  
*Medications, health insurance, dental history, height/weight chart, immunization records, and test results/labs*
- Weekly Schedule & Drivers
- Past & Upcoming Appointments



### Parent's Binder

Include all the tools that can help you succeed as a parent, such as:

- Calendar List of Past & Upcoming Appointments
- Notes About Appointments  
*To help remember visit and important points*
- Personal Contacts
- Information About Available Resources

### Education Binder

Include everything about your child's IEPs or 504s, their school and their education, such as:

- Communication Information for your Child's School  
*Including the school contact sheet and any important parent-school communications*
- Evaluations  
*Requests for evaluation and/or the evaluation report*
- IEP/504 Information  
*Copy of your rights, procedural safeguards, prior written notice and copies of education plan*
- Report Cards & Progress Notes  
*Anything that indicates your child's progress toward educational goals*
- Sample Work  
*Homework or classwork that shows your child's capabilities*
- Behavior Intervention Plan or Behavior Contract

Sources: <https://u.org/2oPEFic>, <https://bit.ly/2NYu93G>, <https://bit.ly/2pmMNVi>

We always felt it was very important for Mark to have a sense of purpose. This really was a confidence booster. We had high expectations for him and wanted him to have high expectations for himself. — Debi Leekoff



## Removing Barriers

### Mike & Teri Urban

From a very early age, we exposed our daughter Veda, to all communication options. A strong connection between school and home supporting English and sign language has been integral to her success. We recently worked with the school and Veda's ASL interpreter to start an ASL club after school. It's important that we remove any language barriers between Veda and her peers, regardless of their hearing abilities. We have enjoyed watching Veda grow into a strong self-advocate and continue to support her decisions along this journey.

Parents, I encourage you to stay involved and become strong advocates for your child by developing future plans for his/her IEP, not just for her/his present plans.



— Holly Morris, *Guide, Guide By Your Side*®

## Teamwork Makes the Dream Work

### Tim & Shannon Patterson

Everything we do with Thomas's language development is a team effort. All of us, including our older son Will and our parents, work together to help Thomas at home, in the classroom, and when he is playing. Great communication with Thomas's IEP team is also key. Our team includes a teacher of the deaf and hard of hearing, a speech/language pathologist and an audiologist. We coordinate before each IEP meeting to share thoughts on Thomas's goals and progress, and we try to work out as much of the details as possible before we meet. Thomas's teacher of the deaf and hard of hearing works with his classroom teachers to ensure Thomas is able to participate fully at school. In addition to story time and play centers, Thomas loves his school's music program — and we love to hear him sing!



## Special Education & IEPs

Children who are deaf or hard of hearing may be eligible for special education services under an Individualized Education Program, or IEP.

### What is an IEP?

Each Individualized Education Program is designed to meet a student's individual needs. It is a road map that lays out special education instruction, supports and services the student may need to make progress and success in school. The IEP is the legal document that explains exactly what specialized supports and services a student will receive that provides access to a free and appropriate public education.

The IEP explains how the student will be involved in:

- The General Education Curriculum
- Extracurricular Activities
- Non-Academic Activities

### How is a child found eligible for an IEP?

Not every child with disabilities or health conditions is eligible for special education services. The school has the right to an educational evaluation to determine eligibility. If your child doesn't qualify, there are other options (see section on 504 plans).

A team of professionals will conduct the evaluations. The team usually includes a school psychologist, teachers, and other professionals such as speech therapists, audiologists, etc. The evaluation may include some tests for your child, an interview with family members, observations of your child in the classroom, and a review of any school, early intervention, and/or preschool records.

When the evaluation is complete (schools have 65 business days to complete the evaluation), a report will be written and an eligibility meeting will be scheduled with you. If your child is found eligible, the next step is writing the IEP.

### Who writes the IEP?

Within 30 calendar days of the eligibility meeting, a team must meet to write 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 parent(s) of the child
- At least one of your child's general education teachers
- At least one special education teacher or related service provider (e.g., speech language pathologist)
- A person from the school who is qualified to provide or supervise special education and who knows about general education curriculum (e.g., the principal)
- A person who can interpret what tests and evaluations mean (e.g., school psychologist)
- Other people who have special expertise about your child

For children who are deaf and hard of hearing, professionals, such as your child's audiologist, may be invited to the IEP team by the parent or the school. If your child has other health conditions or disabilities, other professionals may be involved. For example, an Orientation & Mobility specialist may attend the IEP meeting for a student who is deaf-blind. A physical therapist may attend an IEP meeting for a student who is deaf and who has cerebral palsy. A school nurse may attend the IEP meeting for a student who is hard of hearing and who also has diabetes.

## More information about IEPs

### What is included in an IEP?

At the IEP meeting, among the many things the team will discuss are:

- your child's strengths
- your concerns
- results from evaluations
- your child's academic progress
- your child's language and communication needs
- your child's needs for assistive technology devices
- your child's needs for testing accommodations

This is just a short list of all topics that may be discussed at the IEP meeting. See the listed resources that can help you prepare for an IEP meeting.

Individuals with Disabilities Education Act (IDEA) requires that an IEP include the following information:

- Present Levels of Academic Achievement & Functional Performance  
*how the disability affects their involvement and progress in the general education curriculum and other activities*
- Measurable Academic & Functional Goals  
*that help your child be involved and progress in the general education curriculum*
- How & When Your Child's Progress Toward Meeting Those Goals will be Measured
- Participation in State/School Assessments  
*including any modifications or accommodations your child may need to participate*
- Special Education & Related Services to be Provided
- Dates & Location  
*when services start, how often they are provided, where they will be provided, how long they will last*
- Non-participation with Students without Disabilities  
*a statement about the extent of your child's non-participation in general education classes and activities*

### How do I prepare for IEP meetings?

There are several resources that can help you prepare for an IEP meeting.

#### Virginia Department of Education (DOE)

Visit the DOE website for special education parent guides, critical decision-making tools and other resources.  
[www.doe.virginia.gov/special\\_ed/index.shtml](http://www.doe.virginia.gov/special_ed/index.shtml)

#### Center for Family Involvement (CFI)

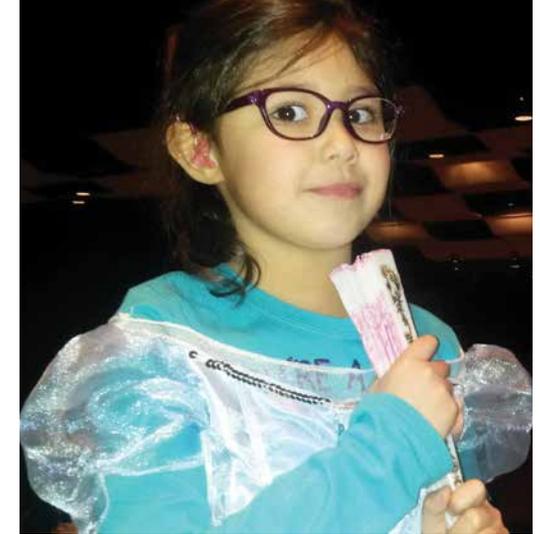
Call the CFI to be matched with a Family Navigator who can provide emotional, informational and systems navigational support or to ask for their "It's About me: Step by Step Guide for Creating My IEP".  
877.567.1122 | [www.centerforfamilyinvolvement.org](http://www.centerforfamilyinvolvement.org)

#### Parent Educational Advocacy Training Center

Contact the state parent training information center funded by the U.S. Department of Education. 800.869.6782 | [www.peatc.org](http://www.peatc.org)

#### Wrightslaw

Information about special education law, education law, and advocacy for children with disabilities. [www.wrightslaw.com](http://www.wrightslaw.com)



We had a wonderful DHH teacher for Emilia to start kindergarten with last year. She taught her how to put her aids in by herself and they were working on being able to tell if batteries are dead.



— Heather Garcia, Parent



## Learn More:

VDOE Special Technical Assistance  
& Guidance: <http://bit.ly/2OAtsLD>

## Accommodations & 504 Plans

Schools are responsible for ensuring that communication access is as effective for children who are deaf/hard of hearing as it is for their typically developing peers. As mentioned previously, not all students with a disability or special health care need will qualify for special education services or an IEP. An alternative is a 504 plan.

### What is a 504 plan?

Section 504 of the Rehabilitation Act of 1973 is a civil rights law that prohibits discrimination to people with disabilities. Section 504 ensures that children with disabilities have equal access to an education.

While Section 504 is a federal law, it does not offer all of the protections or safeguards of an IEP. A child's 504 Plan could consist of education in a regular classroom with certain accommodations and modifications, supplementary services, and/or special education and related services (e.g. OT, PT, ST).

### How does my child qualify for a 504 Plan?

Being eligible for a 504 Plan requires a physical or mental disability which substantially limits at least one major life activity (e.g., walking, speaking, writing). If your child was not found eligible for an IEP, the school will evaluate for a 504 Plan. Additional information may be gathered from you, from teachers, and from medical professionals, depending on the disability/impairment.

### What accommodations apply under a 504 Plan?

504 Plan accommodations are based on what your child needs to equally access an education program. Below are some sample accommodations.

Remember: what *your* child needs is specifically what your child needs. These are a few ideas to get you started.

- Verbal, Visual or Technology Aids
- Sensory Breaks
- Preferred Seating
- Structured Learning Environment
- Computer Aided Instruction and Other Audiovisual Equipment
- Peer Tutoring
- Repeating Instructions
- Providing for Oral Testing



# Within the Classroom & School

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## Classroom Resources & Support



Learning at school can pose challenges for any student, this is no different for a child who is deaf or hard of hearing. The IEP team will help develop a plan to accommodate a child's needs in the classroom. As a parent, you may want to consider some of the following ideas when you meet with your child's teacher/staff before the first day of school and at parent-teacher conferences through the year.

### Tips for teachers who have students with hearing loss:

- Face the student — don't talk while you are turned away from the student such as when you are walking around the room or writing on the board.
- Use facial expressions and body language to highlight your points when appropriate.
- Speak at a natural and reasonable pace. Rephrase tough words.
- Share course materials and teaching aids.
- Assign a buddy system and a note taker.
- Have all videos and films captioned.
- Develop a "secret" signal for the student to let you know when they are having trouble hearing or understanding.
- Know how to work with an interpreter and be sure the student is involved in class discussion.
- Build in extra time for PowerPoint presentations — visual learners cannot watch an interpreter and look at a Power Point at the same time.

### Ways to help the student engage with the rest of the class:

- Arrange desks so that the student can see and respond to others in the class.
- Point to students and say their names as you call on them. This helps the student who is deaf or hard of hearing know who is speaking.
- If a student uses sign language, allow the student to teach the class one word in sign language per day.

### How to make it easier to hear in the classroom:

- Close the classroom door when there is noise in the hallway.
- Add quiet foot covers (such as tennis balls) to chairs, tables and desks.
- Cover floors with carpets.
- Use microphones and a sound system when appropriate.
- Provide technological assistance, such as an iPad, as necessary.
- Translate voice into readable text.



<https://bit.ly/2KJUblz>

## Itinerant Teachers of the Deaf & Hard of Hearing

Itinerant Teachers of the Deaf/Hard of Hearing (TODHH) provide support and instruction to eligible students in general education classrooms and special education classes.

Itinerant teachers of students who are deaf and hard of hearing share strategies, such as: re-phrasing of instructions, the provision of notes, pre-teaching of vocabulary, and visual strategies, with general education and other staff members for providing adaptations and accommodations for students.

TODHH instruct students in self-advocacy strategies that may help them gain access to the general education curriculum.

These strategies may include:

- use and care of amplification equipment
- skillful questioning
- self-selecting appropriate seating
- studying vocabulary
- strategic skills for learning new vocabulary

TODHH may provide instruction in the general education curriculum. They may use modified materials and visual strategies to pre-teach vocabulary, re-teach subject material, and help enhance student's background knowledge in order to better prepare the student for instruction.

Written by Shira Brothers, [www.fcps.edu/node/34678](http://www.fcps.edu/node/34678)

## Educational Audiologists

An educational audiologist is an important member of the IEP team for a child who is deaf or hard of hearing. They may help you to explain your child's hearing loss to their teachers. Together with a teacher of the deaf and hard of hearing, they can determine how your child's hearing loss affects their ability to listen, understand, communicate, and learn. The educational audiologist will make sure your child's amplification is working properly at school and train their teachers to do the same. They will also determine if your child requires the use of an assistive listening device. The educational audiologist may also communicate with your child's private audiologist to make sure their hearing aids/implanted devices are set optimally for the school listening environment.

The audiologist's collaboration with teachers is vital in order to develop specific strategies to help your child access instruction, throughout their school day.

### Such accommodations or strategies might include:

- providing preferential seating close to the primary speaker and away from background noise (fans, open doors, others talking)
- re-stating comments made by other students during discussions
- providing extra time to complete assignments
- providing pre-printed or online class notes
- having access to an assistive listening device

The educational audiologist will help the school team to focus on teaching your child to become a strong self-advocate. Over time, students are taught to be responsible for wearing and caring for their amplification, to listen and attend visually to the speaker, to seat themselves appropriately for different classroom activities, and to ask for help or clarification when they realize they have not understood directions. A student who learns to help others understand his or her strengths and needs, grows in independence and may become a well-adjusted, successful person.

Written by Dr. Stephanie Thomas, Educational Audiologist, FCPS



U.S. Air Force photo by Airman 1st Class Perry Aston <https://bit.ly/2B0xn1>

### Read More!

#### The Individuals with Disabilities Education Improvement Act (IDEA 2004)

[www.doe.virginia.gov/special\\_ed/index.shtml](http://www.doe.virginia.gov/special_ed/index.shtml)

# Interpreters & Transliterators



The purpose of having an interpreter or transliterator is to effectively facilitate communication between deaf individuals and those who are hearing. The term interpreting is usually used to represent the following:

- **Sign Language Interpreters** sign the spoken language of hearing persons and voice the sign language of the person who is deaf or hard of hearing. This crosses two languages, generally English and American Sign Language (ASL).
- **Oral Transliterators** silently repeat what a hearing person says, while using specialized techniques to supplement the mouthing, like gestures and pointing. They may voice for the person who is deaf or hard of hearing.
- **Sign Language Transliterators** facilitate communication within one language, between spoken English and a sign representation of English.
- **Cued Language Transliterators** use Cued Speech — handshapes situated in different locations near the mouth to represent the phonetic markers. They may voice for the person who is deaf or hard of hearing.
- **Tactile Interpreters** sign using touch, usually into a person's hand. This method of interpreting is typically used with persons who are deaf-blind.

## Interpreters in the Classroom

The student's IEP may have educational interpreter listed as a related service on the IEP plan. The purpose of having an educational interpreting in the classroom is to provide the student with access to learning and communication in the school environment. Students who benefit from having an interpreter will have to be developmentally, cognitively, and socially ready for the educational experience.



## What can teachers do to make the class rewarding for the student and manageable for the interpreter?

- Talk in the first-person
- Share course materials and teaching aids
- Provide online access to updates
- Speak at a natural or reasonable pace
- Build in extra time for PowerPoint presentations
- Refrain from talking during written class work
- Have all videos/films captioned
- Face the student as much as possible including when writing on the board
- Make sure the interpreter has a good sight line
- Know how to orchestrate an interpreter and student-friendly class discussion
- Plan breaks

Source: [www.classroominterpreting.org](http://www.classroominterpreting.org)

# Deaf Culture & Identity

Culture, according to *Padden and Humphries 1998*, “is a set of learned behaviors of a group of people who have their own language, values, rules of behavior, and traditions.” American Deaf culture centers on the use of ASL which is considered the natural language of the Deaf and identifies with other people who are Deaf.

## What Can Teachers Do?

### Help Children Learn About Deaf Culture

- Teach about the history of Gallaudet University
- Talk about the use of video phones, alert systems, sign language, and etiquette rules
- Create name signs for all of the students in the class
- View videos and movies related to deafness.  
*Some examples are: Dad and Me in the Morning, I have a sister, my sister is Deaf, Wizard of Oz (in sign language)*
- Make sure all videos and movies are captioned and turn the volume off
- Read books about deafness  
*Such as I am Deaf, Marnie is Deaf, El Deafo, Through Sophie’s Eyes, Look I can Talk with My Fingers!, and Who Was Helen Keller?*

### Help Children Who Are Deaf & Hard Of Hearing Develop a Sense of Self-identity

- Encourage all students to learn a few signs to communicate with everyone in the classroom
- Have students participate with everyone and make sure no one is left out
- Expose students to Deaf culture  
*Do not force it – allow the students to decide to accept or not*
- Introduce Children to Deaf Adults  
*Invite an adult Deaf person to come into the classroom and have individual share their experiences and if possible have Adult Deaf person mentor student*
- Allow students to feel good about who they are and hold high expectations for every student in the class

Source: *Padden C, Humphries T. 1988. Deaf in America: Voices from a Culture. Cambridge, MA: Harvard Univ. Press*

## A Simple Life

**Maria Cortez**

My family and I came from El Salvador quite awhile ago. I had a baby named Esmeralda who was born with hearing loss. Her disability was very difficult at first but then she got surgery when she was a year old. We are thankful for the technology and medical providers who helped us during her medical journey. Now Esmeralda plays with a ball and tries to get her wants and needs met. We live a simple life as a family – we celebrate events, holidays and birthdays with friends. Esmeralda is going to school and she loves it. She is getting therapy and she looks happy. She already is saying some words and I am very happy to have her.



<https://bit.ly/20i8JvA>

## Books for Parents About Deaf Culture

- **Deaf Again** by Mark Drolsbaugh  
*Join Mark Drolsbaugh in his fascinating journey from hearing toddler... to hard of hearing child... to deaf adolescent... and ultimately, to culturally Deaf adult. The struggle to find one’s place in the deaf community is challenging, as Drolsbaugh finds, yet there is one interesting twist: both his parents are also deaf. Even though the deaf community has always been there for him, right under his nose, Drolsbaugh takes the unbeaten path and goes on a zany, lifelong search... to become Deaf Again.*
- **The Cry of the Gull** by Emmanuelle Laborit  
*French actress Emmanuelle Laborit begins her autobiography with a simple explanation of the difference sign language made in her life: With the help of sign language I understood that yesterday was behind me and tomorrow was in front of me. She learned this at age seven, and soon after, she realized that being deaf could be a positive part of her identity. After a lengthy period of trouble in class and at home, she determined to finish school and fight for the rights of other deaf French people. She also took up acting, leading to her triumph as Sarah in the French production of Children of a Lesser God. She was the first deaf French actor to win the Moliere Award in the category of best new talent. Her book The Cry of the Gull is both a revealing and encouraging story for young people everywhere.*

Sources: <https://bit.ly/2CNqqBI>, <https://bit.ly/2xex0es>

## Incidental Learning

Incidental learning is what a person learns by seeing and hearing what is going on around them. Incidental learning is overhearing things that are not directed to you but are, usually at a distance. In order to make use of incidental learning, children need to hear speech from a distance. For children who can hear, most of their social development and knowledge of the world around them comes from incidental learning. The child with hearing loss is only able to hear sounds within a close distance, even when they wear hearing devices.

### Why Incidental Learning is Important for Deaf or Hard of Hearing Children

Children who are deaf or hard of hearing are often unable to access incidental learning if they cannot hear:

- the teacher
- the classmates in front of, behind or all around them
- class discussions
- a guide on a field trip
- the principal over the public address system
- exchanges between peers on the playground or in the hallway
- lunchtime conversation



### Leveraging Incidental Learning

It is important for students who are deaf or hard of hearing to not just occasionally get a portion of a topic discussed incidentally, but to also get the layers of how and why this topic came up in the first place. Think about an ASL interpreter who only starts interpreting when the teacher starts to speak and stops interpreting when she is finished talking. There is so much more going on around the classroom than just the teacher talking. And, the interpreter is making the decision about what information is important to interpret (just the teacher). How can we change these dynamics?

- Talk to your child's teacher and ASL interpreter about your and your child's preferences for how much of the classroom, lunch room or gymnasium discussion (informal and formal) is being interpreted.
- If your child has a note-taker in the classroom, as that person to include notes on other conversation taking place in the classroom between peers.
- It is important for teachers to ask questions that are not yes and no questions. Teachers should repeat important information and check in with the student after instruction by asking, "So, what will you do now?" or "What did you hear?".



## Language & Learning

Studies have shown that a child's early exposure to language (visual or verbal) is essential for the development of thinking skills. Children associate words with things, ideas, and feelings. They form a sense of self and others, an understanding of time and planning, and an ability to pay attention and make connections. Children who are deaf or hard of hearing must have language directly taught to them. They do not passively absorb the sounds of life around them.



### Kids Can Self-Advocate, Too!

#### Teri Urban

We have been teaching our daughter Veda, to advocate for herself since she began school. She now does this at school and in social settings with ease! Now that she is getting older, we can ask her what types of accommodations work best for her and what will benefit her most in the classroom and at home. We use Total Communication as a family and truly follow our daughter's lead as to how she prefers to access auditory information.

## Listening & Fatigue

Children who are deaf and hard of hearing may come home from school more tired than peers. Even when all the technology and supports are working, the child who is using listening and spoken language and the child who is relying on signs and/or cueing, must work harder to learn. Here are some suggestions to consider:

- **Remote microphone systems** are **ABSOLUTELY ESSENTIAL** for any child who is trying to listen and learn in a classroom.
- **Educate classroom teachers** about fatigue and hearing loss. Help them become sensitive to the effects of fatigue and to be able to identify it when present.
- **Have shorter lessons** when possible.
- **Work in small groups.**
- **Encourage listening breaks** when listening is not required. Be sure that children have regular breaks during the day when they can regroup and get ready to listen and learn again.
- **Strategically seat your child** about 1/3 of the way back in the classroom and over to one side, with the ability to change seats as needed to hear and see.
- **Repeat information and slow the pace** of the lesson to allow for additional processing time.

Sources: <https://bit.ly/2NrJ52>, [www.hearingloss.org](http://www.hearingloss.org)



## Read More:

### Social Issues and Your Child — Improving Your Child's Social Skills

<http://bit.ly/2Nu5TXP>



## Social-Emotional Development

Social and emotional well-being is linked to a sense of self, to feelings about relationships with others and perceived feelings about treatment by other people. It is tied up with notions of what is considered normal or unusual behavior. Social and emotional development in children who are deaf or hard of hearing is complex and bound up with several factors, including attitudes to the child's deafness, approaches to language and communication, conversations about feelings, family attitudes to behavior, schooling and friendship patterns and how the child comes to perceive him or herself.

Source: <https://bit.ly/2MR4V2C>

### Common Characteristics of Social-Emotional Well-Being

- Self-control and being able to show empathy and understand one's own feelings and those of others
- Appreciation of the perspective of others
- Self-confidence & independent thinking

### Helping Your Child Develop Social Emotional Well-Being

- Encourage full inclusion in the school community
- Include social-emotional skill goals in the IEP
- Participate in camps with other children who are deaf and hard of hearing
- Be alert to your child's accessibility needs — captions on TV, noise in classrooms or theaters
- Maintain high expectations and demonstrate positive views of abilities and characteristics

### Tips for Improving Self-Esteem

- Encourage your child — "I know you can do it!"
- Treat your child as an intelligent person able to understand and make decisions
- Teach your child that failure doesn't exist — there are only temporary setbacks on the road to success
- Help your child believe that they can succeed no matter how long it takes

### Supporting Appropriate Interactions

#### Does your child:

- Request help?
- Know how to give directions to play a game?
- Explain their feelings?
- Know how to end a conversation?
- Ask questions to get more information?
- Express humor and sarcasm?

#### When your child is interacting with adults and kids their age:

- Reinforce good behavior
- Be specific about what he did well
- Praise the level of effort

#### When your child has a social mis-step:

- Immediately model what your child should have done
- Use words to describe what they should have done
- Explain how it made you feel
- Describe how their actions could have been interpreted by others in a way he didn't mean

# Dealing with Bullying

## Teach Children About Hearing Loss to Prevent Bullying

If children know more about hearing loss, they will be less likely to bully your child.

- **Teach on the Go** — use everyday situations to teach hearing children about hearing loss
- **Read Books** — read books about deafness and hearing loss
- **Involve** — teach hearing children to put in a hearing aid, take batteries out, and bring your child's hearing friend to an audiology appointment
- **Watch Videos** — experience stories of hearing loss
- **Simulate Hearing Loss** — wear ear plugs to feel what it is like to have limited hearing

Source: <https://bit.ly/2xmS9UI>



## Tips For Kids to Prevent Bullying

- Make sure you tell an adult that you know about the bully and ask if they would please help you
- Always tell your parents about the bully and how it makes you feel
- Try to walk away when the bully approaches
- Remember the bully wants you to react, so try to ignore the bully
- Try to hang with those who like you and you consider friends
- Be positive and know that you are very special

Source: *Tips from Robert Kipper, Director of National Center for the Prevention of Community Violence and author of "No Bullies: Solutions for Saving Our Children from Today's Bully" (works at Department of Education as School Safety and Discipline Specialist)*



## Social Success

### Shelly Smith

Brady is a very social little boy. I believe the biggest contributor to his social success is the fact that he has so many siblings. He has been able to model speech after them, is accepted by their friends and is able to interact with other children all day long. He also has been involved in many activities with other children since a very young age such as music classes, mainstream school, soccer, basketball, swimming, church choir, etc and in doing so is very comfortable in all settings and around all types of children and is accepted for who he is and what he has to offer.

# Helpful Classroom Strategies for Students with Hearing Loss

## Read More!

### Sign Language Interpreters –

**An Introduction:** <http://bit.ly/2A6E1TA>

### Interpreters as a Reasonable

**Accommodation for Testing:** <http://bit.ly/2JPIbPi>

### Helpful Adaptations in the

**School Environment:** <http://bit.ly/2JH9z1z>



<https://bit.ly/2MOdiMr>

The school will ensure that hearing aids worn in school are functioning properly. This means the school will do routine checks to make sure your child's hearing aids or external parts of any cochlear implant device that your child has are functioning properly. However, the school is not responsible for maintenance, programming or replacement of any hearing aid or surgically implanted medical device.

## Classroom Adaptations to Help Students Use Visual Learning & Visual Cues

- Place student in a place that makes it easier to see to when classroom activities change
- Try to keep hands away from face when speaking to student
- Encourage students to have note takers  
*Which will allow them to focus on speaker and not miss information from what is being said*
- All videos need to be captioned.
- Voice to voice adaptations can be used  
*For students who are unable to access verbal instructions auditorily.*
- Sign language interpreters, spoken language facilitators or cued speech transliterators can be used  
*Children must be trained to pay attention to the interpreter starting by late preschool or kindergarten.*

## How Teachers can Make Classes Rewarding for the Student & Manageable for the Interpreter

- Share course materials and teaching aids
- Make updates available online  
*Include interpreter on emails and discussion boards.*
- Choose a good sight line
- Speak at a natural and reasonable pace
- Build in extra time for PowerPoint presentations  
*Visual learners cannot watch the interpreter and look at a PowerPoint at the same time.*
- Refrain from talking during written class work
- Have all videos and films captioned
- Know how to orchestrate an interpreter and student-friendly class discussion
- Plan breaks
- Talk in the first-person

Sources: *Success for Kids with Hearing Loss to Helpful Adaptations in the School Environment* (<http://bit.ly/2JH9z1z>), National Deaf Center (<http://bit.ly/209ZwWq>)



## Tools



One of my daughter's favorite things to do each summer is spend time with other children who are deaf and hard-of-hearing. It's only a half-day program offered for one week, but she counts down the days every year. I think she feels really comfortable and relaxed when she's around other children with hearing loss, including children who use different technology than she uses. For one week, she is surrounded by kids who 'get it.' And, I think she enjoys being a role model for younger children in the camp program. I didn't recognize the importance of children who are deaf and hard-of-hearing being around similar peers until she was in middle school, but it wasn't too late.

— Valerie Abbott

# Questions Parents Need to Ask



## Questions About Students in the Classroom

- What is the **teacher's position** in the classroom? Will they be facing the child?
- When a **peer responds** in the classroom, how will that information get to the student?
- How will the child access **verbal instructions**?
- Are there fans and other **noise factors in the classroom**? Are these too noisy and how can that be addressed?
- Are there **noises coming into classroom**, such as hallway disturbances? What is the best way to handle that?
- Will there be access to **audio equipment**? Who will work with device? Is captioning available?
- In large and small **group discussions**, how is the information given to student?
- When learning through **cooperative or small group activities**, how can the student be sure to get the correct directions?
- How will the student receive information from **school announcements**?
- Is information for **field trips** and outside activities prepared for the student ahead of time or supplied in writing?
- When participating in **social interaction with peers**, are the conversations and interactions understood by the student?

## Questions Parents Should Ask Themselves

- Is my child seeing the correct **pediatric specialists**, and if there is more than one specialist, do they collaborate with each other?
- Do I understand how **my child's amplification** works, who to call in case something breaks and what the warranty is?
- Do I know of **scholarships and grants** available to assist with offsetting the cost of my child's amplification or HAT?
- Are the **appropriate school accommodations** in place for my child regarding special education staff and hearing assistive technology (HAT) used in the classroom?
- Do I know who the **case manager** is for my child's IEP team? Do they value me as an equal member of the IEP team?
- Have I explored all **communication options** with my child and discussed how to foster a strong home/school connection with our IEP team regarding communication choice?
- Have a **I met another family** with a deaf or hard of hearing child?
- Have I **met an adult** that is deaf or hard of hearing and had the opportunity to ask them about their experiences growing up?
- Have I provided the opportunity for my child to **socialize with other children** that are deaf or hard of hearing children?
- Do I understand what the American Disabilities Act (ADA) and the Individual with Disabilities Education Act (IDEA) and how these **laws benefit my child**?

Source: Written by Teri Urban, parent of a deaf child

# Virginia Communication Plan for a Student Who is Deaf or Hard of Hearing

## General Information

**Student Name**

\_\_\_\_\_

\_\_\_\_\_

**Date**

\_\_\_\_\_

### IDEA 2004, § (14 9d)

(3) (B) (iv) Development, review, and revision of IEP.

(2) Consideration of special factors. The IEP Team must –  
 (iv) Consider the communication needs of the child, and in the case of a child who is deaf or hard of hearing, consider the child's language and communication needs, opportunities for direct communications with peers and professional personnel in the child's language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the child's language and communication mode; The IEP team has considered each item.

## I. Language & Communication Modalities

Describe the student's preferred language and communication modality(ies). Use the key to note the student's skill level in each that is used.

<b>E</b> Emerging Skills	<b>D</b> Developing Skills
<b>L</b> Limited Skills	<b>P</b> Proficient Skills

Languages & Communication Methods <i>Student uses one or more of the following – note all that apply:</i>	Academic Language <i>used in the classroom</i>		Social Language <i>non-classroom use at school</i>		Home Language <i>used at home</i>	
	Receptive	Expressive	Receptive	Expressive	Receptive	Expressive
	<i>type: _____</i>					
American Sign Language (ASL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English Sign System <i>type: _____</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Simultaneous Communication <i>sign language &amp; spoken English</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sign Supported Speech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cued Speech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening & Spoken Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gestures & Home Signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tactile Sign	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Augmentative Assistive Communication <i>type: _____</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Language: <i>(Examples: French Sign Language, Spanish)</i> <i>type: _____</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## I. Language & Communication Modalities (continued)

Summarize the student's general language skill level based on formal/informal assessment results:

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Is the language/mode of communication the student uses effective with their peers?  YES  
If not, what is needed to increase the proficiency of peer-to-peer communication?  NO

---

---

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Is the language/mode of communication the student uses effective with their family/caregivers?  YES  
If not, what is needed to increase the proficiency of the student-family communication?  NO

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## II. Opportunities for Direct Communication

The student is given the opportunity to communicate with people proficient in the language(s) & communication mode(s) identified in Part 1 in a face-to-face setting, without use of additional sources, like an interpreter/captioner.

Instruction Given Directly by a Teacher

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Communication with Professional Staff & Other School Personnel

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Direct Communication with Peers

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Meet & Interact with Deaf & Hard of Hearing Role Models

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Supports & Services Needed to Increase Communication Proficiency of School Staff & Personnel

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### III. Amplification/Accommodations

Supports needed to participate and make progress in the general education curriculum.

Device(s) <i>Student uses one or more of the following – note all that apply:</i>	School		Home	
	Sometimes	Consistently	Sometimes	Consistently
Personally Owned Hearing Aid(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing Implant(s): <input type="checkbox"/> BAHA <input type="checkbox"/> Cochlear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personally Owned Assistive Listening Device: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School-Provided Hearing Aid(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School-Provided FM System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School-Provided Sound-Field System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Augmentative Communication Device: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Device(s) used in school are monitored through:**

independent monitoring/reporting by the student

hearing technology checks done by staff

Frequency \_\_\_\_\_

Staff Title \_\_\_\_\_

Back-up Staff Title \_\_\_\_\_

**Assistive devices & services used by the student:**

Captioned Media                       CART

C-Print                                       Note-taker

Visual Alerts/Alarms

Interpreting/Transliteration

Type: \_\_\_\_\_

Other: \_\_\_\_\_

Type: \_\_\_\_\_

#### Alternate Plans

*There is an alternate plan in place to maintain communication with the student if any of the following takes place:*

Interpreter is absent:

\_\_\_\_\_

\_\_\_\_\_

Amplification device is not working:

\_\_\_\_\_

\_\_\_\_\_

FM system is not working:

\_\_\_\_\_

\_\_\_\_\_

Assistive device/service is not available:

\_\_\_\_\_

\_\_\_\_\_

#### Level of independence with hearing technology:

- Highly Dependent                       Some Prompting
- Some Physical Assistance            Independent



# Glossary, Resources & Adult Stories



## Glossary of Terms

**Americans with Disabilities Act (ADA):** signed into law in 1990, this is a “civil rights act” for persons with disabilities. The ADA requires public services and buildings to make reasonable accommodations to allow access to persons with disabilities.

**Assistive Listening System:** 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 FM systems, infrared systems, and induction loop systems.

**Audibility:** Speech can be heard but not clearly enough to understand what is said — you are “hearing” the vowels.

**Audiogram:** 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).

**Audiologist:** a professional who specializes in prevention, identification, and assessment of hearing loss and provides assistance to make the best use of remaining hearing. Audiologists assist with the selection, fitting, and purchase of hearing aids.

**Auditory Nerve:** 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.

**Auditory Neuropathy:** is a hearing disorder in which the inner ear successfully detects sound, but has a problem with sending sound from the ear to the brain. It can affect people of all ages, from infancy through adulthood.

**Auditory Training:** listening to environmental sounds, music, and speech to practice recognizing and understanding what has been heard.

**Aural Rehabilitation:** specialized training for children with hearing impairment to help them learn verbal communication skills through speech reading and auditory training.

**Bilateral Hearing Loss:** hearing loss in both ears.

**Binaural:** having or related to two ears; having to do with the perception of sound with both ears.

**Central Auditory Processing Disorder (CAPD):** language disorder that involves the perception and processing of information that has been heard. Children with CAPD have problems following spoken instructions and sequencing events and usually show other language-learning problems. The audiologist uses a series of special listening tests to diagnose this type of disorder.

**Cochlea:** is the auditory portion of the inner ear. It contains the end organ of hearing, which changes sound vibrations to nerve impulses. The impulses are carried to the brain along the VIII nerve, or auditory nerve.

**Conductive Hearing Loss:** 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.

**Congenital Deafness:** a profound hearing loss present at, or shortly after, birth.

**Deaf:** a term used to describe persons who have a hearing loss greater than 70 dB. 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.

**Deaf Culture:** the culture of the Deaf, based on sign language and a common heritage.

**Decibel (dB):** the unit used to measure the loudness of a sound. The higher the dB, the louder the sound will be.

**Direct Audio Input:** the capability of connecting a sound source, such as a TV or tape recorder, directly into a hearing aid. Also refers to the connection of an FM auditory trainer directly into a behind-the-ear hearing aid.

**Dynamic Range:** 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.

**Eardrum:** also called the tympanic membrane; it separates the outer ear from the middle ear.

**Ear Mold:** a custom-fitted mold, used with a behind-the-ear hearing aid that delivers amplified sounds into the ear.

**Educational Audiologist:** an audiologist with special training and experience to provide services to children in school settings.

**Feedback:** 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 or a damaged hearing aid.

**Frequency:** 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.

**Hard of Hearing:** the term to describe those with mild to severe hearing loss and most often able to use residual hearing with amplification.

**Hearing Aid:** an electronic device used to amplify sound; includes behind-the-ear, in-the-ear, and canal hearing aids.

**Hearing Aid Evaluation:** 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.

**Hearing Assistive Technology (HAT):** this term encompasses all possible listening support devices that a student can wear or speaker systems in the classroom.

**Hearing Loss:** loss of hearing ability, from different causes.

**Hearing Impairment:** the term disability category used by the Individuals With Disabilities Education Act (IDEA).

**Individualized Education Program (IEP):** 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.

**Intelligibility:** Speech is heard clearly enough to hear word distinctions — you are hearing both the vowels and consonants.

**Mixed Hearing Loss:** a hearing loss that is partially sensori-neural and partially conductive in nature.

**Ossicles:** the chain of three tiny bones in the middle ear (malleus, incus, stapes).

**Otitis Media:** infection of the middle ear.

**Otolaryngologist:** a medical doctor who is a specialist in problems of the ear and throat.

**Otologist:** a medical doctor who is a specialist in problems of the ear.

**Play Audiometry:** a kind of hearing test where the audiologist teaches the child to respond when a sound is heard by doing something. Examples: Put a peg in a hole or a block in a bucket every time a sound is heard.

**Post-Lingual Deafness:** hearing loss occurring after the child has learned speech and language.

**Pressure-Equalizing Tube (PE 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.

**Real Ear Measurement:** a measurement of the resonance of the ear canal and the output of a hearing aid while it is in the ear.

**Recruitment:** the abnormal increase in the loudness of sound as perceived by the listener.

**Residual Hearing:** the amount of measurable, usable hearing which can benefit from amplification.

**Sensorineural Loss:** refers to a problem with the inner ear or auditory nerve. Most often, the hair cells in the inner ear that detect sounds are abnormal or damaged. This type of hearing loss is permanent.

**Speech-Language Pathologist:** 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 impairments.

**Speech Range:** the area where most sounds of human speech occur. See chart on page 9.

**Threshold:** 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.

**Tinnitus:** is the hearing of sound when no external sound is present. While often described as a ringing, it may also sound like a clicking, hiss or roaring.

**Unilateral Hearing Loss:** the hearing is normal in one ear but there is hearing loss in the other ear.

## Organizations & Resources

### Alexander Graham Bell Association

The world's oldest and largest membership organization promoting the use of spoken language by children and adults with hearing loss.

[www.agbell.org](http://www.agbell.org)

### American Cochlear Implant Alliance

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.

[www.acialliance.org](http://www.acialliance.org)

### American Society for Deaf Children

Organization of parents who are advocates for children who are deaf or hard of hearing.

[www.deafchildren.org](http://www.deafchildren.org)

### American Speech-Language-Hearing Association

Professional and consumer resources. Contains a career FAQ and a glossary of terms.

[www.asha.org](http://www.asha.org)

### Boys Town Center for Hearing Loss in Children

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.

[www.boystownhospital.org](http://www.boystownhospital.org)

### Camp Loud & Clear

Summer camp for deaf and hard of hearing children.

[www.holidaylake4h.com/camp-loud-clear.html](http://www.holidaylake4h.com/camp-loud-clear.html)

### Center for Family Involvement

Works with families to increase their skills as advocates, mentors and leaders so that families, children and young adults with disabilities can lead the lives they want.

[www.centerforfamilyinvolvement.vcu.edu](http://www.centerforfamilyinvolvement.vcu.edu)

### Family to Family Network of Virginia

Provides one-to-one emotional, informational and systems navigational support to families of children and youth with developmental disabilities an special health care needs.

<https://bit.ly/2xpfrq>

### Deaf & Hard of Hearing Counseling Services (DHHCCS) – Richmond

The primary purpose of DHHCCS is to provide counseling for the deaf, hard of hearing, or deaf-blind, and their families, on issues both related to and unrelated to hearing loss. This is facilitated through outpatient counseling, support groups and educational programs. DHHCCS also advocates for patients and collaborates with other disciplines and agencies serving persons with hearing loss. Referral services for educational, psychological, psychiatric, and outdoor experiential programs are available.

Voice 804.282.1943 | TTY 804.282.1944

<https://bit.ly/2NZNvFy>

### The Parent Child Advocate (PCA) Program of Challenge Discovery Project – Richmond

This program offers nine workshops on sign language training with multiple skill levels depending upon the fluency of the parents and children. They explore the psychosocial aspects of deafness and help parents relate to the isolation their children feel. Referrals are provided by Case Managers. The training programs also promote healthy, strong relationships among those living with deafness in the family.

Challenge Discovery Projects expanded the PCA program across the state by producing a video series that presents 12 sign language lessons to teach parents functional communication within the family/home environment. Topics include getting dressed, story time, foods and getting along-family survival signs. A second series is also in development and is designed to educate parents on various topics related to hearing loss. These videos will be available on-line and free by visiting the Challenge Discovery Projects' website or through a link on the Virginia Department of Education's website.

[www.challengediscoveryprojects.org](http://www.challengediscoveryprojects.org)



### **Educating Deaf Children**

This website supplies factual information to people interested in the raising and education of deaf and hard-of-hearing children. Drawing on high-quality, peer-reviewed research, the site provides a better understanding of the strengths and needs of deaf children rather than perpetuating myths and misunderstandings.

[www.rit.edu/ntid/educatingdeafchildren/](http://www.rit.edu/ntid/educatingdeafchildren/)

### **Families To Families**

Conducts monthly Saturday morning sessions to connect and support families with young children who are D/HH in the Hampton Roads Area.

Contact: Lizzy Allen, [lizzyad@msn.com](mailto:lizzyad@msn.com)  
Melinda Gallagher, [mkgallagher2@gmail.com](mailto:mkgallagher2@gmail.com)

[www.families2families.weebly.com](http://www.families2families.weebly.com)

### **Free Publications**

- Hearing Loss Fact Sheet
- Decision Guide to Communication Choices
- Making a Plan for Your Child and Questions

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

### **Guidelines for Working with Students Who Are Deaf or Hard of Hearing in Virginia Public Schools**

Published by the Virginia Department of Education's and available on their website. This 2018 update reflects current regulations, terminology, demographic and best practice information "to enhance the provision of services to students who are deaf or hard of hearing in order to support their educational goals."

[www.doe.virginia.gov](http://www.doe.virginia.gov)

### **"Hearing Loss In Children: My Story"**

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

### **Laurent Clerc National Deaf Education Center**

At Gallaudet University, working with children who are deaf worldwide.

[www3.gallaudet.edu/clerc-center.htm](http://www3.gallaudet.edu/clerc-center.htm)

### **National Association of the Deaf**

Provides services and support for individuals who are deaf and their families. Includes local chapter links and articles.

[www.nad.org](http://www.nad.org)

### **National Cued Speech Association**

Raises awareness of Cued Speech and its applications, provides educational services, assists local affiliate chapters, establishes standards for Cued Speech and certifies Cued Speech instructors and transliterators.

[www.cuedspeech.org](http://www.cuedspeech.org)

### **Special Education: Laws & Regulations**

[www.doe.virginia.gov/special\\_ed/regulations/](http://www.doe.virginia.gov/special_ed/regulations/)

### **Speech-Language-Hearing Association of Virginia**

An association of over 700 audiologists and speech-language pathologists.

[www.shav.org](http://www.shav.org)

### **Success for Kids with Hearing Loss**

This comprehensive website offers resources in several areas including self-advocacy materials that are appropriate for students of all ages. The "Guide to Self-Advocacy" developmentally presents skills 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.

<http://bit.ly/2Paz5j2>

## **Hearing Screening Services for Low-Income Children & Adolescents**

If a primary care provider suspects that a child has a hearing problem, the child should receive further evaluation and necessary treatment. Medicaid coverage for low-income children and adolescents provides many services that can detect and address hearing problems. At a minimum, hearing services include diagnosis and treatment for defects in hearing, including hearing aids.

**Medicaid Website:** <https://bit.ly/2QKVcy0>



## IEP Resources

### Preparation for the IEP Meeting

Things to think about before your first IEP meeting. <http://bit.ly/2odO7cr>

### IEP Checklist

A checklist for parents and teachers to consider as they develop the IEP. <http://bit.ly/2witwYO>

### Issues: Provision of Appropriate Assistive Technology/Accommodations

<http://bit.ly/2xLJ9rx>

### T/TAC Online

A community sharing resources to educate students with disabilities.

**To Access IEP Information:** Visit the site below and go to the search bar in the upper right-hand corner. Search entire website for: "deaf hard of hearing IEP".

[www.ttaconline.org](http://www.ttaconline.org)



<https://bit.ly/2pmr6V8>

## More Organizations & Resources

### Technical Assistance Center for Children Who Are Deaf and Hard of Hearing

The Technical Assistance Center for Children Who Are Deaf and Hard of Hearing is funded by the Virginia Department of Education (VDOE) to provide training and technical assistance in the area of deafness and hearing impairment. Assistance is available to local public school systems as well as state-operated programs including early intervention through the Virginia Network of Consultants for Professionals Working with Children Who are Deaf and Hard of Hearing (VNOC) in areas such as: identification, communication of children across the spectrum of modalities (listening and spoken language, assessment (educational, psychological), American Sign Language, Signed English, etc.), specific needs of children with cochlear implants, instructional strategies and amplification.

<http://bit.ly/2MNZSEr>

### T/TAC Online

This web-based community links people and resources to help children and youth with disabilities (birth to 22), and provides 24/7 information to teachers, other professionals and families. Users can search a wide range of resources by age level, category, disability area, or topic. Information is categorized into VA Projects, VA Assessments, Disability Info, Resources, Events and Online Training.

[www.ttaconline.org](http://www.ttaconline.org)

### Virginia Board of Audiology & Speech-Language Pathology

Oversees the laws and regulations that govern the practice of speech language pathologists and audiologists in Virginia.

[www.dhp.virginia.gov/aud](http://www.dhp.virginia.gov/aud)

### Virginia Deaf Child's Bill of Rights (DCBR)

<http://bit.ly/2wdC1Ez>

For help understanding DCBR, visit *Communication Considerations A to Z™*  
<https://bit.ly/1qYX477>

### Virginia Department for the Deaf & Hard of Hearing (VDDHH)

Promotes accessible communication so that persons who are Deaf and Hard of Hearing may full participate in programs, services and opportunities throughout the Commonwealth.

[www.vddhh.org](http://www.vddhh.org)

### Virginia Department of Education (VDOE)

Oversees educational services for all students in Virginia's public and state operated schools.

[www.doe.virginia.gov](http://www.doe.virginia.gov)

### Virginia Department for Aging & Rehabilitative Services

Provides quality programs and services that empower people with disabilities to maximize their employment, independence and full inclusion into society.

[www.vadars.org](http://www.vadars.org)

### Virginia Department of Health, Early Hearing Detection & Intervention

The goal of the Virginia 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.

[www.vdh.virginia.gov/livewell/programs/ehdi/](http://www.vdh.virginia.gov/livewell/programs/ehdi/)

### Virginia Hands & Voices

A non-profit, parent-driven organization dedicated to supporting families of children who are deaf or hard of hearing. They are non-biased about communication methodologies and believe that families can make the best choices for their child if they have access to good information and support. (804) 404-3352 | vahandsandvoices@gmail.com www.vahandsandvoices.org

### Virginia Hearing Aid Loan Bank (VHALB)

VHALB is open to children under age 18 whose hearing loss is confirmed by an audiologist. The bank lends hearing aids and FM systems for up to six months. The initial loan period can be extended for an additional three months in certain circumstances.

To qualify, families must be residents of Virginia and be in the process of securing permanent hearing aids through insurance or other means. Parents can apply for hearing aids and FM systems by completing an application form. The child's audiologist must complete a portion of the application. The Hearing Aid Loan Bank currently has 110 hearing aids and 10 FM systems to loan to eligible children.

Contact: Blue Ridge Care Connection for Children  
Lisa Powley — 434.924.0222 | 1.866.596.9367  
<http://bit.ly/2of2vRN>

### The Virginia Hearing Journey

This family networking group in Mechanicsville, VA invites families with children of all communication modalities to monthly gatherings which offer parent information from subject matter experts, a focused sibling session and fun activities for all children who are D/HH. Meetings are held at Shady Grove United Methodist Church in Mechanicsville.

[www.facebook.com/VaHearingJourney](http://www.facebook.com/VaHearingJourney)

### The Virginia Network of Consultants for Professionals Working with Children Who are Deaf or Hard of Hearing (VNOC)

Provides consultant services directly to Virginia school divisions and state operated programs to support and enhance educational services for children who are D/HH and can provide training for school/agency personnel. VNOC requests are initiated and submitted by a school division or agency. See a video explanation of VNOC at: [www.partnership.vcu.edu/VNOC](http://www.partnership.vcu.edu/VNOC)

### Virginia Registry of Interpreters for the Deaf

The Virginia affiliate chapter of Registry of Interpreters for the Deaf.  
[www.vrid.org](http://www.vrid.org)

### VA Relay

Enables people who are deaf, hard of hearing, deafblind, or speech disabled to communicate by TTY or another assistive telephone device with anyone who uses a standard phone.  
[www.varelay.org](http://www.varelay.org)

### Virginia School for the Deaf & Blind (VSDB)

A state residential school created by an act of the General Assembly of the Commonwealth of Virginia, March 31, 1838 for the purpose of educating the deaf and the blind children of the state. The school utilizes some of the latest and most advanced audio-visual equipment and disability tailored computer applications in its classrooms to provide its students with the best education.  
[www.vsdb.k12.va.us](http://www.vsdb.k12.va.us)

*This list is not exhaustive nor does the inclusion of any resource or organization indicate endorsement or recommendation by the creators of this book.*

## Keep In Touch!

Parents are encouraged to share their current email addresses with the Technical Assistance Center for Children who are D/HH at the Partnership for People with Disabilities at VCU to receive email communiqués on resources and events specific to supporting the education of children who are D/HH. Send contact information to:

**Ann Hughes** — [awhughes@vcu.edu](mailto:awhughes@vcu.edu)  
Coordinator, TA/DHH Center  
**Kristen Stahr** — [khstahr@vcu.edu](mailto:khstahr@vcu.edu)  
Program Support Specialist, TA/DHH Center



### Coming Soon — Fall 2018!

## Guidelines for Working with Students Who Are Deaf or Hard of Hearing in Virginia Public Schools

## Looking to the Future



### Using Technology to Climb to the Top

#### Doug Hyde

Doug Hyde is a successful software engineer in Silicon Valley who relies on a hearing aid, a cochlear implant, and oral communication. Growing up, he was an avid hockey player and earned a Gold Medal for the US in the Deaflympics in 2007. Now he and his hearing wife enjoy hiking, snowboarding, home brewing beer, and playing with their rescue dog-child. His advice to parents is to shoot for the moon; optimism and hard work go really well together, especially with the right technology.

## Amazing Adults

There really is no telling what a kid can do if they get the right start, even if they are deaf or hard of hearing. Eric Schmalz has severe to profound hearing loss and is working at the Holocaust Museum and has a master's degree from University of Virginia. Dr. Mark Leekoff is profoundly deaf and is working as a neurologist at the University of Maryland Hospital. David Cluff has created a website about his experiences with cochlear implants which includes videos as to how it sounds with a cochlear implant.

To learn more about these incredible people, and how they got where they are today, visit: <https://bit.ly/2MKB7Wj>

## Money Talks

As a Financial Advisor, Mitchell has one job — listening to his clients. Managing wealth during fluctuating markets is only one aspect of his day-to-day work; building trusted relationships and acting as a sounding board for clients is his primary focus. What many of his clients don't initially realize, is that he was born profoundly deaf.

Mitchell was born in Sacramento, California to a family that has no known history of hearing loss. Because he was born before California developed a statewide newborn hearing screening program, Mitchell wasn't diagnosed with his hearing loss until he was almost three years old. His parents, Mike and Anne, agonized over their choices — like all parents, they wanted to arm him with the tools to succeed in a hearing world. After a long and thorough search, they decided to fit Mitchell with hearing aids and place him in the first class of the Children's Choice for Hearing and Talking (CCHAT) Center in Sacramento.

#### Mitchell Harry

After two years of intensive schooling at the CCHAT Center, Mitchell was mainstreamed into his local public kindergarten. He thrived in the public elementary school system, with the help of annual IEPs, an FM system, and regular speech therapy.

Mitchell continued on his path to success at his public high school, and ultimately graduated in the academic top ten of his class. Among other achievements, Mitchell is particularly proud of his time in the Boy Scouts, where he worked to earn his Eagle Scout rank.

Mitchell was admitted to the University of Virginia, and continued to enjoy success as a product of his hard work. Since his graduation with degrees in both Economics and Government, Mitchell has enjoyed his work in wealth management in Williamsburg, Virginia. He is happily married to his wife, Anna, and together, they enjoy exploring Williamsburg.



## From Ancient Greek to ASL, Morris Has a Way With Words

### Brittany Morris

She may have only been 9 years old, but when Brittany Morris found a copy of Alison Weir's "The Six Wives of Henry VIII," she became captivated by the lurid tales and intrigues of the court of Henry VIII. She has pursued European history ever since.

The University of Virginia first-year student has delved into the classical and medieval worlds from her first day on Grounds, taking courses in archaeology, classics and medieval studies. In her first semester, she took an upper-level seminar that's required for medieval studies majors.

Before embarking on her undergraduate career, Morris independently studied classical antiquity and the political, social and cultural history of the European monarchies during the medieval era and the early modern period, in addition to classical and medieval literature. Having taken five years of Latin before college, she still continues to study Latin in addition to ancient Greek.

"I suppose I've always been fascinated by, among other things, the interpersonal dramas of the medieval era, as well as intrigued by the evolution of the institutions of the monarchy and the church in addition to the development of the feudal system," said Morris, who grew up in the Washington, DC area.

Morris demonstrates a facility with languages — in addition to English, Latin and ancient Greek, she communicates through American Sign Language and uses an ASL interpreter to communicate her ideas in class discussions and presentations.

Born to deaf parents and deaf since birth, she considers American Sign Language to be her first language. Having been a full-time mainstreamed student in public schools since kindergarten, she said her parents were more concerned about ensuring that she receive a better education than they did in schools for the deaf during the 1960s and '70s than in "normalizing" her. They supported her abilities and passions, such as studying ancient languages and history.

Morris receives interpreting services on Grounds through UVA's Student Disability Access Center, which has a deaf and hard-of-hearing services coordinator, Laurie Shaffer. Shaffer is responsible for coordinating interpreting services for students, faculty, staff and visitors, and fulfills requests through contacting UVA-approved interpreting vendors, since UVA does not have staff interpreters.

Assistant Professor Ahmed al-Rahim, who directs the medieval studies program, leads the upper-level course Morris took last semester. A specialist in medieval Islamic civilization, he said she stands out as one of the best students he's ever had, no matter what age or stage of learning.

"Ms. Morris actively and with great insight participated, through her sign-language interpreters, in the 'Colloquium in Medieval Studies,' a seminar showcasing the scope and scholarly depth of the faculty members of the Program in Medieval Studies," al-Rahim said. "Her grasp of French literature and language was, for a first-year student, truly impressive — culminating in a brilliant paper."

"One great thing about medieval studies here at UVA is that it's interdisciplinary and quite flexible," said Morris, who added that she loves her courses.

Important in working with interpreters who attend classes with her, Morris said, is making sure they understand how she communicates, so they can represent her ideas to her professors and peers accurately and effectively — "and I sign fast," she said, chuckling.

She works with several different sign-language interpreters, prepping them on the subjects she's taking, such as giving them her English translations of Latin and Greek texts for in-class translations as well as transcripts of her oral presentations, and meeting with them between classes to review the material.

"The interpreters are just mediums through which my perceptions, sentiments and the like may be expressed in such a way that is reflective of my sensibility," she said. "They merely facilitate communication — communication assuredly doesn't begin with them. However, I have to develop strong working relationships with them by interacting with them often, both inside and outside of class, so they may get accustomed to my own particular mode of self-expression."

Morris said she'd like to see more hearing people approach her and other deaf people not as people with a disability, but as individuals first and foremost. She asserts that "disability" is too general of a term, sounding like a description of a homogeneous group, which it is not. "The term 'disability' is very much a mental and social construct," Morris said.

"Since the overwhelming majority of deaf children have hearing parents, I feel extremely privileged to have deaf parents, because they didn't oppress me by pathologizing my deafness, by treating it as something to be rectified," Morris said. "After all, that deafness automatically makes someone inherently inferior is an extremely ancient misconception.

Through them, I was born into the deaf community, and came to feel affirmed in my identity as a culturally deaf person."

Diversity is important to recognize in the deaf community because not everyone is the same. "A common misconception is that deaf people are homogeneous and should be treated in a similar manner, and I think this is due to the tendency of people to automatically relegate people who are perceived to be different to the realm of the 'other.' In truth, the deaf community is extremely heterogeneous, with different backgrounds, interests, experiences, communication modalities, goals," Morris said. "Each deaf individual has his own idea of what exactly the deaf community, deaf culture and deafhood constitutes. The deaf experience is far from being a monolithic entity and continues to defy all arbitrary definition."

Neither is the deaf community separate from the hearing community. "Using such terms as 'hearing world' and 'deaf world' would be merely creating a false dichotomy," Morris said. "It implicitly and erroneously assumes that deaf people are necessarily segregated from hearing people by virtue of their deafness. In reality, we all inhabit the same world, ideally as friends and allies."

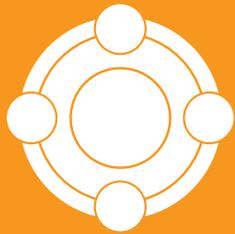


Bromley, Anne E. (2016, April 05). Student Spotlight: From Ancient Greek to ASL, Morris Has a Way With Words. UVA Today. Retrieved from [www.news.virginia.edu](http://www.news.virginia.edu)

The Partnership for People with Disabilities is a university center for excellence in developmental disabilities at Virginia Commonwealth University. VCU is an equal opportunity/affirmative action university providing access to education and employment without regard to age, race, color, national origin, gender, religion, sexual orientation, veteran's status, political affiliation or disability.

**Center for Family Involvement**

Partnership for People with Disabilities  
Virginia Commonwealth University  
1.877.567.1122 | 1.800.828.1120 (TDD)  
[www.centerforfamilyinvolvement.vcu.edu](http://www.centerforfamilyinvolvement.vcu.edu)



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